

# Appendix B

## Nursing Home 30(b)(6) Deposition Outline

One of the first, and most important, depositions in a nursing home case is the corporate representative deposition. This is usually the Administrator or Director of Nursing. This is generally the first attempt to get the corporate documents that hopefully will lead you down the path of understaffing. Here is an outline you can use for that deposition.

### Preliminary Information about the Witness

- Q What is your name?
- Q What is your home address?
- Q What is your age and date of birth?
- Q What is your social security number?
- Q What is your current employment and job description?
- Q What is your role in the company?
- Q What are your job duties?

### Deposition Basics

- Q Have you testified under oath before today?
- Q Have you ever been deposed before?
- Q Do you understand the deposition rules?
- Q Are you here representing the organization or corporation, not as an individual?

[Mark a copy of the signed deposition notice as an exhibit and have the witness identify it.]

Q What have you brought with you today?

Q When did you receive the notice?

Q From whom did you get it?

Q Are you the person who has been designated by Franciscan Health Community d/b/a St.

Mary's Home to speak on its behalf with respect to:

1. Defendant's allegation that, "Mrs. Jones had a preexisting medical condition that was the cause of her death," including the following:

a. All facts upon which the defendant bases its allegation?

b. The identification of all documents upon which Defendant bases its allegation?

c. The identification by full name, current (or last known) employer, and employment capacity, and current (or last known) address and telephone number of all witnesses and/or persons who have information regarding Defendant's allegation?

[Depending on your style and the witness, you might ask about all of these—a through c—or stop and get a witness response to each before moving forward.]

2. Defendant's' allegation that, "Decisions made by or for Mrs. Jones relative to her medical care after the fall on October 3, 2002, contributed to her eventual death and were not subject to Defendant's control," including the following:

a. All facts upon which Defendant bases its allegation?

- b. The identification of all documents upon which Defendant bases its allegation?
- c. The identification by full name, current (or last known) employer, and employment capacity, and current (or last known) address and telephone number of all witnesses and/or persons who have information regarding Defendant's allegation?

Q Are you an officer, director, or managing agent of Franciscan Health Community d/b/a St. Mary's Home?

Q Are you the person at Franciscan Health Community d/b/a St. Mary's Home who is the most knowledgeable with respect to:

1. The hiring and screening of employees?
2. Safety or accident prevention and reporting?
3. Incident and fall reports?

Q Are their areas regarding items specified in exhibit # \_\_\_\_ about which you are not knowledgeable?

Q Is there anyone else who has more knowledge about the topics specified in exhibit # \_\_\_\_?

Q Who designated you to speak on behalf of Franciscan Health Community d/b/a St. Mary's Home?

Q Why you?

## The Witness's Preparation for the Deposition

Q Did Franciscan Health Community d/b/a St. Mary's Home conduct a complete investigation in response to the deposition notice exhibit # \_\_\_\_?

- Q Did you participate in that investigation?
- Q List everyone who participated in the investigation in response to the deposition notice exhibit #\_\_.
- Q What did you do to prepare for this deposition?
- Q Did anyone from Franciscan Health Community d/b/a St. Mary's Home help prepare you for this testimony?
- Q Anyone else?

## Documents

- Q Are there any documents that contain information relating to the incident in question?
- Q What documents?
- Q Did Franciscan Health Community d/b/a St. Mary's Home look for those documents?
- Q Where are those documents located?
- Q How are they filed?
- Q How are they indexed?
- Q Are there any electronic versions of any of the documents?
- Q On what computers?
- Q Are they backed up?
- Q Are there documents in other locations to which you did not have access?
- Q Where?
- Q In operation of the business why are these documents generated?
- Q How are the documents distributed?
- Q Do other employees have them?
- Q Are they in other departments?

- Q Do organizations/people outside of company have them?
- Q Who sees the documents?
- Q Did Franciscan Health Community d/b/a St. Mary's Home find every record you looked for?
- Q Were there any documents that could not be located?

## Additional Document Searches

- Q Prior to gathering these documents for me, had Franciscan Health Community d/b/a St. Mary's Home ever been asked to gather documents before?
- Q Has Franciscan Health Community d/b/a St. Mary's Home ever been asked to gather documents for this accident?
- Q Has Franciscan Health Community d/b/a St. Mary's Home ever been asked to gather documents for other lawsuits?
- Q Who asked you to do that?
- Q When were you asked to do that?
- Q What did Franciscan Health Community d/b/a St. Mary's Home do with them?
- Q Were any documents sent without retaining copies?
- Q Were any documents destroyed after copies were sent?

## People

- Q Are there other people employed by Franciscan Health Community d/b/a St. Mary's Home with information regarding the event in question?
- Q Who?
- Q Did Franciscan Health Community d/b/a St. Mary's Home talk to those people?

Q Did you talk to everyone at Franciscan Health Community d/b/a St. Mary's Home that have information regarding the incident in question?

Q Are there other people formerly employed by Franciscan Health Community d/b/a St. Mary's Home with information regarding the incident in question?

Q Who?

Q Did you talk to those people?

## Foundation

Q Are you fully prepared to testify as to all information known to Franciscan Health Community d/b/a St. Mary's Home with respect to the topics specified in exhibit #\_\_\_\_\_?

Q Are you fully prepared to testify as to all information available to Franciscan Health Community d/b/a St. Mary's Home with respect to the topics specified in exhibit #\_\_\_\_\_?

Q Do you have full authority to speak on behalf of Franciscan Health Community d/b/a St. Mary's Home with respect to the topics specified in exhibit #\_\_\_\_\_?

Q Do you have full authority to represent the opinions of Franciscan Health Community d/b/a St. Mary's Home with respect to the topics specified in exhibit #\_\_\_\_\_?

Q Do you understand that the answers you will give to our questions will be on behalf of Franciscan Health Community d/b/a St. Mary's Home?

Q Do you understand that all of the answers you will give to our questions must represent all of the information available to Franciscan Health Community d/b/a St. Mary's Home?

Q Are you aware the answers you will give to our questions will be binding upon Franciscan Health Community d/b/a St. Mary's Home?

Q Do you agree the answers you will give to our questions will be binding upon Franciscan Health Community d/b/a St. Mary's Home?

## Designated Matters

Q What was the preexisting medical condition that was the cause of Mrs. Jones' death?

Q What are all of the facts upon which Franciscan Health Community d/b/a St. Mary's Home bases its allegation that a preexisting medical condition was the cause of Mrs. Jones' death?

Q What are all of the documents upon which Franciscan Health Community d/b/a St. Mary's Home bases its allegation that a preexisting medical condition was the cause of Mrs. Jones' death?

Q Identify by full name, current (or last known) employer, and employment capacity, and current (or last known) address and telephone number of all witnesses and/or persons who have information regarding the allegation by Franciscan Health Community d/b/a St. Mary's Home that a preexisting medical condition was the cause of Mrs. Jones' death.

Q Why does Franciscan Health Community d/b/a St. Mary's Home believe a preexisting medical condition was the cause of Mrs. Jones' death?

Q What were the "Decisions made by or for Mrs. Jones relative to her medical care after the fall on October 3, 2002, that contributed to her eventual death that were not subject to the control of" Franciscan Health Community d/b/a St. Mary's Home?

Q What are all of the facts upon which Franciscan Health Community d/b/a St. Mary's Home bases its allegation, "Decisions made by or for Mrs. Jones relative to her medical care after the fall on October 3, 2002, that contributed to her eventual death that were not subject to the control of" Franciscan Health Community d/b/a St. Mary's Home?

Q What are all of the documents upon which Franciscan Health Community d/b/a St. Mary's Home bases its allegation, "Decisions made by or for Mrs. Jones relative to her medical care after the fall on October 3, 2002, that contributed to her eventual death that were not subject to the control of" Franciscan Health Community d/b/a St. Mary's Home?

Q Identify by full name, current (or last known) employer, and employment capacity, and current (or last known) address and telephone number of all witnesses and/or persons who have information regarding the allegation by Franciscan Health Community d/b/a St. Mary's Home that, "Decisions made by or for Mrs. Jones relative to her medical care after the fall on October 3, 2002, that contributed to her eventual death that were not subject to the control of" Franciscan Health Community d/b/a St. Mary's Home?

Q Why does Franciscan Health Community d/b/a St. Mary's Home believe decisions made by or for Mrs. Jones relative to her medical care after the fall on October 3, 2002, contributed to her eventual death?

Q Why does Franciscan Health Community d/b/a St. Mary's Home believe, "Decisions made by or for Mrs. Jones relative to her medical care after the fall on October 3, 2002, were not subject to the control of" Franciscan Health Community d/b/a St. Mary's Home?