

Nursing Home

30(b)(6) Deposition Notice

NOTICE OF DEPOSITION DUCES TECUM TO

TO: Administrator

c/o [DEFENDANT'S NAME] [DEFENDANT'S ADDRESS]

Pursuant to [STATE] Stats. 804.05 and 805.07, defendant, [DEFENDANT NAME], is hereby commanded to designate a representative or representatives (the "Designees") to appear on its behalf for a videotaped deposition before a notary public or some other officer authorized by law to administer oaths at the offices of [PLAINTIFF ATTORNEY] [ADDRESS] at [TIME] on [DATE], then and there to give evidence in the above captioned matter. Said Designees must be able to testify with a reasonable particularity regarding the subjects and matters upon which examination is requested.

Pursuant to [STATE] Stats. 804.05 and 805.07 the Defendant is required to designate and fully prepare one or more officers, directors, managing agents, or other persons with the most knowledge concerning the above-designated matters; or other persons who consent to testify on its behalf and whom Defendant will fully prepare to testify, regarding the following designated matters and as to such information which is known or reasonably available to the organization:

1. The existence of the documents requested below;
2. The location of the documents requested;
3. The electronic creation, duplication, and/or storage of the documents requested below;
4. Organization, indexing and/or filing of documents requested below;

5. The authenticity of documents produced;
6. The completeness of the documents produced;
7. The method of search for the documents requested below;
8. The document destruction/retention policy relative to the documents requested below;
9. The identification of all initials and signatures which appear in the [NAME OF DOCUMENT] of [PATIENT NAME].

Pursuant to [STATE] Stats. 804.05 and 805.07, Plaintiff requests that Deponent produces the following original documents and tangible things, as well as permits Plaintiff's counsel to inspect and copy each of the following documents and tangible items in the possession, custody, or control of Deponent, its attorneys, or other representatives or agents.

PLEASE TAKE NOTICE that the Designees will be examined and asked questions about the following subjects and matters:

1. PATIENT RECORDS:

All records involving [PLAINTIFF'S NAME], including but not limited to: medical records, x-ray films, financial records, patient charts, admission and discharge information, all business files, all electronic files, and any other facility records that contain information regarding [EVENT].

2. FACILITY:

All written policies and procedures that were in effect in [FACILITY] while [PLAINTIFF] was a patient at [FACILITY].

All written job descriptions in effect at any time during the period of [DATE] and [DATE] for the following categories of people:

Executive director and/or administrator

Director of nursing
Assistant director of nursing
Director of staff development
Department heads
Nursing supervisor
Charge nurse
Registered nurse (RN)
Licensed practical nurse (LPN)
Nursing assistant
Medical director
Physicians
Radiologists
Lab technicians
Surgical technicians
Physical therapists
Physical therapists assistants
Registered dieticians

All weight and/or nutritional logs created and/or maintained at, by, or on behalf of [PLAINTIFF] at any time between [DATE] and [DATE].

The master signature log for [CHART OR DOCUMENT NAME] for the time period [DATE] through [DATE].

Advertisements or brochures or other materials used to market [FACILITY] from [DATE] to [DATE].

3. TRAINING:

All records including but not limited to any written materials, film, video, recording, book, or periodical that was provided to any medical personnel for purposes of demonstrating, describing, or instructing employees on the proper care for patients at [FACILITY], effective between [DATE] and [DATE].

Any and all attendance sheets, rosters of personnel present, or documentation which identifies employees who attended any in-service or training programs conducted by Defendant at any time between [DATE] and [DATE].

4. STAFFING:

Any and all employee and personnel records for the employees who were employed by [FACILITY] for the time period of [DATE] to [DATE].

Administrative policies and procedures and/or guidelines relating to facility staffing.

Administrative policies and procedures and/or guidelines relating to specific units, teams, departments, and/or floor staffing.

Daily station assignment records for the time period [DATE] to [DATE].

Daily assignment record for the time period [DATE] to [DATE].

Daily assignment sheets for the time period [DATE] to [DATE].

Daily staffing reports for the time period [DATE] to [DATE].

Daily time cards for all nurses and nursing assistants for the time period [DATE] to [DATE].

Complete punch detail report for the time period [DATE] to [DATE].

All payroll and period reports/payroll analysis reports for the time period [DATE] to [DATE].

All computer software use manuals and/or instructions for programs used with regard to staffing schedules, staffing reports, punch detail reports, and employee payroll.

All employee turnover reports for the time period [DATE] to [DATE].

All hours of labor distribution reports by facility department for the time period [DATE] to [DATE].

All documents that reflect manually clocked in hours for the time period [DATE] to [DATE].

All delegation of authority forms that were in effect for the time period [DATE] to [DATE].

All physician orders for the time period [DATE] to [DATE].

All pharmaceutical orders for the time period [DATE] to [DATE].

All physician notes for the time period [DATE] to [DATE].

All employee and peer reviews for the timer period [DATE] to [DATE].

5. COMPLAINTS:

Administrative policies and procedures and/or guidelines relating to patient complaints.

Administrative policies and procedures and/or guidelines relating to employee complaints.

All resident complaints during the time period [DATE] to [DATE].

All employee complaints during the time period [DATE] to [DATE].

All employee surveys prior to [DATE].

All resident / customer satisfaction surveys prior to [DATE].

All council and board meeting minutes and administrative responses to resident concerns during the time period [DATE] to [DATE].

6. MANAGEMENT AGREEMENTS:

All management agreements between the facility licensee, [FACILITY], and any other corporations and private physicians which had any role in the management or operation of [FACILITY] during the time period [DATE] to [DATE].

All consulting contracts between the facility licensee, [FACILITY], and any other corporations, agencies and/or consultants which had any role in the management or operation of [FACILITY] during the time period [DATE] to [DATE].

Any and all contracts, agreements, or any other type of document relating to ownership, management, and/or operation of [FACILITY], including but not limited to management agreements, agreements with agencies providing nursing staff, sales agreements, leases, contracts relating to parties, owners of the hospital/medical clinic, real estate, building, or hospital/medical license(s), managers of any type of staff of defendant, providers of physical therapy, occupational therapy, dietary consultation, pharmacy, and drug services from [FACILITY]

All bonus or incentive plans which were in effect from [FACILITY].

7. INSURANCE:

The complete copy of every policy of liability, excess, and/or umbrella insurance and declaration sheets which could provide coverage to the defendant should liability attach on the basis of the allegations contained in the Plaintiff's Complaint.

8. DOCUMENT RETENTION/DESTRUCTION:

All documents comprising Defendant's document retention and/or destruction policy in effect during the time period [DATE] to [DATE].

9. PRIVILEGE LOG:

If you claim that any information, document, or thing sought or requested is privileged, protected by the work product doctrine, or otherwise not discoverable, please:

Identify each document or thing by document type, date, author, and subject matter.

List the name, current (or last known) address, and employer of each and every person who received the information, document, or thing that has been requested.

State in detail the legal and factual basis for asserting the privilege, work product protection, or objection, or for otherwise refusing to provide the discovery as requested.

PLEASE TAKE NOTICE that this request is deemed continuing to and through the trial of this case. Should you in the future discover any items relating to any of the above matters of this Request, you are required to notify Plaintiff's counsel of said information by way of Supplemental Answers to this Request, or an objection will be made at trial for the use of information not revealed.

Dated this day of [DATE].

[PLAINTIFF ATTORNEY'S FIRM]

Attorneys for Plaintiff

[PLAINTIFF ATTORNEY NAME]