



Nursing Home Falls Are Common — and Preventable

HOST OF FEDERAL, STATE LAWS GOVERN LONG-TERM CARE FACILITY SAFETY

By **BRENDEN P. LEYDON**

When the elderly fall, they usually sustain more than just a bruise or two. Many seniors end up breaking bones, fracturing hips and even sustaining head injuries due to the frail nature of their bones. According to the American Academy of Orthopaedic Surgeons, there are about 380,000 hip fracture cases annually. Surprising, many of these falls occur in nursing home facilities — places where the elderly should be monitored and carefully watched.

Nursing Home Duties

Nursing homes are expected to provide adequate care for elderly residents living in their facilities. Federal law mandates that nursing homes ensure that their facilities are “free of accident hazards as is possible; and that each resident receives adequate supervision and assistance devices to prevent accidents.”

Specifically, incoming nursing home residents must be assessed by a qualified staff member. A registered nurse or physician must conduct proper and periodic monitoring for all residents to determine their risks for falling. If residents need help walking, have a high risk of falling, or have a history of falls, then special accommodations and closer monitoring are required. The facility must also maintain close observation of seniors who experience a fall and

continuously re-evaluate their condition until they recover.

A variety of state and federal laws govern such facilities, including the Connecticut Public Health Code §19-13-D8t(a)-(v) (Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision); Connecticut General Statutes § 19a-550 (Patient’s Bill of Rights); 42 CFR 483.1-483.75 (Requirements for Long Term Care Facilities); and various sections of the Social Security Act, 42 U.S.C §1302, §1395i-3(a)-(f), §1395x(j) and (l), §1395z, §1395hh, §1396a(a)(28), §1396d(a),(c), and (d) and §1396r(a)-(f) (Nursing Home Reform Act of 1987). Establishing a violation of one of these provisions can go a long way in proving a case.

The Connecticut legislature funded (2007-09 fiscal year) Yale University’s Connecticut Collaboration for Fall Prevention (CCFP), hoping to decrease the number of falls among older adults statewide and to identify opportunities in which state policy could sustain changes, attitudes and knowledge of fall prevention. Other applicable standards can be located by consulting with a geriatric physician and/or nurse.

Falls Remain Frequent

Yet, despite the nursing home regulations currently in place, many seniors still experience falls. But why? Experts point to a number of reasons. In some cases, incoming nursing home residents are not properly

assessed by a qualified staff member or they are simply left unattended. Some facilities fail to adequately equip residents’ beds with safety devices or bed rails. Sometimes the nursing

home may erect the beds too high. Other nursing homes may fail to install proper alarm systems or overlook the need for crash mats if slippery floors are present.

Along with bruises, broken bones and fractures, a fall can easily result in head injuries, paralysis, and even death. Some injuries result in prolonged pain and suffering and depleted quality of life. The American Academy of Orthopaedic Surgeons estimates that around 30 percent of people over 65 will fall each year. This equates to about 433,000 hospitalizations annually. Many of these falls could and should have been prevented if reasonable care was employed as required to prevent against them.

Given the catastrophic effects that flow from falls by the elderly, the level of care that should be deemed “reasonable” is obviously quite high. Cases involving such falls are worth investigating and pursuing, given the preventable nature of many of them. ■



Brenden P. Leydon

Brenden P. Leydon, a partner at Toohar, Wocl & Leydon LLC in Stamford, handles trial and appellate matters involving torts and insurance law cases.