## Unattended Resident Dies from Fall in Nursing Home

r. B., age 83, became a resident at a nursing home in West Palm Beach in August 2000. Having suffered a stroke in 1999, Mr. B. was unable to ambulate without assistance. In fact, the staff at the nursing home was aware that Mr. B. had suffered a fall, without injury, at another nursing home facility where he previously resided. Upon admission to the new facility, the staff documented that Mr. B. was a fall risk. Given his stroke-related disability, coupled with his history of falls, Mr. B. was an obvious risk, and should have been treated as such by the staff at the nursing home.

Mr. B.'s wife, Mrs. B., and their daughter visited Mr. B. every day at the nursing home, arriving around 8:30 a.m. and staying until 6:00 p.m. Mr. B. was able to converse with his family, and he loved to read the daily newspaper.

While residing at the new nursing home, Mr. B. suffered three falls. The first fall occurred in his room in September 2000, at a time when Mr. B. was left unattended. Mr. B.'s daughter found him lying on the floor in a pool of blood. The second fall also occurred in his room. later that month. Mr. B. had been receiving assistance from a nurse's aide, who left the room with Mr. B. on the edge of his bed. The injuries suffered by Mr. B. in both of these falls were relatively superficial, but they certainly demonstrated to the nursing staff that Mr. B. was a significant fall risk.

On the morning of Oct. 1, 2000, Mr. B. suffered a third fall at the nursing home, this time with catastrophic re-

sults. Despite his history of being an obvious fall risk, a nursing aide accompanied Mr. B. to the bathroom so he could brush his teeth, but then left him near the sink unattended. Mr. B. fell. He suffered several fractured ribs, lacerated his spleen, and punctured his lung. Mr. B.'s fall occurred around 7:15 a.m. When Mrs. B. arrived that morning to kiss her husband hello, she was horrified. He was sitting, black and blue, in his wheel-chair. He could not be touched and was screaming in pain. His chart indicates that he was complaining to his wife of excruciating pain within an hour of the fall. The staff, however, waited hours before having Mr. B. transported to a hospital. In fact, his wife had to beg the nursing home to send him to the emergency room. The staff wanted to wait until the following week to send Mr. B. for medical care.

Mr. B. was transferred to a local hospital. He was diagnosed with several rib fractures, as well as a spleen injury and bilateral pleural effusions, or fluid in his chest cavity.

Given his internal injuries, Mr. B. was immediately diagnosed as a potential surgical candidate and was transferred to another hospital's trauma unit. Mr. B. was admitted as a trauma patient, but never recovered from his injuries. He died on Oct. 12, 2000.

> The Palm Beach County Medical Examiner determined that Mr. B. died as a consequence of "complications of blunt chest trauma." The Examiner further described the manner of death as accidental, distinguishing it from any type of medical event that would have caused Mr. B. to suffer a natural death.

Mrs. B. hired attorneys Greg Barnhart and Karen Terry to investigate the case. Immediately after filing suit, Ms. Terry pushed this case to mediation. During mediation

in November 2001, Ms. Terry argued that preventative measures, such as close supervision whenever Mr. B. ambulated and the institution of a toileting program, would have prevented his terrible fall. Ms. Terry settled the case during mediation for a total of \$618,500.

A