Risks in Senior Care and Strategies to Mitigate Them

MedPro Group
a Berkshire Hathaway company

Speaker bio

PELICAN, April 21, 2026

Susan Lucot, MSN, RN, MLT (ASCP), CPHRM, Senior Risk Solutions Consultant, MedPro Group (Susan.Lucot@medpro.com)

Susan possesses a diverse background in healthcare, which includes extensive experience in patient safety and risk management. During her early career, she was a medical laboratory technician. After working in clinical and research laboratories, Susan pursued her career in nursing.

Most recently, Susan has worked in the medical malpractice insurance industry for over a decade in the capacity of risk management and patient safety. Her skills include onsite risk assessments, educational training, and resource development for insured clients in hospitals, physician practices, senior care settings, and other medical facilities. Susan works closely with insured clients to tailor education and resource offerings to meet their specific needs.

Susan earned her bachelor's degree in nursing and master's degree in nursing education from Robert Morris University in Pittsburgh, PA. In addition, she earned an associate's degree in medical laboratory technology and a bachelor's degree in health science. Susan also is certified in Lean Healthcare, and she is a TeamSTEPPS® advanced master trainer.

Top allegations in senior care

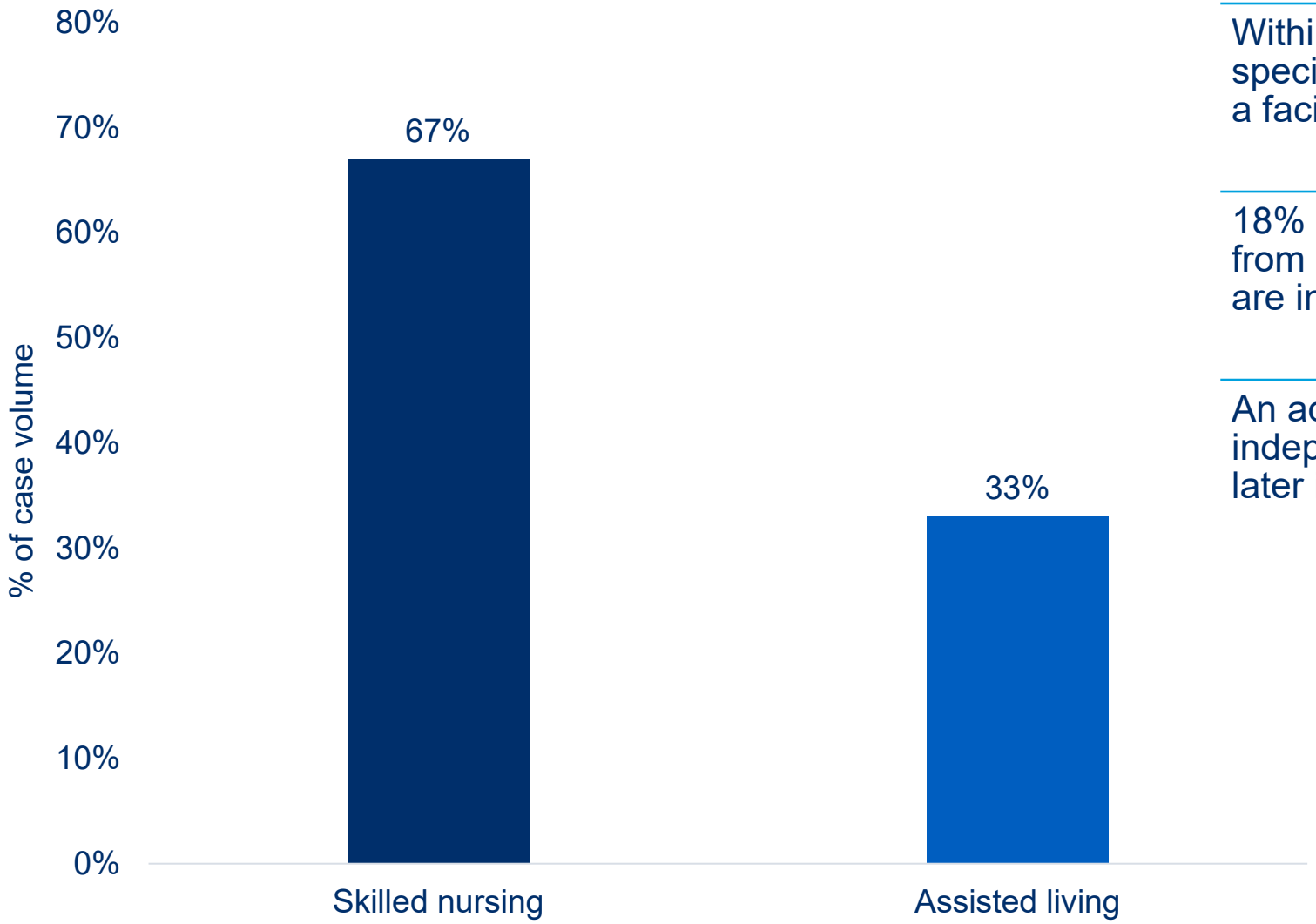
- Falls
- Pressure injuries
- Behaviors (assaults and death)
- Elopements (with injury and/or death)
- Lack of
  - Monitoring
  - Notifications
  - Staffing
  - Staff training
  - Leadership oversight
  - Environmental safety measures/enforcement
  - Communication
- Admitting and retaining residents beyond the services scope for safe and effective care

MedPro Claims Data

Senior Care and Senior Living

January 2017 to June 2025

Case Volume by Facility Type



Within the coding taxonomy, memory care is not specified as a facility type, but rather as a unit of a facility.

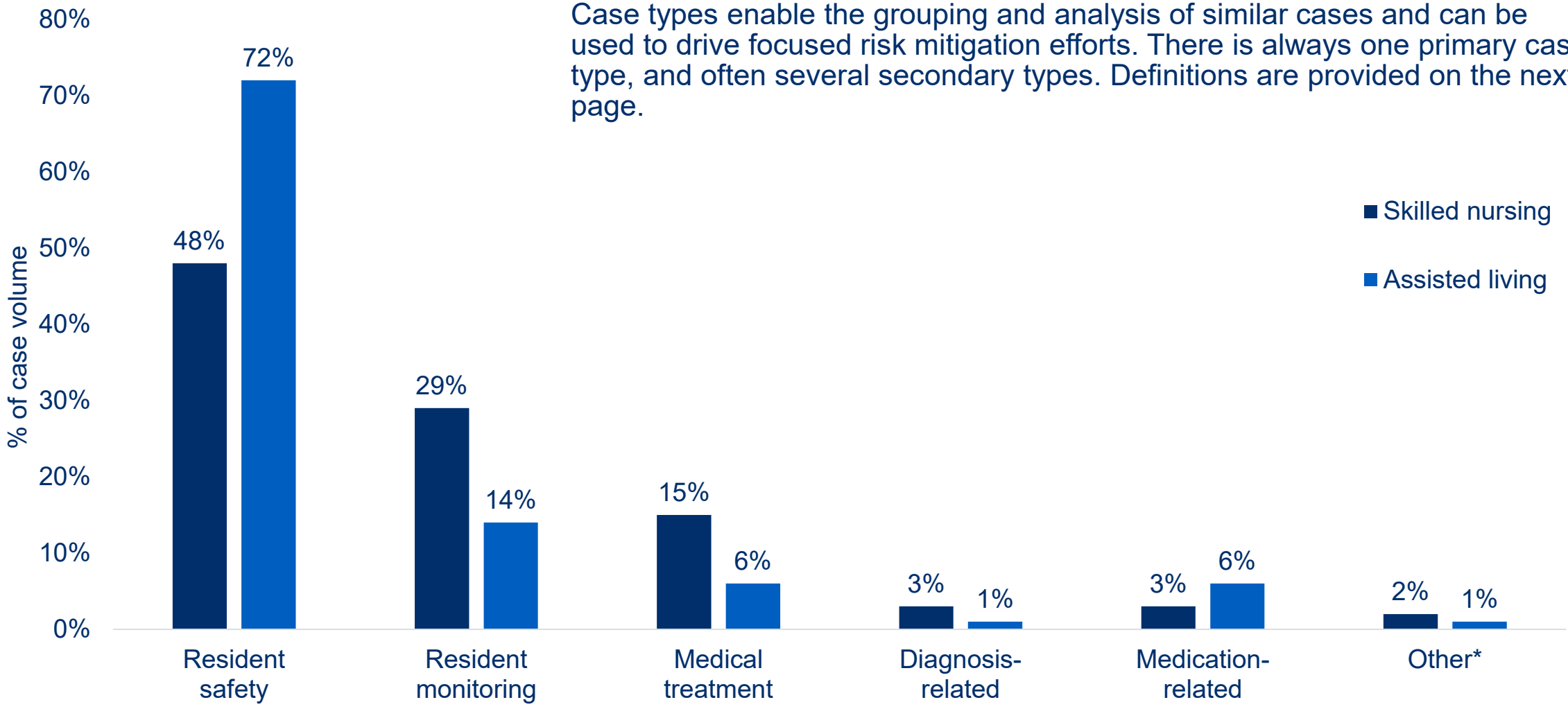
18% of this case volume is identified as arising from memory care units, the majority of which are in assisted living facilities.

An additional small volume of cases arose in independent living facilities (covered separately later in this report).

MedPro Group senior care cases (skilled & assisted living) closed with indemnity paid 1/1/2017 through 6/30/2025 (N=2266)

Primary Case Types by Facility

Case types enable the grouping and analysis of similar cases and can be used to drive focused risk mitigation efforts. There is always one primary case type, and often several secondary types. Definitions are provided on the next page.



MedPro Group senior care cases (skilled & assisted living) closed with indemnity paid 1/1/2017 through 6/30/2025 (N=2266); *Other = case types with no significant volume, i.e. confidentiality breaches, provider behavior

Primary Case Types Defined

Resident safety: Includes failure to mitigate the risk of falls, assaults (including sexual abuse), and a variety of other safety-related events, such as injuries during transport.

Resident monitoring: Encompasses inadequate monitoring of residents' physiologic status, including failures to mitigate the risk of pressure ulcers, infections, and progression of underlying conditions. Elopements, while not frequently noted, are also included in this category.

Medical treatment: Reflective of lapses in the general day-to-day care of residents; scenarios often involve infections progressing to sepsis, dehydration, and treatment of ulcers.

Diagnosis-related: Commonly includes delays in recognizing infections, strokes, and fractures.

Medication-related: Covers mismanagement of medication regimens, and ordering, dispensing and administration errors.

Focus on Resident Safety & Monitoring Cases

	Resident falls	Inadequate monitoring of physiological status	Pressure ulcers	Other safety issues	Failure to protect from assaults	Failure to prevent elopement
Skilled nursing	40%	27%	22%	8%	1%	0%
Assisted living	54%	12%	7%	11%	6%	2%

% of case volume

Many of the resident safety cases in both facility types are associated with suboptimal staffing levels, inadequately trained and supervised staff, and nighttime shifts.

The higher proportion of resident safety cases in assisted living facilities is also associated with situations in which a resident might be better suited for care in a skilled nursing facility. Although regulations differ from state to state, assisted living facilities are typically staffed with fewer nurses and certified care givers.

Pressure ulcer-involved cases are captured with an injury code, not as a case type. They are primarily associated with inadequate monitoring and improper management of medical treatment case types.

Other safety issues noted in these cases are varied, including:

Injuries sustained during resident transfers with lift devices

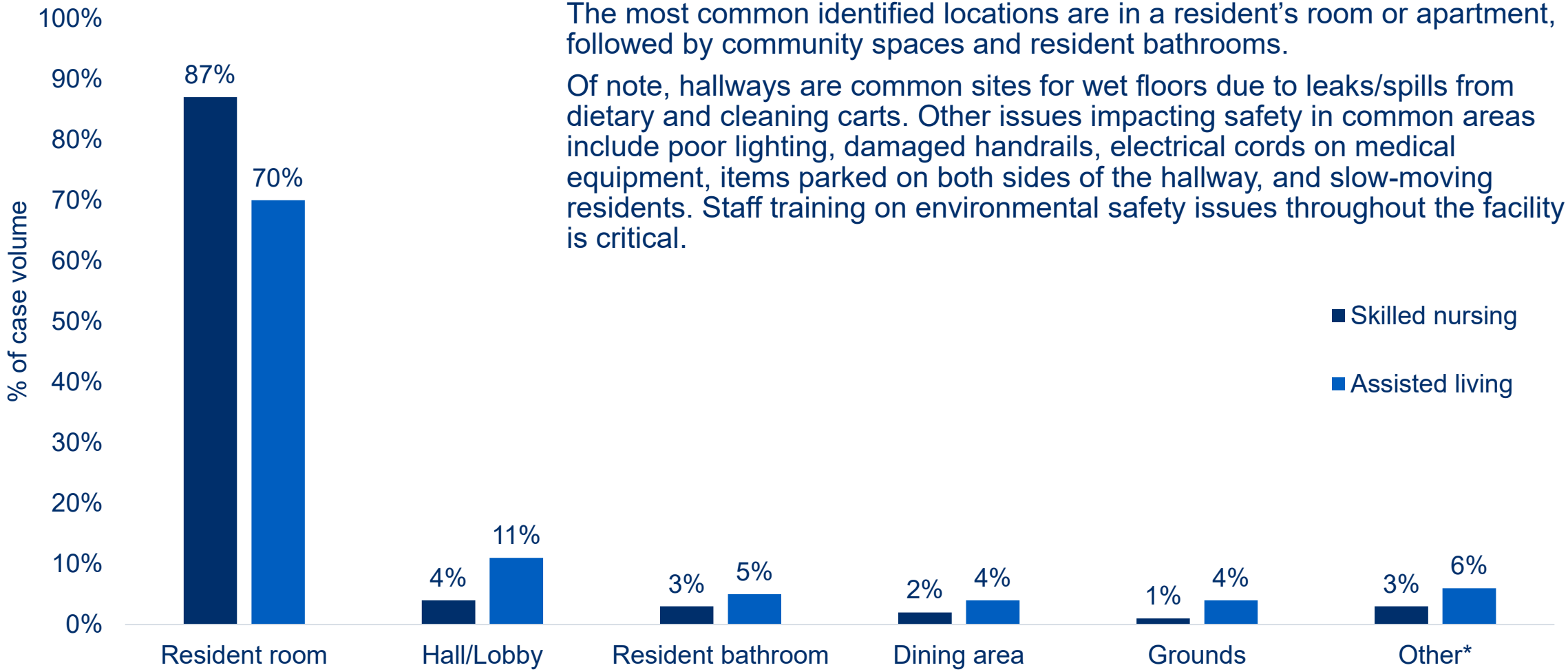
Injuries sustained during vehicle and wheelchair transportation

Hyperthermia or hypothermia suffered when residents are outdoors and unobserved

Choking

MedPro Group senior care cases (skilled & assisted living) closed with indemnity paid 1/1/2017 through 6/30/2025 (N=2266)

Locations



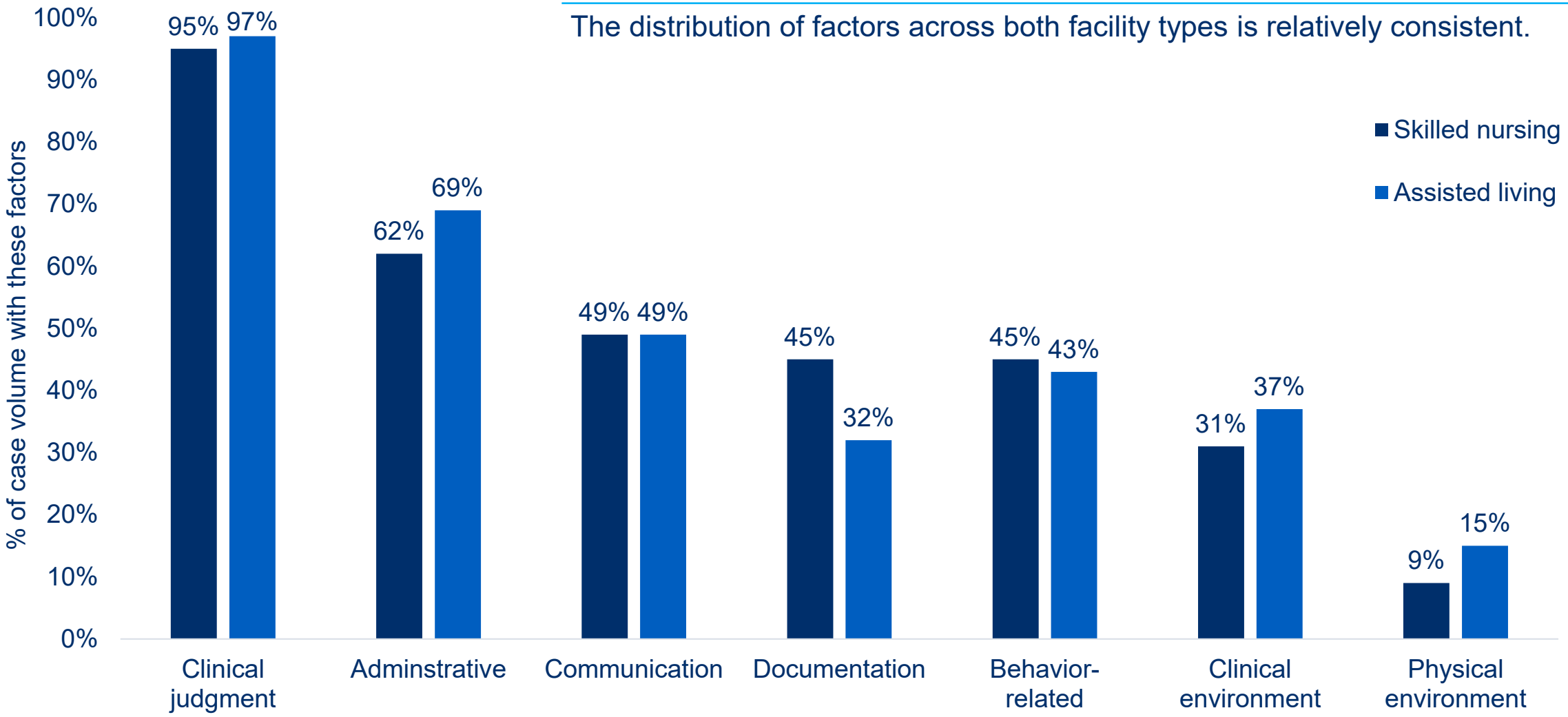
The most common identified locations are in a resident's room or apartment, followed by community spaces and resident bathrooms.

Of note, hallways are common sites for wet floors due to leaks/spills from dietary and cleaning carts. Other issues impacting safety in common areas include poor lighting, damaged handrails, electrical cords on medical equipment, items parked on both sides of the hallway, and slow-moving residents. Staff training on environmental safety issues throughout the facility is critical.

MedPro Group senior care cases (skilled & assisted living) closed with indemnity paid 1/1/2017 through 6/30/2025 (N=2266); *Other = locations with no significant volume, i.e., stairwells, therapy rooms

Most Common Contributing Factor Categories

The distribution of factors across both facility types is relatively consistent.



MedPro Group senior care cases (skilled & assisted living) closed with indemnity paid 1/1/2017 through 6/30/2025 (N=2266); More than one factor is identified per case, therefore totals >100%

Most Common Contributing Factor Details

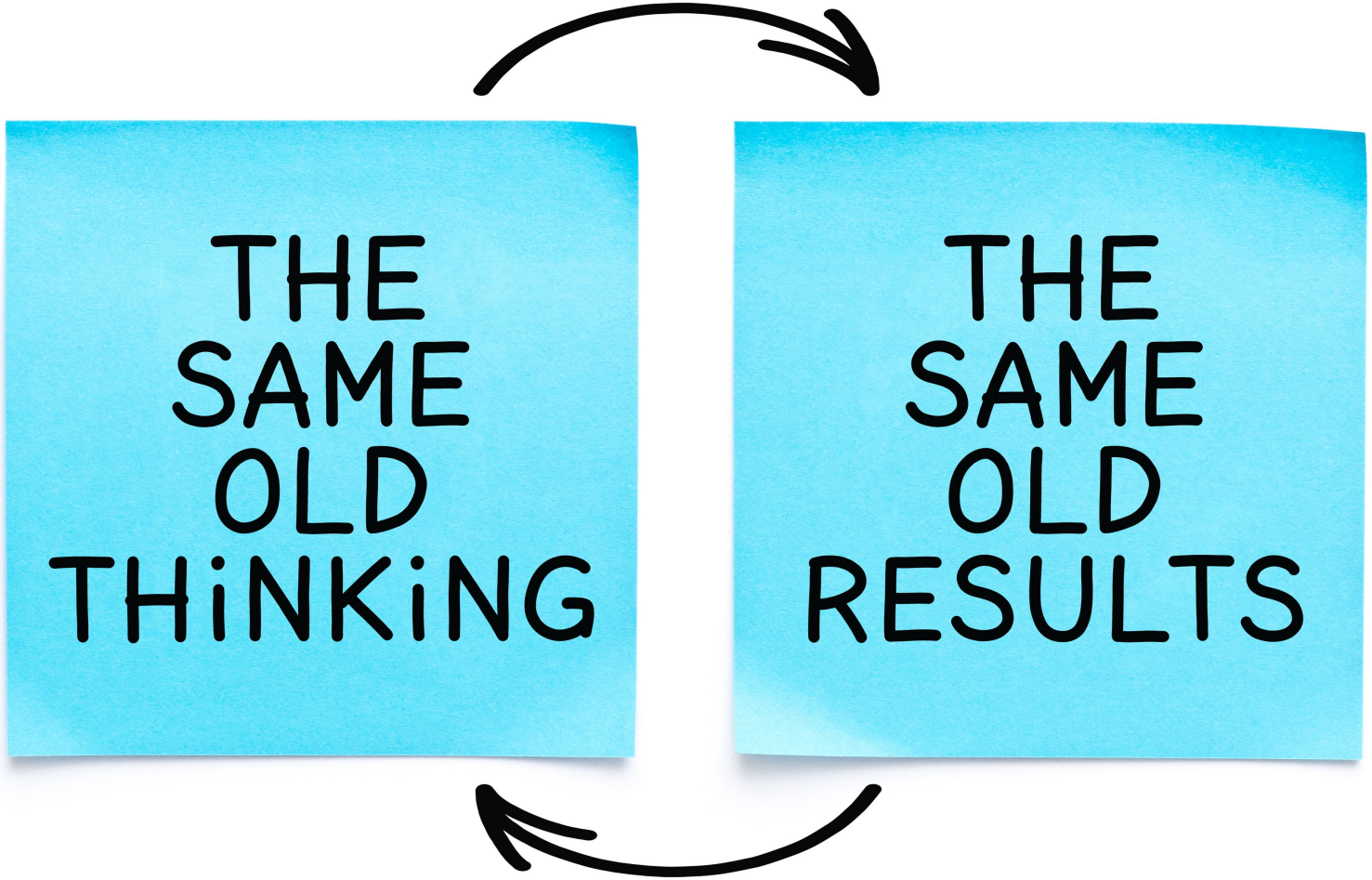
Category	Details	Descriptions
Clinical judgment	Inadequate resident assessments	Inadequate resident assessments create missed opportunities for care, allowing conditions to worsen and/or physiological changes to go unnoticed.
Administrative	Failure to follow policies/protocols	Non-adherence to policies is commonly identified in fall and pressure-ulcer related cases. These cases often involve inadequate assessments and failure to follow existing care plans. Insufficient staff training, managerial oversight, and staffing level issues are commonly associated with failures to follow policies. Of note, administrative factor details including suboptimal credentialing, inadequate staff training, and inadequate staffing levels are noted more often in cases with indemnity payments above $500K.
	Inadequate staffing levels, training/education	
Communication	Suboptimal communication between providers/staff related to changes in resident conditions	As with inadequate assessments, breakdowns in communication across resident care teams create missed opportunities for care. Suboptimal communication with residents/families is noted at almost the same percentage of case volume. Of note, communication factor details including failures to read medical records/plan of care updates, and failures to escalate concerns about resident care/evolving signs/symptoms are noted more often in cases with indemnity payments above $500K.

Most Common Contributing Factor Details, continued

Category	Details	Descriptions
Documentation	Insufficient/lack of documentation reflective of care/services provided	Insufficient documentation of care plans, provision of daily services, and resident assessments can make subsequent malpractice cases more difficult to defend. These issues can also lead to breakdowns in the chain of communication among members of the resident's care team.
Behavior-related	Resident behaviors contributing to events	Behavior-related events are most often associated with falls; also included are resident non-compliance with fall precautions.
Clinical environment	Events occurring during weekend, night, and/or holiday shifts	During these times, staffing levels might be reduced. Commonly associated with this factor are issues with inadequate assessments/monitoring, failures to follow policies, suboptimal communication, and a higher proportion of elopements and assaults.
Physical environment	Failure to ensure a safe living environment	Careful maintenance of the grounds and living environment, including housekeeping services and quick cleanup of spills, is key to providing a safe environment for residents. Monthly environmental rounds, for which staff are trained to identify and mitigate environmental hazards, are also important.

Realities of Senior Care & Senior Living

Definition of insanity….



Protecting your business

- Resident's home
- Resident's rights versus facility responsibility
- State and federal regulations
- Evidence-based best practices
- Risk management

When using agency staffing, does your facility conduct a formal orientation for new agency staff members?

Staffing challenges

Adequate ratio

Call-offs/no shows

Experience

Tenure

Agency

Training

Staff skills to resident needs

Resident vetting

Admission/discharge criteria

Pre-admission assessment/screening

Criminal and sexual background

Behavioral health diagnoses

Medical and cognitive needs

Physical limitations/needs

Co-morbidities

Communication

Teamwork among all staff

- Clinical and non-clinical
- Venting frustrations
- Casual encounters outside the workplace

Pre- accident/incident (relationship building)

- Residents
- Family
- Management
- Providers

Disclosure

- Known facts ONLY
- Who, what, when, and where
- Investigation/review (why and how occurred)
- Follow up after investigation

https://www.theclm.org/Magazine/articles/apology-laws-medical-malpractice/2172

What do you do with a device or piece of equipment such as a walker or lift that malfunctions while being used by a resident resulting in resident injury?

Evidence preservation

Securing involved devices and equipment

- Chain of custody
- Independent third-party evaluation
- Report of device or equipment failure

Documentation pitfalls

LEGAL DOCUMENT	Charting by exception
Falsified information	Incomplete data
Gaps in entries	Care plans
Task completion	Timely recording
Re-assessment	Copy and paste
Notifications	Audit trail/Metadata
Hand-offs	CURES Act

Policies and procedures

Why do we need them?	What are they based on?	Periodic review	Clear instructions
Tested	Accessibility	Compliance/ Adherence	Disclaimer

"Decisions to adopt these guidelines are made by the practitioner based on available resources and by circumstances presented by individual patients/residents. The recommendations in the guideline may not be appropriate for use in all circumstances."

Provider orders

- Up-to-date
- Clear instructions
- Timely implementation
- Available medications and/or supplies
- Available staff (ambulation/transfer)
- Notifications as ordered

Resident safety

- Assault (Resident-on-resident)
- Courtyard
- Elopement
- Falls
- Environment of care (EOC)
- Building maintenance tools and chemicals
- Emergency alert pendants

Food safety

Chewing and swallowing difficulties

- Peanut butter sandwich
- Brussel sprouts
- Hot dogs/sausage links
- Chewy textures

Impulsive behaviors

Family education

Medication safety

- Medication reconciliation
- Procurement
  - Services
  - Timeliness
  - Staff in-services
- Storage
- Stock rotation
  - Short supply
  - Outdates
  - Appearance
- Labeling of multi-use medications
- Communication with pharmacist
  - Facility staff
  - All providers prescribing medications
  - Recommendations
  - GDRs and Antibiotic stewardship
  - Anti-psychotic medications

Environmental safety

Fire

- Smoking
- Drills
- Construction areas and restrictions
- Temporarily suspended utilities

Outside access

- Vendors, contractors, delivery staff
- Previously removed individuals
- Domestic violence involving staff
- Active shooter

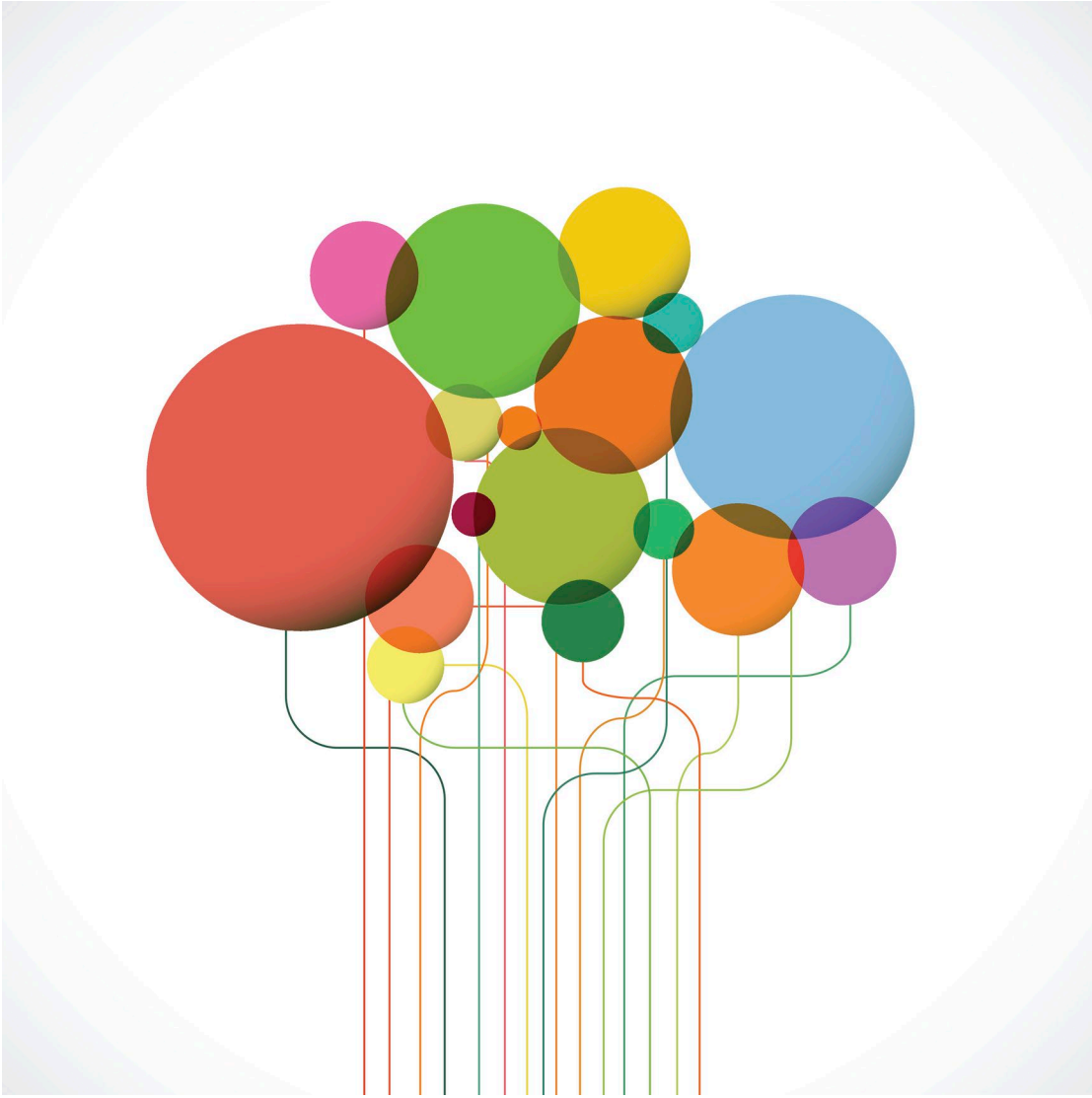
Egress points

- Locked/unlocked
- Uncluttered, clearly marked

Do you require staff to use their personal cell phones for work related activities?

Other risks to consider…

- Granny/nanny cams
- Hand-off reports
- Cell phones
- Social media
- Social outings
- Transportation safety
- Therapy safety



Resident and Family Engagement

Admission…the early days

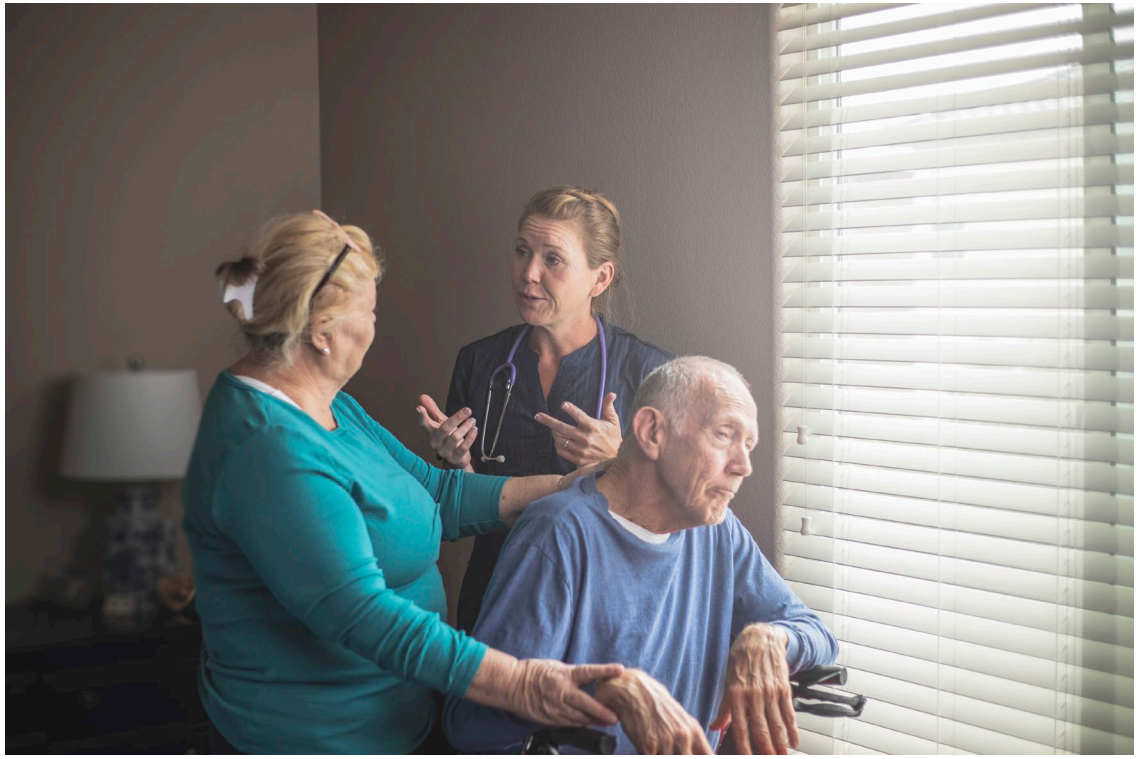
- Moving in
- Welcome home
- Meeting the staff and residents
- Participation in activities
- Close monitoring and frequent check-ins
- Family involvement

Activities

- Investment in Activity staff and resources
- Meet all resident needs
- Throughout the day and evening
- Weekdays and weekends
- Holidays
- Physical, cognitive, therapeutic
- Building core strength
- Decrease in mishaps
- Decrease in isolation, boredom, depression

Communication opportunities

- Care plan meetings
- Changes in condition
- Resident and family agreements
- Resident and family education
  - Organizational policy compliance
  - Resident safety awareness
  - Aging process
  - Hospice
  - In-person, virtual, or both
- Resident and/or family testimonies



Staff Engagement

Inspire staff engagement

- How do you do this?

Positive and consistent leadership

- Goals for the facility
- Plan of execution and direction
- Individual and team participation
- Leadership beyond title
- Accountability
- Recognition

‘Walk the walk’

- Frontline experiences
- Challenges
  - Co-workers
  - Residents
  - Families
  - Management
  - Equipment
- Modeling behavior

We have what we have…

- Resources available at your facility
- Consider:
  - Staff
  - Residents
  - Environment
  - Equipment
- Accountability
  - Management
  - Staff
  - Residents
  - Families

TeamSTEPPS©

- Teamwork
- Communication
- Leadership
- Mutual support
- Situational awareness

Just Culture

- Human error
  - Console
- At-risk behavior
  - Coach
- Reckless behavior
  - Suspend/terminate
- Second victim syndrome

Leadership Development

Assist with….

- Policy and procedure
  - Development
  - Revisions
- Process improvement
  - Group projects/initiatives
  - FMEA
- Team building
  - Mentoring
  - Coaching
  - Celebrations
    - Residents
    - Family
    - Staff

Group discussions

- Constructive
- Identify worksite problem
- Request staff input
- Recognize functioning versus non-functioning aspects
- Propose changes
- Test plan
- Implement plan
- Collect data
- Make adjustments
- Continuous monitoring

Town Hall Meeting

- Organizational goals
  - Culture change
  - Improve survey results
  - New initiatives
  - Renovation/new construction
- Staff input
  - Positive focus
  - Constructive
- Family education

Have questions? Email or call….

Susan Lucot, Sr. Risk Solutions Consultant

Susan.Lucot@medpro.com

MedPro Call Center: 1-800-463-3776

Disclaimer

The information contained herein and presented by the speaker is based on sources believed to be accurate at the time they were referenced. The speaker has made a reasonable effort to ensure the accuracy of the information presented; however, no warranty or representation is made as to such accuracy. The speaker is not engaged in rendering legal or other professional services. The information contained herein does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, if legal advice or other expert legal assistance is required, the services of an attorney or other competent legal professional should be sought.