

# Personal Injury Law Podcast

by Rosenfeld Injury Lawyers

## Bed Sores: The Ugly Side of Nursing Home Neglect

Jonathan Rosenfeld:

Hello everybody. I am Jonathan Rosenfeld. And today on the Personal Injury podcast, I am joined by attorney Anthony Lanzone in California. And we are going to talk about one of the most prevalent types of nursing home abuse cases out there, bedsores. You can call them bedsores, you can call them pressure sores, you can call them decubitus ulcers but at the end of the day, they're all the same. And Anthony is really a leader when it comes to elder abuse cases in California. And frankly, I'm really happy that he's joined me today so we can talk about this issue. Anthony, thank you for joining me. I appreciate it.

Anthony Lanzone:

Jonathan. Thanks for having me.

Jonathan Rosenfeld:

Well, to begin with, I think a lot of times people who may have a family member in a nursing home they may get a call at some point, or they may be going through their loved one's medical records and they see a term on there. There's frankly, a lot of medical terms in these records but they may see a term, decubitus ulcer, or pressure sore, or pressure ulcer. And they may not really know what that is. To begin with, can you give us an explanation about what these are? What is a pressure sore?

Anthony Lanzone:

Yeah. Bedsore it's exactly what the name suggests. It's a sore that can develop on the skin. They primarily develop on bony prominences and you can get those from sitting at a chair for extended periods of time, laying in bed for extended periods of time without relieving the pressure to those areas. And obviously the older we get, the more prone we are to those types of injuries. And so, it's essentially an ulceration or a sore that develops when you're lying in bed or sitting in a wheelchair, for extended periods of time without relieving the pressure to the area.

Jonathan Rosenfeld:

And when we're talking about these bedsores, we're typically not talking about a situation where there may be a bruise or a scab or something? These bedsores can really amplify as they develop and they really can open and really form large wounds or craters, in the body. Correct?

Anthony Lanzone:

That is correct. Bedsores just the term sounds nonchalant. Just a bed sore, it's no big deal. But the reality of those bedsores, you're right, they could be very significant things that could really harm somebody. The biggest organ in the body is the skin, right? And so when you develop a bedsore and if you don't take care of it, that could do some serious damage to the biggest organ in your body. And it creates a portal for infections and all types of problems.

Jonathan Rosenfeld:

Now, nursing homes know that many of their patients are susceptible to develop bedsores. This is not a new medical condition out there. This is something that people in nursing homes and hospitals and other long-term care facilities, have really suffered with for some time. What steps should a nursing home or other type of care facility be doing to help prevent these bedsores, from forming or developing in the first place?

Anthony Lanzone:

Well, there's a lot to that question, Jonathan. I think the first thing I'd like to point out is that, people are not supposed to be getting bedsores. A lot of times nursing homes will communicate to the families and say, "Oh, he's got a bedsore. Don't worry about it. It's no big deal." And they play these types of injuries down. But the obligation of the nursing homes by statute, I should say by federal regulation and the state regulations here in California, they require people that come into the facility without bedsores, that they don't get them unless they can show through the clinical record and the clinical things that they've done, that they've taken every step possible to prevent that bedsore. Now you can imagine that's a pretty steep burden but the reality of it is, is that the nursing homes are aware that people are prone to bedsores when they get there but they're just not doing enough, to try to prevent it.

Anthony Lanzone:

The only way to prevent these wounds is to relieve pressure to the area. And we're in the middle of a pandemic and everyone's like, "Oh God, the nursing homes they're heroes and they're fighting to take care of everybody in the nursing homes." But it just takes one good pandemic to show how poorly the nursing homes have done over the past decade, at least. I would say decade plus, on just typical infection control protocols. And that goes for the same with bedsores. They're just not doing enough. It has to do with staffing, not having enough people to make rounds to turn and reposition folks. It has to do with money. Nursing homes, the vast majority of them, are owned by big, large companies that want to make a bunch of money. And all those factors go into why nursing homes do a poor job of making sure that, people that come into the nursing homes and don't have bedsores that they leave with the bedsores.

Jonathan Rosenfeld:

Now, I think one of the things that I've seen and really continue to see is that, these bedsores don't develop overnight. These are wounds that well, you may have an early stage bedsore after a few days or something. But by the time of a wound has manifested into... And they grade these wounds based on a system to try to make them objective on one to four. But by the time a wound becomes a stage four bedsore, that's a situation where it's not one person who is doing a poor job tending to a patient. It's really an overall breakdown in the type of care that the patient's getting.

And if you see a situation where a patient has a stage four bedsore, what, if anything, would you suggest that the family do at that point?

Anthony Lanzone:

Well, the most important thing is the victim, right? The patient. They got to get in touch with the doctor. They got to be proactive. They have to get involved in the care. And I don't know about you, Jonathan but my gut is usually a good thing to follow. If your gut's telling you that there's something wrong, then you're usually right. Now what to do about that, as I said, you got to get involved in the victim's care. And unfortunately, a lot of nursing homes don't do a very good job of communicating clearly with the family members. And you just have to do everything you can to advocate that this person gets the care that they need, through the personnel and the physicians that are responsible for taking care of the individual.

Jonathan Rosenfeld:

Now, when a wound gets to an advanced stage, sometimes they call in a wound care expert, or they'll send the patient out for a surgical debridement where they actually remove some of the dead tissue, to try to help the wound heal. I always tell people, tell families, "Hey, these are keyword words to hone in on. And if you hear those terms, it's probably a more severe wound than the facilities letting on." Obviously, you've come in contact with these cases on a fairly regular basis. Would you agree that those are things that families should be on the lookout for? And if they do hear those terms, or even see a gaping wound on their loved one that they really do need to take some action?

Anthony Lanzone:

100%. Absolutely. In fact, even just leaving the bedsores aside for a second, I would make the argument that you have to be an advocate. You can't just simply rely on the people in the white coats and the nursing home. Generally speaking, a lot of these bedsores and problems that the nursing homes have, they don't really necessarily have to do with the hands-on caregivers. These people are really doing God's work and the vast majority of them want to do a good job, and they want to prevent people from getting bedsores and all those things. But the problem is, is the way the system is set up, the way they're organized. The way that these companies squeeze every penny out of it, for corporate profit. There's just not enough people and they don't do enough training. And that's why the people get the bedsores.

Anthony Lanzone:

So, if you're ever in a nursing home or you have a loved one there, you have to be there. You have to be there every day, watching and asking questions and making sure that they're getting the care that they need and that they're not being harmed. So yeah, if you ever hear stage four bedsore, that is a red flag that things are not going well. Many, many years ago when I first got into this business, I went to this seminar or something along those lines where they were discussing the elder abuse issues. And there was this prominent woman at the time, who owned several nursing homes in Southern California and was also the administrator of those homes. And she stood up in front of this crowd and said, "No nursing home residents should ever get bedsores on their heels. Ever. If you ever see a bedsore on a heel, that is 100% avoidable because all you have to do is float the heels."

Anthony Lanzone:

That really stuck with me throughout my career because if that's true with the heels, it's also true with a lot of other areas of the body that people just aren't supposed to get bedsores. It seems over the years, the standards for the nursing homes changes within the nursing homes. The regulations stay the same but the standards within the nursing homes, it's becoming acceptable for people to get bedsores. And it's a common thing to where they even tell the family members, "It's common. Don't worry about it, this was expected." But the reality of it is, is that there's a million things that you could do. You don't even have to be a medical professional, you just have to make sure you do everything within reason to alleviate pressure to the pressure points, that are prone to the development of the bedsores.

Jonathan Rosenfeld:

One of the things that I always advise my clients to do, and I advise them to do this and regardless of the type of case, whether it's an auto accident or work related injuries. I always say, "Hey, you know what? You're walking around with the camera. You know what? Use the camera." And at the end of the day, photos really do carry an awful lot of weight. But in a situation involving a bedsore, when you see these photos and if the photos ever make it to the light of a jury or something, they're really horrific and really graphic. You and I sitting here talking about the bedsores, a lot of times doesn't necessarily do them justice when it comes to how graphic and really just how dehumanizing these are, because it's really an open wound.

Jonathan Rosenfeld:

So, can you talk a little bit about photos in these cases. Not necessarily, whether they're from the client, or their family, or from the facility. But can you talk a little bit how the photos play into the outcome of some of these cases?

Anthony Lanzone:

Yeah. The good news is that generally speaking, wound care over the years has developed where photographs is actually part of the standard of care, in terms of treating the wounds. So, when people get bedsores in nursing homes, or if they get shipped out to the acute care hospital for whatever reason, there's usually a good photographic record within the nursing home chart or the acute care chart that shows you the development of the wound. The pictures are horribly important because generally speaking, the public hears bedsore, they don't know what that is. Like what we touched on it, in the beginning of our conversation. What is a bedsore? It doesn't sound it's that big of a deal, right? You and I are fairly young guys. We don't know what bedsores would be from our personal experience.

Jonathan Rosenfeld:

No. But in terms of the outcome of these cases,

Anthony Lanzone:

Right.

Jonathan Rosenfeld:

... it ultimately... When you are working on one of these cases and someone has a stage four pressure sore, and whether or not you're negotiations with an insurance company, defense counsel, or if the case goes to trial. Ultimately these cases, are very visually, dependent on the images.

Anthony Lanzone:

Right.

Jonathan Rosenfeld:

Can you just talk a little bit about, how you've used some of these photos maybe to get some of these cases resolved?

Anthony Lanzone:

Because the public doesn't know what that is, or they're not familiar with them, there's nothing more important than a picture. You can stand up and have an expert explain to you what a bedsore is and what this one was and what it looked like, and so on and so forth for hours. But until you see it, you really get a clear understanding when you see a picture of a bedsore, a stage two, a stage three. Whatever it is generally speaking, they're horrific. It almost looks like carnage from a war movie or something. A lot of times these bedsores. Sometimes they're really small and they don't look that bad but when you look at a little closer, you can see the bone.

Anthony Lanzone:

That's a deep bedsore that is horribly harmful and creates a huge risk of harm to the resident. So, if you have pictures of a bedsore, if you have a loved one in a nursing home and you hear bedsore your damn right, you should get photos of it. Especially if you're anticipating litigation because it makes my job a lot easier, when I don't have to explain it. I can just show it and everyone gets it, the second you show them a picture.

Jonathan Rosenfeld:

I think that's really good advice. Now, we're talking a little bit about, right now, the end result. If someone does have a bedsore, how that plays out in resolving a case. But if someone does have a family member who is in a nursing home, assisted living facility, or other types of long-term care facilities and they do learn about an advanced stage bedsore. Would you suggest that they contact an attorney at that point?

Anthony Lanzone:

Again, the first thing I would do is, I would try to do everything I can to make sure that the victim is getting the care that they need, to treat the bedsore to try to heal that thing. But a lot of times, again, by the time a loved one ends up in a nursing home, this is usually the family's first time of experiencing what a nursing home is and what goes on into a nursing home. And a lot of times, they're just relying on the people or the system that's actually putting the victim in harm's way, by allowing them to develop a bedsore. So the first thing is, let's get the person the treatment that they need. Do the best you can with that. But a lot of times, that's not going to get you very far unless you get a lawyer involved and not just any lawyer. You really need to find lawyers out there that do nursing home abuse cases, because it's just a different animal.

Anthony Lanzone:

And our profession over the years has become so sub-specialized, it's very rare to see a lawyer that does everything now. And you really need to know and have experience with the nursing home business to understand what the [inaudible 00:18:14] client's problem is, and how to go about trying to make sure that the victim gets the care that they need. And also to evaluate whatever evidence that we need to evaluate, in order to hold the nursing home accountable for the harm that they caused the victim. So yes, definitely contact an attorney.

Jonathan Rosenfeld:

Well, obviously you are seasoned when it comes to evaluating nursing home negligence cases and pressure sore cases. So, I really appreciate you joining me today and giving your insight on this topic. And if anyone has any questions, I'm going to put your link to your website on our show notes, but I appreciate it. Thanks for your time.

Anthony Lanzone:

Thanks, Jonathan. Thanks for having me.