

# **AARP Bulletin today**

## **Outrage: Murder in the Nursing Home** Budget woes prompt placement of sometimes-violent mentally ill in long-term care

By: [Elizabeth Nolan Brown](#) | Source: AARP Bulletin Today | October 28, 2009



Ivory Jackson, a 77-year-old man with Alzheimer's, was asleep at a nursing home on Chicago's South Side when his roommate grabbed a clock radio and beat him into a coma. Sadly, Jackson died of brain injuries a few weeks later. His roommate, Solomon Owasanoye, a 50-year-old man with a history of mental illness, was charged in the 2008 attack. He pleaded not guilty to first-degree murder and was later ruled unfit to stand trial. Today, Owasanoye lives in a state mental hospital.

So how could this happen? Why would a mental patient with violent tendencies be placed in a nursing home with older and sometimes frail residents? It happens more often than you would think.

While nursing homes were originally conceived to provide long-term, custodial care to older adults, facilities can legally admit adults of all ages who are disabled or mentally ill. According to data prepared for the Associated Press by the Centers for Medicare & Medicaid Services, U.S. nursing homes have seen a 41 percent increase in young and middle-age residents with mental illnesses between 2002 and 2008. Utah, Nevada, Missouri, Alabama and Texas have seen the steepest climbs.

Why? One reason is that as an increasing number of older adults choose alternative long-term care options—such as assisted living facilities or home health aides—nursing home facilities feel the pressure to admit others to keep beds full and stay afloat.

There's "such financial pressure to keep the occupancy rate high," says Jonathan Rosenfeld, a Chicago lawyer who specializes in nursing home abuse and neglect cases. "Everybody they can get in means the facility will be more profitable."

States also have an economic incentive to mix mentally ill patients with older residents. Federal policy stipulates that as long as a nursing home's mentally disabled population stays under 50 percent, Medicaid will pay for residents' care. But if the percentage of mentally ill residents is above half the facility is classified as a mental institution, which federal funds don't cover, and the state must cover the cost. So in the current economic crisis, it behooves states to place those with mental disabilities—even those who may be a threat to older residents—in nursing facilities that are desperate to fill beds.

"Nursing homes have become a convenient dumping ground," says Jennifer Mathis, deputy legal director for the Bazelon Center for Mental Health Law, a Washington-based advocacy organization for people with mental disabilities.

But David Grabowski, an associate professor of health care policy at Harvard Medical School, says the issue should not be considered solely as one where residents with mental illness pose a risk. Violence, he points out, has been rare.

"The major issue is that [seriously mentally ill] patients would be much better served in the community," Grabowski says. "Most nursing homes are ill-equipped to meet their needs and these individuals suffer adverse outcomes due to this inappropriate placement."

Mathis agrees. "These settings are often not good treatment settings for people with psychiatric disabilities," she says, "and when people aren't getting the help they need, they may be more likely to have behavior issues. ... It's just that it's not a good situation for anybody."

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