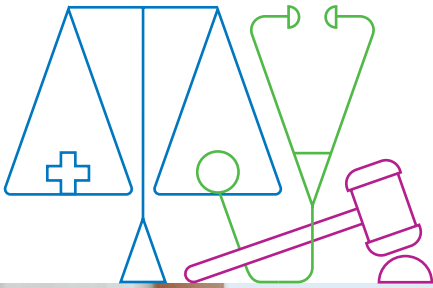


# SENIOR CARE SPECIALTY OVERVIEW



## SENIOR CARE CASE STUDY

# Negligence, Inadequate Documentation, and Training Failures in a Senior Care Facility

### Allegations

The estate of the injured resident filed a lawsuit alleging negligence on the part of both the facility and the employee.

### Brief Facts

- 51 YOM
- **Primary Diagnosis:** Obese with body myositis, a form of inflammatory muscle disease characterized by slowly progressive weakness and muscle wasting, predominantly affecting the arms and legs.
- **Mobility:** Primarily wheelchair-dependent, but partially ambulatory with significant limitations due to progressive muscular disease with preserved capacity for brief activities of daily living in the early part of the day.

### Incident Details

- The incident occurred when a temporary nursing assistant (NA) attempted to transfer the resident from his bed to an electric wheelchair using a mechanical lift.
- The NA, although familiar with other types of lift machines, was inexperienced with the specific model available in the facility.
- Despite this, she proceeded with the transfer without seeking further training or assistance.



## During the Transfer

- The NA positioned the resident in the sling and attached it to the lift's overhang bars.
- She turned the lift on and began raising the resident out of bed.
- The NA failed to fully spread the legs of the lift to stabilize it before moving the machine backward.
- As she attempted to maneuver the lift, it became unstable and tilted, resulting in the resident falling from the lift onto the floor, landing on his left hip.

## Injury and Medical Intervention

- The fall caused the resident to suffer bilateral femoral neck fractures, with the right femoral neck fracture being particularly severe and displaced. The resident underwent percutaneous screw fixation surgery to stabilize both fractures using 8 mm diameter screws.
- Post-surgical radiology reports indicated that while the left hip fracture healed in proper alignment, the right hip fracture collapsed with further displacement.
- The resident experienced ongoing pain in his right hip, described as constant but with varying intensity.
- These complications severely impacted his mobility, necessitating continued reliance on a wheelchair for movement and significantly diminishing his quality of life.

## Complicating Factors

- **Failure to Supervise:** The facility failed to ensure that temporary staff were adequately supervised, particularly when handling complex equipment like mechanical lifts.
- **Inadequate Training:** The facility did not provide sufficient training for the temporary staff, leading to improper use of the lift and the subsequent injury to the resident.

The NA, despite being aware of her unfamiliarity with the specific lift model, did not seek additional training or assistance, directly contributing to the fall and injury.

- **Inadequate Post-Fall Documentation:** Following the resident's fall, there was a notable lack of documentation regarding the incident in the medical records. The facility failed to adequately record critical details, including the circumstances of the fall, the resident's condition immediately afterward, and the steps taken to address the potential injuries. The absence of detailed documentation significantly impaired the ability to provide a comprehensive evaluation of the incident.
- **Failure to Conduct a Post-Fall Huddle:** In addition to the documentation issues, the facility did not perform a post-fall huddle or conduct a thorough investigation as required by standard protocols. Post-fall huddle is essential for analyzing the factors that contributed to the fall, assessing the patient's risk for further incidents, and implementing measures to prevent recurrence. The failure to carry out these critical steps not only violated best practices but also left potential risks unaddressed and further compromised patient safety.

## Impact on Quality of Life

The resident's life was drastically altered by the injury. The chronic pain and the mechanical failure of the right hip led to persistent discomfort and further immobility. His ability to use his hips was compromised, leaving him almost entirely dependent on his wheelchair. The resident's overall quality of life deteriorated, marked by constant pain, decreased independence, and emotional distress.

## Resolution

The combination of these issues—lack of documentation, improper training, and insufficient supervision creating an environment where patient safety was compromised—were central to the decision to settle the case, as they significantly undermined the defense.

## Conclusion

This case highlights the critical importance of proper training and supervision in healthcare settings, particularly when utilizing specialized equipment. The failure of the Senior Care facility to ensure that temporary staff were adequately prepared for their roles not only led to a severe injury but also exposed the facility to significant legal and reputational risks. The incident serves as a cautionary tale for other facilities relying on temporary staffing solutions, emphasizing the need for rigorous training protocols and supervisory oversight.

# Risk Reduction Strategies

- **Enhanced Documentation Protocols:** Implement standardized documentation protocols to ensure thorough recording of patient assessments, interventions, and responses, including falls, injuries, and preventive measures.
- **Mandatory Formal Training:** Ensure all temporary staff receive comprehensive training on the use of specialized equipment like Hoyer lifts, certified by a qualified professional.
- **Documentation of Training:** Keep detailed records of all training sessions, including dates, content covered, and signatures of both the trainer and the trainee to confirm understanding.
- **Regular Equipment Checks:** Implement routine maintenance and safety checks for all mechanical equipment to ensure proper functioning and stability during use.
- **Supervised Onboarding:** Adhere strictly to policies requiring a nurse supervisor to orient new aides, including hands-on demonstrations and assessments of competency in equipment use.
- **Chain of Command/Clear Communication Channels:** Establish robust communication protocols within the agency to prevent miscommunication and ensure all staff are informed of their roles and responsibilities.
- **Incident Reporting System:** Develop a transparent incident reporting system that encourages reporting of near-misses and accidents, fostering a culture of continuous improvement.
- **Legal and Ethical Training:** Provide training on legal and ethical aspects of Senior Care to all employees to reinforce the importance of adhering to standards of care.
- **Emergency Response Plan:** Create and regularly update an emergency response plan, ensuring all caregivers are prepared to act swiftly and appropriately in case of an accident.

# SENIOR CARE DATA & INDUSTRY TRENDS

ProAssurance is a contributing member of the Medical Professional Liability (MPL) Association closed claims data sharing project. As such, the general data listed below includes claims data showing industry trends specific to Senior Care facility claims from 2010 through 2019. Using this information, our Risk Management department can target specific areas of Senior Care facilities to deploy risk mitigation strategies and resources.

**Source for claims data at top right:**

Data Sharing Project Dashboard (2010-2019). MPL closed claims. MPL Association. Retrieved by ProAssurance (March 7, 2024).

Claims include those located in assisted living facilities and skilled nursing facilities.

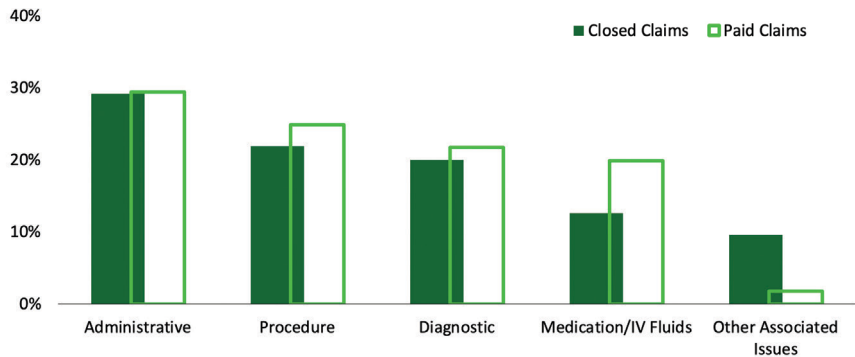
**Source for population data at right:**

Projected Population by Five-Year Age Group and Sex for the United States, Main Series, 2022-2100. U.S. Census Bureau, Population Division (2023).

**“Data gathered while analyzing Senior Care trends helps us craft targeted tools and strategies to help mitigate risk and safeguard your practice or facility.”**

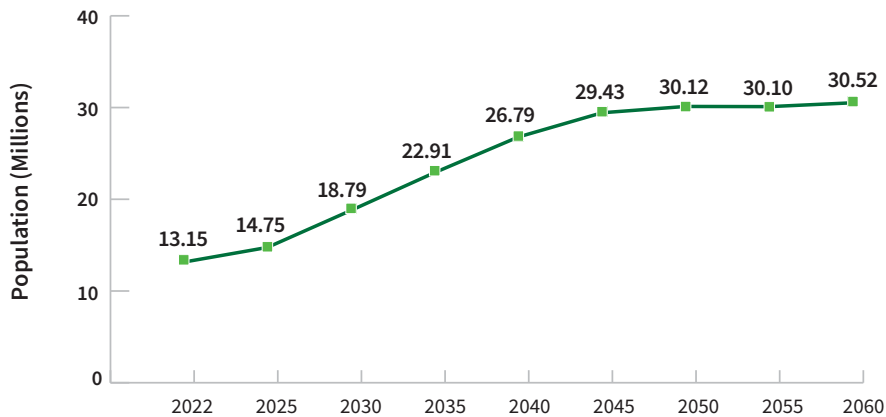
**Mallory B. Earley, JD, CPHRM**  
Assistant Vice President,  
Risk Management

## Most Common Primary Allegations in Senior Care Claims

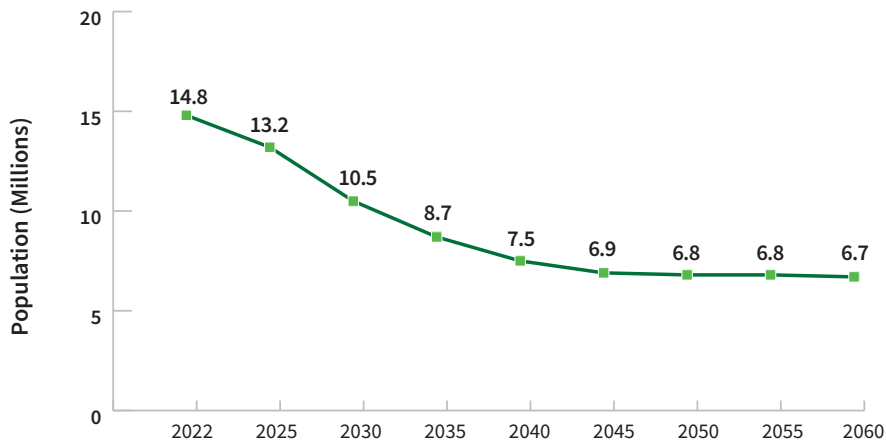


In the context of MPL data, administrative procedures typically refers to allegations related to administrative errors or misunderstandings of the administrative tasks within the Senior Care facilities. They can include issues such as improper documentation, billing errors, failure to follow protocols, or inadequate training.

On the other hand, diagnostic allegations involve errors or issues related to the diagnostic processes within the Senior Care facility. They could encompass misdiagnosis, delayed diagnosis, failure to diagnose, or errors in interpreting diagnostic test results. These claims often focus on alleged negligent care or mistakes made during the diagnostic phase of the care.



The above graph shows the U.S. Census Bureau’s projected population of 80+ year-olds in the U.S. from 2022 to 2060. The population is predicted to increase from 13.15 million in 2022 to 26.79 million by 2040— over double.



The population of working age adults (20-64 year-olds) is not projected to rise as rapidly, indicating that the need for senior care workers will increase, but the available workforce may not. In 2022, the ratio of 20-64 year-olds to 80+ year-olds was 14.8. In 2040, it’s projected to be only 7.5.

# SENIOR CARE RISK MANAGEMENT SERVICES

## Online Senior Care Resources

Effective communication is integral to quality healthcare. You may have excellent clinical skills and a state-of-the-art facility; however, if communication is not a priority, you may increase your liability exposure. Consider incorporating the risk reduction strategies and guidelines introduced in these resources to further enhance patient safety.

ProAssurance's Risk Management department website provides Senior Care facilities resources, including information on falls, post-fall huddle components, communication skills, and more at [RiskManagement.ProAssurance.com](https://www.proassurance.com/riskmanagement).



## Senior Care Malpractice Case Studies

By presenting actual case histories of malpractice claims, malpractice case studies are intended to help healthcare professionals recognize some of the common causes of malpractice claims.



For Senior Care-specific case studies, scan the QR code.

## Senior Care Risk Management Education

Your Risk Management team provides quality education for physicians, advanced practice clinicians, practice managers, and staff through online seminars and live virtual webinars often carrying CME credits. Additional educational resources include risk management guidelines, 2-minute videos, Rapid Risk Review podcast, sample forms, and text-based CME publications. No matter the level of time commitment, ProAssurance has an educational offering to fit everyone.

## Consultation with Risk Management Consultants

The ProAssurance Risk Management department is here to help you promote patient safety, minimize risk, and improve defensibility of claims by providing comprehensive assessment and training resources that are relevant and easy to share.

Your physicians, administrators, and healthcare staff have access to a team of risk consultants with a wide range of backgrounds, including prior experience as healthcare administrators, attorneys, nurses, and quality professionals. Risk consultants assist insureds with their liability concerns and questions using specialized knowledge of healthcare risk management issues and the Company's experience defending claims.

**Helpline: 844-223-9648**

**Monday through Friday, 8 a.m. – 5 p.m.**

**Email: [RiskAdvisor@ProAssurance.com](mailto:RiskAdvisor@ProAssurance.com)**

***“Our Senior Care risk management resources are developed in response to closed claims and validated industry data.***

***Our goal is to identify risks to keep our caregivers out of the courtroom and in position to help patients.”***

**Mallory B. Earley, JD, CPHRM**  
Assistant Vice President,  
Risk Management

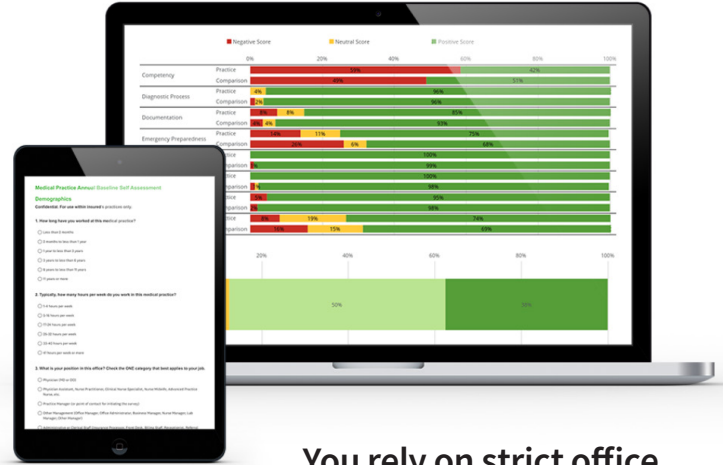


# ASSESSING MEDICAL LIABILITY KNOWLEDGE

## Annual Baseline Self-Assessment

The **Annual Baseline Self-Assessment (ABSA)** is a comprehensive survey conducted among the entire healthcare team at medical practices. The ABSA evaluates critical risk areas that impact the effectiveness and safety of healthcare delivery. This includes diagnostic testing protocols, infection control measures, and emergency preparedness strategies.

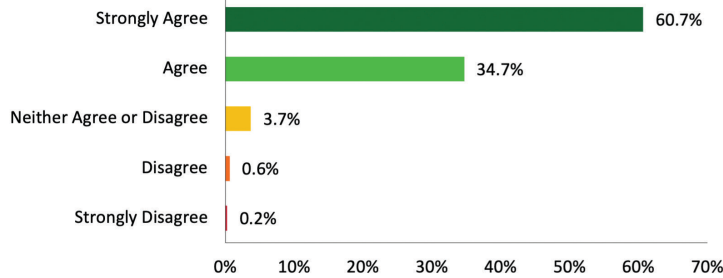
By analyzing the survey results, the Risk Management team can identify specific gaps in knowledge and comprehension among healthcare professionals. This enables us to create tailored educational programs and resources to minimize liability risks and enhance overall practice safety.



### Statement:

Equipment is maintained per the manufacturer's instructions.

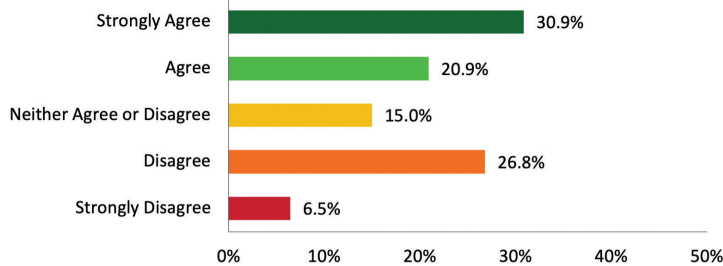
### Sample Results:



### Statement:

I have participated in an emergency drill within the past year.

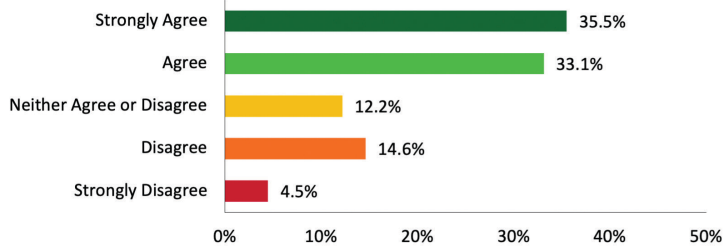
### Sample Results:



### Statement:

I have received training on responding to hostile or aggressive behavior.

### Sample Results:



You rely on strict office protocols to serve your patients with confidence.

Have you considered whether your staff might benefit from additional training?



To request the ABSA, scan the QR code at left.

In 2025  
**3,051**  
 assessments were taken  
 by staff at  
**546**  
 practices to evaluate  
 medical liability  
 risk management  
 knowledge gaps.

*These numbers were extracted from 2025 ProAssurance medical professional liability risk management data.*

## ADDITIONAL RISK MANAGEMENT SERVICES

We're here to help you promote patient safety, minimize risk, and improve defensibility of claims by providing comprehensive assessment and training resources that are relevant and easy to share.



- **Online loss prevention seminars** are available on-demand.
- **Claims Rx online CME courses** offer claims-based learning and risk reduction strategies on trending topics.
- **Malpractice Case Studies** offer risk management insights on a variety of specialty-focused cases.
- **“2 Minutes: What’s the Risk?” videos** feature clinical, quality, and legal consultants discussing medical liability issues.
- **Medical liability articles** and content bundles on current topics are in regular development.
- **Sample letters, checklists, forms, and guidelines** are available on the ProAssurance website to support proper documentation and best practices.
- **Rapid Risk Review podcast** delivers concise, practical insights on healthcare liability, featuring legal and clinical guests who share perspectives on emerging risks, case outcomes, and strategies to support safer care.

### Risk Management Helpline

Your physicians, administrators, and healthcare staff have access to a team of risk consultants with a wide range of backgrounds, including prior experience as healthcare administrators, attorneys, nurses, and quality professionals. Risk consultants assist insureds using specialized knowledge of healthcare risk management issues and the Company’s experience defending claims.

Helpline: 844-223-9648,  
Monday through Friday, 8 a.m. – 5 p.m.

Email: [RiskAdvisor@ProAssurance.com](mailto:RiskAdvisor@ProAssurance.com)

**2,300+**

Helpline or email contacts are made with risk management consultants each year.

## HELPING SENIOR CARE FACILITIES

- Minimize exposure
- Maximize defensibility
- Practice with confidence

We consider all cases seriously, and if our insured receives notice of a potential claim, we provide experienced malpractice counsel, bringing clarity developed on a national scale to the Senior Care claims process.



[ProAssurance.com](https://ProAssurance.com)

### ProAssurance National Claims Summary, 2021-2025\*

**17,300+**

open malpractice claims  
managed by ProAssurance.

**95.5%**

of closed claims resolved  
without going to trial.

**76.2%**

of claims closed without indemnity  
(no money was paid to the plaintiff).

\*These numbers represent medical malpractice claims from 2021 to 2025 extracted from the ProAssurance MPL claims reporting system.