NURSING HOME NEGLECT

Four Common Health Problems

and what you can do about them.

SHUTTLESWORTH
LAW FIRM LLC

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INTRODUCTION

It's an incredibly difficult decision to put a loved one in a nursing home. When the time comes, you do the research. You look for the best facility, one with good ratings and friendly, experienced staff. After the move, you trust that your loved one's health is in good hands.

But neglect can happen in the best of nursing homes. And when your loved one is neglected, serious problems can develop that put his or her health and life at risk. Some of the most common health problems seen with nursing home neglect are dehydration, pressure sores, sepsis and urinary tract infections.

When neglect leaves your loved one sick or injured, it's common to feel helpless. Is there anything you can do?

Yes, there is.

As a nursing home resident, your loved one has rights. One of those rights is to be free from neglect and have his or her health needs addressed. As your loved one's advocate, you can take steps to make sure those rights are protected.

Here are some general guidelines that can help you help your loved one stay healthy and safe.

Trust your instincts.

One of the responsibilities of the nursing home is to monitor the condition of residents and respond when it changes for the worse. This change may not be noticed by nursing home staff when there is neglect.

You may sense that something is wrong with your loved one, but you aren't sure what. This can be especially frustrating if your loved one is not able to communicate how he or she is feeling (for example, because of dementia). But you know your loved one. You know when something is not right. Don't ignore that feeling.

Look for signs of poor health.

There may be something different about your loved one that can be a symptom of a health problem. Some of these signs may not be so obvious. Pay attention to what you:

See

Make note of any:

- Lethargy/lack of energy
- Confusion
- Decline in mental status
- Change in skin (color, sores or open wounds)
- Changes in mobility (walking, propelling a wheelchair or reposition in a chair or bed)

Smell

You may notice:

- Urine with a strong odor
- A foul odor coming from a skin wound

Hear

Be aware of any:

- Wheezing
- Coughing
- Strange breath sounds

Ask questions.

You have the right to know about every action taken to care for your loved one and why it is being done. Ask if your loved one's care plan is being followed. And ask questions about any procedures you don't know much about. For example, if a doctor orders a lab test for your loved one, you can ask:

- What is the test?
- How is it done?
- What can it tell us?
- When will results be available?

Don't take no for an answer.

Get to know the names of all staff members involved in your loved one's care. This includes doctors, nurses, therapists and support staff. If you have questions, ask

the appropriate staff member. Nursing home staff might seem busy, and they usually are. But don't accept that as an excuse for not answering your question. If a staff member promises to get back to you at a later time, follow up on it. If needed, make an appointment to discuss your concerns. At times, you may feel you are being ignored. But keep asking until you get answers.

Get it in writing.

Every aspect of a nursing home resident's care is required to be documented. Residents and their authorized representatives have a right to review medical records within 24 hours of requesting them. This documentation can help you track changes in your loved one's health. It may also be able to tell you if your loved one was the victim of neglect.

Documentation you should have copies of include:

- Your loved one's care plan
- Policies and procedures for the nursing home
- Lab test results
- Assessments
- Intake and output sheets
- Meal sheets
- Nurse's notes

Get help.

If your loved one is suffering because of neglect, you want to make sure your loved one gets proper treatment and hold the negligent parties responsible. But proving neglect can be complicated, and nursing homes have lawyers who will fight you every step of the way. Talk to an attorney with experience handling nursing home neglect cases to learn your options. Being informed can help you make the best decision for your loved one.

Monitoring your loved one's health can help you spot signs of these four common health problems. This book is designed to help you learn more about these problems, identify the symptoms and take specific actions to help your loved one get better. It also provides information about nursing home processes and what to do if you suspect neglect.

You can't always prevent your loved one from getting sick. But you can take steps to make sure he or she gets the best care possible.

DEHYDRATION

WHAT IT IS

Dehydration means the body is not getting enough fluids to function normally. It happens when more fluid is leaving the body (for example, through sweat, urine, vomiting or diarrhea) than entering the body (by drinking and eating).

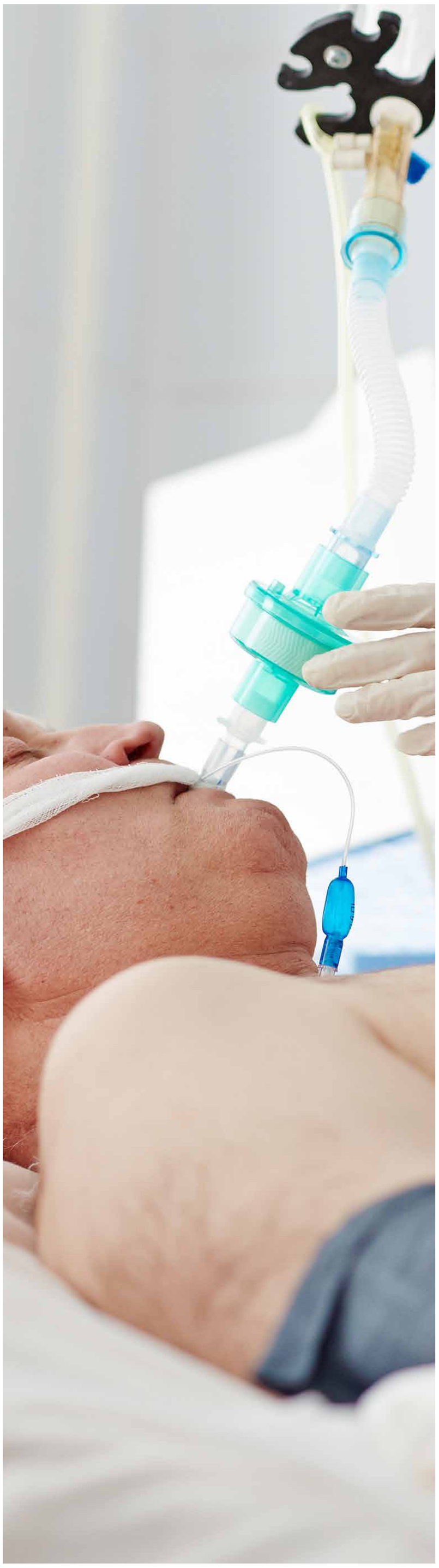
WHY IT'S SERIOUS

Dehydration can cause a drop in blood pressure and poor balance, increasing the risk of falls. Severe dehydration can lead to seizures, kidney failure, encephalopathy (swelling of the brain), coma and death.

HOW IT HAPPENS

As people age, their body water content is reduced and they can become dehydrated more quickly. Minor illnesses can result in dehydration, especially when there is vomiting or diarrhea. Certain medications can also make dehydration more likely.

Residents with dementia are more at risk, as they forget to drink fluids and need to be constantly reminded. Residents with dysphagia (difficulty swallowing) are also at risk. It is the job of nursing home staff to be aware of these risks and to take steps to prevent your loved one from becoming dehydrated. Your loved one can become dehydrated if staff members don't provide enough fluids or fail to monitor fluid intake.



SYMPTOMS

- Complains of dry mouth
- Always sleepy
- Seems especially tired and weak
- Experiences cramps
- Confusion
- Lethargy (feeling sluggish)
- Malaise (generally not feeling good)
- Develops problems with daily activities (such as eating, walking and going to the bathroom)
- Decrease in urine output
- Urine is dark yellow with a strong odor

WHAT YOU CAN DO

Ask the nursing home to conduct a dehydration assessment.

A doctor can check certain things for signs of dehydration. One is to check skin turgor (elasticity) by gently pinching the skin and timing how long it takes to return to its original position. Another is capillary refill—a doctor gently squeezes the fingernail and times how long it takes for the color to return.

Ask for lab tests.

Certain blood and urine tests can help determine if your loved one is dehydrated. For example, one of the things doctors can look at is the blood urea nitrogen (BUN) to creatinine ratio. A ratio value of over 20 shows likely dehydration. An electrolyte panel can measure levels of nutrients (such

as sodium and potassium) that can also help in diagnosis.

If symptoms are severe, ***take your loved one to the hospital immediately.***

Severe symptoms include:

- Rapid heart rate
- Low blood pressure
- Fever
- Confusion
- Fainting
- Dizziness when standing or walking
- Little or no urination for 12 hours or more.

DOCUMENTS TO REQUEST

Intake and output sheets (I&O sheets).

These record the amount of fluid taken in and the amount of urine output.

Meal sheets.

These provide a record of how much fluid your loved one has been consuming. (The recommended daily amount will vary, but generally should be between 1500 and 2000 cc.)

Recent nurse's notes.

They may provide a written record of your loved one's change in status. (But sometimes a change of status is not written down in nurse's notes.)

Recent lab results.

For example, they may indicate whether

your loved one's BUN/creatinine ratio is normal or elevated.

Nutritional assessment.

This document may state the minimum amount of daily fluid your loved one needs and whether or not he or she is at risk for dehydration.

Tube feeding sheets or logs.

If your loved one is receiving tube feedings, these should provide a record of the amount of fluid taken in (referred to as flushes).

Your loved one's care plan.

This could indicate that your loved one is considered to be at risk for dehydration. (Federal regulations require nursing homes to have a written care plan and provide documentation that it is being followed.)

Supporting documentation for the care plan.

Ask for documentation that shows all of the approaches and interventions listed in the care plan have been implemented.

Copies of policies and procedures.

Specifically, those policies and procedures related to dehydration and a change in a resident's condition.

TREATMENT

Dehydration is treated by administering fluids, either by mouth or intravenously.

PRESSURE SORES

WHAT THEY ARE

Pressure sores are painful injuries that develop on the skin due to prolonged pressure. (They are also called pressure ulcers or bedsores.) There are 4 stages of pressure sores:

Stage I

The skin is not broken, but appears red (on people with lighter skin) or discolored (on people with darker skin). When that area is touched, the skin does not blanch (briefly turn white). The area may be warm to the touch.

Stage II

The skin is broken, and there is a shallow wound that looks pink or red. It may look like a scrape, blister or shallow crater.

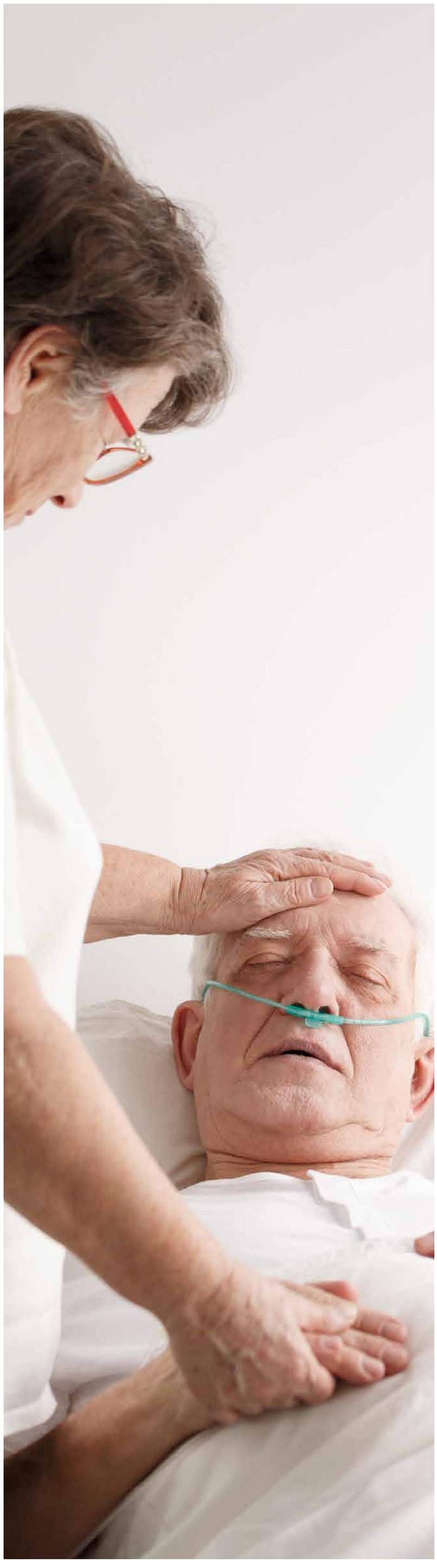
Stage III

There is a deep wound that has formed a small crater. The wound has cut through the layers of skin and has exposed fatty tissue.

Stage IV

The wound is larger and deeper. There is extensive tissue damage, and muscle, bone or tendons are exposed.

In stages III and IV, there may be little or no pain due to significant tissue and nerve damage



WHY THEY ARE SERIOUS

Once the skin is broken, pressure sores are extremely prone to infection, such as:

- Osteomyelitis (infection in the bone)
- Cellulitis (infection of the skin and soft tissue)
- Sepsis, or septicemia (infection in the blood)

Pressure sores can be extremely painful. Infections can cause further health problems and lead to death.

HOW THEY HAPPEN

Pressure sores can begin to develop in as little as a couple of hours. They occur after sitting or lying in the same position for long periods of time – for example, lying in bed or sitting in a wheelchair. This puts sustained pressure on certain areas of the body. The pressure restricts blood supply, which carries oxygen, and skin tissue begins to break down.

Pressure sores are most likely to occur on areas of the body known as “bony prominences” that don’t have a lot of muscle or fat covering them. These areas include the:

- Small of the back
- Shoulder blade
- Hips
- Heels
- Toes

- Buttocks (on people who are very thin)

Other factors can increase the risk of developing pressure sores. These include poor nutrition, poor hydration, impaired mobility, poor circulation, the presence of other infections and excessive dampness or moisture (for example, from incontinence).

SYMPTOMS

- Red or swollen skin
- An open wound
- Pain or tenderness in a certain area
- Wounds with thick pus and/or a foul smell
- Fever

WHAT YOU CAN DO

Ask the nursing home to conduct a wound assessment.

A doctor will examine the pressure sore and determine the stage. He or she will also look for signs of infection. Tell the doctor about any symptoms you've noticed or that your loved one has mentioned. The doctor may also order a tissue culture to check for infection and/or a blood test to check overall health.

Talk to your loved one's doctor about the treatment plan.

Your loved one's doctor will create a plan to treat the pressure sore. Know what the plan is and ask which staff members will

be responsible for putting it into action. When you visit your loved one, check with those staff members to see if the plan is being followed.

Ask for your loved one's care plan to be revised.

Part of your loved one's existing care plan may have included steps to prevent the development of pressure sores. Since your loved one now has a pressure sore, the plan needs to be revised and updated to include treatment.

If the pressure sore is Stage IV or there is sign of infection, take your loved one to the hospital.

The pressure sore needs to be assessed and treated as soon as possible. Your loved one may need medication and possibly surgery.

DOCUMENTS TO REQUEST

Body audits and skin assessments.

These are a written record of the condition of your loved one's skin, and should note any dryness, irritation or lesions.

Wound assessments.

Your loved one's pressure sore should be assessed at least once a week. Read each assessment and point out anything you find to be incomplete or inaccurate.

Medication Administration Records (MARs) and Treatment Administration Records (TARs).

Theses documents are a written record of medications and other treatment that your loved one received. They can help you ensure that the treatment plan is being followed. Each time a medication or treatment is administered, the nurse responsible is required to initial the document.

Activities of Daily Living (ADL) sheets.

Nursing home staff will conduct an assessment of how well your loved one can perform activities of daily living. These activities generally include hygiene, dressing, eating, toileting and transferring (ability to move).

Nutritional assessments and weight records

These records note whether your loved one is receiving proper nutrition and maintaining a healthy weight. Malnutrition can delay wound healing and make infection more likely.

Copies of policies and procedures.

Specifically, those policies and procedures related to pressure sores and wound treatment.

TREATMENT

Frequent turning and repositioning.

This takes pressure off of the wound area to prevent it from getting worse and giving the wound a chance to heal. The treatment plan should set a schedule for turning and repositioning. Pillows, wedges, heel floats, alternating pressure mattresses and other

devices may be used to help keep pressure off of the wound.

Debridement (removal of dead tissue).

Removing dead tissue from the wound area can help prevent infection and promote healing. This may be done by using enzymes, ultrasound, special dressings, saline dressings and/or a surgical procedure.

Negative-pressure wound therapy.

This technique uses a vacuum pump (wound vac), which draws out fluids and increases blood flow to the area to promote healing.

SEPSIS

WHAT IT IS

Sepsis is a complication that can occur when the body responds to an infection.

WHY IT IS SERIOUS

Sepsis can progress to septic shock, in which there is a sharp drop in blood pressure. This deprives the body's major organs of oxygen and can result in organ failure and death.

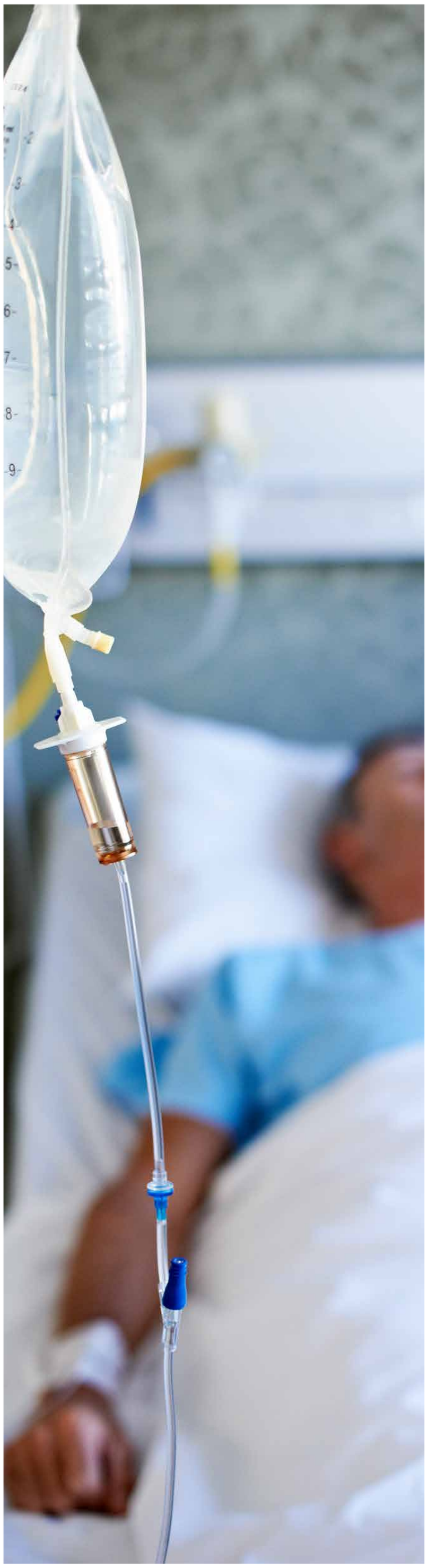
HOW IT HAPPENS

When battling a severe infection, the body releases chemicals into the bloodstream to fight it. This results in inflammation throughout the body, creating dangerous conditions.

SYMPTOMS

Sepsis is a complication of an infection, so many of the symptoms of infection will be present.

- Fever
- Chills
- Rapid pulse
- Difficulty breathing
- Loss of appetite
- Confusion
- Lethargy (feeling sluggish)
- Malaise (generally not feeling good)
- Diarrhea



- Vomiting
- Foul-smelling urine
- Foul-smelling pressure sores or wounds

WHAT YOU CAN DO

Ask for lab tests.

Diagnosing sepsis can be difficult because the symptoms can be caused by other illnesses. Certain blood tests can help show organ failure is occurring, which can indicate septic shock. These tests include:

- Kidney tests

  Your loved one may have an elevated blood urea nitrogen (BUN) to creatinine ratio, which could indicate kidney failure.

- Liver tests

  The doctor will check the levels of certain enzymes—such as alanine transaminase (ALT), aspartate transaminase (AST) and alanine-glyoxylate transaminase—which could indicate liver failure.

- White blood cell (WBC) count and differential

  A higher amount of white blood cells in the blood can indicate the presence of an infection.

  A differential determines the percentage of each type of white blood cell (neutrophils, lymphocytes, monocytes, eosinophils, basophils). It also measures the amount of immature neutrophils, called bands, which can be another Indicator of infection

Ask the doctor about your loved one's vital signs.

Changes in blood pressure, heart rate and blood oxygen levels can be signs of septic shock.

Ask for a body audit.

This can help determine if your loved one has a pressure sore that has become infected.

Ask for your loved one's care plan to be revised.

Sepsis is a serious medical condition, and your loved one's care plan will need to be adjusted significantly to provide treatment.

Ask about imaging tests.

The doctor may order an X-ray, C-scan, ultrasound, or MRI if the site of the infection is not known.

If there are signs of infection, ***take your loved one to the hospital.***

It's important to diagnose and treat sepsis and the underlying infection as soon as possible. Delaying treatment could lead to organ failure and death.

DOCUMENTS TO REQUEST

Recent nurse's notes.

These may indicate a change in your loved one's status, such as early signs of infection.

Lab results.

Ask for the results of any lab tests ordered.

Medication Administration Records (MARs) and Treatment Administration Records (TARs)

These documents are a written record of medications and other treatment that your loved one received. They can help you ensure that the treatment plan is being followed. Each time a medication or treatment is administered, the nurse responsible is required to initial the document.

TREATMENT

Medication.

Antibiotics can help your loved one fight infection. The doctor may begin with broad-spectrum antibiotics, which are effective against different types of bacteria that can cause infection. In some cases, vasopressors may be given to restrict blood vessels and increase blood pressure. Other medications that may be given include corticosteroids to reduce inflammation, insulin to help stabilize blood sugar levels, and painkillers.

Intravenous fluids.

IV fluids can help prevent dehydration and kidney failure, and can also help prevent blood pressure from getting dangerously low.

Oxygen.

If your loved one's oxygen levels are low, the doctor may call for supplemental oxy-gen to be given through a mask or nasal

cannula (tube placed into the nostrils).

Surgery.

In some cases, surgery may be needed to remove sources of internal infection.

URINARY TRACT INFECTION (UTI)

WHAT IT IS

An infection in any part of the urinary system, most commonly the bladder and urethra.

WHY IT IS SERIOUS

If the infection is not treated, complications can develop. The infection can spread to the kidneys and cause permanent damage. It can lead to urethral stricture (narrowing) in men. And if left untreated, the infection can lead to sepsis, causing organ failure and death.

HOW IT HAPPENS

An infection occurs when bacteria enters the urinary tract. One common source of this infection is catheters that are not regularly cleaned and flushed. Another is failing to keep a resident clean and dry after a bowel movement. The resident is either not cleaned properly or is allowed to wear wet or soiled diapers. Uncontrolled diabetes, dehydration and kidney stones can increase the risk of getting a UTI.

SYMPTOMS

- Dark or discolored urine
- Urine with a very strong odor
- A persistent urge to urinate
- A burning sensation when urinating
- Passing frequent but small

amounts of urine

- Pain in the pelvic area
- Lethargy (feeling sluggish)
- Malaise (generally not feeling good)
- Fever

WHAT YOU CAN DO

Ask for urine tests.

A urinalysis examines the appearance, concentration and content of urine to look for signs of infection. A urine culture looks for signs of bacteria that is causing the infection.

Ask for blood tests.

A complete blood count (CBC) can determine if there is a higher amount of white blood cells in the blood, which indicates the presence of infection. A blood culture can verify infection by revealing bacteria in the bloodstream. A doctor may also look at the blood urea nitrogen (BUN) to creatinine ratio in the blood, to check for dehydration and assess kidney function.

Ask if other tests are needed.

In some cases, a doctor may order:

- A cystoscopy

  In this test, a long, thin instrument is inserted into the urethra to look inside the urinary tract.

- Imaging tests

  An ultrasound, computerized tomography (CT) scan or magnetic resonance imaging (MRI) can help the doctor look for any abnormalities in the urinary tract.

DOCUMENTS TO REQUEST

Intake and output sheets (I&O sheets).

These record the amount of fluid taken in and the amount of urine output. They can show a change in urine output over time and also indicate dehydration if your loved one was not taking in enough fluids.

Documentation of catheter line changes and catheter flushes.

If your loved one is on a catheter, these records can show whether it was properly cleaned and maintained.

Lab test results.

These can confirm whether or not your loved one has a UTI.

Nurse's notes.

They may provide a written record of your loved one's change in status, such as early signs of infection. (But sometimes a change of status is not written down in nurse's notes.)

Your loved one's care plan.

This could identify any problems with incontinence and risk for UTI. Also ask for supporting documents that show the plan was carried out. (Federal regulations require nursing homes to have a written care plan and provide documentation that it is being followed.)

Medication Administration Records (MARs)
Treatment Administration Records (TARs).

These documents are a written record of medications and other treatment that your loved one received. They can help you ensure that the treatment plan is being followed. Each time a medication or treatment is administered, the nurse responsible is required to initial the document.

Copies of policies and procedures.

Specifically, those policies and procedures related to incontinence care, infection and a change in a resident's condition.

TREATMENT

Medication.

Antibiotics can help your loved one fight infection. If there is more than one type of bacteria causing the infection, more than one type of antibiotic may be prescribed. Painkillers may be given to relieve burning sensations during urination.

Intravenous fluids.

IV fluids can help replenish fluids if your loved one is dehydrated.

Surgery.

In rare cases, surgery may be needed to correct problems (such as an obstruction) that make it more likely for that person to get a UTI.

ASSESSMENTS

Every nursing home resident goes through an assessment by staff to determine his or her health status and needs.

By law, nursing homes must collect information about each resident's health and ability to function. This information is divided into categories in a screening tool called the minimum data set (MDS). These categories are designed to assess your loved one's physical, mental and emotional health. The categories include:

- *Hearing, speech and vision*—how well your loved one can hear, speak and see
- *Cognitive patterns*—an assessment of your loved one's mental status
- *Mood*—for example, any existing depression or irritability
- *Behavior*—how your loved one acts around others
- *Customary routine and activities*—your loved one's preferences for bedtime, bath time and leisure time
- *Functional status*—an assessment of how well your loved can perform activities of daily living (for example, dressing, eating, toileting and ability to move)
- *Bladder and bowel*—an assessment of continence and the need for any special equipment (such as a catheter or ostomy bag)
- *Active diagnoses*—any health problems or infections your loved one currently has (for example, heart failure, kidney disease or urinary tract infection)
- Health conditions—any pain, shortness of breath or other conditions your loved one is experiencing
- *Swallowing/Nutritional status*—any difficulty your loved one has with eating or taking medications, as well as any recent changes in weight
- *Oral/dental status*—the condition of your loved one's teeth and oral tissue
- *Skin conditions*—whether your loved one has any pressure sores or is at risk for developing one, and the general condition of the skin
- *Medications*—the name and type of medications your loved one is currently

- Special treatments, procedures and programs—for example, any dialysis, radiation treatment or physical therapy your loved one has recently had
- *Restraints*—any physical restraints your loved one requires

The assessment also notes goals for improvement for your loved one.

A record of your loved one's health

After collecting assessment information, nursing home staff will conduct a care area assessment (CAA). This process identifies problem areas for your loved one and identifies triggers (changes in your loved one's condition that will care planning and treatment interventions). The nursing home has utilization guidelines that provide instructions for using the information gathered in the assessment process.

Assessments of your loved one are repeated at regular intervals, and after any significant changes in your loved one's condition.

As an authorized representative, you have the right to request copies of your loved one's assessment records. These can reveal any problems with your loved one's health that were identified early on but then neglected.

YOUR LOVED ONES CARE PLAN

When your loved one is admitted into a nursing home, the staff will conduct MDS assessments which will problem areas, as described in the previous section. They must then create a care plan for your loved one that spells out care and treatment measures he or she should be receiving as a resident.

A care plan will include:

- The problem areas addressed and the date of onset
- The personal and health care services your loved one needs for each problem area
- How often those services are needed
- The type of staff who will provide those services
- Any special equipment or supplies your loved one needs (for example, a wheelchair or feeding tube)
- Any special dietary needs
- Health and personal goals for your loved one

The members of the care plan team include doctors, nurses, nursing assistants and other staff members who provide direct care. As an authorized representative of your loved one, you have the right to attend care plan meetings.

Read and understand the care plan

If you are not notified about a care planning meeting, call the doctor and ask to be included. During the meeting, express any concerns you have about your loved one's care. If you can't make it to a meeting, be sure to get a copy of the care plan.

Take time to read and understand the plan. It's important to know what type of care your loved is receiving and why. Call the doctor with any questions you have.

When you visit, check to see if the plan is being carried out. For example, if the plan calls for your loved one to receive a minimum amount of fluids each day, ask about your loved one's fluid intake that day.

Health assessments will be conducted regularly. If your loved one's health changes, the care plan must also change. It's important to always have a copy of your loved one's most recent care plan so that you can confirm that the care plan has been promptly revised as your loved one's needs change.

THE SURVEY PROCESS

Nursing homes that participate in Medicare and Medicaid are required to take part in an annual survey. The purpose of the survey is to determine if residents are receiving the care that they need and if the nursing home is following federal nursing facility regulations. An updated survey process is scheduled to be implemented in November 2017.

In Alabama, surveys of nursing homes are conducted by the Alabama Department of Health. Survey teams visit nursing homes unannounced, examine records and talk to staff members. They also interview residents and family members. The types of questions they ask include:

- How the staff treats residents
- What the food is like
- If residents like and participate in activities
- How the nursing home responded when there was a concern or complaint

Surveys are conducted annually, and may also be done in response to complaints or a specific incident.

A nursing home that has been found to be in violation of regulations can face fines, denial of payment and loss of certification by Medicare and Medicaid. In some cases, residents may be transferred to another facility and a new, temporary management of the nursing home may be put in place.

Surveys are useful because they can let you know if your loved one's nursing home had previously violated any regulations, which can often indicate neglect.

The nursing home is required to make the results of the latest survey available to residents and their authorized representatives. Information about deficiencies found in nursing homes is also available online. In Alabama, this information can be found at www.adph.org/healthcarefacilities.

An experienced nursing home neglect attorney can help you understand these surveys and how they relate to any neglect suffered by your loved one.

NURSING HOME RESIDENTS' RIGHTS

In 1987, Congress passed the Nursing Home Reform Act, which was then signed into law by President Ronald Reagan. The law was written to ensure that residents receive quality care and also establishes the rights that every nursing home resident has.

An experienced nursing home neglect attorney can help you determine if your loved one's rights have been violated. Those rights include:

The Right to Be Fully Informed of

- Available services and the charges for each service
- Facility rules and regulations, including a written copy of resident rights
- Address and telephone number of the State Ombudsman and state survey agency
- State survey reports and the nursing home's plan of correction
- Advance plans of a change in rooms or roommates
- Assistance if a sensory impairment exists
- Residents have a right to receive information in a language they understand

Right to Complain

- Present grievances to staff or any other person, without fear of reprisal and with prompt efforts by the facility to resolve those grievances
- To complain to the ombudsman program
- To file a complaint with the state survey and certification agency

Right to Participate in One's Own Care

- Receive adequate and appropriate care
- Be informed of all changes in medical condition
- Participate in their own assessment, care-planning, treatment, and discharge
- Refuse medication and treatment
- Refuse chemical and physical restraints
- Review one's medical record

- Be free from charge for services covered by Medicaid or Medicare

Right to Privacy and Confidentiality

- Private and unrestricted communication with any person of their choice
- During treatment and care of one's personal needs
- Regarding medical, personal, or financial affairs

Rights During Transfers and Discharges

- Remain in the nursing facility unless a transfer or discharge:
  (a) is necessary to meet the resident's welfare;
  (b) is appropriate because the resident's health has improved and s/he no longer requires nursing home care;
  (c) is needed to protect the health and safety of other residents or staff;
  (d) is required because the resident has failed, after reasonable notice, to pay the facility charge for an item or service provided at the resident's request
- Receive thirty-day notice of transfer or discharge which includes the reason, effective date, location to which the resident is transferred or discharged, the right to appeal, and the name, address, and telephone number of the state long-term care ombudsman
- Safe transfer or discharge through sufficient preparation by the nursing home

Right to Dignity, Respect, and Freedom

- To be treated with consideration, respect, and dignity
- To be free from mental and physical abuse, corporal punishment, involuntary seclusion, and physical and chemical restraints
- To self-determination
- Security of possessions

Right to Visits

- By a resident's personal physician and representatives from the state survey agency and ombudsman programs
- By relatives, friends, and others of the resident's choosing
- By organizations or individuals providing health, social, legal, or other services
- Residents have the right to refuse visitors

Right to Make Independent Choices

- Make personal decisions, such as what to wear and how to spend free time
- Reasonable accommodation of one's needs and preferences
- Choose a physician
- Participate in community activities, both inside and outside the nursing home
- Organize and participate in a Residential Council
- Manage one's own financial affair

IF YOU SUSPECT NURSING HOME NEGLECT

Notify the nursing home of your concerns.

Meet with the administrator and explain why you think your loved one is being neglected. Ask for an explanation and what staff will do to help your loved one.

Have an independent doctor examine your loved one.

The doctor can give you a second opinion about your loved one's condition and what type of care is needed.

File a complaint with the Alabama Department of Health.

This agency has regulatory responsibility for nursing homes in the state. You can file a complaint by:

- Calling the ElderCare Hotline at 800-356-9596
- Sending an email to: NHComplaints@adph.state.al.us
- Writing to:
  Alabama Department of Public Health
  Bureau of Health Provider Standards
  201 Monroe Street, Suite 700
  Montgomery, AL 36130-3017
  ATTN: Complaint Unit

Consider moving your loved one to a new nursing home, even temporarily.

You need to make sure that your loved one is not in danger and that his or her health needs are being addressed.

Contact a nursing home neglect lawyer.

An experienced nursing home neglect attorney knows what evidence to look for to prove neglect and how to build a strong case on behalf of your loved one. An attorney can also make sure your loved one is getting the care he or she needs.

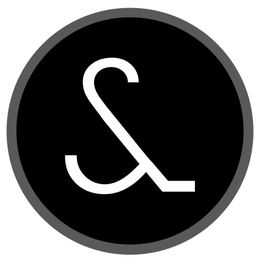
RESOURCES

The Alabama Department of Public Health (ADPH)
www.adph.org
ElderCare Hotline: 1-800-356-9596
This is the primary state health agency for the state of Alabama. It is responsible for conducting inspections and surveys of nursing homes and investigates claims of abuse and neglect.

Centers for Medicare & Medicaid Services
https://www.cms.gov/
1-877-267-2323
This federal agency monitors quality standards in nursing homes and monitors their compliance with federal laws and regulations.

Alabama Department of Senior Services
http://www.alabamaageline.gov/
1-800-AGE-LINE (1-800-243-5463)
This state agency administers programs for seniors and addresses complaints about nursing home through its Long-Term Care Ombudsman program.

The National Center on Elder Abuse
https://ncea.acl.gov
1-855-500-3537
Established by the U.S. Administration on Aging, this organization offers research, statistics and educational materials on elder abuse and neglect.



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