**IN THE STATE COURT OF GEORIGA COUNTY**

**STATE OF GEORGIA**

JOHN DOE, as Executor )

of the Estate of JACK DOE, )

)

Plaintiff, )

)

v. ) Civil Action File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

)

ASSISTED LIVING FACILITY )

and SENIOR LIVING, )

)

Defendants. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# PLAINTIFF’S FIRST CONTINUING INTERROGATORIES

# TO DEFENDANTS

COMES NOW Plaintiff, by and through his counsel, and, in accordance with O.C.G.A. § 9-11-33, hereby propounds the following written Interrogatories to be answered by Defendants, through an officer, fully and in writing, under oath, within forty-five (45) days after service hereof.

**DEFINITIONS**

(a) When responding to these Interrogatories and requests, you are required to furnish all information available to you, your attorneys, agents or anyone else acting for or on your behalf. These Interrogatories are continuing in nature and the Defendants shall duly supplement its responses as required under O.C.G.A. § 9-11-33.

(b)  As used herein, the term Plaintiff shall mean John Doe as Executor of the Estate of Jack Doe, by and through his Attorney in Fact.

(c)   When used herein, the term document or any synonym thereof is intended to and shall embrace and include all records, memoranda, correspondence, notations, statements, summaries, tape recordings, photographs, films, videotapes, and all other recordings of any type whatsoever, whether an original or a true and accurate copy.

(d) As used herein, the terms person or persons shall include not only natural persons but also firms, partnerships, associations and corporations, divisions, departments, offices or other units thereof, as well as any foreign equivalent thereof.

(e) As used herein, identify or identification used in reference to a person shall mean to state his or her full name and present or last known address, present telephone number, his or her present or last known position or business affiliation, and his or her position at the time in question. Identify or identification, when used in reference to documents, means to state the date and author, addressee (if any), type of document (e.g., letter, memorandum, telegram, telex, chart, etc.).

## INTERROGATORIES

1.

Please "identify" any person or persons who assisted in or provided information for the purpose of answering these interrogatories.

2.

Please state separately and severally all facts known to you that support or tend to support any affirmative defense pleaded in Defendants’ answers to Plaintiff’s Complaint.

3.

Please identify and describe all documents or tangible things now within Defendants’ possession, custody or control, relating to any fact referred to in Defendants’ response and/or responses to Interrogatory Number 2.

4.

The Defendants (whether individually, collectively or both) covered by any applicable policy of liability insurance, self-insurance plans, voluntary reserves of any type which serves the possible function of liability insurance which would apply to the incidents made the basis of this lawsuit? If your answer is in the affirmative, please state the name and address of Defendants’ insurer(s), the limits of the policy, and wherein or not such policy was in force and effect at the time of the occurrence in question or provide a copy of such policies. Please note this Interrogatory inquires about primary, excess coverage, umbrella coverage, and any other policy naming Defendant as co-insured or also insured.

5.

"Identify" each person having any knowledge of any of the facts related to the occurrence in question, the cause thereof, or the damages resulting there from.

6.

Identify the name, address, and qualifications of each and every person who Defendants expect to call as an expert witness at the trial of this case, state the subject matter concerning which the expert expects to testify, the substance of the facts and opinions to which the expert is expected to testify, the summary of the grounds for each opinion, and attach a copy of any report, including factual observations and opinions, which have been prepared by any such expert.

7.

Please list the name and address of each and every physician, nurse or other medical service provider of any kind or character who provided any care or treatment to Jack Doe while he was a resident at Assisted Living Facility and who has been consulted by Defendants, Defendants’ insurer, Defendants’ attorney(s), or agent(s) or representative(s) with regard to the allegations complained of in the Plaintiff’s Complaint or to any care and treatment of Jack Doe. If Defendants intend to call any such witness to testify at trial, please identify such witness, state the subject matter on which the witness is expected to testify, the substance of the facts and the opinions as to which the physician is expected to testify and a summary of the grounds for each opinion.

8.

If Jack Doe or any member of his family or any representative ever had a conversation with Defendants, Defendants’ employees or another person in Defendants’ presence, relative to the issues raised in the Plaintiff’s Complaint, please state as to each such conversation the substance of the conversation and who said what, the names and addresses of all those present, the date and time of the conversation, and the persons with whom Jack Doe or his family member was conversing, or any person other than Jack Doe or his family member.

9.

If Defendants contend that Jack Doe, or any member of his family was negligent in causing or aggravating the medical conditions of Jack Doe which are complained of, please list every act and admission of the family or any other person that Defendants contend caused or contributed to cause the medical conditions of Jack Doe which are complained of.

10.

If Defendants contend that any third persons or entities conduct (including the manufacture of any drug or other medical product) in anyway caused or contributed to the allegations complained of, set forth as fully and completely as possible each such act, identifying fully each person or entity by their full name and current address, and stating how each such person or entity caused or contributed to the allegations complained of.

11.

Was any type of an investigation made by Defendants or on Defendants’ behalf of the care received by Jack Doe and if so, state the following:

1.               the date it was made;

  2.               the name, address, of the person who made it;

3.               the occupation of the person who made it;

4.               and wherein any report was made of it;

5.               wherein this investigation and report was filed with any agency of the State of Georgia or any other state;

6. and if so, the name and address of the person who has custody of the report;

7. and if so, state wherein at the time it was done if Defendant was anticipating litigation in connection with the treatment of Jack Doe, and, if so, provide the facts upon which such anticipation was based.

12.

Please describe fully and completely how the allegations complained of occurred, giving each detail relating to the occurrence in the order in which each took place.

13.

Please identify any documents or tangible items that were generated by Defendants relating to the allegations complained of, including but not limited to, Jack Doe’s assisted living resident records, prescription records, medical administration record (MAR), treatment records (TAR), and operational logs.

14.

Have Defendants obtained, or have any knowledge of, any statements, written, oral, or in any form, made by any persons with knowledge of any facts at issue? If so, please identify the person making each statement; the form of the statement, e.g., wherein written, recorded, oral, or under oath; identify each person present when each statement was taken or made and identify each and every person who has ever had the original or a copy thereof, including the person or persons with present custody thereof.

15.

Please identify and describe any and all staffing schedules prepared, kept or maintained by Defendants relating to Assisted Living Facility during the period that Jack Doe was a resident.

16.

Were any of the employees of Assisted Living Facility reprimanded, disciplined or fired for any reason whatsoever, during Jack Doe’s residency? If so, please identify and describe any document relating to such action.

17.

For the last three (3) years to the present, has any complaint, claim or lawsuit for personal injury, death, abuse, or neglect, been made against Defendants, and if so, state:

a. The nature of the complaint, claim or lawsuit and the date it was made;

b.     The name and address of the person making the complaint, claim, or lawsuit and their attorney; and

c.      The result of the complaint, claim, or lawsuit.

18.

Have Defendants hired any outside consultant in relation to Assisted Living Facility to formulate any policies or procedures and/or to monitor or assist any aspect of resident care, including medical administration, and if so, state the name and address of the consultant, the nature of their consultation and the results or changes made as a result of such consultation during the time that Jack Doe was a resident?

19.

During Jack Doe’s care and treatment, please state the amount of money that was received by the Defendants for Jack Doe’s care during his assisted living admission. Please specify the care and services charged for, the source of the funds paid and describe how Defendants received these funds.

20.

With regard to Plaintiff’s Requests for Production, identify every document that you have withheld or plan to withhold from production under any claim of a privilege, exemption, or immunity from discovery. For each such document or thing, state the specific privilege, the date the document was created, the author and recipient, all persons who have reviewed that document, and the location of such document.

21.

Have Defendants been cited, charged, fined or had its Medicare or Medicaid payments or admissions suspended or terminated by state or federal so, please state the specifies of such citations, charges, fines, suspensions, and termination, including, but not limited to, dates, reasons, name of the agency, amount of fines, dates of suspension or termination?

22.

Describe what types and/or levels of assisted living care that Defendants provided in 2010-present to residents like Jack Doe.

23.

If you contend that Assisted Living Facility resident chart does not reflect all care provided to Jack Doe and/or does not accurately reflect care provided, then please provide the factual basis therefore, including the identification of the page(s) of the chart containing each inaccuracy and why you contend it is inaccurate, or in the case of an omission, a description of the care which you contend was provided but not documented as well as the date and name of the person who purportedly provided the care.

24.

What was the charting/documentation policy at Assisted Living Facility in 2016? Please also identify this policy by exact name and title.

25.

Please describe the corporate, business, and/or legal relationship between all of the Defendants.

This \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2021.