

NURSING HOME NEGLECT

HOW TO RECOGNIZE IT
AND **STOP** IT



**THE ULTIMATE GUIDE
TO NURSING HOME NEGLECT CASES
MISSOURI AND KANSAS**

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Today, there are nearly 17,000 nursing homes in the United States, caring for approximately 1.6 million residents. As our population ages, this figure is expected to rise to 6.6 million by the year 2050.

It has been said that the moral and ethical fiber of a society can be judged by the way it treats its weakest and most vulnerable members. Although as a society we pay lip service to the idea of honoring and respecting our elders, the sad fact of matter is that elder abuse and neglect are an ever-increasing problem. This is particularly true in a nursing home setting. With the increasing number of elderly persons entering nursing homes, the problem is one that must be recognized and addressed.

WHY WE HAVE WRITTEN THIS BOOK

Very simply, this book has been written because our elders deserve better. Abuse violations are among the most serious violations that can occur in nursing homes.

The findings of a government study completed in 2001 document the scope of the problem. In the two-year period from January 1, 1999, through January 1, 2001 over 30% of nursing homes in the United States were cited for an abuse, totaling more than 9,000 abuse violations. Ten percent of the nursing homes had violations that caused actual physical harm to the resident. Over 3,800 of the abuse violations were only discovered after a formal complaint was filed. Many verbal abuse violations were found and incidents of physical abuse causing numerous injuries such as a fractured femur, hip, elbow and wrist were documented. (“Abuse of Residents is a Major Problem in U.S. Nursing Homes.”)

Further, the percentage of nursing homes with abuse violations is increasing. As a matter of fact, the percentage of nursing homes cited for abuse violations has increased every year since 1996. In 2000, over twice as many nursing homes were cited for abuse violations during annual inspections than were cited in 1996.

The elderly and disabled residents of nursing homes cannot protect themselves from physical attack or sexual assault. In some instances they cannot even communicate to family members that they have suffered from abuse. Residents and their families are almost entirely dependent upon nursing homes to ensure the safety of residents.

EXAMPLES OF ABUSE AND NEGLECT

Abuse: Abuse means causing intentional pain or harm. This includes physical, mental, verbal, psychological, and sexual abuse, corporal punishment, unreasonable seclusion, and intimidation. Examples include:

- Physical abuse from a staff member or an intruder or visitor from outside the facility -- including hitting, pinching, shoving, force-feeding, scratching, slapping, and spitting;
- Psychological or emotional abuse -- including berating, ignoring, ridiculing, or cursing a resident, threats of punishment or deprivation;
- Sexual abuse -- including improper touching or coercion to perform sexual acts;
- Substandard care which often results in one or more of the following conditions -- immobilization, incontinence, dehydration, pressure sores, and depression;
- Rough handling during care giving, medicine administration, or moving a resident.

Neglect: Neglect is the failure to care for a person in a manner, which would avoid harm and pain, or the failure to react to a situation which may be harmful. Neglect may or may not be intentional. For example, a caring aide who is poorly trained may not know how to provide proper care. Examples include:

- Incorrect body positioning -- which leads to limb contractures and skin breakdown;
- Lack of toileting or changing of disposable briefs -- which causes incontinence and results in residents sitting in urine and feces, increased falls and agitation, indignity and skin breakdown;
- Lack of assistance eating and drinking -- which leads to malnutrition and dehydration;
- Lack of assistance with walking -- which leads to lack of mobility;
- Lack of bathing -- which leads to indignity, and poor hygiene;
- Poor hand washing techniques -- which leads to infection;
- Lack of assistance with participating in activities of interest -- which leads to withdrawal and isolation;
- Ignoring call bells or cries for help.

THE CAUSES OF ELDER MISTREATMENT

Although the causes of the abuse of our elders may be multifaceted, a study by the National Academy of Sciences Panel to Review Risk and Prevalence of Elder Abuse and Neglect suggest four basic inter-related causes :

1. Stressful working conditions, particularly involving staff shortages;
2. Inadequate staff training;
3. Inadequate pay; and
4. Staff burnout.

PREVENTION OF ABUSE AND NEGLECT IN LONG TERM CARE SETTINGS: THE BIG PICTURE

In 2002, the National Center on Elder Abuse commissioned a review of prevention research related to abuse in nursing homes and other long term care facilities. The result of such review indicates that the most effective prevention programs use a combination of strategies to protect our vulnerable elders. The strategies identified in the literature include:

- The coordination of investigation of complaints by law enforcement, state regulatory agencies, adult protection groups and nursing home advocacy groups;
- The support of education and training of staff in interpersonal caregiver skills, managing difficult resident care situations, problem solving, cultural issues that affect staff/resident relationships, conflict resolution, stress reduction techniques, information about dementia and witnessing and reporting abuse;
- Improve work conditions through adequate staffing, enhanced communication between direct care and administrative staff, more time to nurture relationships between staff and residents, humane salaries, opportunities for upward mobility, and greater recognition, respect and understanding for the difficult lives many workers lead;
- Assure compliance with federal requirements concerning hiring of abusive nurse aides;
- Promote environments conducive to good care;
- Assure strict enforcement of mandatory reporting as well as educate professionals and the public;
- Improve support for nurse aides;
- Support and strengthen resident councils; and
- Assure that hiring practices including screening of prospective employees for criminal backgrounds, history of substance abuse and domestic violence, their feelings about caring for the elderly, reactions to abusive residents, work ethics, and their ability to manage anger and stress.

SPECIFIC STEPS YOU CAN TAKE TO HELP PREVENT THE ABUSE AND NEGLECT OF YOUR LOVED ONE

BEFORE YOUR LOVED ONE IS ADMITTED

1. Appropriately Research And Assess The Nursing Home Before Admission

A considerable amount of time must be spent in researching and assessing the nursing home before your loved one is admitted. Do not simply judge the home on the basis of a brochure, a guided tour or the attractive physical features of the facility. Remember, looks can be deceiving. Check out complaints involving the prospective nursing home with the appropriate state agency that has oversight regarding the home. This can be done in Missouri and Kansas by contacting the following agencies:

Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, Missouri 65102
573-751-6400
Fax: 573-751-6041
Website: www.dhss.mo.gov

Kansas Department on Aging
New England Building
503 S. Kansas Ave.
Topeka, KS 66603-3404
785-296-4986 or 1-800-432-3535
Fax: 785-296-0256
Website: www.agingkansas.org

2. Visit With Residents

You should visit with and observe the residents. Stop and speak with those who are in wheelchairs or are bedridden. Observe their grooming, skin quality, nail care and oral care. See if they seem upbeat or depressed. Can they carry on a conversation or are they confused. If everyone is confused and unable to carry on a conversation, this could be cause for concern. If you are directed only to residents who are willing to talk with you, be wary. Ask if the resident has any complaints about the home.

3. Smell the Facility

The halls, rooms and residents should not smell of urine or feces. If they do, the residents may not be changed frequently enough to avoid life threatening illnesses such as urinary tract infections or bedsores.

4. Visit At Different Times of the Day

Visit the facility at different times of the day. Sometimes a facility can look adequate in the morning when the staffing levels are usually at their highest. Evenings, afternoons and weekends are also important. Mealtime is another source of great information. Observe how much time is spent with those who cannot feed themselves; whether the residents appear well fed; whether the residents fed in their rooms are being assisted in a timely fashion; whether the food is pleasant in appearance; and how does the food smell and taste.

5. Ask About And Observe Staffing Levels

Staffing levels are important. Find out the level of staffing for each shift. How many nurses and how many certified nursing assistants. What is the ratio of staff to residents. Observe whether the staff appears rushed and overburdened.

6. Speak With The Family Members Of Residents

Speak with the family members of residents. Ask about their experience with the home and whether they have noted any problems. If they have experienced difficulties, it is likely that you will have similar problems.

7. Meet The Administrator, The Director Of Nursing and Activities Director

Do not rely solely on the Marketing Director for information. Speak with those who are in charge regarding the facilities, activities, staffing and patient care.

8. Obtain Information Regarding The Medical Director/House Physician

Check out these individuals as if you were going to treat with them. How often they visit the facility is also of significant concern.

9. Check On The Reputation Of The Facility In The Community

Consult with others, including your loved one's physician concerning the reputation of the facility. This may not always be reliable, but will give you an idea of the general reputation of the facility in the community.

AFTER YOUR LOVED ONE IS ADMITTED

1. Continue Actively Monitoring The Home

Visit often and continue to vary the times of your visits. Continue to speak to other residents and their families regarding their ongoing experience at the home. You can compare notes.

2. Observe Your Loved One For Signs Of Abuse And Neglect

The following are common indicators of physical elder abuse:

- Bruises, black eyes, cuts and welts;
- Broken bones and fractures;
- Bed sores;
- Burns;
- Open wounds;
- Sprains or dislocations;
- Weight loss;
- Dehydration;
- Signs of restraint;

- Sudden changes in behavior;
- Over medication;
- Unsanitary conditions;
- Lack of credible explanation for the above conditions; and
- Caregiver's reluctance/refusal to allow visitors to see person alone.

The following are common indicators of psychological and emotional abuse:

- Agitation or anger;
- Withdrawal;
- Depression;
- Confusion;
- Behavior associated with dementia, such as rocking, biting and sucking; and
- Extreme and unusual behavior toward family or friends.

WHAT TO DO IN THE EVENT OF CONCERNS

In the event there are concerns about the care and treatment received by your loved one, there are a variety of steps that may be taken:

1. Speak to the nurses and aides about your concerns;
2. Speak to the Director of Nursing, Administrator, Activities Director and/or Social Worker about any concerns;
3. File a complaint with the appropriate state authority;
4. Move your loved one to another facility; and
5. Pursue legal action against the home.

IN THE EVENT OF AN INJURY OR ABUSE, WE CAN HELP

Should your loved one experience a significant injury or abuse, we can help. Although legal action may not be warranted in every situation, where serious injury or abuse has occurred, legal action is often the only way that such problems can be appropriately investigated and addressed.

For more than 15 years, we have represented accident and injury claimants throughout the states of Missouri and Kansas. Many of these cases are referred to us by former satisfied clients and by other attorneys. If we accept your case and you are not local, we will come to you.

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