

SCANNED
Date: 4/1/09
Initials: [Signature]

IN THE CIRCUIT COURT OF THE 11TH
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

KHASAN GRACE, individually and as
parent and natural guardian of ANDREW
MASON GRACE, a minor,

CIVIL DIVISION

CASE NO: 2009-1-0004

Plaintiff,

v.

HOMESTEAD HOSPITAL, INC. d/b/a
HOMESTEAD HOSPITAL, a Florida
corporation; MARK H. WEINSTEIN, M.D.;
JAMES A. FISH, D.O.;
HOMESTEADMED, P.A., a Florida
corporation; JOSEPH N. NICAISSSE, M.D.;
JOSEPH N. NICAISSSE, M.D., P.A., a
Florida corporation; HOMESTEAD
MEDICAL CLINIC, P.A., a Florida
corporation; ROBERT S. ELIAS, M.D.;
ELIAS RADIOLOGY ASSOCIATES, P.A.,
a Florida corporation; HOMESTEAD
DIAGNOSTIC CENTER, INC., a Florida
corporation.

ORIGINAL
FILED
MAR 30 2009
MARVEY RUVIN
CLERK

Defendants.

**PLAINTIFFS' NOTICE OF SERVICE OF MEDICAL MALPRACTICE
INTERROGATORIES TO DEFENDANT HOMESTEAD HOSPITAL, INC. D/B/A
HOMESTEAD HOSPITAL**

The Plaintiff, KHASAN GRACE, individually and as parent and natural guardian of ANDREW MASON GRACE, a minor, by and through undersigned attorney, pursuant to the Florida Rules of Civil Procedure, hereby propounds the following Interrogatories to Defendant, HOMESTEAD HOSPITAL, INC. d/b/a HOMESTEAD HOSPITAL (hereinafter "Homestead Hospital"), to be answered under oath, in writing, in accordance with Rule 1.340, Florida Rules of Civil Procedure, within forty-five (45) days from the date of service of said interrogatories.

CERTIFICATE OF SERVICE

WE HEREBY CERTIFY that a true and correct copy of the foregoing Interrogatories has been attached to the summons and complaint to be served upon the Defendant, Homestead Hospital, Inc. d/b/a Homestead Hospital, contemporaneously with the Summons and Complaint herein.

DATED this 30th day of March 2009.

RATZAN & RUBIO, P.A.
Attorneys for Plaintiffs
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By: 

Stuart N. Ratzan
Florida Bar No. 911445
G. Scott Vezina
Florida Bar No. 20189

**MEDICAL MALPRACTICE INTERROGATORIES
TO DEFENDANT, HOMESTEAD HOSPITAL, INC.**

1. What is the name and address of the person answering these Interrogatories, and, if applicable, the person's official position or relationship with the party to whom the interrogatories are directed?

ANSWER:

2. Describe any and all policies of insurance which you contend cover or may cover Homestead Hospital for the allegations set forth in Plaintiff's Complaint, detailing as to such policies: the name of the insurer, number of the policy, the effective dates of the policy, the available limits of liability and the name and address of the custodian of the policy.

ANSWER:

3. Describe in detail each act or omission on the part of any health care provider, individual or other entity that Homestead Hospital contends constituted negligence that was a contributing legal cause of the injuries sustained by Khasan Grace.

ANSWER:

4. Does Homestead Hospital contend that any person, health care provider or entity is, or may be liable in whole or part for the claims asserted against it in this lawsuit? If so, state the full name and address of each such health care provider, individual or other entity, the legal basis for Homestead Hospital's contention, the facts or evidence upon which the contention is based, and whether or not Homestead Hospital has notified each such person or entity of its contention.

ANSWER:

5. List the names and addresses of all persons who are believed or known by Homestead Hospital, its agents or attorneys to have any knowledge concerning any of the issues in this lawsuit and specify the subject matter about which the witness has knowledge.

ANSWER:

6. Has Homestead Hospital heard or does it know about any statement or remark made by or on behalf of any party to this lawsuit, concerning any issue in this lawsuit? If so, state the name and address of each person who made the statement or statements, the name and address of each person who heard it, and the date, time, place and substance of the statement.

ANSWER:

7. Please state whether any claim for medical malpractice has ever been made against Homestead Hospital alleging facts relating to the same or similar subject matter as this lawsuit. This question includes all claims including, but not limited to, civil damages, administrative complaints, lawsuits or proceedings wherein you were or could have been fined, any proceeding wherein your license to operate was, or could have been, suspended or revoked, or any criminal claim. If the answer is yes, please state as to each such claim the names of the parties, the claim number, the date of the alleged incident, the ultimate disposition of the claim and the name of the Homestead Hospital's attorney, if any.

ANSWER:

8. Identify the name, last known address and job title of all Homestead Hospital personnel who provided any care and treatment to Khasan Grace during her visits to Homestead Hospital, whether each said person was employed by the Defendant, the Homestead Hospital, and whether each said person is still so employed.

ANSWER:

9. For each individual identified in Interrogatory Number 8 above, please provide the following information:
- (a) All job descriptions of the individual;
 - (b) The dates of service/employment of the individual;
 - (c) The work schedule of the individual while an employee, including month(s), date(s) and hours worked by the individual. Please specify each shift time and dates;
 - (d) List the educational and training background of the individual;
 - (e) All in-service training, including all dates in-service training was performed and a description of the in-service training at Homestead Hospital;
 - (f) All disciplinary action taken against the individual by Homestead Hospital, including dates for said action;
 - (g) List the employment history of the individual;
 - (h) Identify all licensure certification information of the employee, including the license or certificate number; and
 - (i) Identify any and all information contained within all surveys, evaluations and/or exit interviews performed by Homestead Hospital, and/or the employee at or around the last day of employment of the employee at Homestead Hospital.

10. Does Homestead Hospital intend to call any expert witnesses at the trial of this case? If so, state as to each such witness, the name, business address and area of expertise of the witness, the subject matter upon which the witness is expected to testify, the facts and opinions to which the witness will testify, and a summary of the grounds of each opinion.

ANSWER:

11. Has Homestead Hospital made an agreement with anyone that would limit that party's liability to anyone for any of the damages sued upon in this case? If so, state the terms of the agreement and the parties to it.

ANSWER:

12. Please identify and list by the name of the document, every type of records and/or document in the possession of Homestead Hospital, wherein Khasan Grace's care, treatment and/or condition may be noted or reflected, so we may propound a request to produce every such record and/or document which may, or does, reference Khasan Grace and so for each request Homestead Hospital will understand exactly what is being requested.

ANSWER:

13. Please provide the full names and present addresses of any and all health care providers who Homestead Hospital knows or believes may have cared for, treated, reviewed, interpreted, or were consulted in connection with the care and treatment of Khasan Grace while she was a patient in November 2006 at Homestead Hospital.

ANSWER:

14. Taking into consideration everything that you presently know regarding Khasan Grace and the condition for which she was provided care and treatment during the November 2006 admission to Homestead Hospital, state whether or not, in your opinion at the present time, any complication or injury could have been avoided had some step been taken or had some step been avoided during the course of Khasan Grace's treatment at Homestead Hospital. If, upon such consideration, you have an opinion that a complication or injury could have been avoided in such a manner, please describe what step or steps you feel should have been taken or could have been taken to prevent the complication or injury and describe the nature of the complication or injury.

ANSWER:

15. Has the license of Homestead Hospital ever been revoked or suspended? If so, please provide the date of the suspension or revocation and the reason for the suspension or revocation.

ANSWER:

16. Please provide the names and addresses of the officers and directors of Homestead Hospital in November 2006, and its current officers and directors.

ANSWER:

17. If there is a governing body for Homestead Hospital, please identify the following for all members of the governing body for Homestead Hospital at any time from 2002 through the end of 2006 by stating for each:
- (a) Name;
 - (b) Current or last known home address;
 - (c) Current or last known place of employment; and
 - (d) Dates each individual served as a member of the governing body for Homestead Hospital.

18. Describe in detail any and all investigations, inquiries and/or evaluations performed by Homestead Hospital, pertaining to the qualifications or credentials of the Defendants MARK H. WEINSTEIN, M.D., JAMES A. FISH, D.O. and nursing staff who rendered care to Khasan Grace to insure that they were appropriately qualified, trained and experienced physicians permitted to perform medical procedures on patients like Khasan Grace while admitted at Homestead Hospital.

ANSWER:

19. Did Homestead Hospital investigate, monitor, supervise or restrict the practice and privileges of any of the Defendants MARK H. WEINSTEIN, M.D. and JAMES A. FISH, D.O. who provided care and treatment to Khasan Grace during her November, 2006 admission to Homestead Hospital? If so, please describe in detail any steps performed by Homestead Hospital to investigate, monitor, supervise or restrict the practice and privileges of Defendants MARK H. WEINSTEIN, M.D. and JAMES A. FISH, D.O.

ANSWER:

STATE OF _____)
) SS:
COUNTY OF _____)

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or who has presented _____ as identification, and who has executed the foregoing instrument and has/has not taken an oath.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 200__.

NOTARY PUBLIC
State of _____

Print Name: _____

My Commission Expires: _____

(Seal)