



Anna Borea

Associate

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Anna Borea defends medical malpractice claims, nursing home negligence claims and COVID-19 claims. Her practice encompasses the defense of hospitals and physicians in medical malpractice cases arising in all areas of medical specialty and involving all types of claims. She also defends dentists, podiatrists, laboratories and telehealth providers.

In connection with nursing homes, Anna's cases typically arise from the development of decubitus ulcers, falls that lead to fractures or brain injuries and allegations of failure to diagnose or properly treat a patient. To limit or avoid punitive damages available to plaintiffs under local or federal statute, Anna employs strategies for getting claims dismissed and uses crafted arguments for limiting the use of evidence during the liability phase of a trial.

Education

- Quinnipiac University School of Law (J.D., 2021)
 - cum laude
- Fairfield University (B.A., *magna cum laude*, 2017)

Bar Admissions

- Connecticut
- New York
- North Carolina

Services

- Medical Malpractice & Health Care
- Long-Term Care

Client Wins

Borea, DeBraccio, McCrink & Semlies Successfully Defend Three Cases on Behalf of Two Nursing Homes and a Home Care Agency

Anna Borea (Associate-White Plains, NY), Steven DeBraccio (Of Counsel-Albany, NY), Katherine McCrink (Partner-White Plains, NY), and Lori Semlies (Partner-White Plains/New York, NY) defeated allegations against two nursing homes and a home care agency charged with malpractice in the care of three decedents – a tour de force on behalf of Wilson Elser’s Medical Malpractice & Health Care Practice.

The first dismissal was out of Kings County. We represented the nursing home. There, the plaintiff claimed the development and deterioration of pressure ulcers. The pressure ulcers first developed at co-defendant hospital, where the decedent was admitted from June 3, 2020, through July 31, 2020. Plaintiff was then discharged to our client nursing home from July 31 through August 7, 2020. The decedent was then discharged to a non-party hospital and subsequently passed away. By the time the decedent was admitted to our nursing home, he had a necrotic stage IV sacral ulcer, was ventilator dependent, and in kidney failure. Although the hospital admission fell squarely within the immunity provided under EDTPA, the nursing home admission, in part, fell outside of the EDTPA immunity. Our summary judgment motion focused on the clinical unavailability argument as well as Executive Order 210.10 (which alleviated facilities from the requirement to regularly document and extends beyond the EDTPA immunity period). In opposition, plaintiff focused on claims stemming from the facilities lack of documentation.

Next, in a case also out of Kings County, we represented another nursing home. The plaintiff claimed the decedent suffered from a bowel perforation on May 20, 2018, which led to death a few days later. In our motion, we argued that there was no prior indication that (1) the decedent was suffering from a bowel perforation and (2) the decedent should have been sent to the hospital any sooner than he was. In opposition, the plaintiff focused their argument on two instances of isolated rectal bleeding in 2015 and 2017 and an alleged failure to order gastrointestinal consultations following those bleeding episodes. The plaintiff also argued that constipation caused the bowel perforation. This directly contradicted our gastrointestinal expert, who opined the perforation was caused by diverticulitis. In reply and at oral argument, we focused on the fact that this was a case that came down to the days leading up to the perforation at issue, not the years. We further argued that any reference to gastrointestinal consultations was irrelevant to the claims being asserted here as it is still unclear how those consultations would have been able to predict a bowel perforation years later. We also argued that, in those days leading up to the perforation, there was no indication that the decedent was suffering from any signs or symptoms of a bowel perforation. Essentially, we argued that the cause of the perforation was immaterial to the claims asserted here given the facts then and there existing to the nursing home staff. The court agreed.

Finally, in a case out of Bronx County, we represented an agency providing nursing home care. The plaintiff claimed a failure to diagnose and treat a bump on the decedent’s groin. The bump was first identified by the assessing nurse on July 22, 2014, who documented

the decedent denied any pain or discomfort to the area and that her vital signs were normal. Nevertheless, the assessing nurse immediately notified the decedent's doctor and requested an evaluation, which was performed the next day. The on-call doctors' office sent a PA to assess the "bump," diagnosing the decedent with cellulitis to the area. The decedent passed away on July 27, 2014, due to the "bump" [an aneurysm] rupturing, resulting in her bleeding out.

In addition to our client, the plaintiff named the on-call doctors' agency and home health aid agency, as well as the PA/doctors individually. At summary judgment, the plaintiff limited their claims against our client, stating the assessing nurse was negligent and departed from the standard of care by (1) failing to send the decedent to the ER on July 22, 2014, when a "bump" was first identified on the decedent's groin and (2) failing to perform a proper assessment of the "bump" on July 22, 2014. In reply, among other things, we argued plaintiff's expert had no experience with home care, the assessing nurse performed a complete and thorough assessment in accordance with the standard of care, and co-defendant PA's actions/inactions superseded the nursing assessment.

Semlies and Borea Obtain Unanimous Defense Verdict on Behalf of Assisted-Living Facility and Its Home Care Agency

Lori Semlies (Partner-White Plains, NY) and Anna Borea (Associate-White Plains, NY) obtained a unanimous defense verdict in Supreme Court, Westchester County on behalf of an assisted-living facility and its home care agency. The plaintiff alleged that the staff either abused an 87-year-old woman or failed to prevent her fall. A subdural hematoma and subarachnoid hemorrhage and a bruise were identified at the hospital. Lori and Anna presented evidence that the patient's bleed was a result of anticoagulants and the bruise was one that someone, especially someone on coumadin, would receive from simply bumping into furniture. The treating neurosurgeon was called by the plaintiff to testify that he believed the bleed was more likely caused by a fall, yet conceded on cross that he could not rule out an abrupt shaking of the head without trauma, given the fact that the patient had an atrophied brain and was on coumadin. The plaintiff requested \$4.4 million from the jury.