Dementia and Alzheimer’s Patients: The Standard of Care of Nursing Homes

In nursing-home neglect and abuse cases, the victims of the nursing-home negligence or abuse often suffer from some form of dementia, including Alzheimer’s, which is a specific type of dementia that accounts for 60 to 80 percent of dementia cases.

Alzheimer’s is a progressing disease. That means that it worsens over time, causing cognitive and behavioral problems. For example, cognitively, a person may have difficulty thinking and trouble understanding. They may also experience forgetfulness, confusion, and disorientation. And behaviorally, a person may exhibit irritability, agitation, lack of restraint, and difficulty with self care.

Behavioral Changes

For many, the behavioral changes present the most challenging and distressing symptoms from Alzheimer’s. The symptoms stem from a progressive brain-cell deterioration. Importantly, they may become worse through medication, environmental influences, and some medical conditions.

Environmental Triggers for Behavior Changes

Beyond the physiological reason for the behavior symptoms, changes in a person’s surroundings also often play a role in triggering those symptoms.
When I interview family members and nursing-home nurses in preparation for litigating a nursing-home negligence or abuse case, they often describe events or changes in the person’s surroundings that have created additional stress that can be difficult for an Alzheimer’s patient to manage. Some of those events and changes include:

- Moving to a new residence, nursing home or new room within a nursing home;
- Changes in a familiar environment or caregiver arrangements;
- Misperceived threats;
- Admission to a hospital; or,
- Being asked to bathe or change clothes.

So, while the patient is trying to make sense out of an increasingly confusing world, those environmental factors increase the patient’s fear and fatigue while exacerbating the patient’s exiting irritability, agitation, lack of restraint, and difficulty with self care.

**Standard of Care for Nursing Homes**

Nursing homes and the nursing-home corporations that operate them know, and have reason to know, that environmental changes place the Alzheimer’s or dementia patient at greater risk of experiencing a serious nursing-home injury.

When I depose a Director of Nursing in a nursing-home neglect and abuse case, the nursing director admits and acknowledges the serious risk of injury that Alzheimer’s patients face while in the nursing-home facility. Also, the nursing director admits that the nursing-home corporation and its nursing staff must provide those patients with treatment and services that meet a specific standard of care.

The standard of care requires that the nursing home develop an individualized care plan to promote the patient’s health, protect the patient’s safety, and secure the patient’s dignity. The nursing-home staff must implement the treatment and care, from the care plan, on a daily basis—without fail. And then, the nursing home must evaluate that treatment and care to ensure its effectiveness and make changes to the plan when appropriate.

**Nursing Home Negligence and Abuse**

When a nursing-home corporation and its nursing-home staff follow the required standard of care, the nursing home can prevent the patient from experiencing preventable catastrophic falls, avoidable pressure ulcers, and other serious injuries.

If the nursing-home corporation and the nursing-home staff fail to follow the required standard of care, then the patient may experience serious physical injury, and the nursing-home corporation is responsible for the harms and damages that follow. If you or someone you know has been involved in a nursing home negligence incident it is recommended that you consult with an attorney immediately to discuss
your rights.

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