



Shine A Light

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While serving as the Interim Director of Nursing for a 120 bed skilled nursing facility, I met the most loving, caring and compassionate family members of one of our patients, Mrs. Singh. She had four expressively articulate, exquisitely clad and exceptionally beautiful daughters that took turns caring for their mother. Mrs. Singh was fortunate to have four daughters that watched over her day and night with rotating shifts arranged by the family. Mrs. Singh was unable to speak for herself and was primarily bedbound due to a chronic illness that led to the need for skilled nursing care. During the course of the day, I would walk throughout the facility observing patients, patient care and greeting family members to ensure quality services were rendered given the facility had complaints about patient care that were addressed during my interview process.

I was approached confidentially by one of Mrs. Singh's daughters who informed me that she was concerned about the patient lying in the bed next to her mother. The patient had no family, no visitors and moaned all night as if she was in pain. At that time, the only barrier between each patient sharing a room in the nursing home was a thin curtain with limited privacy for each patient. The daughter went on to express genuine concerns about overhearing the nurses laughing about Not performing wound care on this patient who clearly had wound care orders written by the physician medical director of the facility. Mrs. Singh's daughter went on to detail how the nurses were talking about bypassing the wound care because the patient could not talk, had no family and no one would know. I was shocked, appalled and thanked her for sharing.

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tient who clearly had wound care orders written by the physician medical director of the facility. Mrs. Singh's daughter went on to detail how the nurses were talking about bypassing the wound care because the patient could not talk, had no family and no one would know. I was shocked, appalled and thanked her for sharing.

It was imperative as the Director of Nursing that I immediately investigate the matter by initially reviewing the patient's medical record only to find that wound care documentation was accurately completed with nursing signatures. The wound care instructions included identification of the wound site, length, width, depth with specific wound care solutions and bandaging of the wound ordered by a licensed physician to be performed twice a day. The lack of wound care to a patient is cause for alarm due to the potential of elder abuse and neglect. Elderly wound care difficulties may be caused by: - Infection: An open wound can develop a bacterial infection. If a wound becomes infected, the body will focus on fighting the infection instead of healing the wound (nursinghomeabuse-guide.com/abuse-injuries/wound-care/).

As the Director of Nursing, I gathered prescribed wound care supplies and went into the patient's room to directly observe the wound site on her right hip. The first thing I always find professionally courteous is to talk to the patient prior to initiating any treatment by introducing myself and explaining what actions were being taken even if the patient can or cannot understand. The patient only moaned as I held her hand to offer support prior to initiating wound care by treating her with dignity and respect. I donned the gown, put on two sets of gloves, pulled back the sheets and removed heavily soiled old bandages that appeared to have been there for a long time with very foul odor permeating the entire room. I stood at the bedside as tears rolled down my face seeing maggots infesting the infected area and viewing the depth of the wound exposing bone in her right hip. Nursing home staff members do not always provide the level of medical care needed to properly treat wounds or injuries in the elderly. As a result, many nursing home residents suffer from festering, chronic wounds, which are often exacerbated

by issues like malnourishment, dehydration, medication errors, or unsanitary living conditions (<https://www.stopnursinghomeinjuries.com/types-of-abuse/wound-care>).

It was not until much later in the process after speaking to the medical director that the maggots probably saved the patient life due to a unique process called Maggot therapy which is a type of biotherapy involving the introduction of live, disinfected maggots into the non-healing skin and soft tissue wound(s) of a human or animal for the purpose of cleaning out the necrotic tissue within a wound and disinfection (https://en.wikipedia.org/wiki/Maggot_therapy). That was not the case in this situation and maggots found in the wound were distinctly a result of inadequate negligent nursing care. When I called the nurses into my office, they laughed about the suffering patient, stated that she was going to die anyway and received disciplinary action for falsification of the medical record by not performing physician designated treatment but documented that wound care treatment was rendered. Falsification of documents in nursing a felony (<https://today.mims.com/falsification-of-documents-in-nursing-a-felony>). Falsifying records made in one's practice can be a reason for a nurse to be disciplined by a board of nursing. I personally oversaw the wound care of this patient and happy to report that she survived the neglect.

Fifteen years after this experience, I met the grandson of Mrs. Singh who hugged me tightly and shared how his mother, one of the night shift daughters, told of this story. He now an adult thanked me for the loving care I gave to every senior residing in the skilled nursing facility especially his grandmother. Nursing Home Abuse is known as the Hidden Terror and 1 out of 3 seniors are at risk for serious bodily injury or death at the hands paid nursing home caregivers (<https://abcnews.go.com/US/story?id=92689&page=1>). One study by the California Association of Nursing Home Reform estimates that only 1 instance of elderly abuse in nursing homes out of every 14 that actually happen are ever brought to the attention of authorities (www.canhr.org/reports/2001/abusemajorproblem.pdf).

We must Shine a Light on the abuse and neglect of our seniors in nursing homes.

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