WINNEBAGO COUNTY DRUG OVERDOSES

- 2017: 34 Total Overdose Deaths; 25 Opiate Related; 9 Deaths NOT on our overdose list due to opiate use being a contributing factor to death.
- 2016: 30 Total Overdose Deaths; 22 Opiate Related; 7 Deaths NOT on our overdose list due to opiate use being a contributing factor to death.
- 2015: 27 Total Overdose Deaths; 17 Opiate Related; 1 Death NOT on our overdose list due to opiate use being a contributing factor to death.
- 2014: 28 Total Overdose Deaths; 23 Opiate Related
- 2013: 14 Total Overdose Deaths; 10 Opiate Related
- 2012: 27 Total Overdose Deaths; 20 Opiate Related
940.295 Abuse and neglect of patients and residents. (a) Any person in charge of or
employed in any facility or program under sub. (2), who does any of the following, or who
knowingly permits another person to do so, may be penalized under par. (b):

(1) Intentionally abuses or intentionally neglects a patient or resident.
(2) Recklessly abuses or recklessly neglects a patient or resident.
(3) Except as provided in par. (am), abuses, with negligence, or neglects a patient or a
resident.

940.295(3)(am) Paragraph (a) 3. does not apply to a health care provider acting in the
scope of his or her practice or employment who commits an act or omission of mere
inefficiency, unsatisfactory conduct, or failure in good performance or the result of inability,
incapacity, inadvertency, ordinary negligence, or good faith error in judgment or discretion.

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**STATUTORY DEFINITIONS**

- **Intentionally.** "Intentionally" means that the actor either has a purpose to do the thing or
cause the result specified, or is aware that his or her conduct is practically certain to
cause that result. In addition, except as provided in sub. (6), the actor must have
knowledge of those facts which are necessary to make his or her conduct criminal and
which are set forth after the word "intentionally."

- **Recklessly.** "Criminal recklessness" means that the actor creates an unreasonable and
substantial risk of death or great bodily harm to another human being and the actor is
aware of that risk.

- **Negligence.** "Criminal negligence" means ordinary negligence to a high degree,
consisting of conduct that the actor should realize creates a substantial and
unreasonable risk of death or great bodily harm to another.

- "Great bodily harm" means bodily injury which creates a substantial risk of death, or
which causes serious permanent disfigurement, or which causes a permanent or
protracted loss or impairment of the function of any bodily member or organ or other
serious bodily injury.

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**THE INVESTIGATION**
THE WHO'S…

Suspect #1
Male/Caucasian
DOB: 1992
Drug Convictions: 1 Misdemeanor Possession of Controlled Substance and 1 Possession of Drug Paraphernalia (2012)
17 CCAP entries for Traffic Violations and 1 Misdemeanor Obstructing
Local Contacts: 38 in house (Winnebago County) contacts prior to this investigation. Mostly traffic but one other uncharged drug contact.

CASE STUDY

Suspect #2
Female/Caucasian
DOB: 1988
Drug Convictions: No prior drug convictions.
Local Contacts: 4 in house contacts, but nothing drug related.

…THE WHERE’S…

Facility 1 – General Information.
- 165+ residents
- 8 Units
- Each unit has 1 RN and 3-4 nursing assistants per shift

Facility 2 – General Information.
- 40 residents
- 2 RN’s and 4-5 nursing assistants per shift
CASE STUDY

Facility 1
Suspect 1 was a CNA.

Facility 2
Suspect 2 worked at this facility but had previously worked at facility 1. She was an RN.

...WHAT WAS HappENING...

- Suspect 1 was removing Fentanyl patches off non-communicative patients at the facility. This occurred for months prior to the facility and staff noticing the discrepancy. There were many patches missing from other units that he did not have access to as well.
- Suspect 2 had more access as a RN and used a more advanced method. Suspect 2 appeared to be charting (completing documentation) hours after signing out (providing meds to patients) the medications. It is suspected that Suspect 2 would provide 'as needed' meds to patients, and if they did not ask for the full amount, she would later chart the full amount, pocketing the difference. Suspect 2 also completed multiple unused Fentanyl patch disposals by herself, even though the facility policy was for two employees to sign off.

...WHY IT WAS HappENING...

- We believe this behavior was months old before the Sheriff’s Office became involved.

Suspect 1 would take his stolen patches, use some and trade others. He was addicted to opiates, he was getting additional patches and other drugs from Suspect 2. Suspect 2 was addicted to Adderall. These were not easily accessible to her, but Suspect 1 could trade with his sources for them. Here are examples of their almost daily texts.

Suspect 1 to 2, ‘I got you two 30s (Adderall)’
Suspect 2 to 1, ‘...it’s a good mix tonight lol. 1 V (Vicodin), 2 small Oxy, 2 MS Contin15 and 2 MS 30 ER’
Suspect 2 to 1, ‘Ya I got a 25 patch, 2 V’s, 15s and 1 Oxy 5.’
...WHAT WE DID...

- When the Sheriff’s Office became aware, we focused on one suspect at a time. Based on schedules, the most likely suspect was identified and detectives were placed at the facility during his next shift. An RN who the facility trusted, was made aware of the situation. She worked the shift with him, secretly monitoring his patient contacts. Sure enough, he stole a patch and was confronted by our detectives, who located the patch in his wallet.

- Defendant 1 did not provide us with any information initially, all information was gathered through a warrant for his cell phone.

...THE INVESTIGATION PROBLEMS...

- Once Suspect 1 was arrested, this information spread quickly. Many witnesses and other suspects knew we were investigating and information was tougher to gather.
- Suspect 1’s phone implicated multiple CNAs at Facility 1 with drug use. Upon notified (Facility 1), they pulled several people off the schedule until they could be drug tested.
- Began working with Facility 2, which was in another jurisdiction and complicated things.
- Upset families seeking information.
- Medical information releases
- No surveillance video

...PROSECUTION PROBLEMS...

- Lack of physical evidence, a lot of “theory and speculation.”
- Some physicians were reluctant to be associated with the case.
- Lack of cooperation from witnesses and suspect 2.
...THE RESULTS...SO FAR.

- Suspect 1: The Winnebago County Sheriff's Office sent charges of Felony Theft, Possession of Narcotic (Felony), Abuse/Neglect of Patients (Felony), and Disorderly Conduct to the District Attorney’s Office.

  In the end, Suspect 1 cooperated in a plea agreement and was convicted of:
  Possession of Narcotic Drugs, a class I felony, Wisconsin Statutes 961.41(3g)(om).
  ...And was sentenced to 32 days in County Jail.

- Suspect 2 - Still Awaiting Prosecution...

Things that may help...

1. Patient/Patient’s Family Awareness
2. Better/Expanded Background Checks
3. Follow Policies and Procedures
4. Consistency between facilities?

Patient/Patient’s Family Awareness

- Look for damaged pain patches. Some drug-seeking caretakers steal medications directly off of their patient’s body. Look for evidence of torn or damaged pain patches that may have been removed and/or replaced.
- Be present during medication administration. While it is usually impossible for family to be present during all medication administrations, to the extent family members can plan visits around medication times to observe whether the patient is receiving the medications they should.
- Look for signs that the patient is experiencing unusual pain. This may be an indicator that they are not receiving the medications that have been ordered for them.
- Look for obviously impaired caretakers. Drug-seeking caretakers will often attempt to continue working even when they are under the influence of drugs.
- Report any suspicion of drug theft to the facility administrator and director of nursing.
Background Checks

- How do they check the background of their employees?
- How often do they run background checks?
- Are they currently employing any employee with a criminal conviction?
- How can this happen so frequently?

Department of Health & Human Services, Office of the Inspector General to determine the extent to which nursing facilities employed individuals with criminal convictions.

According to the report, more than 90% of U.S. nursing homes employ one or more people who have been convicted of at least one crime. The study also revealed that nearly half of the nursing home facilities employed five or more persons with at least one conviction. (New York Times March 03, 2011)

Follow Policies

- Record falsification within a health care facility is not difficult, so verification is very difficult.
- Report minor issues, even for documentation purposes.
- Be alert to signs of impairment

FIGHTING THE GOOD FIGHT

LOCAL PROBLEM

The employee of a WI Nursing home is accused of diverting narcotics from residents who needed them for pain.

Sylvia L. Henry was fired from the facility and later told authorities she had an addiction to painkillers for at least six months.

Henry, 47, 3224 Midway St., Eau Claire, was charged Tuesday in Eau Claire County Court with 11 felony and misdemeanor charges. including intentionally subjecting an individual at risk to abuse, theft, imitation of a controlled substance, possession of narcotic drugs and obtaining a prescription drug with fraud.

According to the criminal complaint:

Police met with the director of nursing at the nursing home on Jan. 20 after a nurse training with Henry noticed Henry diverting narcotics.

The nurse trainer said when she worked with Henry, residents complained of pain even after Henry gave them their medication.

But Henry was in charge of the narcotics cart, and all medications were signed off and dispensed by Henry to the nurses for administering to the patients.

Henry was previously referred to the police for stealing prescription medication. The victim was listed as a nursing home.

If convicted of the felony charges, Henry could be sentenced to up to 16 years in prison.
CARL RUSSELL ROWELL, 32, of Waco, was arrested Tuesday morning on a warrant stemming from the investigation of the theft of prescription painkillers from a local nursing home.

The theft was reported on Feb. 20 at the Greenview Manor Nursing Home at 401 Owen Lane.

"It was discovered by nursing home staff that an employee of the home had been intercepting prescription deliveries and stealing hydrocodone tablets from patient's deliveries," Waco police Sgt. W. Patrick Swanton said.

Investigators tracked the theft back to at least December.

They determined that hydrocodone pills were added to orders for prescriptions for patients and then intercepted.

Investigators determined that more than $9,500 worth of the drug had been stolen, Swanton said.

Rowell is charged with theft over $2,500.

Laura Morrow, 36, worked at a nursing home in Mount Washington for just a few days before the staff became suspicious and called authorities.

An investigation by the Bullitt County Drug Task Force revealed Morrow sought hydrocodone, oxycodone, and OxyContin, the sheriff’s department said.

"She just started as (a registered nurse in November)," said Lt. Mike Murdoch of the Bullitt County Sheriff’s Office.

One week into the job, Morrow’s new bosses at Green Meadows Health Care were already suspicious, Murdoch said. New on the job and at the facility, Morrow insisted on distributing pills to patients on her own, authorities said.

"She said she didn’t need anybody going with her – she’d done it before, she knew what she was doing – is what she stated to them so they didn’t follow her around," Murdoch said. "And they started noticing discrepancies the next day."

Morrow allegedly stole 28 dosages of narcotics in five days by forging the names of nine different nurses and pocketing drugs she claimed to have dispensed, Murdoch said.

The investigation also revealed Morrow was doctor shopping for the same drugs in February 2013, Murdoch said. She even got two prescriptions for hydrocodone on the same day, he said.

Morrow was recently indicted on charges of forgery, fraud and theft of a controlled substance.