

Abuse and Neglect
A **Family's Guide**



to Nursing Home Lawsuits in Illinois

Barry G. Doyle
Attorney at Law

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Disclaimer

You will find this book to be insightful and a general, educational guide on Illinois nursing home abuse and neglect. This book is not designed to provide specific legal advice, as each case is unique. The subject matter is for informational purposes only and is based upon Illinois law. For specific legal advice regarding your case, consult with an experienced nursing home abuse and neglect lawyer who will be able to review your situation and the factors involved.

Introduction

The decision to admit a family member to a nursing home comes only after it is clear that it is no longer safe for the loved one to be at home and that the family does not have the resources, skills, or ability to assist the elderly member in the home. Once that reality is thrust upon you, careful research goes into selecting a nursing home to which you will entrust your loved one's care. Unfortunately, even after much soul searching and intense research, even when the utmost care is taken to find the perfect institution, the unimaginable can happen—abuse and neglect at the hands of the people you trusted to care for your loved one. As an attorney who regularly represents the victims of nursing home abuse and neglect, I believe that the legal system has a special obligation to protect our most vulnerable citizens, especially senior citizens who have given us so much.

Abuse and neglect of our community's nursing home residents is a situation that we take very seriously at our law firm, and I hope that this book will not only serve as a resource for you, but also a comfort to you as you learn that your family has an advocate in the legal field.

If you helped choose the nursing home where the abuse occurred, you may blame yourself for the devastating result. This is a terrible burden to carry, and you must remember that it isn't your fault—blame lies with the neglectful individual or institution. If you had possessed the

time, skills, resources, and background needed to care for your beloved family member yourself, you would have. You were entitled to trust that the trained professionals who were being paid to care for your loved one were providing the quality care they promised. When you were considering the nursing home your family member was admitted to, the facility staff had an obligation to determine whether they could meet your loved one's care needs, and if not, to decline to accept your family member as a patient. Once they accepted your family member as a patient, it was their obligation to meet the new patient's care needs on an ongoing basis.

When the important promise of quality care is broken, family members of nursing home residents often don't know where to turn. This book is written specifically for victims of nursing home negligence and their families as they seek information regarding how to proceed after discovering (or suspecting) that abuse or neglect has occurred.

As a personal injury lawyer in Chicago, who devotes a significant part of my professional practice to representing victims of nursing home negligence throughout Illinois, I have not and will not represent the nursing homes or insurance companies. After representing many families whose loved ones have suffered harm in nursing homes, I have written this book in response to answer questions from family members about whether abuse or neglect has occurred and what can be done about it in a clear, accessible way. If your loved one has been the victim of nursing home neglect or abuse, I not only want to

express my deepest sympathies to you, but I also want to arm you with important and useful information, so that you can make better decisions about what to do after an incident of nursing home negligence.

Just as nursing home residents have the right to dignity, right to privacy, and a right to quality medical and nursing care, they also have the right to file a claim for compensation if any form of abuse or neglect has occurred. In fact, the Illinois Nursing Home Care Act prohibits the nursing home from retaliating against the resident for filing a lawsuit for poor nursing care or other violations of the resident's rights, whether the suit is filed by the resident or the family involved.

Nursing Home Business Model

Many poor care outcomes in nursing homes can be traced to how nursing homes conduct business. Nursing homes are one of the few sectors in the health care industry that are explicitly for-profit. Of course, most hospitals are enormously profitable, and your doctor would like to turn a profit after paying himself a decent salary, but the profit motive does not drive hospitals' care decisions the same way it does in the nursing home industry. Decisions elsewhere are made by M.D.'s, not M.B.A.'s, and are driven by the interests of the patients, not the shareholders. There is a very different mode of operation in nursing homes compared to other areas in the health care field. Simply put, the goal of nursing homes is to increase profit to benefit the owners, management, and shareholders.

The care problems that arise from the profit motive are compounded by the way nursing homes receive their revenue. Whether they are paid by Medicare, private insurance, or some form of public aid, the great bulk of the revenue that nursing homes receive is the per-day payment they obtain for each bed that is occupied. This means that there is a premium on keeping all of the beds in a nursing home filled, even when they are not able to meet the care needs of each resident they admit to the nursing home. It also means that once every bed is filled, there are a very limited number of ways to increase revenue. This means that once the beds are filled, the principal way to increase

profitability is to cut expenses. Sadly, many of the budgetary decisions designed to fatten the bottom line result in a diminished level of care for the residents.

How do nursing homes increase profitability when the amount of revenue coming in is limited? Since essentially the only way for nursing homes to increase profits is to cut down expenses, the first place they look to is their number one item of expense—staff. By and large, the nursing home staff work hard, but are paid very low wages, so they are often looking to move on to better-paying positions. With some nurses' aides not even clearing \$10 an hour, their pay is not much more than that of many fast-food workers, and they draw some of the most strenuous and unpleasant jobs in the nursing home. As a result, the turnover rate for nursing home staff is unusually high, especially compared to that of other health institutions.

High staff turnover results in poor care for many nursing home residents. For patients who are not on a Medicare floor, federal regulations require a nursing progress note only every 30 days. This means that the main way that the staff knows that there is something new going wrong with a patient is by knowing the patient and noticing there is something different. When different staff members are in and out of the facility and do not know the residents well, that kind of institutional memory does not exist. For example, if a nursing home resident is lethargic because she is ill, a nurse new to the floor may just assume that is how she is every day, whereas long-term staff know Mrs. Smith is not acting as usual and needs to be seen by a doctor.

When the staff is not familiar with the patients they care for, there is enormous potential for neglect.

Shockingly, food is also on the list of budget cuts at nursing homes. Most homes buy poor quality products and buy food in bulk to cut costs, which often results in a lack of texture and flavor. Since many nursing home residents are on restricted diets, elder care facilities limit the amount of fat, sugar, salt, and spices in meals served to the elderly, and most facility kitchen staff cook simple meals that will feed at least sixty residents, meaning that the compromises in flavor apply to everyone. Meat is typically poor-quality, since facilities try to keep meal prices down by sacrificing the quality and quantity of “middle-of-the-plate” items. In many Illinois nursing homes, the meal budget for each resident is a little as \$6.00 per day.

Maintenance often goes to the wayside when it comes to nursing homes. The proper amount of money is not spent to maintain the facility, not to mention keep it clean. That is why nursing homes are often rundown and, unfortunately, dirty. In one case we handled, we represented the family of a nursing home resident who died after developing bed sores. The facility had been cited by the Department of Public Health the summer before for not having supplies on hand to treat the bed sores of residents. However, that citation involved another resident of the facility. We requested a survey key, which would allow us to identify whether our client’s mother was ever named as a resident whose care was neglected during a state inspection. To our surprise, we learned that she was named as a neglected resident

when state inspectors discovered her asleep in bed with mice playing in her lunch tray while she slept. We added a second claim against that incident of nursing home negligence, as well.

Simply put, the nursing home for-profit business model results in large budget cuts that adversely impact the level of care that residents receive. It should not be a surprise to any nursing home operator that when the facility does not devote enough money and resources to the care of the residents, poor outcomes are the result. Unfortunately, too many nursing home operators choose to put profits ahead of people.

Care Planning Process

When a resident enters a nursing home, facility staff has a specific obligation to develop and implement a detailed, individualized plan of care designed to ensure that the resident reaches and maintains the highest practicable state of well-being. This plan is based on a multi-disciplinary, comprehensive assessment of the resident's condition. Based on the results of the assessment, a care plan must be developed by a care planning team. Once the care plan is developed, it must be communicated to members of the nursing home staff. The staff is then charged with the responsibility for carrying out, or implementing, the care plan. Finally, the care plan must be evaluated for effectiveness and must be revised if it is not appropriate or if there has been a significant change in the condition of the resident.

The failure to provide or implement a comprehensive care plan is often a key factor in determining the liability of a nursing home for resident injuries in a nursing home negligence case. By definition, a comprehensive care plan is a custom blueprint for care, outlining the set of actions a nursing team will perform to help a resident achieve the highest possible level of physical, mental, and psychosocial well-being. The care plan should include strategies for meeting the unique needs of the patient, based on a thorough assessment of the patient's problems, risks, and other health concerns.

During the initial assessment, a team of staff—including a registered nurse, and other appropriate staff (such as therapists, a dietician, and a social worker)—records information from the resident or family about the resident’s specific conditions or needs, including medical, nutritional, social, and emotional or psychological needs. Quantitative and qualitative observations must be made during every assessment, such as what medications the patient takes and whether the patient has any mood or behavior problems. Although the assessment should prompt the development of an individualized care plan complete with strategies for improving the resident’s condition, many nursing care plans are generic and fail to accommodate for the special needs of the patient.

Another reason we review the chart is to determine whether assessments were made as often as state regulations require. In addition to making an assessment any time a significant change in the resident’s condition occurs, Illinois nurses and other staff must perform an initial assessment upon the resident’s entry to the home, as well as an assessment every quarter (every three months).

You may be surprised to hear that these assessments often don’t involve the people who care for residents. Although the a nurse, and other specialized staff must be present at the initial meeting in which the resident’s overall health and needs are evaluated, they may not be the ones who actually end up treating the resident, or they may be absent from other assessment meetings. When the nurses and staff who are treating a patient are not the ones who formally assess the patient’s

condition, a lack of clarity in the care plan or other problems may lead to serious or even fatal consequences for the resident. Making things worse, a true comprehensive assessment is rarely done, leaving facility staff members performing duties or guiding the resident in ways that may be unrelated—or even detrimental—to the resident’s condition. Even when care plans are truly comprehensive and customized for each resident, problems can (and will) arise if the plans are not communicated to the proper parties. Not only must a comprehensive care plan (and any change in the plan) be communicated clearly to all nurses and staff who will be working with the patient, but it also must be specific and written in a way in which all facility employees can understand and execute the plan.

Many nursing homes also fall short on evaluating the care plan for effectiveness and revising them as needed. After all, what good is it to have a game plan when the game plan is not working? In one case I handled, a fall prevention plan was put into place, and despite this plan, the resident suffered five minor falls in a four-week span before she suffered another fall in which she suffered a fractured hip. The fact that there had been five falls after putting the fall prevention plan into place should have alerted the nursing staff that what they were doing was not working and they needed to be more aggressive in taking measures to prevent that resident from being injured.

As nursing home lawyers, we look closely at the nursing home resident’s chart and the care plan in particular to determine whether

the resident's injury or illness could have been prevented. The main questions that we are trying to address are:

- Was a proper comprehensive assessment completed, especially in light of what we know about the resident's medical history?
- Was a proper care plan put into place to help the resident establish and maintain the highest practicable degree of well-being?
- Was the care plan communicated to the staff who was caring for the resident on the floor?
- Was the staff actually carrying out the care plan on a day-to-day basis?
- Was anyone evaluating whether the care plan was effective? If the care plan was ineffective, what was done to revise the care plan?
- We often find that the root cause of most injuries suffered by nursing home residents can be found in the answers to these six questions.

Common Instances of Nursing Home Abuse and Neglect

Mrs. T was admitted to a nursing home for rehabilitation after she fell and broke her ankle. Even though she received proper care and aggressive physical therapy, she did not regain her ability to walk safely and independently. After a great deal of discussion, her family agreed that long-term placement was the best option for keeping her safe. She was considered a fall risk by the nursing home and was to have one-person assist any time she was walking and not in her wheelchair. The nursing home's policies and procedures called for the aide who was helping her walk to use a gait belt, or safety belt, around her waist.

One day while she was being walked from the bathroom to her bed with the help of a CNA, she fell and broke her hip. We learned that the CNA had the safety belt around her own waist, not Mrs. T's. The CNA was holding onto Mrs. T by the back of her pants, which tore as she fell. Mrs. T had to have surgery to repair her broken hip. While she was recovering from the broken hip, she developed a bed sore on her heel. The bed sore became infected, and the infection worked its way into the bone. Her doctors asked her son whether he wanted to have the leg amputated or to let her die. Knowing that his mother would never want to have an amputation and that she may not have survived that anyway, he asked for hospice to keep his mother as comfortable as possible until she passed away.

While Mrs. T's story is tragic, unfortunately, it is not an uncommon series of events. Many forms of nursing home abuse and neglect occur in nursing facilities throughout the nation, despite the efforts of hopeful family members to find the homes that offer the best care for their aging loved ones. Since nursing home cases are different from other cases of personal injury, it is important to understand some of the more common forms of nursing abuse and neglect and the factors that make the injuries unique.

Falls

Cases resulting from injuries suffered at nursing homes are very different from those involving falls that occur elsewhere, such as in a grocery store. The special differences between the two kinds of cases require that a specialized approach be taken in representing nursing home residents who are injured in falls.

Unlike falls involving normal, healthy adults, falls involving nursing home residents are, to a large extent, foreseeable, and special plans must be made for their prevention. Nursing home residents are often susceptible to falling for the following reasons:

- Declining physical condition
- Confusion and poor decision-making
- Medications
- The need for assisting devices, such as canes or walkers

Nursing homes are required to make ongoing assessments of the fall risk for each resident and to develop plans to prevent their occurrence. They are also required by federal regulations to keep the facility free of the hazards that can cause accidents. At the heart of nursing home fall lawsuits are the following:

- The adequacy of the fall risk assessment
- The adequacy of the treatment plan
- The implementation of that plan

Many nursing home residents suffer from osteoporosis, commonly referred to as brittle bone disease. This makes them especially vulnerable to injury if they fall. Broken hips and other fractures are often the result of a fall, and if the person is also suffering from malnutrition or has some other health condition, which impedes healing, recovery can be slow and may never be complete. Many studies have shown that fractures often have an adverse effect on the life expectancy of the resident. These factors should be carefully considered in assessing the liability of the nursing home when a resident suffers an injury in a fall.

Pressure Ulcers

The terms “bed sore,” “pressure ulcer” and “decubitus ulcer” mean the same thing and are used to describe any skin lesion or wound caused by unrelieved pressure that damages the underlying tissue. Left untreated, these injuries can become infected and result in osteomyelitis (bone infection), amputation of a limb, or even death. These

wounds are graded on a scale from I to IV, with a grade I ulcer being a minor reddening of the skin and grade IV being an open wound with exposed muscle or bone. However, none of these terms really capture just how horrible these kinds of injuries are. I have devoted a significant portion of my practice to handling nursing home abuse and neglect cases, and still get angry over the bed sores that nursing home residents sustain.

The term “pressure ulcer” is a fitting one because bed sores occur most often where there is pressure between a bony prominence and another surface, most commonly a bed or chair. Below is a list of common areas for the development of pressure ulcers:

- Tailbone or sacrum
- Buttocks
- Hips
- Heels

There are a number of factors that commonly lead to the development of bed sores, including the following:

- Failure to re-position the resident regularly, leaving one area of the body bearing the pressure of the resident’s weight for long periods
- Failure to provide adequate toileting or incontinence care for residents who are incontinent of bowel or bladder

- Failure to provide adequate nutrition and fluids, because if there is malnutrition and dehydration the skin will be less able to resist injury

Because these very painful wounds are largely avoidable, the failure to prevent them may form the basis of a viable lawsuit against a nursing home. Not only are they preventable, but they are also treatable, and the progression from stage I or II to stage III or IV can be stopped. A proper treatment regimen would include these actions:

- Regular dressing changes
- Application of wound treatments
- Use of nutritional supplements
- Use of a pressure-reducing devices

State and federal regulations provide that when a resident enters a nursing home without bed sores, the patient must not develop them unless they are clinically unavoidable. Also, when a resident is admitted to a nursing already suffering from pressure ulcers, he or she must receive care and treatment to promote healing and prevent infection. This means that the nursing home and its staff must take all necessary steps to prevent the development and/or worsening of bed sores. In order to do this, they must make a proper assessment of the resident's risk of developing bed sores, develop an adequate care plan to prevent the bed sores, and then actually carry out the care plan. When proper treatment is not initiated, bed sores frequently do progress

and become infected. A full assessment of the treatment plan and its implementation is an important part of assessing the liability of the nursing home for the resident's injuries.

Injuries from Restraints

The Health Care Financing Administration (HCFA) defines a physical restraint as "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient that the individual cannot remove easily which restricts freedom of movement or normal access to one's body." There are many kinds of restraints: wrist or ankle restraints, restrictive chairs, tie-in vests, restrictive bedrails, and others.

The use of restraints carries serious risks to the well-being of a nursing home resident. Therefore, they should only be used when they are necessary to assure the resident's safety. It is never acceptable to use restraints for the convenience of the nursing home staff. They can only be used after receiving an order from a physician and after receiving consent from the resident or the resident's family, after carefully explaining the risks of the use of the restraints, as well as the alternatives. Once restraints are being used, careful monitoring of the resident is required to assure his or her safety.

There are a number of well-known side effects to restraints, making their use inadvisable. These include muscle fatigue, weakness, abrasions, pressure ulcers, incontinence, confusion, lacerations, muscle cramping, and others. Restraints pose a risk that the nursing home

residents will suffer injuries such as falls, cuts, chest compression, strangulation, suffocation, fractures, muscle injury, or death.

Medication Errors

Many nursing home residents take multiple medications on a long-term basis for a variety of conditions. The medications are ordered by the patient's doctor and are to be given to the resident by a nurse as ordered by the doctor. It is inappropriate for anyone other than a licensed nurse to administer medications to the patient. Nurses are trained to check five things before giving medication to a patient:

- Is this the right patient?
- Is this the right medication?
- Is this the right dosage?
- Is this the right means (i.e., pill, liquid, etc.)?
- Is this the right time?

Errors in any of those five checks can have devastating consequences for the health and well-being of an elderly nursing home resident, especially errors in patient identity, medication, and dosage—the most commonly made errors. Because nurses are not always familiar with the residents they see in a nursing home setting, many nursing homes have photographs of each resident on the tray in the medication cart corresponding to that resident. Errors in giving medications can be the basis of a nursing home abuse and neglect lawsuit.

In addition to concerns about errors in giving the medications to the patient, nursing home residents are also at risk of harm through medication interactions. When residents are taking several medications, including medications ordered by more than one doctor, there is a chance that the drugs will interact in a way that can cause harm to the resident. To prevent this, nursing homes must have a monthly review by a pharmacist of each resident's medication regimen. If the pharmacist recognizes that the medications the resident is taking have the potential for harm, he must alert the patient's physician so that the medication regimen can be modified. The failure of the pharmacist to perform a proper review can be the basis of a pharmacist malpractice case, as well.

Bedrail Entrapment

Although the U.S. Food and Drug Administration's (FDA) warnings on rail safety have prompted many manufacturers to design safer beds that minimize the risk of entrapment, many nursing homes continue to place their residents in outdated beds with unsafe rail designs. The facilities that do have upgraded beds often still have older models in some rooms, since there is little incentive to rid the facility of any usable bed. Adding to the risk of serious or fatal injury from entrapment are rental beds from medical supply companies. Not only are the rental beds typically those with more outdated designs, but they are often sent to nursing homes with mismatched parts. In other words, the mattress and bedrails may be from different manufacturers, putting the resident at risk of getting trapped in the space between the mattress and frame.

Among other areas in which a patient can become entrapped, according to the FDA, are between the bars on the bedrail, under the rail, under the end of the bedrail (which occurs when side rails are designed to raise too high), between splits in the rails (when rails have two or more separated parts on each side of the bed), between the rail and the footboard or headboard, and between the mattress and the footboard or headboard.

With the risk of injury from bedrail entrapment high in nursing facilities, nurses and other staff must inspect each bed for potential hazards, making sure that the mattress fits properly within the frame (without extra space) and that no gaps are created when the bed is raised. Injuries or death from entrapment may lead to a legal claim against the nursing facility or the manufacturer, depending on the details of the case.

Choking and Suffocation

The idea that a family member may die or suffer injury in a nursing home due to choking or suffocation is horrifying, but sadly it happens. Choking refers to a blockage in the airway, which prevents an adequate intake of oxygen. The most common example of this is with food. Suffocation refers to any other kind of condition that prevents an adequate intake of oxygen. In the nursing home setting, this can be due to a side rail entrapment, which keeps the resident from being able to inhale.

When a resident is at risk of choking, a care plan must be put into place to address this risk. For example, a nursing home resident who has previously suffered a stroke may have difficulty chewing or swallowing. If that is the case, the care plan may call for a special diet or for assistance with eating.

The nursing home staff must always be alert for episodes of choking and suffocation and be ready to relieve any problem that arises. For example, if a resident is choking, the staff must be able to clear the airway and deliver oxygen to the resident. Staff must be trained to act quickly and correctly in the event of a choking or suffocation emergency.

Resident-on-resident assaults

One of the primary reasons that family members consider placement of a loved one in a nursing home is to assure the loved one's safety. While families must always be vigilant of the potential for abuse at the hands of nursing home staff members, one frequently overlooked area of concern is the potential for a family member to suffer injury at the hands of other nursing home residents. This problem was highlighted in a recent series of articles in both the Chicago Sun Times showing the large numbers of registered sex offenders who reside in nursing homes and in a Chicago Tribune series addressing resident-on-resident assaults in nursing homes.

Virtually all residents of nursing homes have been admitted because they have conditions that render them incapable of living

independently in the community or with the assistance of their families. For some nursing homes residents, the condition that prompted their admission is mental illness and, in most instances, the resident does not have accompanying physical disabilities. Nonetheless, the mentally ill become part of a patient mix in the nursing home, which frequently includes physically frail residents. When a mentally ill resident acts aggressively towards a highly debilitated one, serious injury frequently results. Other times, residents will act aggressively towards one another as a result of confusion, agitation, dementia, or mis-medication.

The staff of the nursing home has an obligation to protect all the residents and to anticipate and intervene in situations, which have the potential to escalate into violence. Federal regulations require that the nursing home have on hand staff to meet the care needs of its residents on a 24/7 basis. If the nursing home does not have enough staff to prevent the residents from doing harm to one another, then the only acceptable solution is to increase staffing levels or to discharge the resident who poses a risk of harm to their fellow residents.

When a resident-on-resident assault occurs, reporting to the Illinois Department of Public Health and local law enforcement agencies is required. Checking with these agencies can provide some information as to the history of the facility for this kind of violence. These reports are also a rich source of information regarding the incident itself. Another source of information for frequency of this kind of incident

is the number of workers' compensation claims filed by members of the staff after being assaulted by residents. A history of assaults by residents on staff members or on other residents should put management on notice of a problem and the need for remedial action.

Malnutrition and dehydration

No nursing home resident should be denied quality care or basic sustenance. Among the frequent, but hidden causes of death and injury to nursing home residents are various forms of substandard nursing care, especially malnutrition and dehydration. Nursing homes are required by federal regulations to ensure the following:

- Residents receive a diet adequate to meet their nutritional needs
- Residents receive sufficient fluid intake to maintain proper health and hydration

The nursing home staff is required to monitor the resident's nutrition and hydration and to develop proper care plans when there are deficiencies.

It is often difficult for family members to assess whether the resident is receiving proper food and fluids. Consequently, they must rely on the nursing home staff to properly monitor their loved one's condition. When nursing home residents do not receive proper nutrition and hydration, a number of ill-effects on their overall health can occur:

- The resident becomes more susceptible to injury and illness, especially pressure ulcers (bed sores), because lack of water and nutrients compromise the health of the skin
- The likelihood of falls increases due to muscle wasting
- The resident's immune system is suppressed, resulting in an increased susceptibility to infection and disease
- Once the resident does, in fact, suffer injury or become ill, he or she may experience significant barriers to recovery

Careful review of the resident's chart will often show that a significant event—such as a fall or a bed sore—is in fact the culmination of long-term malnutrition and/or dehydration. The problems of malnutrition and dehydration themselves are caused by the failure of the nursing home staff to assess and monitor the resident's nutrition and hydration.

Substandard nursing care

Doctors are not present at nursing homes on a 24/7 basis. Because of this, they count on members of the nursing staff to be their eyes and ears on a day-to-day basis. Nurses must be skilled at assessing the condition of the residents under their care, and are required to alert the resident's attending physician when there is a change in the resident's condition. This allows the attending physician to issue treatment orders for the resident or to order that the resident be transferred to a hospital for further testing and treatment. Failing to make adequate assessments of the resident's condition and failing to notify

the doctor of a change in condition can be the basis of a nursing home abuse and neglect suit. Additionally, nurses must have good treatment skills and must be able to provide high quality nursing care to the residents under their charge.

Wrongful Death

Well over half of our firm's nursing home abuse and neglect cases are wrongful death cases, due to the fact that so few of the victims of poor care in nursing homes survive. The basis of every wrongful death case is negligent or wrongful conduct that resulted in the death of another person. This is why it is a "wrongful" death case. Most cases are based on negligence, which is defined legally as the failure to exercise ordinary care for the safety of others. Failing to provide proper care to residents of a nursing home may be the basis of a wrongful death case.

Before you are ever entitled to recover money in a wrongful death case, you have to be able to show that someone was legally to blame for the accident or incident, which resulted in the death of your loved one. Proving a cause-and-effect relationship and the liability of the responsible party without the help of an experienced, successful nursing home negligence attorney can be extremely difficult, primarily due to the unique characteristics and complex nature of nursing home wrongful death claims.

Nursing home abuse and neglect cases are a narrow and focused area of personal injury and wrongful death litigation. One reason for this is that unlike medical malpractice cases, there is a strong regulatory framework for nursing homes, which provides a framework for the

care that must be provided to nursing home residents. A lawyer handling a nursing home wrongful death case must be familiar with these regulations in order to hold the nursing home accountable for poor care.

Another way in which nursing home wrongful death cases are different is that the nursing home negligence victims often have complex, long-standing medical conditions that must be taken into account in prosecuting the case. One well-known nursing home defense lawyer says that he and other defense attorneys do not try the case based on the care (it's often indefensible), but against the pre-existing medical conditions of the nursing home resident. In short, they defend the cases based on the fact that the victim was "old and sick." However, when the resident was admitted to the nursing home, he or she was already "old and sick"—that was the reason the resident went into the nursing home to begin with. When the nursing home promised you that they could take care of your family member, they knew your loved one needed help and medical care. It means that they had to try harder, not throw their hands up and give up. Lawyers prosecuting nursing home cases of wrongful death must be ready to address the complex medical issues affecting nursing home residents.

Unlike virtually all personal injury cases, most nursing home cases do not involve something that happens in one particular moment in time. In a car accident, a moment of inattention can result in a rear-end accident. However, most serious nursing home injuries take place because of substandard care, which occurs over a matter of days, if

not weeks or months. Pressure ulcers do not happen overnight—it takes a long period of substandard care for them to reach Stage III or Stage IV. Even falls are often the result of poor care over a period of months—poor monitoring of the resident leading to a poor care plan, which was not implemented. Skilled nursing home attorneys know how to review the chart to identify the missed opportunities to prevent the horrible outcome that came from the business decisions made by nursing home management.

In one case we handled, the medical issue that caused my client's mother to be admitted to the nursing home was rheumatoid arthritis. Her husband came to the nursing home to feed her every day, but after he died suddenly from a massive stroke, she began to lose weight very rapidly. She developed a bed sore, which became infected and caused her death. After reviewing the records and her care plan, we noticed that she was never provided with adaptive silverware with large grips she could handle. With her husband no longer feeding her, and her being unable to handle the utensils herself, she began to lose weight, which ultimately led to the development of the bed sore that caused her death. The root cause of her death was a poor assessment and care plan done months before, which was never re-evaluated after her husband was no longer available to feed her.

After tragic cases of nursing home negligence like this, the indescribable grief of family members is often accompanied by a number of questions. One common question is—*who can file a wrongful death suit in the state of Illinois?* Many are surprised to learn that a wrongful death

suit cannot simply be filed by the estate of a deceased person. The law requires that a person be designated to handle the legal affairs of the estate. In other words, a wrongful death case can only be filed when there is someone who has legal authority to file suit on behalf of the estate of the deceased person. That “someone” is normally (but does not have to be) a relative. However, that “someone” does not have to even be an actual living “person”—it can be a bank or a trust company, for example.

When someone dies having left a will, the person designated by the deceased as the executor of the estate must be the one to file the lawsuit. When there was no will, a court order must be obtained appointing someone as the administrator of the estate. The person who files the lawsuit then has the power to make decisions concerning the lawsuit, including whether a suit should be filed and whether a settlement offer should be accepted. However, the executor or administrator does not ultimately get to decide who benefits from the suit or how much money they receive.

There are actually two parts to a wrongful death suit. One part is the survival action; the other part is the wrongful death action. The survival action is for pain and suffering prior to death, while the wrongful death action is for losses suffered by the surviving next of kin, as a result of the death.

Those who are left behind after a wrongful death accident have a very natural concern about who will be receiving the money that will be

paid as part of a settlement or judgment in a wrongful death suit. To some extent, that will depend on whether there is a will or not and whether we are talking about the wrongful death or survival portions of the case.

The money from the settlement, which is allocated to the survival portion, is an asset of the estate because it compensates the decedent for what he/she experienced prior to death. That means that when there is a will, the money must be distributed in accordance with it. If there is no will, then the Illinois Probate Act determines where the money will be distributed.

Under the Illinois Wrongful Death Act, the wrongful death portion of the case is brought by the estate for the benefit of the surviving next of kin. The term “next of kin” has a very specific meaning, and is narrower than many people would naturally believe. The term “next of kin” is determined by the Illinois Probate Act, and under that statute, the “next of kin” depends on who survives the death:

- If there is a spouse and/or child surviving, then the spouse and/or children are the next of kin
- If there is no child or spouse, but there are parents and/or siblings, then the parents and/or siblings are the next of kin
- Where there are no parents, children, siblings, or spouse, then other relatives may be deemed “next of kin,” as set forth in the statute

It is important to note that once a survivor is determined to be “next of kin,” other relatives who are at the next level do not get any right to recover, no matter how severe their losses are due to the death of decedent. The rule that limits the recovery to the “next of kin” often leaves other survivors of wrongful death accidents confused and angry. Unfortunately, the application of the term “next of kin” in the Wrongful Death Act is very mechanical and sometimes yields results that many would consider unjust.

The amount of money that can be recovered in a wrongful death case can be significant, but this is also shaped to a large extent on the particular facts of the case. Some important factors include the following:

- The facts of the underlying accident
- The existence and amount of insurance coverage
- The amount of the medical bills, if any
- The amount of time between the accident and the death
- The number and relationship of the surviving next of kin to the deceased

Other factors

In most cases, damages that can be recovered include compensation for the medical bills of the victim prior to death, the loss of society (companionship, love, and support of the victim), loss of economic support, and grief. Although no amount of financial compensation

can lessen the pain of loss, monetary compensation for surviving family members enables them to focus on grieving and moving forward, rather than harnessing all their energy to address financial concerns.

Nursing Home Regulations

One way in which nursing home cases are different from almost every other case is that there are detailed state and federal regulations, which dictate the quality of care that must be provided to residents in nursing homes. These regulations create a floor for minimum levels of care that must be met, and makes it difficult for nursing homes to argue that the poor quality care that they provided was acceptable. Here are some of the important regulations that apply to nursing homes:

- **Assessments**—A resident must undergo a comprehensive assessment on admission, upon a significant change in condition, and every quarter thereafter. The regulations provide detailed guidelines for what must be done in the assessment. The assessment provides the basis for the care plan, and is crucial in assuring the well-being of the nursing home resident.
- **Staffing**—State regulations provide a formula for how many care providers must be present in the nursing home. However, the federal regulations require the nursing homes to have enough staff on hand to meet the care needs of the residents on a 24/7 basis. This means that poor care can never be excused by saying “We didn’t have enough people to do it,” or “We were too busy.”

- **Pressure ulcers**—Federal regulations provide that when residents are admitted to a nursing home without pressure ulcers they should not develop them unless they are clinically unavoidable. Further, if they are admitted with pressure ulcers, they must receive the care and treatment necessary to promote healing and prevent infection. This places a heavy burden on the nursing home staff to prevent the development of pressure ulcers and their worsening once they occur.
- **Urinary care**—Residents should not be catheterized unless it is necessary. Further, residents who are incontinent should receive care needed to prevent urinary tract infections and restore normal bladder function.
- **Range of motion**—Residents admitted to the nursing home without limitations in range of motion should not suffer a reduction in range of motion unless their clinical condition makes it unavoidable. A resident having a loss of range of motion is entitled to care to restore range of motion and prevent further losses. This is important for the prevention of contractures.
- **Accidents**—The facility must be as free of accident hazards as possible, and residents should receive supervision and assistance to prevent accidents. This regulation is especially relevant in situations where residents suffer injuries due to falls.

- **Nutrition**—Residents should maintain acceptable parameters of nutritional status unless clinically unavoidable and be given a therapeutic diet to address nutritional problems. Having good nutrition is important for the prevention of pressure ulcers and recovering from injuries from falls and other accidents.
- **Medications**—Residents should not be treated with unnecessary medications and should not be given antipsychotic medications unless there is a documented, diagnosed condition that makes use of an antipsychotic medication appropriate.
- **Dignity**—A resident has a right to be treated with dignity.
- **Environment**—A resident has the right to a clean, safe, comfortable, and homelike environment, including adequate housekeeping and maintenance services, clean bed and bath linens, and comfortable temperatures.

Frequently Asked Questions

There are a number of issues that come up in many nursing home abuse and neglect cases that are common causes of concern for families of victims. We try to address some of these issues here:

Q: My mother is still in the nursing home, and I am worried that she will be treated badly by the staff if we file a lawsuit. Should I be concerned?

When someone is injured in an accident at a nursing home, the first instinct is to get him or her out of the nursing home. However, that is not always a good idea, because changing the people and environment around a nursing home resident can cause disorientation, creating its own set of risks. Any decision about switching nursing homes is one that should be made after consulting with a doctor and should not be made in haste or anger. If you are going to leave your loved one in the same nursing home, it is perfectly normal to worry about the staff acting out against your mother or father, because legal action was taken. However, you should know that the Illinois Nursing Home Care Act makes it illegal for nursing homes to retaliate against residents for asserting their rights. This is not to say that it cannot happen, but my experience has been that the nursing home administration keeps news of the lawsuit from the staff for as long as possible. So far, I have not had a client subjected to mistreatment for filing

a lawsuit. Should retaliation occur, this is a basis for an additional theory of liability against the nursing home, which will only serve to enrage the jury against the nursing home.

Q: My mother was hurt in the nursing home, but has Alzheimer's and cannot make decisions for herself. What can I do for her?

When someone has Alzheimer's or advanced dementia such that they cannot make decisions or participate in a lawsuit, our firm's usual practice is to have someone appointed by the court as a guardian for the nursing home resident. It is a fairly simple procedure, and would give the guardian the right and responsibility to make decisions concerning the legal affairs of the nursing home resident.

Q: All of the medical bills regarding the injury were paid by Medicare. Why would we want to make a claim for that?

One of the things most people are unaware of is that when you are involved in an accident and your bills are paid by Medicare, the federal government has a right to be reimbursed the money it paid out for accident-related medical expenses. The involvement of Medicare and verifying that they are asking for reimbursement only for accident-related medical care creates an additional layer of complexity to nursing home abuse and neglect cases. Not every lawyer is aware of the obligation to reimburse Medicare, or how to minimize the total reimbursement to Medicare, so this is a

good reason to be careful to hire a well-qualified nursing home lawyer.

Q: Public Aid is paying the bill at my mother's nursing home. I am worried that if she gets some money, it will all go to pay her bill at the nursing home, and then after the money is gone, she will have difficulty getting eligible for Public Aid benefits.

This is not a problem with Illinois nursing home abuse and neglect cases. The Illinois Nursing Home Care Act specifically provides that monies paid in settlement of claims made under the Nursing Home Care Act cannot be considered in determining whether the victim is eligible for Public Aid benefits. The bottom line: getting a settlement for a claim under the Illinois Nursing Home Care Act will not affect ongoing eligibility to receive Public Aid Benefits, nor will it create an obligation to repay Public Aid for benefits already received.

Do You Need an Attorney?

Nursing home abuse cases are rarely “cut and dried.” An attorney familiar with nursing home abuse will possess the experience and knowledge to manage the intricacies of these cases successfully. Many of the injuries suffered by nursing home residents are in fact the result of long-term deficiencies of care. In addition to reviewing and evaluating the complex details of your specific case, an experienced nursing home negligence attorney will ensure that the abuse stops (if the resident is still in the facility) and help you recover financial compensation for damages. There is a great deal of work that goes into this, and most family members of abused elders feel that the amount of work is too much for them to do themselves.

Nursing home abuse and neglect cases are a specialized area of personal injury litigation. One reason for this is that unlike medical malpractice cases, there is a strong regulatory framework for nursing homes, which provides a basis for the care that must be provided to nursing home residents. A lawyer handling a nursing home case must be familiar with these regulations in order to hold the nursing home accountable for poor care.

Another way in which nursing home cases are different is that the nursing home resident victims often have complex, long-standing medical conditions, which must be taken into account in prosecuting

the case. Lawyers representing nursing home cases must be ready to address the complex medical issues affecting nursing home residents.

As mentioned previously, unlike virtually all personal injury cases, most nursing home cases do not involve something that happens in one particular moment in time. How do you find a skilled nursing home attorney? First of all, it is essential to know what you are looking for in a lawyer. After carefully considering whether you will pursue a case, you need to collect your thoughts and begin researching the nursing home attorneys in your area. One of the biggest mistakes people make in choosing an attorney is choosing one who does not have the suitable background for handling a nursing home negligence case or one who does not have the necessary commitment to handle a serious nursing home abuse and neglect case correctly.

Simply put, lawyers who focus on other matters and rarely handle a nursing home abuse case just are not going to be on top of the current legal and medical issues that will be important to your case. The law that governs nursing home negligence and other personal injury cases changes all the time, and if your lawyer is not on top of the latest developments, this puts him or her at a disadvantage compared to the insurance company's lawyers.

Another common mistake made during the hiring process is choosing the lawyer who does not have the commitment to handling his or her cases the right way. This is a tough one, as there are not a lot of good ways to spot this type of lawyer at first glance. However, the

biggest giveaway will be an emphasis on speed and volume rather than quality and on settling matters out of court rather than handling your case individually and correctly right from the start. These high-speed, high-volume lawyers are those who tend to give my profession a bad name. It is the quick-and-easy buck approach, and honestly, the only ones who are well-served by this approach are the insurance companies that end up getting away with paying little money, and the lawyer who makes a buck for selling his or her client short.

Whether you choose to find an attorney by asking friends for referrals, searching the Internet, or looking in the Yellow Pages, make sure that you ask the proper questions of the attorney before signing an agreement. The following questions will help you get started and will highlight the experience and qualifications to look for in an attorney, as well:

- **Which professional organizations do you belong to?** There are two bar associations that most (but not all) reputable personal injury lawyers in Illinois belong to: the Illinois Trial Lawyers Association (ITLA) and the American Association for Justice (AAJ), formerly known as the Association of Trial Lawyers of America (ATLA). These are organizations devoted to protecting the rights of injured people and their families and to raising the quality of practice for lawyers who represent them. Not belonging to at least one, and preferably both, suggests to me that the lawyer is not serious about handling those kinds of cases.

I belong to both, and I belong to specialty groups within these organizations. I am a member of the American Association for Justice's Nursing Home Litigation Group.

- **How did you satisfy your continuing legal education requirement?** Illinois now has a mandatory continuing legal education requirement. Every 2 years, lawyers in Illinois must complete 20 hours of continuing legal education, including 4 hours of professional responsibility credits. When the 20 hours must be completed depends on the first letter of the lawyer's last name. If the lawyer completed the requirement by taking classes on topics other than nursing home negligence and personal injury work, the probability is high that he or she is not spending much of his or her practice handling the kind of matter on which you need help. In the last few years, I attended a one-day and a two-day seminar on nursing home abuse and neglect cases, a two-day seminar on presenting cases to juries, a four-day course on effective presentation of damages to juries, and several other seminars. The trunk of my car is filled with CD's from continuing legal education speeches and seminars on nursing home abuse and personal injury law. I am always learning about this area of the law, so that I can serve my clients better.
- **What other types of cases do you handle besides nursing home negligence cases?** I know that there are a number of very good lawyers who are true general

practitioners who do a little of everything. I also think that the odds of finding a general practice lawyer who has the necessary skills to handle your nursing home abuse or personal injury case are slim, and the more things that a lawyer does that are unrelated to personal injury work, the slimmer those odds become.

- **What percentage of your work is billable work?**

“Billable work” refers to work that a lawyer does where he or she submits a bill for a flat fee or an hourly rate to the client with the expectation of prompt payment. Virtually all nursing home and other personal injury work is done on a contingency basis. A contingency basis means that the lawyer is paid a percentage of the judgment or settlement (most lawyers usually charge a third of the settlement), with no fees until the end of the case and no fee due at all if there is no judgment or settlement. The more work that is billable, the less work is in the area of personal injury law, which is where nursing home negligence falls. Not only is this concept an eye-opener in terms of evaluating the lawyer’s practice, but also it gives you an idea of where your case may sit on a lawyer’s list of priorities. I have never filled out a billable hour sheet in my career. My clients will never have to compete with billable work for my time and attention.

What Our Former Clients Say...

Here is what some of our clients have had to say about working with us:

When we first contacted him, we really weren't sure on how to proceed with the case. I was on the internet, and Barry's information popped up. I called, and Barry listened to what I had to say.

Our son was injured, he was our first priority, and Barry also made him his first priority, too. That was just awesome for us.

Barry is easy to deal with, easy-going, and down to earth, just like a next-door neighbor. He is very easy to talk to, not intimidating at all, and definitely does his research. Barry kept us informed all the time. He'd explain things to us in just plain talk, not attorney talk. We entirely understood what was going on with our case.

Barry gives lawyers a good name. We've dealt with lawyers who see you as a number and then with Barry who sees you as a person. He's the kind of lawyer you want to deal with.

- LINDA GRIMES

Barry explained the strengths and weaknesses of my case in a manner that was easy to understand. Barry is patient, empathetic, and considerate. Barry took the time to make me feel that my case and my feelings were important to him. He's not your typical attorney. I was pleased with the result, and I'd absolutely recommend Barry.

- PAM T.



Barry had quite an understanding of what was going on, what the next steps would be. He was very clear in explaining the strengths and weaknesses of my case and helped me to understand the legal aspects. I felt that my case was as important as the most important case around. When I wanted to talk to Barry, get some feedback from him or anything, he was available. I didn't feel like just another number. Also, his staff was professional and pleasant. I felt that my case moved along as best it could, and I was pleased with the result.

- LINDA T.

After my accident, I had been in and out of the hospital. My bills were piling up. I looked for an attorney, and Barry was the first attorney to return my call. He came to my house as I was recovering and went through everything with me. While everyone else I was dealing with seemed to be shuffling paper, Barry actually sat down and was interested in my end of it. He cared about what was going on with me, my life, the troubles I was having. And his staff was pleasant, professional, and organized.

He kept me up to date with what was going on with the case, making the process quite a bit easier to deal with than what I expected. I told him what was going on and he took care of everything from the legal end of it. Barry laid it out, don't expect this, don't expect that, but we may be able to do this or that. And, he put it in layman's terms for me that I could understand.

I was just hoping to avoid ending up under a ton of bills, but Barry managed to clear a lot of things up, take advantage of a lot of avenues for me that I just didn't know were there. I was very happy with the result and very surprised with how well it turned out.

- JEROME KELLY

Working with Barry was easy. I asked a question on the internet, and I got a response from him. It was so easy, it was unreal.

Barry explained what was going on with my case. Several times he advised me on the pluses and the minuses of the case, what could and couldn't happen. He knew what was going on, so I was really impressed. He made sure that we were on the same page. The case went quicker than I thought it would. It was like 'wow, it's over, it's settled.' And, I was very pleased with the result.

I have already recommended Barry as an attorney and I would again.

- BRIAN A.



Barry went over everything thoroughly and explained things to me in layman's language as against attorney's language. I was very happy and comfortable with the way Barry handled everything. Barry was very accommodating. As the case progressed, he always kept me informed on everything that was going on. It all gets started with a loss for someone, and everything worked out very well. I'd naturally recommend Barry to others.

- DONALD TUFANO

I very much felt that I could rely on Barry. He answered all my questions and explained the strengths & weaknesses of my case. I understood everything he explained to me. I knew what was going on each step of the way and knew what to expect. I was not in the dark. I would recommend Barry to anyone who needs a lawyer because he made me feel very comfortable.

- GERRI COX



Barry is very good at communication. He knows what he is talking about and explains everything extremely well. He laid everything out, and I understood the strengths and weaknesses of my case. Whether I e-mailed or left a voicemail, Barry was always good about getting back to me. I was very comfortable having him take care of my case.

His staff was very professional and pleasant. I was very pleased with the result based on what I've learned and what we did.

- T. KUTZ

Two or three other lawyers turned down my case but Barry knew it was a strong case and saw potential. Barry gave me a good idea of what to expect and did an excellent job of explaining things. He knew what he was talking about, and I was very comfortable with him handling my case. The case moved along according to how Barry said it would.

In the end, I was pleased with the result and would recommend Barry to anyone else in need of an attorney.

- BILL SHARP

Conclusion

The decision to admit a family member to a nursing home is one of the most gut-wrenching decisions anyone will ever have to make. Once your loved one enters the facility, both you and your aging loved one are dependent upon the nursing home staff to keep the promises they made regarding their ability and willingness to take care of your family member. Too often, that promise is broken and that trust betrayed, and the first time you know that something has gone wrong is when you receive a phone call saying, “We had to send your father/mother to the hospital.”

Largely due to the for-profit motive of nursing homes, Illinois’ most vulnerable citizens become victims to bed sores, falls, restraint injuries, malnutrition, and other forms of poor care resulting from high staff turnover, the improper distribution of funds, and simple carelessness. When comprehensive care plans are not communicated, adjusted for changes in the resident’s condition, or carried out effectively, these victims of substandard nursing care may suffer serious injuries or wrongful death.

If you received that tragic phone call and discovered that your loved one was the victim of nursing home negligence, I personally want to express my sympathies to you and your family. Although the pain of losing a loved one or watching a family member suffer serious injuries

is indescribably difficult, knowing you have an advocate in the legal field can lessen the stress of financial concerns so you can focus on healthy grieving or helping your loved one get better.

In order to help victims and their families recover maximum financial compensation for damages in nursing home negligence cases, I thoroughly review each case with regard to the unique details of the instance of abuse, resulting injury or medical conditions, and the facility's care plan for the resident. An extensive knowledge of regulations is required in nursing home negligence cases, along with the ability to identify false information. With experience reading false charts and knowing what to look for in a case of abuse or neglect, our firm successfully proves negligence in nursing home cases of abuse and neglect. The reason the ability to read false charts is so important is that in nursing home abuse and neglect cases, the nursing home staff will rely on their chart to show that adequate care was provided. When the chart can be shown to be false, that argument is undermined, as is the credibility of the witnesses involved in the false chart entries.

Whether you believe false charting, abuse, neglect, or another form of negligence led to the injuries, medical conditions, or wrongful death of your loved one, you are not alone in the fight against nursing home negligence. To enlist the help of a legal advocate as you fight for your loved one's rights or memory, feel free to contact our office at 312.263.1080. I will be glad to answer your questions for free, provide you with more resources, or begin filing your case, if you so choose.

About Barry G. Doyle



Barry grew up in Evanston, Illinois. He is a 1987 graduate of Evanston Township High School and a 1991 graduate of the University of Michigan in Ann Arbor. He returned to the Chicago area to attend law school at Loyola University of Chicago.

While attending law school, he clerked at some of the most prestigious plaintiff's personal injury law firms in Chicago. While in law school, he was a dean's list student every semester and received academic awards in several classes. He graduated with honors in 1994, after finishing in the top 10% of his law school class. He has been admitted to practice law in Illinois state courts and in federal court for the Northern District of Illinois and the Southern District of Illinois.

Drawing upon his law school experiences and his desire to help injured people and their families in time of need, Barry chose to enter the field of plaintiff's personal injury work. To date, he has tried over 50 cases to verdict in jury trials, bench trials, and binding arbitration hearings and successfully reached settlements in hundreds of other cases. He has not and will not represent insurance companies.

He has spoken and written for several organizations on topics related to motor vehicle accident litigation, including accident reconstruction evidence, wrongful death cases, and insurance bad faith.

Barry is a member of the Chicago Bar Association, the Illinois State Bar Association, the Illinois Trial Lawyers Association, and American Association for Justice. He is a past co-chair of the Tort (Personal Injury) Litigation Committee of the Young Lawyers Section of the Chicago Bar Association and is a former Adjunct Professor at Loyola University of Chicago of Law. Because of his deep interest in the subjects, he is a member of the Nursing Home Litigation Group, the Interstate Trucking Litigation Group and the Traumatic Brain Injury Litigation Group for the American Association for Justice.

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Abuse and Neglect A Family's Guide



to Nursing Home Lawsuits in Illinois

In this valuable resource for victims of nursing home abuse and neglect and their families, experienced Chicago nursing home lawyer Barry G. Doyle covers the following topics and more:

- The for-profit structure of nursing homes is nearly unique in the health care industry. Learn how the financial structure of nursing homes results in inadequate resources being provided to nursing home residents, with predictable adverse effects on the care provided to nursing home residents.
- The care planning conference is supposed to provide a road map for the care that is needed to ensure your loved one's well-being. Learn how shortcomings in the care planning process results in a care plan that is a roadmap to failure.
- Comprehensive federal regulations govern almost every aspect of the care which is provided to residents in a nursing home setting. Learn how these regulations are designed to prevent some of the most common shortcomings in nursing home care, including pressure ulcers, falls, malnutrition, dehydration, and other accidental injuries.
- Nursing home lawsuits are unique, and in deciding to hire a lawyer, you should be careful to determine whether the lawyer you are considering hiring has the right qualifications to help you and your family. Learn what questions you should be asking of any lawyer you are thinking about hiring for your parent or loved one's case.

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