

# 12 Tips for Dealing with Nursing Home Abuse, Neglect and Wrongful Death

**By: Thomas Waitt Pleasant**  
Attorney

**Toll Free: (888) 435-7156**  
Main Office (Fayetteville)

**[www.pleasantlaw.com](http://www.pleasantlaw.com)**

P.O. Box 53988  
Fayetteville, NC 28305  
(910) 323-3250  
(910) 323-3255 Fax

## TABLE OF CONTENTS

<b>IS THIS FIRM FOR YOU?</b> .....	3
<b>THIS IS NOT LEGAL ADVICE</b> .....	5
<b>I DO NOT RUN A “LAW FACTORY”</b> .....	6
<b>TIP # 1: YOU ARE NOT ALONE</b> .....	8
<b>TIP # 2: IT’S ALL ABOUT MONEY</b> .....	10
<b>TIP # 3: THE “NURSING HOME” MIGHT NOT ACTUALLY BE ONE</b> .....	13
<b>(AND, IT DOES MATTER)</b> .....	13
<b>TIP # 4: NURSING HOMES</b> .....	15
<b>HAVE “RAP SHEETS”</b> .....	15
<b>TIP # 5: THE GOVERNMENT WON’T ENSURE GOOD NURSING HOME CARE</b> .....	17
<b>TIP # 6: PRESSURE SORES ARE ALMOST ALWAYS AVOIDABLE</b> .....	20
<b>TIP # 7: MALNUTRITION AND DEHYDRATION ARE INEXCUSABLE</b> .....	22
<b>IN MOST CASES</b> .....	22
<b>TIP # 8: RESTRAINTS ON NURSING HOME RESIDENTS CAN</b> .....	24
<b>ACTUALLY MAKE FALLS WORSE</b> .....	24
<b>TIP # 9: YOU CAN LAY THE GROUNDWORK IF YOU SUSPECT ABUSE OR NEGLECT</b> .....	26
<b>TIP # 10: THERE IS HELP (HIRING A LAWYER)</b> .....	28
<b>TIP # 11: NURSING HOME LAWSUITS ARE HARD, AND REQUIRE COMMITMENT</b> <b>FROM THE FAMILY</b> .....	29
<b>TIP # 12: YOU CAN MAKE A DIFFERENCE AND BE AN ADVOCATE</b> .....	30
<b>CONCLUSION</b> .....	31
<b>ABOUT THOMAS WAITT PLEASANT</b> .....	32

## IS THIS FIRM FOR YOU?

If you can answer “YES” to of the following questions for your kind of case, it is possible that we might be the law firm for you:

**MEDICAL/NURSING HOME NEGLIGENCE: Have you or a loved one has been injured or killed through the wrongdoing of:**

- A nursing home
- A doctor
- A hospital
- A nurse
- A physician’s assistant
- A different kind of healthcare provider

**PRODUCT LIABILITY:** Have you or a loved one has been injured by a product that was either dangerous or defective (drugs, equipment, etc.)?

**AUTOMOBILE/VEHICLE ACCIDENTS:**

- Do you have total expected medical bills of at least \$2,00.00?
- Is there visible damage to your auto?
- Was the accident clearly someone else’s fault?
- Has/is your primary treatment from your accident-related injuries been with someone other than a chiropractor?

**INSURANCE CLAIM PROBLEMS (Auto, Property, Disability, or other):** Has your insurance company done any of the following:

- Failed or refused to investigate your claim promptly/fairly?
- Failed to return your calls or answer your letters/faxes?
- Has your insurance claim been delayed through no fault of your own?

- Has your insurance company asked you to provide it with the same information more than once?
- Has your claim gone unresolved for more than 4 months?
- Has your insurance company sent you a check for much less than you feel entitled?
- Failed to give you any explanation for the denial/reduction of the payment of your claim?
- Given you an explanation of policy coverage that doesn't make sense to you?
- Wrongly denied your claim because of something on your application from when you purchased the insurance?

## **THIS IS NOT LEGAL ADVICE**

You must understand that this book is designed to give you assistance in finding the right attorney, and doing certain things that could help you in the process, and things that could help your case go more smoothly -- whatever attorney you hire. But this book is NOT legal advice. Without evaluating and agreeing to take your particular case, there is no way for me to advise you about your case.

Until this firm has agreed – in writing – to take your case, you should not assume that this firm is handling your case. That includes tracking deadlines for filing your case, such as applicable statutes of limitation.

## **I DO NOT RUN A “LAW FACTORY”**

I have never had – or wanted – a “high volume” law practice with a huge number of cases going on at one time. I have always carefully selected the cases I have taken, and have generally relished the more complicated, detailed cases. I relish being able to justify the devotion of extra time, energy and creativity to these larger cases that is simply impractical with smaller cases. I like this approach. I believe it allows me to do more outstanding legal work. It also allows me to maintain a high level of very detailed involvement in each and every case handled by my office.

There are a lot of good lawyers out there. There are also a lot of not-so-good ones. I believe some lawyers who are otherwise good lawyers don't give good client service because they try to handle too many different kinds of cases. They take whatever “walks in the door,” whether they think the case is good or not. They try to settle the case for any little amount of money they can, trying to limit their time to almost nothing. Sometimes they don't do anything on your case – for a long time – without any excuse other than being too busy to really work your case. In some cases attorneys might give almost total control of the case over to legal assistants or paralegals. If your case ends up not settling without a fight, they just ditch the case – and you.

Some of these lawyers don't even want to spend the time up front to really analyze your case, so that they can give you honest evaluation and solid legal advice, early on. (Why would they bother if they are not really planning to spend any significant time on it?). Some would do anything to avoid having to go to trial for you, and do everything they can to settle a case, even if a trial could result in a better result for you.

This is not to say that all cases work out well, or that an attorney is never justified in giving a case back to a client. There are cases where unexpected things happen. A client who has not been forthcoming about a negative prior driving record, for example, might find his or her attorney backing out upon learning of the negative history. Or, a client may not have been honest with the attorney about pre-existing medical conditions/treatment that complicate or reduce the viability of the current claim. Other facts can come out during the litigation that make it impractical, or impossible, for the attorney to proceed.

In any event, the main point is that you should be on the lookout for these problems. You should ask your attorney how much involvement he or she will have in handling your case. You should also expect your attorney to give you a full and fair evaluation of your case, early on, assuming this is possible. And you should expect to help (to spend the time and effort your attorney – if doing his or her job – will ask you to do.

## **TIP # 1: YOU ARE NOT ALONE (DEALING WITH THE GUILT)**

In almost every case of nursing home abuse, neglect or wrongful death I screen, the family has a tremendous sense of guilt for having put their loved one into a nursing home, and that guilt is only made worse when something bad happens as a result of the care (or lack of care) in that nursing home. In cases of wrongful death, it is that much worse. In some cases, a loved one has been put into a facility with an expected short-term, rehabilitative stay; and in “hindsight” the family is devastated when realizing what they might have avoided had they known in advance what was really going to happen in the nursing home.

First, a disclaimer is in order: I have no training in mental health, psychology, psychiatry or counseling. However, I can tell you that if you or your family is feeling guilty about a loved one in a nursing home, chances are pretty good that your loved one is or was in a nursing facility as a last resort, and that the *feelings of guilt are not justified*. Nursing home residents are put into “skilled nursing facilities” because they require just that – skilled trained professional doctors, nurses and other healthcare professionals – in order to have a decent life (or even to survive). Most people do not have the skill or the money to do this job themselves. So, they justifiably place their loved one into a nursing home.

Also, an amazing number of nursing home residents find themselves in a skilled facility merely for short-term rehabilitation; and, unfortunately, end up dying as a result of serious abuse and neglect that takes a quick and dramatic toll on their bodies and health.

In virtually every nursing home abuse, neglect or wrongful death case I screen, the family of the loved one simply did not see what was coming, and had no good reason to see it. They knew no reason to expect bad (or even horrible) care. They knew no reason to distrust a facility that promised to take care of their loved one and then failed to honor that trust. They knew no reason to distrust trained doctors, nurses and other healthcare professionals. Unfortunately, very few people seem to know ahead of time what to expect from nursing homes and the nursing home industry, and even fewer have the knowledge to help avoid the abuse, neglect or wrongful death of their loved one at the hands of this industry.

The purpose of this book is to provide an overview of some key topics that will hopefully help you avoid the abuse, neglect or wrongful death of your loved one; or, at least to help you deal with the aftermath of the abuse, neglect or wrongful death of that loved one in the tragic circumstance that this has occurred.

## **TIP # 2: IT'S ALL ABOUT MONEY (A LOOK AT THE NURSING HOME INDUSTRY)**

Recent years have seen big change in the nursing home industry. Primarily, this change has been in the form of the consolidation and growth of nursing home chains, which has, in turn, been the result of big business interests buying up nursing homes and nursing home chains. Some already-big nursing home companies have expanded by purchasing other homes and growing; but another trend has emerged recently. That is, large private equity groups have become interested in investing in the nursing home industry, and have done so in a significant way.

Interestingly, some very large money interests have gotten in on the profits available in the nursing home industry. For example, the private equity group The Carlyle Group<sup>1</sup> is an owner of HCR ManorCare, a large nursing home chain. Obviously, for there to be interest in the nursing home industry from the likes of the Carlyle Group is a testament to the profitability of the nursing home industry. Private equity groups are sharp, Wall Street investment groups; know where the money is; and they know how to make money. These are powerful business interests.

Another testament to the power of the nursing home industry and its profitability is the level of lobbying it is engaged in. The nursing home

---

<sup>1</sup> See [www.carlyle.com](http://www.carlyle.com) and [www.hcr-manorcare.com](http://www.hcr-manorcare.com) for more information.

industry, and some of its largest chains, have spent huge sums of money lobbying our federal and state legislatures to limit its liability for bad care.

The problem, however, is that skilled nursing facilities are not, and cannot be treated as, regular businesses. These are healthcare facilities responsible for life and death matters. But the end result of this “bottom line” approach is that the front lines of nursing facilities have been subjected to “bottom line” budgetary and money-making pressure from the corporate executives running these big chains of nursing homes. Nursing homes make more money when they keep staffing costs down, and patient numbers up; so nursing home administrators who are actually running the individual facilities are often being forced to maintain staffing budgets that are totally unrealistic when considering the number of residents in their nursing home and the actual care needs of the residents in that home. The result: understaffing, under-qualified staff, and disastrous care for nursing home residents.

Adding insult to injury, some of the larger nursing home chains (some who have reputations for providing horrid care) are paying obscene bonuses to the senior executives, while patients languish in their understaffed nursing homes. In some cases, these annual bonuses have exceeded a million dollars.

Understanding these things about the nursing home industry helps people to appreciate the need to be vigilant about the care of their nursing

home-bound loved one. Sadly, the ultimate goal of some nursing homes seems not to be quality care, but, rather, improving the bottom line.

### **TIP # 3: THE “NURSING HOME” MIGHT NOT ACTUALLY BE ONE (AND, IT DOES MATTER)**

It is important to know that the term “nursing home” is often used to describe facilities *other than* actual “skilled nursing facilities.” An assisted living facility (“ALF”), for example, does not have to, and generally does not, provide the same level of skill and care that a true “skilled nursing facility” (“SNF”) must provide. When this is misunderstood by elder care service consumers, the result can be the placement of a loved one into a home that does not provide the proper care. The family probably has no way to know this, depending on the circumstances. Although assisted living facilities should not (and cannot legally) accept residents for whom their care is inadequate, the bottom line financial interests involved often result in pressure for administrators of assisted living facilities to accept and keep residents who really belong somewhere else, such as a skilled nursing facility.

A simple example of the problem this can cause is when a resident is beginning to experience the early signs of dementia, and cannot reasonably be expected to take his or her own medications. Certain assisted living-type facilities might not have (and might not be required by law to have) the staff qualified to ensure that others give that resident the medication. The result could be as simple as unnecessary pain and suffering for that resident, or as lethal as the failure to treat a serious medical condition. The reality is that

even residents' doctors are not always attuned to the facility's capabilities, and often will not order the resident to be placed in a proper facility. This is another example of how, unfortunately, it is recommended that families be very involved in their loved ones' care in order to offset the failures of the healthcare system. Families should be able to rely upon the healthcare system; but, sadly, such reliance could be lethal to their loved ones.

#### **TIP # 4: NURSING HOMES HAVE “RAP SHEETS”**

Many families I interview as prospective clients found themselves in the predicament of having no real choice as to the nursing home in which their loved one is placed. This could be because there is only one facility in the area, or because waiting lists in alternative homes force a resident’s placement in a different nursing home. Often, after a hospitalization, a hospital will order a patient to be transferred to a particular nursing facility for rehabilitation, without really making it clear to the family that there is a choice.

If you have a choice, though, there are ways to determine the kind of care a particular nursing facility may give. The first and quickest way to preview a home’s care history is to go on the internet and view the facility’s history on Medicare’s (CMS) “Nursing Home Compare” website section. The website address is: <http://www.medicare.gov/NHCompare>. This site will allow family members to see the number and types of negative care outcomes/events for the facility, and further information about the seriousness of those bad outcomes. This information comes from the inspections, or “surveys,” done by the state.

If your loved one is already in a nursing home, consider checking it out.  
If you see problems from consulting these resources, consider moving your  
loved one to another home.

## **TIP # 5: THE GOVERNMENT WON'T ENSURE GOOD NURSING HOME CARE**

Despite that the state inspects nursing homes, and that the nursing home industry is heavily regulated otherwise, the government does not have the resources to truly “police” the abuse, neglect and wrongful death now happening in nursing homes. As a result, the information available on the CMS Nursing Home Compare website might not reflect the reality of the care a particular nursing home will provide. So, a family’s best efforts to screen and choose a good nursing home may not always detect problem nursing home care in advance.

To ensure good care, there is no substitute for family members’ frequent visits to the nursing home, as well as their significant “hands-on” participation in the care of the resident. Be careful, though, not to interfere with the care of the facility staff. For example, if your family member requires scheduled turning and repositioning to avoid pressure sores (“bed sores”), you should take care not to turn or reposition your loved one yourself, without making the staff aware. (The staff of the nursing home should have already educated you about this.) Also, you should be sure you are not interfering with turning and repositioning by simply putting your loved one in a position they feel more comfortable in, unless you have the staff’s approval. This is because you could be causing the resident to spend

too much time in that position, contributing to the development of pressure sores. (Again, the staff of the nursing home should already have educated you about this.)

Helping with the care of your resident loved one is also a good way to ensure you know of any problems that are developing. Nursing home staffs have been known to conceal problems from families (bruises from possible assaults, falls; pressure sore development, etc.). If you are helping clean and dress your loved one, you are more likely to see the warning signs, or actual problems; and determine whether there is a serious care problem. Often, clients have told me that they were aware of pressure sores on their loved one, but they saw the sore for the first time only after their loved one was admitted to the hospital because of rampant and life-threatening blood infection (sepsis) caused by the horrible sore. A common story is that the hospital staff is the first to tell the family the terrible condition the resident is in. When the family actually sees one of these horrible sores for the first time, they are absolutely shocked.

It can be helpful to “stagger” your visits to the nursing home to ensure that you are getting a clear picture of what kind of staffing and care exist at all times. Some nursing homes seem to have less staff on weekends, for example, even though care needs for residents may remain the same. This

can make for some bad conditions, particularly with respect to residents whose frail health cannot tolerate care delays and deficiencies.

Unfortunately, frequent visits and care participation is sometimes be the only way to ensure the nursing home staff is doing its job. Take charge and ensure your loved one's safety by doing this.

## **TIP # 6: PRESSURE SORES ARE ALMOST ALWAYS AVOIDABLE**

Pressure Sores (also known as “bed sores,” “decubitus ulcers,” and “pressure ulcers”) are wounds that develop when skin breaks down due to continuous pressure (typically from lying or sitting in the same position for too long). These pressure sores typically show up on bony prominences like hips and at the sacral area of the lower back. Initially, the sores do not involve broken skin. However, as they progress, they become open wounds, exposing bare flesh.

Pressure sores, if not properly cared for, can rapidly turn into a deadly problem. If left untreated, the flesh will begin to die, leaving sometimes unbelievably large, growing, tunneling holes of open flesh. In more cases than I care to say I have reviewed, these sores dig deep, actually exposing bones. Ultimately, an untreated pressure sore will get infected, causing uncontrollable blood infection and death.

Pressure sores are very common in nursing homes, but primarily because of lack of proper turning and repositioning of the patient. Many nursing homes will tell family members that these pressure sores are “unavoidable” in nursing homes, and that they are to be expected in the elderly. Do not accept this explanation from the nursing home staff or administration. From a legal standpoint, “unavoidability” is a difficult argument to make. The nursing home must first try everything it can to

intervene and prevent the sores from developing, so it must be able to show that it did so before it can claim a sore was “unavoidable.” In many, many cases, the nursing home cannot make this claim legitimately. A nursing home lawyer, with the assistance of good legal nurse consultants and other experts, can help make the determination about whether a pressure sore was “unavoidable.”

The key to pressure sore development is skin breakdown. Constant pressure works to break down the skin; but other factors contribute to skin breakdown and pressure sore development as well. For example, if a patient-resident is not being cleaned properly in the event of incontinence, skin begins to break down when it stays in prolonged contact with urine and feces. This makes pressure sore development even more likely.

Look for signs of pressure sore development in your loved one such as frequent dried feces (dried or caked on skin) or dried urine (brown rings on bed sheets, bedclothes, etc.). If the nursing home is understaffed, and your family member-resident is unable to get him or herself to the bathroom, this could be a problem. Also, note the turning and re-positioning of your resident-loved one. Is that person always in the same position when you visit? Has family seen the resident turned and re-positioned?

## **TIP # 7: MALNUTRITION AND DEHYDRATION ARE INEXCUSABLE IN MOST CASES**

Weight loss is the most obvious and critical factor in determining whether the nursing home is properly feeding and hydrating the resident. There are industry standards and guidelines that can be used to determine whether the rate and amount of weight loss is acceptable, and these are a good starting point for determining whether there is a problem.

If the nursing home staff tells you that the weight loss is because the resident just won't eat, know that this is, in itself, not an acceptable excuse. If a resident is not eating, it could be because he or she is not getting the proper help. Stroke and dementia victims, for example, require a lot of patient help: patience and help an understaffed nursing home might be unable/unwilling to give. Stories of nursing home staff leaving trays of food beside a resident's bed, out of the resident's reach, are not uncommon. There is rarely a good excuse for nursing home resident weight loss, and you should "investigate" when weight loss is significant in accordance with the above guidelines.

In some cases, nursing home residents may actually have a feeding tube, and still lose weight at unacceptable rates. There is virtually no excuse for this. The nursing home controls the quantity of food and fluids, and should ensure that the resident receives proper nutrition and hydration. Residents on

feeding tubes often lose weight or get dehydrated when staffing is inadequate, and the work required to ensure proper feeding tube feeding is simply not done. For example, in some patients the feeding must be stopped and started again at certain intervals, which requires more monitoring.

Dehydration is often a problem in nursing homes, because elderly patients, particularly if they are demented, don't think to drink as often as they should. The nursing home staff should be periodically prompting residents to drink, and ensuring that fluids are available. This is often simply not happening. Again, this is often due to nothing more than understaffing.

Nutrition and hydration are critical components of health, and affect the resident in many ways. A resident with pressure sores will be much less able to heal if malnourished or dehydrated, for example. So, malnourishment and/or dehydration in conjunction with pressure sore development can lead to disaster, because the resident's body is simply unable to heal without adequate water and food. Malnourishment and dehydration also clearly make healing from other health conditions much more difficult, if not impossible.

## **TIP # 8: RESTRAINTS ON NURSING HOME RESIDENTS CAN ACTUALLY MAKE FALLS WORSE**

As a nursing home abuse, neglect and wrongful death attorney, I am often presented with cases involving falls and related injuries in nursing homes. At first glance, many of these cases appear to be cases where the nursing home is clearly at fault. It is important, however, to analyze nursing home fall cases closely. Take, for example, the situation where a nursing home resident falls from bed without bed rails, and is injured.

Some studies have shown that using restraints actually increase the severity of a fall injury, so nursing homes are, arguably, correctly avoiding restraint use. If a nursing home resident falls, and a restraint of some sort was being used, the nursing home may actually have more culpability. For example, bed rails can in many instances themselves cause injury when a resident gets caught in a bed rail and sustains injuries to limbs, or even gets choked.

So, there is this constant tension between the requirements that nursing homes not unnecessarily restrain their residents; and the need to prevent residents from falling and injuring themselves. The bottom line is that the particular circumstance of each nursing home fall case must be carefully analyzed. Generally, however, nursing homes should take actions other than

using restraints in order to reduce or eliminate the potential for injuries from falls for their nursing home residents.

Even when bed rails are inappropriate for a particular nursing home resident, a lowered bed, or even an additional mattress on the floor, might be an acceptable and relatively safe solution. Alarms attached to the resident which detect a resident's movement can also be used in order to alert staff that a resident is attempting to get out of a bed or chair. Obviously, this should trigger a staff response to assist the resident with his or her needs.

Unfortunately, none of these measures can ultimately totally prevent the risk of falls and fall injuries in nursing homes where the nursing home is understaffed or inattentive. In sum, one cannot jump to conclusions about nursing home liability for injuries or death related to falls. Determining liability takes a very careful and thorough analysis of the circumstances of the fall.

## **TIP # 9: YOU CAN LAY THE GROUNDWORK IF YOU SUSPECT ABUSE OR NEGLECT**

If you are uncertain about something regarding the care of a loved one who is in a nursing home, you might consider beginning to take notes about what you are being told, the complaints you are making, the conversations you are having with staff and administrators, the care being given (or not given), and other things that seem important to you. These notes could come in handy later on, in the event that something goes wrong. Consider taking notes on a calendar, so that you don't forget the relevant dates. Also, always take photographs to document any injuries, wounds, or nursing home conditions you feel may be related to abuse or neglect.

If it appears likely that there has been abuse or neglect, complain to the state. You can do this by contacting:

**North Carolina Division of  
Health Service Regulation  
Toll Free: 800-624-3004**

Then – without waiting on the state to take action – get the resident out of that home, if there is any way possible. You cannot count on the state inspectors to have the resources and ability to actually solve the problem in a timely fashion, and leaving the resident in that home could result in disaster.

You should also immediately request your loved one's medical records and other nursing facility records. By law, if the facility accepts Medicare

reimbursements, it must give you access to the records within 24 hours of your request. It must also give you copies within 48 hours of your request (although you must pay a reasonable copy fee). Then, if you think legal action may be necessary, get these records to an attorney for review.

### **TIP # 10: THERE IS HELP (HIRING A LAWYER)**

If you are having concerns about finding a nursing home, or if there are problems with the care your loved one is getting in a nursing home, contact an attorney who handles these types of nursing home cases. Most nursing home lawyers (myself included) will provide an initial consultation for free. Even if your case does not warrant taking legal action, perhaps some quick advice can solve your problem. You can contact me at:

**The Law Offices of Thomas Waitt Pleasant**  
**888-HELP-156 (Toll Free)**  
[www.pleasantlaw.com](http://www.pleasantlaw.com)

## **TIP # 11: NURSING HOME LAWSUITS ARE HARD, AND REQUIRE COMMITMENT FROM THE FAMILY**

In the unhappy circumstance that you are considering filing a lawsuit regarding the injury or death of a loved one who has been hurt or killed by the abuse or neglect of a nursing home, you should know several things. First, lawsuits against nursing homes are not easy on anyone, and they require that you be willing to put some effort in yourself. Nursing homes and their insurance companies will fight hard, and you should never expect to reach a quick settlement. The “conventional wisdom” is that the defense lawyers hired by the nursing homes and their insurance companies won’t work towards a good faith settlement until they have spent (and charged for) a considerable amount of time. In order to get a good settlement, you and your lawyer must show a willingness to fully prepare and litigate the case.

So, while lawsuits are not easy, they are possible financially when a contingency fee arrangement can be offered. Typically, my agreement with nursing home clients is that I advance all litigation costs, and get repaid from the recovery. My fee is also based on a percentage of the recovery.

## **TIP # 12: YOU CAN MAKE A DIFFERENCE AND BE AN ADVOCATE**

I handle nursing home abuse, neglect and wrongful death cases because I want to do two things (at least): (1) help residents and their families who have been harmed by unacceptable nursing home care; and (2) use litigation as a tool to influence the nursing home industry to do more to meet acceptable standards of care. Our justice system is a crucial in deterring bad conduct, because a jury trial is one of the few ways regular people have power to tell big companies they are doing wrong, and to get their attention and encourage them to change by affecting their “bottom line” profits (through money damages awards).

Aside from litigation, I urge every client to join the National Citizens Coalition for Nursing Home Reform (“NCCNHR”). This organization can be contacted at [www.nccnhr.org](http://www.nccnhr.org). For a small sum, you can join NCCNHR and make a difference. This organization is involved in all sorts of activities designed to change the nursing home industry for the better.

## **CONCLUSION**

I hope this book proves helpful to you. My sincere hope is that it will help you avoid problems with nursing home care and your loved one. If you have any concerns at all about nursing home care, please feel free to contact my office.

Additionally, please note that if you are experiencing problems in any of the following areas, I can help:

**Insurance Disputes**

**Automobile Accidents**

**Other Personal Injury Matters**

**Other Wrongful Death Matters**

**Medical Negligence, Mistakes and Malpractice**

**Product Liability/Defective Products**

**Employment Matters**

## ABOUT THOMAS WAITT PLEASANT

Thomas Waitt Pleasant is a North Carolina injury, wrongful death and insurance lawyer who represents plaintiffs injured or harmed by insurance companies, nursing homes, or other wrongdoers. Mr. Pleasant is committed to taking clients' cases to trial, if necessary.

### Education:

Juris Doctor, Wake Forest University School of Law (1996); Bachelor of Arts, Wake Forest University (1993).

### Professional Honors & Activities:

American Association for Justice (AAJ); North Carolina Academy of Trial Lawyers (NCATL); National Employment Lawyers Association (NELA); Member, Moot Court Board, Wake Forest University School of Law; North Carolina Academy of Trial Lawyers Law Student Advocacy Award.

### Bar Admissions:

North Carolina State Bar (1996).

### Court Admissions:

U.S. District Court, E.D.N.C. (2002); U.S. Court of Appeals, Eighth Circuit (2002).

Raleigh ▪ Wilmington ▪ Fayetteville

Insurance Disputes

Automobile Accidents

Other Personal Injury Matters

Other Wrongful Death Matters

Medical Negligence, Mistakes and  
Malpractice

Product Liability/Defective Products

Employment Matters



THE LAW OFFICES OF

Thomas  
Waitt  
Pleasant



Toll Free: (888) 435-7156  
Main Office (Fayetteville)

<http://www.pleasantlaw.com>

P.O. Box 53988  
Fayetteville, NC 28305  
(910) 323-3250  
(910) 323-3255 Fax