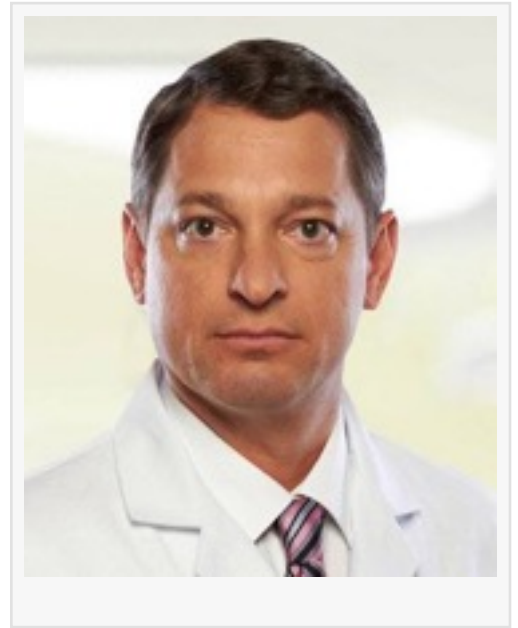


# Nursing Homes: Hispanic Residents at Risk for Pressure Ulcers Simply Because they are Hispanic

*Residents of nursing homes that have a higher concentration of Hispanic residents are more likely to have a pressure ulcer.*

SANTA BARBARA, CA, UNITED STATES, January 17, 2023 /EINPresswire.com/ -- "Decubitus ulcers are classified as 'Never Events' by the Centers for Medicare & Medicaid Services because they are preventable by basic nursing care. Mexican Americans have nearly twice the risk of being admitted to nursing homes with pressure ulcers compared to Whites. Residents of nursing homes that have a higher concentration of Hispanic residents are more likely to have a pressure ulcer. Regardless of race, hospitals and nursing homes must pay for their mistakes and the injured must be cared for" ...[Greg Vigna, MD, JD](#), Medical Malpractice Attorney



Greg Vigna, MD, JD, wound care expert and elder abuse attorney states, "Mexican Americans that are admitted to nursing homes are nearly 2x more likely to have a pressure ulcer compared with Caucasians. The disparities in care at hospitals and nursing homes for economically vulnerable

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Nursing homes and hospitals must be held accountable for the complications they cause.”

*Greg Vigna, MD, JD*

patients is a known cause of pressure ulcers. The disparities in care cannot be tolerated and treatment of the injured should not be delayed because of economic disadvantage.”

Dr. Vigna adds, "Pressure ulcers, also called decubitus ulcers, carry with them a fivefold increase in mortality. From my experience managing grade IV decubitus ulcers,

delay in proper management is the norm as nursing homes overwhelmingly utilize contracted wound care nurses that try to manage these wounds in house to save money. Patients with newly diagnosed decubitus ulcers must have the opportunity to receive state of the art care immediately. In house wound care nurses are not the answer, and in fact is a problem as they often delay necessary interventions that might include 1) Immediate referral to a wound care

hospital (LTAH) that have plastic surgeons available, 2) Clinitron beds for complete pressure relief, 3) Aggressive nutritional support for malnutrition, 4) Surgical debridement of dead tissue, and 5) Intravenous antibiotic management for soft tissue and bone infections.”

Dr. Vigna concludes, “Nursing homes and hospitals must be held accountable for the complications they cause. Decubitus ulcers are preventable and should never occur if hospitals and nursing homes do their job of training their nurses and healthcare aids and staffing their facilities at safe levels. Unfortunately, nursing homes and hospitals continue to cut costs for profits and have increasingly become decubitus ulcer factories. Holding hospitals and nursing homes accountable is our purpose but also seeing to it that our clients are afforded an opportunity to receive care from physicians and hospitals that are best able to manage them is our calling.”

Greg Vigna, MD, JD, is a Board-Certified Physical Medicine and Rehabilitation physician, a national malpractice attorney, and is available for legal consultation for families and patients who have suffered decubitus ulcers because of poor nursing care. He knows the cost of the care that is required, knows the suffering caused to the injured, and has the legal team to pursue justice.

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic injuries including spinal cord injuries, traumatic brain injury, birth injury, vaginal mesh neurological injuries, and elder abuse including hospital and nursing home decubitus ulcers.

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