

IN THE CIRCUIT COURT OF GREENE COUNTY, MISSOURI

JANE DOE INDIVIDUALLY)
and on BEHALF OF)
THE CLASS OF PERSONS)
DESIGNATED BY §537.080,)
)
Plaintiff,)
)
vs.)
)
DEFENDANT COMPANY,)
)
Defendant)

Case Number *****

PLAINTIFF’S FIRST INTERROGATORIES TO DEFENDANT COMPANY

COME NOW Plaintiffs, by and through their attorneys of record, O’Reilly, Jensen & Preston, LLC, and hereby propounds these Interrogatories to Defendant to be answered in full, under oath, and in accordance with Supreme Court Rule.

DEFINITIONS

- (a) These Interrogatories are continuing in character so as to require you to file supplemental answers if you obtain further or different information before trial.
- (b) Where the name and identity of a person is requested please state the full name, home address, business address, and phone number, if known.
- (c) Unless otherwise indicated, these interrogatories refer to the time, place and circumstances of the occurrence mentioned or complained of in the pleadings.
- (d) Where knowledge or information in possession of a party is requested, said request includes knowledge of party's agents, representatives, and unless privileged, his attorneys.
- (e) The pronoun "you" refers to the party whom these Interrogatories are addressed.
- (f) "Identify" when used in reference to a person means to state the full name, home address, home phone number, employer, job title, work address and work phone number of that

person. If the person identified is not a natural person (e.g., a corporation), give its full name, address, nature of organization, principal place of business activity, principal business activity and state under which it was organized.

(g) "Identify" when used in reference to a document or report means to state as to each document or report the date, the general subject matter, the type of document (e.g., letter, memorandum, receipt, invoice, schedule, contract, bill of sale, etc.) the name and address of the author, the name and address of the addressee, the name and location of the files where the original and each copy is normally or presently kept, and the name and address of the present custodian thereof. As an alternative, you may produce the document or a true and correct copy thereof as long as you indicate with respect to each such document the Interrogatory to which it relates.

(h) As used herein the term "document" shall mean the original and each non-identical copy (whether different from the original because of marginal notes, or other material inserted therein, or attached thereto or otherwise) of any written or graphic matter, however produced or reproduced and including, but not limited to: papers, books, letters, correspondence, telegrams, cables, telex messages, memoranda, typed or handwritten notes, notations, work papers, transcripts, minutes, audio, visual or audio-visual recordings, reports and records of telephone or other conversations, or of interviews, conferences or other meetings, maps, charts, plans, specifications, diagrams, photographs, affidavits, statements, statistical records, lists, tabulations, summaries, sound recordings, computer print-outs, data processing input and output, microfilms, microfiche, all other records kept by computer, or on computer programs, electronic, photographic, or mechanical means, and items similar to the foregoing and/or items from which information can be obtained, translated if necessary, through the use of detection devices into reasonably usable form. If any tape, disc, card, wire, or other electronic or mechanical recording or transcript or any computer

program is produced, you shall also produce such documents as are necessary for decoding, playing back, printing out and/or interpretation thereof, and any other documents which are necessary to convert such information into a usable and useful format.

INTERROGATORIES

If you assert a privilege with regard to any interrogatory or request for production of documents, please submit a privilege log to identify any documents alleged to be privileged, and a description of the document and privilege relied upon.

1. Please list each and every employee, whether clerical, administrative, medical, supervisory, managerial, or otherwise of Defendant who was on duty between midnight on March 4, 2009 until midnight on March 5, 2009. For each person, please state:

- a. Name;
- b. Job title;
- c. Hours worked on March 4, and March 5, 2009;
- d. Salary or hourly wage;
- e. Job duties;
- f. State Agency license number; and
- g. Whether they had direct contact with Plaintiff on March 4 or March 5, 2009.
- h. The current address of such employee; and
- i. If current information is not known, the last known address of each employed identified in this Interrogatory.

ANSWER:

2. Please list each medical technician, certified Nurse's Assistant, Licensed Practical Nurse, Registered Nurse, Doctor, or PRN employee of Defendant who had direct contact with Plaintiff on either March 4 or 5, 2009. For each identified person, please state:

- a. Name;
- b. Job title;
- c. Hours worked on March 4 or 5, 2009;
- d. Salary or hourly wage;
- e. Job duties;
- f. State Agency license number; and
- g. Whether they had direct contact with Plaintiff on March 4 or 5, 2009.
- h. The current address of such employee; and
- i. If current information is not known, the last known address of each employed identified in this Interrogatory.

ANSWER:

3. Please state the name, address, job title, and license number of any employee(s) of Defendant from whom Plaintiff asked for assistance with eating tasks on March 5, 2009.

ANSWER:

4. Please state the name, address, job title, and license number of any employee of Defendant who is directly above or supervisory to the employee(s) identified in the previous Interrogatory.

ANSWER:

5. Identify any document written, created, filled in, produced, or utilized to document the choking incident suffered by Plaintiff on March 5, 2009.

ANSWER:

6. Please state where any document identified in the previous Interrogatory can be found.

ANSWER:

7. Please state the name, address, job title, and license number of any employee of Defendant who was responsible for helping supervise Plaintiff eat on March 5, 2009.

ANSWER:

8. Please state the name, address, job title, and license number of any employee of Defendant who came to Plaintiff's aid after she choked on March 5, 2009.

ANSWER:

9. For each employee of Defendant who responded to Plaintiff having choked, please state their the name, address, job title, and license number, and the length of time it took for each to come to Plaintiff's aid.

ANSWER:

10. After Plaintiff was found choking, please state the name, address, job title, and license number of each and every employee of Defendant who spoke with Plaintiff before she was transferred to hospital care.

ANSWER:

11. Please state the name, address, job title, and license number of each and every employee of Defendant who helped transport Plaintiff from her room to the vehicle utilized in transporting her to the hospital on March 5, 2009.

ANSWER:

12. Please state the name, address, job title, and license number of each and every employee of Defendant who was present in the vehicle that transported Plaintiff to the hospital on March 5, 2009.

ANSWER:

13. Please state the name, address, job title, and license number of any employee of Defendant who was present when Plaintiff arrived at the hospital on March 5, 2009.

ANSWER:

14. Please state the name, address, job title, and license number of any employee of Defendant who provided any evaluation, diagnostic testing, emergency efforts, or physical examination of Plaintiff after she choked on March 5, 2009.

ANSWER:

15. Please state with specificity:

- a. What Plaintiff was eating on March 5, 2009 when she choked;
- b. Who provided the food to Plaintiff;
- c. Who prepared the food;
- d. When the food was delivered to Plaintiff;

- e. How much time elapsed between when Plaintiff was given the food and when she choked;
- f. How much time elapsed between she choked and when assistance arrived; and
- g. If anyone was monitoring or aiding plaintiff with eating, and if so, their name, address, job title, and license number.

ANSWER:

16. Please state if special instructions regarding the Plaintiff's doctor ordered mechanical soft food diet were given to the individual(s) who prepared the Plaintiff's food on March 5.

ANSWER:

17. Please state whether Plaintiff asked any employee of Defendant for assistance in eating on any date before March 5, 2009, and if so state the name, address, job title, and license number of the person asked.

ANSWER:

18. Please state how much time elapsed between when Plaintiff choked, and when she arrived at the hospital on March 5, 2009.

ANSWER:

19. Please state the name, address, job title, and license number of any of Defendant not identified in any previous Interrogatory, who has any information whatsoever regarding the

choking incident suffered by Plaintiff on March 5, 2009, or the response and emergency actions taken by any employee of the Defendant after the choking incident.

ANSWER:

20. Please provide the name, address, job title, and license number of any person, employed by Defendant who prepared any documentation regarding the choking incident suffered by Plaintiff on March 5, 2009.

ANSWER:

21. Please state the name, address, job title, and license number of any employee of Defendant whose name or signature appears on any form or document, record, or memorabilia of any kind which discusses the choking incident suffered by Plaintiff on March 5, 2009, including but not limited to the four medical records attached to this Interrogatory, which are marked as Exhibits "A," "B," "C," and "D," and which are hereby incorporated by reference

ANSWER:

22. Please state how much time elapsed between when Plaintiff choked and when she was pronounced deceased.

ANSWER:

23. Please state, at the time Plaintiff was found choking, what her condition was, including:

- a. Whether she was able to breathe without assistance;
- b. Whether she was able to speak without assistance;

- c. Whether she was able to communicate that she was choking, and if so, by what means (ie. hand signals, voice, etc.);
- d. Whether she was normal skin tone or was “blue;”
- e. Whether she was agitated or panicked;
- f. The name, address, job title, and license number of each and every employee of Plaintiff who responded to the incident between the time of the choking and when Plaintiff was transferred to the hospital; and
- g. What each and every employee identified in the previous sub-part did to assist with Plaintiff’s condition and/or recovery.

ANSWER:

24. Please state whether this Defendant in owns, operates, controls, or has any interest in facility.

ANSWER:

25 Please state the name of any company which owns, operates, controls, or has any interest in this Defendant.

ANSWER:

26. Please state whether “Defendant” is the proper legal corporate name for an entity which owns, operates, controls, or has any interest in facility.

ANSWER:

27. Please state whether any corporate name, not previously mentioned in these Interrogatories, is the proper party to be sued for acts of negligence committed by Defendant.

ANSWER:

28. Please state the name, address, job title, and license number of any employee of Defendant who was responsible for creating, implementing, administering, supervising, or otherwise had a say in Plaintiff's dietary needs on March 5, 2009.

ANSWER:

29. Please state the name, address, job title, and license number of any employee of Defendant who was responsible for creating, implementing, administering, supervising, or otherwise had a say in Plaintiff's treatment or care needs on March 5, 2009.

ANSWER:

30. Please state the name, address, job title, and license number of any employee of Defendant who was responsible for creating, implementing, administering, supervising, or otherwise had a say in Plaintiff's emergency care after she was found choking on March 5, 2009.

ANSWER:

31. Please state the name, address, job title, and license number of any employee of Defendant who had direct patient contact with Plaintiff on March 5, 2009 before the choking incident.

ANSWER:

32. Please state the name, address, job title, and license number of any employee of Defendant who had direct patient contact with Plaintiff on March 5, 2009 during the choking incident.

ANSWER:

33. Please state the name, address, job title, and license number of any employee of Defendant who had direct patient contact with Plaintiff on March 5, 2009 after the choking incident but before she was transported to the hospital.

ANSWER:

34. Please state the name, address, job title, and license number of any employee of Defendant who was responsible for the preparation of the food given to Plaintiff when she choked on March 5, 2009.

ANSWER:

35. Please state the name and address of the Registered Agent for any company identified in the previous Interrogatories as a proper party to be sued for negligence committed by Defendant.

ANSWER:

36. Please state the name of any company which carries an insurance policy, which would insure any negligent actions or omissions of Defendant, on March 5, 2009.

ANSWER:

37. Please state the name and address of any insurance agent who services an insurance policy, which would insure any negligent actions or omissions of Defendant, on March 5, 2009.

ANSWER:

38. Please state the policy number of any insurance policy responsive to any of the above Interrogatories.

ANSWER:

39. Identify each retained expert witness, including employees of Defendant whom you expect to call at trial to provide expert witness opinion testimony. For each witness, please state:

- a. The expert's full name;
- b. The expert's full address;
- c. The expert's occupation;
- d. The expert's place of employment;
- e. The expert's qualifications to give an expert opinion;
- f. The general nature and subject matter on which the expert is expected to testify;
- g. The expert's hourly deposition fee; and
- h. Please attach a copy of the expert's *curriculum vitae*.

ANSWER:

40. Identify each non-retained expert witness, including employees of Defendant whom

you expect to call at trial to provide expert witness opinion testimony. For each witness, please state:

- a. The expert's full name;
- b. The expert's full address;
- c. The expert's occupation;
- d. The expert's place of employment;
- e. The expert's qualifications to give an expert opinion;
- f. The general nature and subject matter on which the expert is expected to testify;
- g. The expert's hourly deposition fee; and
- h. Please attach a copy of the expert's *curriculum vitae*.

ANSWER:

41. Please state the number of patients at Defendant on a normal day, and the corresponding number of Defendant employees who are involved in direct patient care. Your answer should include any director of nursing, registered nurse, certified nurses assistant, licensed practical nurse, or other medical based personnel who are involved in direct patient care.

ANSWER:

42. Please identify any state or federal regulation which promulgates a ratio between the number of direct patient care employees to the number of patients at a healthcare facility, long term care facility, nursing home, or treatment facility where the patients live on-site.

ANSWER:

43. Please state the number of patients at Defendant between midnight on March 4, 2009 and midnight on March 5, 2009, and the corresponding number of Defendant employees who were involved in direct patient care. Your answer should include any director of nursing, registered nurse, certified nurses assistant, licensed practical nurse, or other medical based personnel who were involved in direct patient care for the relevant time period.

ANSWER:

44. Please state the name and address of any patient who was injured specifically due to choking, at the Defendant facility from January 1, 2001 to the present.

ANSWER:

45. Please state the name, address, or last known address of any patient who filed a lawsuit or complaint after being injured, specifically due to choking, at the Defendant facility from January 1, 2001 to the present.

ANSWER:

46. Please state the number of patients at the Defendant facility on March 5, 2009.

ANSWER:

47. Please state the total number of patients who are residing in the same “neighborhood” as the Plaintiff at the facility on March 5, 2009.

ANSWER:

48. Please identify and describe any policy or written procedure of any kind of Defendant concerning the ratio between patients and staff who are involved in direct patient care.

ANSWER:

49. Please identify and describe any policy or written procedure of any kind of Defendant concerning the ratio between patients and nurses who are involved in direct patient care.

ANSWER:

50. Please identify and describe any policy or written procedure of any kind of Defendant concerning the ratio between patients and licensed practical nurses who are involved in direct patient care.

ANSWER:

51. Please identify and describe any policy or written procedure of any kind of Defendant concerning the ratio between patients and certified nurse's assistants who are involved in direct patient care.

ANSWER:

52. Please identify and describe any policy or written procedure of any kind of Defendant which was in place on March 5, 2009, concerning the use of aid, assistance, supervision, or other protective measures, which were utilized in an effort to prevent patients from choking.

ANSWER:

53. Please identify and describe any current policy or written procedure of any kind of Defendant which is now in place concerning the use of aid, assistance, supervision, or other protective measures, which were utilized in an effort to prevent patients from choking.

ANSWER:

54. Was any employee of Defendant disciplined or reprimanded in any way, or terminated, as a result of choking incident suffered by Plaintiff on March 5, 2009? If so, state:

- a. The name, address, job title, and license number of the individual disciplined;
- b. The name, address, job title, and license number of the individual who was responsible for handing down the discipline;
- c. What the discipline was (ie. time-off without pay, demotion, termination, etc.);
- d. The date the discipline took place; and
- e. The name of any person who was present when the discipline took place.

ANSWER:

55. Please state whether Plaintiff had ever choked, while residing at Defendant facility before the incident on March 5, 2009. If so, please state:

- a. The date of any previous choking incident;
- b. The name, address, job title, and license number of any employee who found Plaintiff choking;

- c. The name, address, job title, and license number of any employee of Defendant who provided care, treatment, or evaluation to Plaintiff after she was found choking;
- d. What measures, if any, were implemented between any previous choking incident and the incident on March 5, 2009 to prevent further incidents of Plaintiff choking;
- e. Whether any measures identified in the previous subpart were not followed on March 5, 2009;
- f. What measures were implemented that were not followed in the choking incident on March 5, 2009; and
- g. The name of any employee who failed to follow any measures implemented to prevent the Plaintiff from choking on March 5, 2009;

ANSWER:

56. Please state whether this Defendant has a contractual relationship concerning ownership, management, or control of Defendant or its operations or employees. If the answer is “yes,” please attach a copy of any responsive contract to this Interrogatory answer, and identify:

- a. Whether the employees working at Defendant’s Springfield, Missouri location are employees of this Defendant; and
- b. Whether the employees working at Defendant’s Springfield, Missouri location are paid by this Defendant.

ANSWER:

57. Please state whether Defendant owns any shares of facility and if so, how many shares, and the percentage of the total.

ANSWER:

58. Please state whether Defendant holds an option to own any shares of facility.

ANSWER:

59. Please list the names of all the managers of Defendant.

ANSWER:

60. Please list the names of all the members of Defendant.

ANSWER:

61. Please list the names of all the directors of Defendant.

ANSWER:

62. Please list the names of all the shareholders of Defendant.

ANSWER:

63. Please list the names of all members of the Board of Directors of Defendant.

ANSWER:

65. Please list the names of all the human resources personnel of Defendant.

ANSWER:

O'REILLY, JENSEN & PRESTON, LLC

By _____
ERIC JENSEN
Missouri Bar No. *****

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