Ruby Chambers – Medical Opinion

DOB: 06/27/1927

DOI: 10/09/2020

Summary of merit:

I have reviewed the available medical records and it is with a degree of reasonable medical certainty, I opine that there was a deviation from the standard of care provided to Ms. Ruby Chambers in nursing home. On 10/09/2020 at 22:16, Ms. Chambers sustained a fall since fall precautions were not strictly followed. Fall precautions such as using half raised side rails, bed alarms, and low-lying beds were not followed.

This is a 93-year-old female who is sent to the emergency department for evaluation after a fall. The report that we had was that she fell during a transfer about noon however when I spoke with the care center they stated that she was found on the floor and had an unwitnessed fall out of bed. Family is uncertain how she could have fallen out of bed because she normally cannot roll around her change positions on her own. Family was concerned she hit her head because there was a bump that they felt on the back of her head. Care center staff felt like that was just her occipital process. There is not any idea how long she might have been on the floor. They checked her over at the Center and they did neuro checks on her. They did not notice any change in any of her neurologic parameters and they could not find any areas of pain on exam or evaluation. Apparently, the family insisted that they sent her here for further evaluation. They were concerned because they were not notified right away. The patient did have a normal temperature today at the care Center of 97 2. She does appear to be hypothermic on arrival here. The patient had tested positive for COVID-19 back in July. She has had 2 negative tests since then and did not have to be hospitalized. They state that the Center is now free of COVID-19. She has been eating and drinking well and has been acting normally otherwise.

Defendant: Nursing Home *(Name not available for my review since nursing home records and are not available)*

Fall precautions to be followed:

- Rearrange room to make better pathways to meet residents needs (like bathroom)
- Change roommates to one with less medical equipment or “stuff” (clutter)
- Move personal items closer Relocate to room closer to nurses’ station.
- Add verbal warning alarm using the resident's or family members’ voice.
- Add non-skid strips on chair or floor in slick spots; non-skid tips on assistive devises.
- Non-skid socks or slippers Proper fitting shoes
- Add bed/chair/floor alarm Padded side rails with colored noodles.
- Wander guard alarm system
- Add body or sensor pad alarm or self release belt alarm.
- Utilize mechanical lifts Use top 1/2 bed rails as enablers.
- Eliminate decorative tile in middle of floors as they can be perceived as “holes”.
- Improve lighting and reduce glare in corridors, patient rooms, showers, and bath rooms.
- Add night lights or motion lights.
- Beside commode or bed pan or raised toilet seat
- Place picture of toilet on the bathroom door
- Add resting stations (bench) on long corridors, but be cautious not to create trip hazard.
- Reduce or eliminate clutter in common areas.
- Eliminate low obstacles that can be trip hazards.
- Make regular rounds looking for discarded clothing or wet spots.
- Add grab bars or other assistive devices for bed, toilet or shower.
- Non-skid rubber backed bath mats.
- Elevate chair to facilitate getting up.
- Evaluate housekeeping practices—are cleaning technique or chemicals creating slip hazards.
- Create adequate spacing between tables in dining room.
- Always “lock” wheels of equipment if possible in hall as residents may use to steady
- Wheel back rolling prevention devise
- Built-up or colored wheelchair brakes
- High back wheelchair Back weighted wheelchair to prevent tipping.

- Add or remove leg rest on wheel chair.
- Add or remove low bed, add or remove mat beside bed, front and back tippers.
- Assess for perimeter defining mattress, bolsters to bed, wedge Cushion, helmet and hip/knee/shoulder pads.
- Add Merry Walker or other equipment such as stroller or wheelchair, lateral supports and stabilizers/arm troughs, pommel cushion, hip thrust cushion, prosthetic devices/splints, quad cane and drop seat in wheel chair.
- Self releasing Velcro belt/seat belt, hip clip belt, orthotic chair, lab buddy, tray table, recliner/lounge chair and recliner chair with tray table
- Stop signs or door exits or other patient rooms.
- Dycem matting to stabilize seating, utilization of a rocking chair.
- Make doors and exits look like something else or have mirrors on exits.

Damages:

- Injuries to the left shoulder and head

1. Medial subluxation less significant compared to the left side with similar though less severe remodeling and erosion of the humeral head and glenoid fossa. These findings are nonspecific but may represent chronic sequelae of dislocation versus neuropathic joint. Although no mineralization is appreciated within the glenohumeral joint, differential also includes Milwaukee shoulder secondary to HADD. Recommend further evaluation with CT of the shoulder and orthopedic surgical consultation.

- Pain and suffering
- Emotional distress
- Prolonged recovery period
- Financial implications
- Morbidity from all the above

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