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A \$23.6M Georgia Verdict Turns on Three Drugs Nobody Prescribed

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On August 21, 2026, a jury in Gwinnett County State Court returned a \$23.6 million verdict against PruittHealth-Fitzgerald, LLC, PruittHealth, Inc., and United Health Services of Georgia, Inc. The award was split \$12.6 million to the estate of John D. Owens Jr. for pain and suffering and \$11 million to his family for the full value of his life, plus court costs and interest. PruittHealth says it strongly disagrees with the verdict, believes there are significant legal and evidentiary issues warranting review, and intends to pursue post-trial and appellate options.

The number is not what makes the case instructive. What makes it instructive is that the central act, the administration of three controlled substances to a resident who had no orders for any of them, was proved without a witness who admitted doing it and without the facility video from the relevant window. It was proved from records, access controls, staffing sheets, and toxicology. That is a records case, and records cases are won long before opening statement.

What the record showed

Owens was a longtime Fitzgerald, Georgia teacher and baseball coach who also coached in Wilcox and Dodge counties and scouted for the Pittsburgh Pirates. He entered PruittHealth-Fitzgerald in January 2020 with a traumatic brain

injury sustained in an assault. The brain injury left him with behaviors familiar to anyone who works in long term care: calling out, wandering, getting out of bed unsafely.

According to the lawsuit and the evidence for morphine, lorazepam, and hydrocodone prescribed to him. One documented report the family's counsel argued was far all the alleged the drugs were given during t 2021, that two nurses were covering facility nurses had access to the control hospital on January 27, 2021. He died

The family filed suit in June 2022. Trial began August 10, 2026 and ran roughly two weeks. The jury found violations of Georgia's Bill of Rights for Residents of Long-Term Care Facilities, and reached the parent entities through findings of agency and piercing the corporate veil. Lead trial counsel were Evan Jones of Blasingame, Burch, Garrard & Ashley and Lance Lourie of Cunningham Bounds. PruittHealth's position throughout was that the unauthorized administration either did not happen or caused no harm, that the facility was not understaffed, that Owens received appropriate care, and that he died of pneumonia and related medical problems.

Chemical restraint is a purpose test, not a drug list

The legal engine here is narrower than general negligence, and that is why it worked. Georgia's resident bill of rights states that each resident shall be free from actual or threatened physical restraints, isolation, or restrictions on mobility, *including the use of drugs to limit mobility*, except to the minimum extent necessary to protect the resident from immediate injury to the resident or to others. It then adds the sentence that decides most of these cases: in no event shall restraints, restrictions, or isolation be used for punishment, incentive, behavior conditioning or modification, or for the convenience of the facility.

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O.C.G.A. 31-8-109(a). Subsection (b) requires a personal examination and individualized determination by the attending physician before authorization, and in an emergency limits authorization by the person in charge to protection from immediate injury, with physician examination required within 12 hours.

Federal law runs parallel. A resident has the right to be free from physical or chemical restraint imposed for purposes of discipline or convenience and not required to treat medical symptoms. 42 C.F.R. 483.10(e)(1), 483.12(a)(2). Drug regimens must be free from unnecessary drugs, meaning drugs used without adequate indication, in excessive dose or duration, or without adequate monitoring. 42 C.F.R. 483.45(d).

Note what none of those provisions require. They do not require a particular drug class. An opioid can be a restraint and an antipsychotic can be appropriate treatment. The question is purpose, and purpose is proved from the chart: what symptom was documented, what was tried first, who examined the resident, what the order says, and whether monitoring followed. When there is no order at all, the defense loses the strongest available answer to the purpose question before the analysis even starts.

The proof pattern worth copying

Strip out the facts and a repeatable structure remains. In our experience reviewing long term care files, these are the elements that decide whether a chemical restraint theory survives.

- **Toxicology anchored to a time window.** A positive screen is a starting point. A quantitative level, a collection time, and a half-life analysis are what let an expert say the drug was administered inside the building rather than carried in.
- **The controlled substance chain.** Narcotic count sheets, shift-to-shift reconciliation, automated dispensing logs, wastage records, pharmacy delivery and return manifests, and every discrepancy report. Access control is the circumstantial spine of a no-order case.

- **The MAR against the physician orders.** Not the summary, the actual medication administration record for the shift, compared line by line to standing and PRN orders, with late entries and post-hoc amendments identified from audit metadata.
- **Actual staffing rather than the plan.** Punch data, daily assignment sheets, agency invoices, and the posted daily nurse staffing notice. Two nurses to 46 residents on nights is a number a jury can hold, and it supplies the motive the purpose test asks about.
- **The electronic record audit trail.** Who opened the chart, when, from where, and what changed. Metadata is frequently more probative than the narrative it surrounds.
- **Video and the preservation record.** Retention schedules, overwrite intervals, litigation hold correspondence. Missing footage from the relevant window is an issue that has to be developed early or not at all.
- **The people who objected.** Personnel files, complaint logs, ombudsman contacts, and state survey history. The Owens record included allegations that the former medical director raised concerns about the medications and was later terminated, and that a nurse who challenged the restraint use was threatened with termination. PruittHealth disputed those allegations.

What defense counsel should take from it

Nothing above is a plaintiff's tool exclusively. The same file answers the same questions in the other direction, and the earlier it is read, the more options remain. Terminal decline in a 76-year-old with a traumatic brain injury and recurrent infection is a real causation defense, and pneumonia as a cause of death is a real position. It is a much harder position to hold if the chart shows an unexplained level of morphine, a count sheet that does not reconcile, and video that was allowed to overwrite after the family started asking questions.

The practical point is symmetrical. Both sides should know what the medication chain, the staffing data, and the audit trail actually say before anyone commits to a theory of the case in a mediation statement.

Corporate reach follows the operational documents

The jury did not stop at the facility entity. It reached PruittHealth, Inc. and United Health Services of Georgia, Inc. through agency and veil-piercing findings, which is where the money in these cases usually lives. Those findings are built from ordinary corporate documents rather than dramatic ones: management agreements, centralized policy manuals, shared clinical leadership, budget and labor targets set above the facility, common insurance and cash management, and who actually controlled the staffing ratio that produced the shift in question. Where the parent sets the labor budget, the parent tends to end up in the verdict.

How Med Legal Pro helps

Med Legal Pro matches, screens, and prepares the clinical experts who read these files, and our nurse consultants build the medical record chronologies that make a medication timeline legible to a jury. That work is available to any attorney handling personal injury, nursing home, or wrongful death litigation, plaintiff or defense. If you have a long term care file with a medication question, a staffing question, or a records gap, call 844-633-5345 or submit the case at medlegalpro.com/submit-a-case (<https://medlegalpro.com/submit-a-case/>).

This article is for informational purposes only and is not legal or medical advice. It summarizes publicly reported allegations, trial evidence described by counsel and news outlets, and a jury verdict that PruittHealth disputes and has indicated it intends to appeal. Statutory and regulatory provisions are cited as of publication and should be confirmed against current law.

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