



# SIGNS OF NURSING HOME NEGLECT

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# WELCOME

## **Bautista LeRoy LLC.**

Bautista LeRoy LLC is a personal Injury law firm specializing in nursing home neglect with over 16 years of experience protecting loved ones who suffered from nursing home abuse or neglect.



# Introduction

Improper care in nursing homes can lead to devastating consequences and can easily be avoided by families putting time into their selection of a nursing home and visiting their family member often. This booklet will detail what to look for in a nursing home, what to do if injury occurs, how to find an attorney to handle a nursing home abuse case, and the most popular nursing home cases that are adjudicated in courts.

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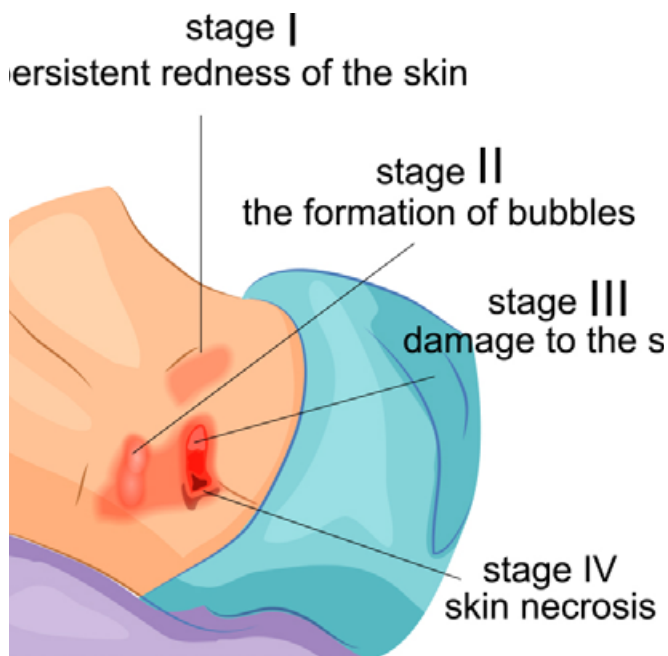
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# Pressure Sores

Most commonly referred to as “bed sores”, pressure sores are caused when there is a pressure to the skin-usually a part of the body where the bone is close to the surface of the skin-that goes unrelieved for an extended amount of time. This causes the skin where the bone and skin are meeting to have pressure build. The sore will then become an open wound, become infected, and slowly turn “crater-like” in appearance similar to a blister. Ultimately, the infection will spread into healthy parts of the skin and then the wound will continue to spread exposing muscles, tendons, and bones.



## Areas to examine:

- Buttocks
- Spine and shoulder blades
- Back of arms and legs where in contact with a wheel-chair or bed
- The head area including the ears
- Lower back and hips
- Knees, heels, and ankles

# Falls Causing Injury

Nursing home falls that result in wrongful deaths have increased at an alarming rate. In 2005, the rate of wrongful death from unintentional falls was just below 44%. This rate rose significantly by 2014 increasing to 58%. If this statistic isn't speaking volumes to you right now, remember that these are only the reported falls from nursing homes. Some nursing homes don't report any falls or minor falls so this number may be higher.

Each nursing home should have a fall assessment on each of their clients which includes physical health, previous falls, and medications taken so that caregivers understand how the individual will react to daily activities and walking. All residents should have proper footwear with grips on the bottom of their slippers, shoes, socks in addition to the necessary walking aids (i.e. cane, walker, etc.).

A high-danger zone where residents fall is climbing in and out of their beds. It's important to know whether the bed is at the correct height for the resident and if the rails are properly fastened to the bed. It's easy for the resident to fall while trying to get out or into bed. Caregivers should also help residents up when necessary and call for additional help when getting a resident to turn over in bed to prevent bed sores, to get out of bed, or for walking.

When falls do occur, it can be devastating for the resident and their quality of life. A fall can cause broken bones, head injuries which can be exasperated because of any medication the resident is on-and stress and anxiety wondering whether they will fall again. It's imperative that if a resident falls, he or she is seen by a doctor immediately to see if there is any head trauma, internal bleeding, or broken bones.



01

## Previous Health

Previous health issues may lead to unsteadiness or weakness increasing the chance of fall.

02

## Previous Falls

If a patient has falling in the past, then they should be watched carefully to ensure further falls do not occur.

03

## Medications

A patient's medication can cause light headedness or dizziness potentially causing a fall.



# Elder Abuse

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Physical abuse is often easier to detect than emotional and psychological abuse. But, emotional and psychological abuse may be the most common type of abuse in nursing home neglect. It's hard to detect because it gradually causes damage to the victim and sometimes the victim doesn't even recognize that the abuse is present.

The types of elder abuse that can come from emotional and psychological abuse are:

- Ignoring the victim
- Humiliating, ridiculing and/or minimizing the victim
- Blaming the victim for events that are not his or her fault or doing
- Isolating the victim from events, friends, or family
- Intimidation of the victim
- Manipulation of the victim

Because you are not with your loved one all the time, it is hard to see whether there has been emotional or psychological abuse. Some factors to look for are:

- Eye contact avoidance
- Low self-esteem
- Disturbed, scared, anxious, depressed, withdrawn, or any similar behavior
- Mood swings
- Changes in sleep pattern
- New twitches (i.e. nail biting, rocking, mumbling, etc.)



# Improper Staffing

Staffing is the most important factor in a nursing home resident's quality of care. Senior living facilities continue to face steep competition for qualified staff from the Hospitality, Healthcare and Restaurant industries. This competition often leaves nursing home facilities short-handed in nursing and other skilled personnel. Even with these resource challenges, some nursing homes provide proper care, ensuring there is enough qualified care staff to attend to the resident's needs. However, many nursing homes fail to maintain sufficient staffing.

Understaffed nursing homes open the door for many forms of abuse or neglect. Considering the competitive environment for healthcare staff, many of the direct care responsibilities that are normally performed by a nurse are being performed by certified nursing assistants or CNAs. Each state has different requirement for CNA certification so requirements for one state may not be sufficient requirements for a neighbouring state.



In some situations, nursing homes are hiring single task workers, maybe only responsible for feeding residents and are not trained as a CNA. It becomes easy to see how under staffing can lead to disjointed care and opens the door for medical errors and other types of nursing home neglect outlined in this document.

This is such a serious issue that some states are passing legislation, which imposes hefty fines for under staffing. The Long-Term Community Coalition publishes staffing information for every nursing home in the country. They update the information quarterly and you can find the latest information [here](#). If you are looking at moving a loved one into a nursing home, you should review this information before making a decision.

## Quality of Care

Staffing is the most important factor in a nursing home resident's quality of care.

## State Legislation

The Long-Term Community Coalition publishes staffing information for every nursing home in the country.

# Malnutrition

Malnutrition and dehydration are a common nursing home neglect issue. This happens when the nursing home does not give a resident a well-balanced meal. If a resident is receiving the same meal for breakfast, lunch, and dinner, he or she is missing out of critically important vitamins and minerals that are necessary for the brain and body to function.

It is common sense that an individual should receive a well-balanced meal for breakfast, lunch, and dinner. If you were to miss out on breakfast and did not eat until lunch, you would feel light-headed, possibly have a headache, and be tired until you ate something for lunch. Likewise, if you ate the same meal three times a day you would miss out on many other important nutrients.

Surprisingly, one-third of all nursing home residents suffer from malnutrition or dehydration. This can lead to severe medical issues. A resident's medication may require him or her to have a full meal and water before ingesting or his or her body becomes weak and the bones become brittle. This increases the risk of a fall and more severe injuries.

Malnutrition generally stems from improper staffing and inadequate individual attention to the resident. Each caregiver, on average, is required to help between 7-15 residents eat and drink during mealtime depending on the meal. Another reason for malnutrition is lack of choices for meals and snacks and poor dental hygiene.

It is important to watch your loved one for signs of malnutrition. Obvious signs are weight loss, muscular problems with fatigue, poor muscle strength, and skin changes.





# Medicine Mistakes

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In recent years steps have been taken to reduce medicine errors in the acute care hospital setting however much less effort has been focused on the long-term care setting.

There are several reasons for this, but one of the biggest involves technology. As hospitals invest in technology to use, manage, and update electronic health records increase accuracy, quality of care and reduce the level of medical errors many long-term care facilities lag in the adoption of this type of technology.

More research and testing are necessary to determine how effective online medical records can be in long-term care facilities however results from early studies show medication errors were commonly observed in 16-27% of nursing home residents.

Many long-term care facilities are also poly-pharmacy environments, meaning many of the residents take multiple medications for one or more ailments or conditions. A poly-pharmacy environment combined with analog use of data and under staffing combine to create a high-risk environment for medication errors.



## Medicine mistakes may include:

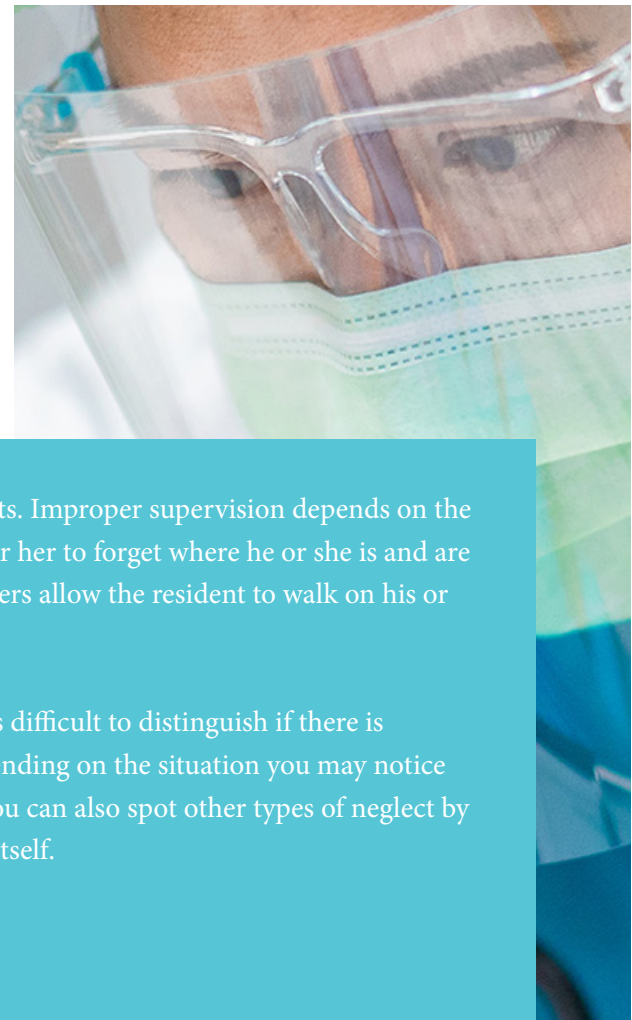
- Wrong dose prescription/wrong dose preparation.  
Giving the wrong medication
- Giving expired medication
- Giving medication at the wrong time
- Failing to monitor the resident for any side effects of the medication.

# Nursing Neglect

Caregiver neglect encompasses many scenarios that are extremely important to the everyday quality of life of a resident. This type of neglect induces personal hygiene such as brushing teeth, having clean clothes and underwear, and bathing. There are also basic needs such as food, water, and living area that is regularly cleaned. Additionally, there are medical needs such as: (1) giving adequate medication, (2) remember to give medication, or (3) providing necessary medication for the resident. This type of neglect is the most common in nursing homes.

Medication errors happen then there are mistakes while preparing the medication and /or giving the medication to the residents. There are many ways an error can occur but some of the more common ways include:

- A nurse can give too much or not enough medication to a resident
- Incorrect medicine or failure to give require medicine
- Expired Medicine
- Failure to provide medication at required time intervals per doctor's orders



Caregiver neglect also encompasses improper supervision of residents. Improper supervision depends on the needs of the resident. If a resident has mental issues that cause him or her to forget where he or she is and are prone to wander off or if he or she has a history of falling but caregivers allow the resident to walk on his or her own and the resident falls, that's improper supervision.

Because caregiver neglect covers many different scenarios it becomes difficult to distinguish if there is neglect, the type of neglect, and how long it has been going on. Depending on the situation you may notice behavioural changes, dehydration, weight loss, hygiene issues, etc. You can also spot other types of neglect by noticing other residents in the nursing home and the nursing home itself.

# Sexual Abuse

Unfortunately, sexual abuse in nursing homes is all too common. Sexual abuse is defined in Missouri as, “subject[ing] another person to sexual contact when that person is incapacitated, incapable of consent, or lacks capacity of consent, or by use of forcible compulsion.” The types of sexual abuse can range from inappropriate touching to rape and often goes unnoticed by family member and underreported.

There are a variety of reasons for sexual abuse to go unreported. First, the most typical victim in nursing home sexual abuse are residents who have medical conditions that make their speech or non-verbal cues difficult to express. Any form of memory loss such as dementia will also exasperate the issue. Family members might not be actively involved in their day-to-day lives and visits may be infrequent, so they have no one to talk to the lack the resources to empower themselves. Victims may also feel threatened by their attacker because they are the one giving them the care that they so desperately need.

## Signs that sexual abuse is occurring are:

- Unexplained blood stains
- Bleeding, infection, and/or bruising around the genitalia
- Bruising, handprints, or scratches anywhere on the body
- Increased anxiety and fear when staff members or fellow residents are nearby
- Even if the victim has excellent communication skill and are void of any medical issues that would frustrate reporting the abuse, a victim may feel embarrassed or that he or she has no power because of his or her situation and will not report the abuse. Even when the abuse is reported to the nursing home staff, most complaints often fail to be followed-up by the management: thus, goes uninvestigated.

**“Sexual abuse can range from inappropriate touching to rape”**

**“subject[ing] another person to sexual contact when that person is incapacitated, incapable of consent, or lacks capacity of consent, or by use of forcible compulsion.”**

# How to report a Nursing Home

If you suspect your loved one has experienced some type of nursing home abuse, it is important that you take the correct steps to report any abuse immediately. It is important to get all the information written down and take pictures or video, if applicable. Once you talk to your love one about the situation and secured any evidence here are steps you need to take.

1. Report the abuse immediately with as much information as possible.

- Name of the resident or residents
- Name of the facility and its address
- Name of the facility administrator
- Names of persons who witnessed or have knowledge of the incident. Please state the relationships of these persons to the resident (for example, employee, spouse, or daughter).
- Facts of the incident. Please include the date and time and provide as much detail as possible. For example, is this a continuing situation or an isolated incident? Also, please let us know whether you or someone else contacted the administrator about the incident and, if so, what the administrator said or did in response.

2. Secure all the rights given to you.

3. Find an attorney and file a civil lawsuit if necessary.

<div><b>Arkansas</b></div> <p>The Office of Long-Term Care investigates complaints against facilities.</p> <p><a href="https://humanservices.arkansas.gov/divisions-shared-services/provider-services-quality-assurance/consumer-long-term-care-information/">https://humanservices.arkansas.gov/divisions-shared-services/provider-services-quality-assurance/consumer-long-term-care-information/</a></p> <ul style="list-style-type: none"><li>● Phone: 1-800-582-4887</li><li>● Fax: 501-682-8540, Attention Complaint Unit</li><li>● E-mail: <a href="mailto:complaints.OLTC@arkansas.gov">complaints.OLTC@arkansas.gov</a></li><li>● Letter: Complaints Unit, Office of Long-Term Care, P.O. Box 8059, Slot S407, Little Rock, AR 72203-8059</li></ul>	<div><b>Kansas</b></div> <p>The Department of Health and Environment investigates complaints against facilities.</p> <p><a href="https://www.kdheks.gov/bhfr/elder_abuse_hotlines.html">https://www.kdheks.gov/bhfr/elder_abuse_hotlines.html</a></p> <ul style="list-style-type: none"><li>● Domestic/community abuse: Kansas Department for Children and Families Adult Protective Services Phone: 1-800-922-5330</li><li>● Nursing home, hospital, home health agency, etc. abuse or neglect Phone: 1-800-842-0078</li></ul>	<div><b>Missouri</b></div> <p>The Department of Health &amp; Senior Services investigates complaints against facilities.</p> <p><a href="https://health.mo.gov/safety/abuse/#report">https://health.mo.gov/safety/abuse/#report</a></p> <ul style="list-style-type: none"><li>● Adult abuse and neglect hotline: 1-800-392-0210</li></ul>
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# Hiring an Attorney for Nursing Home Neglect

**Always meet with the attorney or attorneys before signing a contract.**

When you look for an attorney to provide justice for the hurt and grief your family suffered due to nursing home neglect there are a couple things to keep in mind when researching attorneys.

The attorney needs to have a background in and experience with nursing home neglect cases. If an attorney does not advertise on their website that he or she handles nursing home abuse matters, then you should continue your search. Nursing home abuse cases are tricky to navigate and inexperienced attorneys may have difficulty picking up on the nuances associated with these claims.

Always meet with the attorney or attorneys before signing a contract. You need to get a feel for the attorneys both as professionals and as individuals. Nursing home abuse cases deal with personal matters and our loved ones. If an attorney seems distant or uninterested this is a sign that he or she may not give your loved one the attention he or she deserves.

The National Institute of Justice found that the order the victim, the less likely the offender would be convicted. Additionally, if there is no physical trauma evidence (i.e., bruises, cuts, etc.) the less likely a victim is believed. Therefore, it is imperative that you document the abuse the moment you begin to suspect. Take a journal with you each time you go to visit your loved one and takes notes about the facility, your loved one's attitude and mannerisms, and anything else that you notice.



## Closing

From the beginning of the nursing home selection process all the way through your loved one being in a nursing home, the key is patience and time. The best way to prevent nursing home abuse of any kind is to do research in advance and take time to make a careful choice. Once your choice is made, check in on your loved one to make sure that he or she receives the adequate care and are treated well.

# Index of Terms

Below you will find a list of some common terms you may encounter while having a loved one in a nursing home.

**ADE:** An ADE or Adverse drug event from unwanted, unpleasant, noxious, or potentially harmful reaction from a medication.

**ADL:** Activities of daily living self-care activities such as bathing, dressing, and undressing, toileting, functional mobility getting in and out of bed, and eating.

**ADR:** An ADR or Adverse drug reaction is the same as ADE mentioned above.

**BP:** Blood pressure, BP is a measurement of the force applied to the walls of the arteries as the heart pumps blood through the body.

**CAA:** A Care Area Assessment provides a framework for the review of areas of concern in response to a trigger.

**CAT:** Care Area Triggers identify conditions that require further evaluation before a care planning decision is made.

**CQI:** Continuous Quality Improvement is an effort to improve patient care by identifying areas of concern and implementing interventions to mitigate poor outcomes.

**CPR:** CPR (Cardiopulmonary resuscitation) is the process of attempting to restore cardiac and/or pulmonary function in the event a patient's heart stops beating and/or the patient stops breathing.

**CVA:** Cerebrovascular accident is another term for a stroke.

**HEDIS:** Healthcare Effectiveness Data and Information Set is used by most healthcare plans in the United States to measure performance on important dimensions of care and services.

**H & P:** History and physical information should be gathered upon admission on all new residents/patients. It refers to the process of asking patients questions about their current and past medical problems, medication history, allergies, family history, social circumstances, and symptoms before proceeding with a physical examination.

**IADL:** Instrumental activities of daily living relates to higher levels of functioning, such as managing finances, shopping for groceries, cooking, and using the telephone.

**MDS:** Minimum Data Set is part of the U.S. federally mandated process for clinically assessing all residents in Medicare- and Medicaid-certified nursing homes.

**MI:** Myocardial infarction is another term for a heart attack.

**PICC:** Line Percutaneous intravenous central catheter is used when intravenous access is needed for a prolonged period, such as in patients who require total parenteral nutrition. A PICC line is used when a catheter is advanced through a smaller peripheral vein into a larger deep vein or directly into a large vein in the body; allowing it to be kept in place for a longer period than a peripheral catheter.

**Self-Neglect:** When an older adult loses the ability to perform adequate self-care but denies assistance from others and or refuses care.

**TIA:** Transient ischemic attack is a temporary, focal impairment of brain function caused by a temporary interruption of blood flow to a localized part of the brain. It is an indication that the patient is at risk for a stroke.

**WNL:** Within normal limits is used when a clinical finding is normal.

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TRIAL ATTORNEYS

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