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## DESCENDING INTO VIOLENCE

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When John Emerson's Alzheimer's disease progressed to the point that he was leaving the stove on at night, his family moved him to an assisted living residence in Chelmsford to ensure his safety. But there, his sons say, Emerson was repeatedly injured by another resident who also suffered from dementia. In April 2003, they say, the man shoved Emerson to the floor and kicked him, causing a hip fracture that led to Emerson's death. Less than a year later, Paul Cirinna died after a similar assault at a Danvers assisted living facility run by the same company. The Essex County district attorney ruled Cirinna's death a homicide.

The two tragedies are focusing attention on a problem that has largely been overlooked and which the state has little power to police under current law - attacks by residents with dementia on other residents in assisted living facilities.

While researchers are only beginning to study the problem, they estimate that as many as one in five people with dementia in assisted living facilities are physically violent in a year. They say the amount of violence is likely to grow, as more Americans survive into the severe stages of dementia, unless the facilities become better at screening and caring for these residents.

The tragedies in Massachusetts and homicides in other states are spurring advocates and policy makers to explore what can be done. The national Alzheimer's Association is developing a quality care initiative to reduce aggression in assisted living residences and nursing homes, and state officials plan to increase oversight of the assisted living industry.

"Two deaths in a specialty facility that is trained and is treating this specific patient population sends up a flag, not just for that facility but for all of our Alzheimer's and dementia facilities," said Representative Peter Koutoujian, the Waltham Democrat who is cochairman of the Legislature's Health Committee.

Officials at the Executive Office of Elder Affairs said they are working to change laws and regulations to increase their authority over the facilities.

"You can note that something is a problem, but there's nothing that can be done given our authority," said Meryl Price, an assistant secretary of elder affairs. "We're working on developing more appropriate mechanisms to ensure that patients are protected."

Paul Raia, director of patient care at the state Alzheimer's Association, says he's particularly concerned about facilities that don't specialize in dementia care but accept those residents nonetheless.

"We would like to see more training mandated . . . more frequent observation and surveying of these places," he said.

The Danvers and Chelmsford residences are run for people with dementia by Amicus Healthcare, a for-profit corporation that owns two other facilities in the state. A company owner said the deaths do not indicate a pattern of problems with the facilities. "When you put these in perspective, there isn't a threat," said Brian Tarrant.

But violence among people with dementia is a persistent problem. About 15 to 18 percent of people with dementia living in private homes are physically violent in a year, according to separate studies by Dr. Constantine Lyketsos, professor of psychiatry at Johns Hopkins University, and Donna Cohen, head of the Violence and Injury Prevention Program at the University of South Florida.

Lyketsos, who is studying assisted living facilities, said he expects to find a higher rate there based on past research and the fact that people typically move to facilities when their condition worsens. Violence most often occurs in the advanced stages of the disease, from mental deterioration that causes agitation and loosens impulse control.

People who formerly settled problems with words, for example, may be unable to express their concerns and instead strike out. Violence typically becomes a serious problem, Lyketsos said, when residents don't get adequate care, such as activities to ease agitation or calming medications. The violence is most often directed toward caregivers, and rarely escalates to homicide, but when those with dementia are the victims, their frailty can make the consequences severe, said Lyketsos and Cohen.

While aggression can show up in any setting, there are signs of a growing problem in assisted living facilities, which are providing housing and support services to more seniors. These facilities often serve as a bridge between home life and nursing homes, but are less closely regulated than nursing homes. In Massachusetts, 11,000 people now live in assisted living facilities, and the Alzheimer's Association estimates that 60 percent of them have Alzheimer's or related illnesses.

"We're seeing a frailer, more vulnerable population in assisted living, so the incidence of problems has increased," said Karen Love, founder of the Consumer Consortium on Assisted Living, a national advocacy organization.

In Eugene, Ore., last November, an 86-year-old man with dementia shot and killed his wife and another man and then killed himself at an assisted living facility. In July 2003, a 72-year-old man with dementia killed his 90-year-old neighbor at a Fort Lauderdale, Fla., assisted living complex.

In Massachusetts, state and court records show other residents of assisted living facilities have suffered injuries at the hands of residents with dementia. But there are no state statistics because rules are vague about what must be reported.

By contrast, the state tracks and investigates assaults in nursing homes, finding that more than 1,000 of the state's 110,000 nursing home residents are attacked by other residents each year. Most of the victims and attackers in nursing homes are men with dementia or other mental problems, state officials said.

Four state employees handle all licensing and complaints for the 174 assisted living residences statewide. Requirements for staffing levels and training are minimal, even though specialists say highly trained staffs are crucial in reducing violence. Only two hours of training in dementia are mandated and there are no added rules of any kind for facilities that specialize in dementia. Seventy-four residences offered such special services at the end of 2003, according to the Massachusetts Assisted Living Facilities Association, up from 46 five years earlier.

The assisted living association says its members are serving residents with dementia well and that assaults by residents are rare. But the Emersons said their father's death illustrates the problems families face as they seek out care. They have filed suit against the facility's owners and managers.

Jack and George Emerson said their father resisted moving to the \$4,000-per-month Atrium residence in 2001, but within a month was calling the building his "home." The retired construction union leader, then 86, enjoyed the other residents, the secure, sunny courtyard, and the internal atrium with its birds and fish tank.

But that changed, his sons told the Globe, with the arrival of a new resident named Elmer Hagel.

A few months later, the brothers said they noticed John Emerson's arm and shoulder were badly bruised. Management told them Emerson had fallen, but aides said "he was set upon by Elmer Hagel," said Jack Emerson, who alleges in the lawsuit that the facility attempted to conceal the attacks. When Emerson suffered a two-inch gash in his forehead, Jack Emerson said in an interview, aides told him Hagel had again attacked his father. On another visit, George Emerson said he saw Hagel, who was 6 feet tall, grab a frail woman and pull her to the floor, then punch an aide who tried to intervene.

"We asked the management, 'Are you sure this man should be in the community?' " George said. "They told us, 'This is part of the disease,' and they could get it under control."

But on April 5 last year, Emerson, who was 5 feet 4 inches tall, was rushed to Lowell General Hospital with a broken hip. Ambulance records show the Atrium staff said Emerson was pushed to the floor by another resident. The suit alleges that Hagel threw Emerson down and "continued to kick him." Nursing notes from Emerson's Atrium file dated two days later say he "was mouthy" to Hagel, who "pushed him down." Emerson died from his injuries three weeks later.

"They should have seen this coming a long time before," said George in the interview.

Emerson's sons are suing the Atrium's owners, managers, and Hagel in Middlesex Superior Court, alleging wrongful death and negligence. They charge that the Atrium had too few staff members to supervise residents and that the staff was inadequately trained. The Emersons have also asked the state to investigate their father's death.

Hagel was subsequently moved from the Atrium and could not be located. In court filings, the company and its managers have denied the allegations. Tarrant declined to comment on the Emersons' allegations. But he said, "We don't admit people who are aggressive. . . . We make sure we're keeping residents safe."

Tarrant said personal care staff at all the Atrium facilities get 20 hours of training in dementia, including how to deal with "aggressive behavior." Staff members work to identify and eliminate actions that might trigger outbursts and try to "redirect" residents who get agitated or strike out.

In the Danvers Atrium death last March, John Dawley, the first assistant district attorney for Essex County, said the staff knew that the resident who pushed Paul Cirinna was aggressive, but investigators saw no evidence of a history of attacks. Cirinna, 83, hit his head in the fall and never recovered. Cirinna's family has hired a lawyer, but declined to discuss Cirinna's death.

State officials barred the facility from accepting new residents, saying it must improve staff screening and training as well as handling of patient medications. Tarrant said the facility has met all the state's demands and is awaiting a return to normal admissions.

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