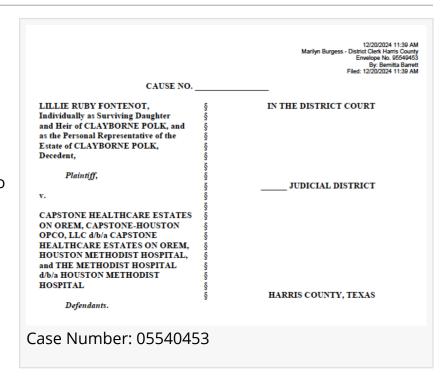


'Never Event' Nursing Home Bedsores: Vigna Law Group Alleges Inadequate Care

Vigna Law Group alleges patient with bedsore was denied standard care, resulting in serious complications

LOS ANGELES, CA, UNITED STATES,
August 28, 2025 /EINPresswire.com/ -"It is our position that The Methodist
Hospital did not take adequate steps to
prevent our client from suffering
further harm to an existing sacral
wound, an injury that appears to have
occurred at a nursing home.
Additionally, the hospital did not
provide effective care consistent with
the standard of care described in the
Wound Healing Society Guidelines,"
states <u>Greg Vigna, MD, JD</u>, national
bedsore attorney.



Dr. Greg Vigna, national pressure injury attorney and wound care expert, states, "We allege that The Methodist Hospital identified a wound one day after the patient's admission from Capstone



Our client required a
Clinitron bed for pressure
relief, timely surgical
debridement of the sacral
bedsore, nutritional
support, treatment with IV
antibiotics, and flap closure
of pressure wounds."

Greg Vigna, MD, JD

but allowed the wound to progress to a Stage IV pressure injury with osteomyelitis."

What is the prognosis for patients with Stage IV pelvic decubitus ulcers complicated by osteomyelitis who do not undergo flap closure?

"Among patients with decubitus-related osteomyelitis who did not undergo myocutaneous flapping, outcomes were generally poor regardless of treatment, and not significantly improved with prolonged antibiotics," according to Laura Damioli, MD.

Read Dr. Damioli's article: https://journals.sagepub.com/doi/full/10.1177/20499361231196664

What is included in the 2023 update of the Wound Healing Society Guidelines?

"Guideline 6.8: A pressure ulcer should be closed surgically if it does not respond to wound care and there is no other contraindication to the surgical procedures. Exceptions may include the elderly or patients with a fatal illness, for whom palliative, local wound care is more appropriate. (Level I – increased).

Principle: Wound closure decreases protein loss, fluid loss, the possibility of wound infection, and the later development of malignancy in the wound. Early complication rates are acceptably low."

Read the WHS Guidelines: https://onlinelibrary.wiley.com/doi/full/10.1111/wrr.13130

Dr. Vigna states, "We allege that our client did not receive care consistent with the standards outlines in the Wound Healing Society Guidelines. Our client required a Clinitron bed for reliable pressure relief, timely surgical debridement of the sacral bedsore, adequate nutritional support, treatment of infection with IV antibiotics, and flap closure of his pressure wounds."

Dr. Vigna continues, "Hospitals typically have plastic surgeons on staff capable of addressing these 'never event' bedsores. However, instead of providing this level of care, The Methodist Hospital discharged our client to a lower level of care, despite the presence of a Stage IV pressure injury. Our client was not given the standard of care, resulting in increasingly serious complications from the wound. We allege that the failure to properly treat the sacral wound was a substantial contributing factor in our client's death."

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal consultation for families and patients who have suffered decubitus ulcers due to poor nursing care at hospitals, nursing homes, or assisted living facilities. The Vigna Law Group, along with Ben C. Martin, Esq., of the Ben Martin Law Group, a Dallas, Texas, national pharmaceutical injury law firm, jointly prosecutes hospital and nursing home neglect cases that result in bedsores nationwide.

Case Number: 05540453

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