

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Administrator Name/Legal Representative]
[Facility Name]
[Facility Address]
[City, State, Zip Code]

RE: SETTLEMENT DEMAND FOR NEGLIGENT CARE DUE TO INADEQUATE STAFFING

Patient Name: [Patient Name]

Date of Incident/Period of Neglect: [Dates]

Dear [Name],

This letter serves as a formal demand for settlement regarding the injuries and damages sustained by [Patient Name] while under the care of [Facility Name]. Based on our investigation, it is evident that the facility failed to maintain minimum staffing levels required to provide adequate care, resulting in actionable neglect.

Description of Neglect

During the period of [Dates], [Facility Name] consistently operated with insufficient nursing and support staff. Due to this chronic understaffing, [Patient Name] was deprived of essential care, including but not limited to: [List specific issues, e.g., failure to assist with hygiene, delayed medication, failure to reposition, or ignored call lights].

Resulting Injuries and Damages

As a direct result of this neglect, [Patient Name] suffered the following: [List injuries, e.g., pressure sores, falls, dehydration, or malnutrition]. These injuries necessitated medical intervention, including [List treatments/hospitalizations], and caused significant physical pain and emotional distress.

Liability

Facility records and witness accounts indicate that staff members were unable to meet the standard of care due to the high patient-to-staff ratio. Under state and federal regulations, [Facility Name] has a legal duty to provide sufficient staffing to ensure the safety and well-being of its residents. The failure to do so constitutes negligence.

Settlement Demand

To resolve this matter without the necessity of formal litigation, [Patient Name/Estate] is

prepared to settle all claims against [Facility Name] for the total sum of \$[Amount]. This figure accounts for medical expenses, pain and suffering, and the gross breach of the duty of care.

Please respond to this demand within [Number, e.g., 21] business days. Failure to reach an amicable settlement will result in the commencement of legal proceedings to seek the full extent of damages available under the law.

Sincerely,

[Your Signature]

[Your Printed Name]