

The Braden and Norton Scales and Why They Matter in Nursing Home Bedsore Cases

Trusted Legal Guidance for Georgia Families Seeking Accountability

Some families first learn the word “bedsore” when a loved one’s health suddenly spirals, and they are left staring at a deep, painful wound that never should have been allowed to form. Pressure injuries don’t appear out of nowhere. They usually grow quietly, day after day, when a nursing home fails to turn, protect, and monitor some of the most vulnerable people in its care. Tools like the [Braden](#) and [Norton scales](#) are supposed to work like early warning sirens, signaling that a resident needs extra protection long before skin breaks down.

The [nursing home abuse and neglect lawyers](#) at Johnson Greer Law Group have seen how those warning systems are ignored, misused, or even papered over after the fact, leaving families to pick up the pieces and wonder what really happened behind closed doors. When a nursing home pretends a high-risk resident is safe on paper, while doing little to prevent harm in real life, that disconnect can become powerful evidence in a bedsore case.

What Are Bedsores in Nursing Homes?

Bedsores, also called pressure ulcers or pressure injuries, are areas of skin and underlying tissue damage that develop when pressure cuts off blood flow over bony parts of the body for too long. They often appear on the tailbone, hips, heels, ankles, shoulders, and the back of the head, especially when a resident spends much of the day in bed or in a wheelchair.

Clinically, pressure injuries are staged from early redness and irritation (Stage 1) to deep wounds that extend into muscle or bone (Stage 3 and 4), and the more advanced the stage, the more time and neglect are usually involved.

Most nursing home pressure injuries should be preventable with routine repositioning, pressure-relieving surfaces, good nutrition, and moisture control. When those basics are missing, families are often looking at a systemic breakdown in care, not an unavoidable complication.

Residents who are older, immobile, cognitively impaired, incontinent, or malnourished are at especially high risk, which is exactly why nursing homes are expected to use systematic risk scales to identify and protect them.

How Do the Braden and Norton Scales Work?

Nursing homes are not supposed to guess who is at risk for bedsores. Standardized tools like the Braden and Norton scales were developed so staff could score each resident's risk using specific, observable factors and then build a prevention plan around that score.

When these tools are used correctly, they should prompt very concrete protection measures, such as:

- Turning and repositioning schedules that are followed and documented.
- Pressure-relieving mattresses and cushions for high-risk areas.
- Moisture management and toileting plans for incontinent residents.
- Nutritional support when eating and drinking problems increase risk.

The Braden Scale for Predicting Pressure Sore Risk

This tool evaluates six key areas: sensory perception, moisture, activity, mobility, nutrition, and friction or shear. Each category is scored, generally from 1 (most impaired) up to 3 or 4 (least impaired), and then added for a total score, usually ranging from 6 to 23. Lower scores mean higher risk, and many facilities treat scores of 18 or below as at least elevated risk that demands targeted prevention steps.

The Norton Scale for Pressure Ulcer Risk

The Norton scale is older but still recognized, and it looks at five subscales: physical condition, mental condition, activity, mobility, and incontinence. Each subscale is typically rated from 1 (worst) to 4 (best), for a total score between 5 and 20, and a score of 14 or less is commonly considered "at risk" for pressure ulcer development.

Why Do These Scales Matter in a Bedsores Lawsuit?

From a legal standpoint, the Braden and Norton scales define the standard of care, and they create a written record of what the nursing home knew about a resident's risk. Many long-term care guidelines and federal resources highlight the use of structured risk assessments, such as Braden or Norton, on admission, at regular intervals, and after any significant change in condition.

When those assessments exist in the chart, they answer three core questions in a nursing home bedsores case:

- What was the resident's true risk level over time?
- Do risk scores match what nurses were actually seeing and documenting in daily notes?
- Did the facility adjust the care plan and staffing to match the risk?

If a resident repeatedly scores as high risk but pressure injuries still develop or get worse, it's much easier to show the court that the nursing home had ample warning but failed to act. A scale that shows moderate or low risk for a resident who is clearly bedbound, confused, incontinent, and losing weight can also suggest that the assessment itself was inaccurate or "copied forward," which goes directly to negligence.

What Happens When Nursing Homes Misuse Braden and Norton Scores?

Risk scales are either not used, not updated, or not taken seriously enough to change care at the bedside. Research on pressure injury prevention shows that many facilities require a Braden assessment on admission but fall short on consistent reassessment and follow-through in day-to-day nursing practice.

Some of the most common failures include:

- **No timely assessment at all:** A resident arrives from the hospital very weak and immobile, but there is no Braden or Norton score documented within the first day or two, so high-risk status is never formally recognized.
- **Stale or "cloned" scores:** The same total Braden score appears week after week, even though the resident has lost weight, become more confused, or stopped walking entirely, suggesting staff simply reused old numbers.
- **Scores that contradict the record:** Braden categories show good activity, mobility, and nutrition, while the medication list, dietician notes, and nursing assessments tell a very different story.
- **No change in the care plan:** High-risk scores are [logged](#), yet there's no order for a low air loss mattress, no increase in turning frequency, and no documentation of daily skin checks.

When those failures coincide with a severe pressure injury, the cause and effect is often stark. The risk scale shows who needed protection. The chart reveals that protection never truly arrived. The wound on the resident's body is the tragic result of that gap.

What Is an Example of Braden and Norton Neglect?

Consider a resident who arrives at a Georgia nursing home after a stroke. On admission, the Braden scale shows very limited sensory perception, constantly moist skin due to incontinence, bedfast activity, very limited mobility, poor nutrition, and significant friction and shear issues. The total score is 10, which indicates very high risk.

If the facility responds by:

- Keeping the resident on a standard mattress

- Turning them only when convenient, not on a regular schedule
- Allowing them to sit for long periods in a wheelchair without pressure-relieving cushions

What Should Families Do If They Suspect Bedsore Neglect?

Families don't have to accept a nursing home's claim that "these things just happen," especially when a loved one has developed advanced or multiple bedsores. When something feels wrong, there are concrete steps you can take to understand what really occurred and protect your loved one's safety going forward.

Important steps families can take:

- **Ask about risk assessments:** Request copies of all Braden or Norton scores, along with the resident's care plan and any wound care consults.
- **Look for patterns and changes:** Note whether scores worsened over time and whether the facility adjusted care when risk increased.
- **Document what you see:** Take photographs of wounds (with appropriate consent), write down dates and conversations, and keep track of who you speak with at the facility.
- **Seek outside medical input:** Ask a trusted physician or wound care specialist to evaluate whether the pressure injuries are consistent with good preventive care or with prolonged pressure and neglect.

When questions remain or the answers you receive don't line up with what you are seeing, it's often time to [report the incident](#) and consult with a nursing home neglect attorney who can obtain the full records, interpret the Braden and Norton scales, and advise you on your legal options.

How Our Decatur Lawyers Can Help Your Family

[Johnson Greer Law Group](#) represents families across Georgia who are dealing with the painful aftermath of nursing home neglect, including preventable pressure injuries that have led to infection, hospitalization, or the loss of a loved one. Our attorneys understand how facilities are supposed to use the Braden and Norton scales, how those tools are often misapplied when staffing is thin, and how to connect that failure to the real human cost a family is now facing.

When we take on a bedsore case, we focus on more than just the wound. We look at the entire story, including the resident's health before and after admission, the risk scores documented over time, the care plan on paper, and the care that actually took place at the bedside. Families often tell us that finally seeing those pieces laid out and explained is like turning on the lights in a dark room.

If you're worried that your loved one's pressure injuries were preventable, our firm is available to review the records, answer your questions, and help you decide what accountability should look like for your family. [Contact us](#) today to schedule a free, confidential consultation. No family should have to face a nursing home alone when a preventable wound has changed the course of a loved one's life.