

Long Term Care Covid-19 Commission

Meeting with Families of Hastings Manor
on Wednesday, October 14, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held Virtually via Zoom, with all participants
attending remotely, on the 14th day of October,
2020, 1:00 p.m. to 2:24 p.m.

1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

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7 PRESENTERS:

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9 Harold Curwain, Retired Police Office, Family

10 Council Advocate for Hastings Manor in Belleville

11 Susan McGrath, Chair of the Family Council for

12 Hastings Manor in Belleville

13 George Smitt, Hastings Manor Resident

14 Jack Damery, Hastings Manor Resident

15

16 PARTICIPANTS:

17

18 Alison Drummond, Assistant Deputy Minister,

19 Long-Term Care Commission Secretariat

20 John Callaghan, Counsel, Long-Term Care Commission

21 Secretariat

22 Derek Lett, Policy Director, Long-Term Care

23 Commission Secretariat

24 Dawn Palin Rokosh, Director, Operations, Long-Term

25 Care Commission Secretariat

1 Ida Bianchi, Counsel, Long-Term Care Commission
2 Secretariat

3 Lynn Mahoney, Counsel, Long-Term Care Commission
4 Secretariat

5 Jessica Franklin, Policy Lead of the Long-Term Care
6 Commission

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9 ALSO PRESENT:

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11 Paula Curwain

12 Olivia Arnaud, Stenographer/Transcriptionist

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1 -- Upon commencing at 1:00 p.m.

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3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Mr. Curwain, if you're leading, then, did you want
5 to wait -- you know, do you want to wait a few
6 minutes to see if --

7 HAROLD CURWAIN: No, I think we can get
8 started. And then if they come on, then we can
9 stop and let them begin. I explained to them that
10 Ida wanted me to go first, followed by Sue, and
11 then they would be taking up the end, so they would
12 be -- they'd be aware of that. So if you'd like to
13 get started, we can.

14 COMMISSIONER FRANK MARROCCO (CHAIR):

15 All right. Well, I'm Frank Marrocco. I'm one of
16 the commissioners, and there's Commissioner
17 Jack Kitts, and Commissioner Angela Coke, and
18 collectively, we are the Commission, and so we're
19 anxious to hear what you have to say.

20 We're in the process of trying to
21 determine what we would recommend to the Minister
22 immediately and then carry on with what happened.

23 We were afraid if we did it the other
24 way, it would take -- we wouldn't be making any
25 recommendations at a time when it's important

1 because we wouldn't have gotten sort of as familiar
2 with it as we could. Typically these things, the
3 commission of inquiry occurs after something
4 happens, and there's an investigation, hearings,
5 and a report. That can take a couple of years.

6 We've been created, if you like, in the
7 middle of something, not at the end. And so we're
8 conscious of that, and if we could make informal
9 but -- formal in the sense of reduced to writing,
10 but some sort of intelligent recommendations
11 quickly, then we're inclined to do that and then
12 carry on with our --

13 HAROLD CURWAIN: We understand. We
14 understand what you're doing. I took some time
15 yesterday to write down some immediate
16 recommendations, especially with the second wave
17 coming. You have my submission --

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 We do.

20 HAROLD CURWAIN: -- I'm told, and that,
21 so I won't get into too much in the way of that,
22 but there is some information I wouldn't mind just
23 to go over, and I'm not sure how the process should
24 go.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Well, let me just say: First of all, we're ready
2 when you are, but just before you start, we've
3 tended to jump in with questions as they occur to
4 us rather than trying to go back.

5 So if that's okay with you, that's the
6 way we'll do it.

7 HAROLD CURWAIN: No problem.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Well, we're ready when you're ready.

10 HAROLD CURWAIN: Okay. I'd like to
11 start off with some basic information. Just a
12 little background: You know, it should be noted
13 here that the vast majority of these residents in
14 long-term care have been productive citizens of
15 this country and paid their taxes and helped build
16 our nation. Many have fought wars. We have
17 several veterans in our home. Most have had to
18 make sacrifices in life many of us will never have
19 to do.

20 My mother-in-law was a teenager during
21 the war Blitz, through the Blitz in England. She
22 never had a mother, as her mother died when she was
23 very young. She was raised by aunts and came to
24 Canada in the early 1950s and made a life with her
25 husband, and they brought up four children and

1 built a house and a cottage.

2 It also should be noted, a majority
3 also give up their pay by using their money from
4 their pensions and savings, and they pay thousands
5 of dollars a month to live in these homes, so
6 they're not freeloaders by any stretch of the
7 imagination. So they are paying thousands of
8 dollars. My mother-in-law did.

9 I'd like to start off about something
10 that was not put into my submission to you, and
11 it's in regards to a plan of care. I'm sure you
12 already know about plan of care, but I'd like to
13 speak about it a bit if I could.

14 Every resident gets a plan of care
15 established when they first arrive at the home.
16 This is their needs, medically and physically. It
17 also includes input from family and caregivers that
18 the residents should have to make their life in
19 their new home better and will ease their stay.

20 And the important part of the fact is,
21 this is their new home, and that is a fact that
22 often gets forgotten. This is their home.

23 Often these requirements in the plan of
24 care are very mundane and some may consider
25 foolish; however, to the resident and their family,

1 they are very important and critical for them to
2 enjoy their remaining days.

3 The plan of care evolves as the
4 resident ages and medical issues deteriorate or
5 change. It evolves. They have to be modified. If
6 not, a fall can lead to injury or even death.

7 Staff are instructed to watch -- for
8 instance, some examples of this would be staffs are
9 instructed to watch and ensure residents take
10 their med- --

11 GEORGE SMITT: Are we listening to the
12 right thing? I don't know.

13 HAROLD CURWAIN: Oh, that's George
14 coming on.

15 George?

16 GEORGE SMITT: Yeah.

17 HAROLD CURWAIN: Hi, George. It's
18 Harold.

19 GEORGE SMITT: I'm here. Hi. Jack is
20 here.

21 HAROLD CURWAIN: Okay. Is Jack there
22 with you?

23 GEORGE SMITT: Jack is with me, yeah.
24 Say "hello," Jack.

25 JACK DAMERY: Hello.

1 HAROLD CURWAIN: Okay. That's great.
2 We're just in the midst of presenting, so if you
3 guys could sit and listen when you -- if you want,
4 but if you could just sit tight on the phone, we're
5 just going through our opening, okay? Can you hear
6 me, George?

7 GEORGE SMITT: Yeah, I can hear you.

8 HAROLD CURWAIN: Okay. Just sit and
9 listen, and then we'll come to you in a little
10 while.

11 GEORGE SMITT: Okay.

12 HAROLD CURWAIN: All right. Okay.
13 Sorry, Your Honour.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 So you were saying that the plan of care evolves?

16 HAROLD CURWAIN: It does, and it
17 evolves because the health changes. As they get
18 older, the dementia may increase. Some medical
19 issues may occur, so the plan of care will
20 constantly change.

21 And some examples are staff were
22 instructed to watch and ensure residents take their
23 medication. If they don't do this because they are
24 called away to deal with another resident, or --
25 the issue is then the resident's health could be

1 impacted, or other residents could get medication
2 that's not theirs, and it could cause serious
3 repercussions.

4 This occurred several times with my
5 mother-in-law. We witnessed this. You know,
6 residents were getting medication that wasn't
7 prescribed to them, or we would come in and find
8 our mother-in-law, and she would hand over these
9 pills. And some of the pills were hers; some of
10 them were not.

11 Now, staff are -- some other examples:
12 Staff are to make sure that the residents are
13 properly belted into their wheelchair, to ensure
14 the resident uses -- or uses their walker. If not
15 followed, the resident falls from their wheelchair
16 or walks down the hall and slips and falls, both
17 possibly causing serious injury. This too has been
18 observed many times by us.

19 Staff are to take glasses and false
20 teeth away. To give you an example of the really
21 more mundane, my mother-in-law would hide her false
22 teeth and her glasses every night, and sometimes we
23 couldn't find them. So we were able to modify her
24 plan of care, and we arranged that the staff would
25 take the glasses and the teeth away from her and

1 keep them in the medical cart at night, and then in
2 the morning, give them back to her so she could go
3 down to breakfast. Now, she was able to -- she was
4 mobile. She wasn't in a wheelchair; she didn't use
5 a walker. She was a little unsteady on her feet,
6 but for all intents and purposes, she was mobile.

7 The problem is, there was many, many,
8 many times when we would come in at 2 o'clock in
9 afternoon to come for a visit, and she's sitting
10 there in her room without her teeth, without her
11 glasses, which tells you that she's gone through
12 two meals without teeth.

13 She's gone through -- she's walked
14 around, and she liked to get around to see other
15 people. She's walked around, potentially could
16 trip and fall because she definitely needed her
17 glasses. This was a constant problem we had.
18 These are all very mundane and
19 you-have-to-be-kidding issues. We call them
20 you-have-to-be-kidding issues. To a lot of many
21 people, they think, like, you're kidding me; that's
22 the problem?

23 But to the resident who is almost 90,
24 has already lost over 20 pounds, has several health
25 issues that are exacerbated by poor nutrition, they

1 are critical. Now, multiply this by 253 residents
2 at our home, and there's many other mundane yet
3 very important issues that don't get addressed.

4 So first, you speak to the registered
5 practical nurse on duty, and they would say they
6 would look into it and make sure it doesn't happen
7 again. But not only does it happen again, it
8 happens over and over.

9 So you go up the chain of command and
10 speak to the registered nurse in charge, and the
11 same thing happens. They say, well, we'll look
12 into it and make sure it never happens again.
13 We'll note it on the chart. But it does happen
14 again. You think when you get to the nurses'
15 administration, the highest person on the chain of
16 command, you're going to get some action, but you
17 don't. It just continues over and over and over.

18 The reason being is the staff change
19 floors and villas so frequently there's nowhere
20 near enough staff to ensure these mundane tasks
21 occur with every resident in the time they have.

22 And lastly, all this plan of care
23 information is housed in a book that only the RPN
24 and RNs are allowed to look at. So the PSWs who do
25 the vast majority of work with the residents are

1 not allowed to look in this book.

2 GEORGE SMITT: They're not allowed to
3 look at what?

4 HAROLD CURWAIN: It's just me giving my
5 presentation, George.

6 GEORGE SMITT: What's that?

7 HAROLD CURWAIN: Yes. So the plan of
8 care for all the interests and -- for all intents
9 and purposes does not happen.

10 GEORGE SMITT: Uh-huh.

11 HAROLD CURWAIN: These parts of plan of
12 care are just -- they're just not happening at the
13 best of times prior to COVID, and without a doubt,
14 they sure didn't occur during the lockdown when
15 COVID was -- a time frame was happening.

16 Now, in regards to staffing, I don't
17 plan on talking too much about not enough staffing.
18 You have my submissions. I can only add, with all
19 due respect, if anyone doesn't believe that the
20 homes are understaffed by a very large amount, I
21 guess we're doomed.

22 However, prior to COVID-19, Family
23 Council, and I fully believe most people, including
24 the administration, felt our home was
25 short-staffed. They told us themselves many times.

1 Many of the staff at our home had jobs at other
2 homes, so they were PSWs in multiple homes, or they
3 had non-long-term care facilities. I even met one
4 at a pub when I was going in for dinner. She was a
5 waitress at the pub. They all had these multiple
6 jobs so that they could make ends meet.

7 So when the pandemic hit and the
8 restrictions were placed on staff, the shortage of
9 staff was even more diminished. Factor in those
10 staff that were infected and those who they had
11 contact with at the home had to be -- remain away
12 from home for a period of time. Our home had five
13 staff infected.

14 Then add those staff that choose to
15 stay home for health reasons because they have
16 health issues or had to stay home to care for
17 children or vulnerable family members, which many
18 had, and the amount of care provided was probably
19 significantly diminished.

20 The issue is we won't know what
21 happened at the beginning of April. No one but
22 staff were allowed into the home. In our home, the
23 home went into virtual lockdown. The only ones
24 that went in were the staff.

25 Provincial inspectors never attended

1 during the outbreak. The majority of residents at
2 our home have some form of dementia, so they're not
3 able to tell us what happened. So we have no clear
4 picture what transpired during that time frame.

5 When COVID-19 happened, it dramatically
6 changed the lives of families with residents at our
7 home. Family members were completely shut off from
8 visual contact with their loved ones. Many were
9 not able to attend daily to help feed or deal with
10 important matters. As such, all of that was left
11 for the staff to do.

12 Residents were confined to their rooms
13 24/7 from April 2nd, 2020, until well into the
14 month of May. That was almost two months of no
15 contact. The home in the beginning made little
16 attempt to communicate with us, with the residents'
17 families, and it wasn't until we at Family Council
18 put pressure on administration in the county that
19 they reluctantly start communicating with families.

20 Because the home was missing or
21 reluctant to provide information, when they started
22 providing it, the information was guarded and
23 selective. Members of Family Council sought
24 out our family chairperson, Sue McGrath, who's
25 online here with us now, and tried to get

1 information about their loved ones and what was
2 happening.

3 Eventually, five staff and ten
4 residents were infected with COVID-19, even more
5 on -- three residents died. Our home was the only
6 home in the county to have residents infected with
7 COVID-19.

8 In the past, many of the people who
9 came to long-term care homes were younger than the
10 ones coming in now. They did not have as many
11 health issues as they do now. So the people that
12 came into homes were much younger and less
13 medically dependent.

14 Today, the people who come into the
15 home have more disabilities. They come in at a
16 much older time frame. Many of these residents
17 require specialized care needs and apparatus.
18 These residents do not stay in the home as long as
19 their predecessors.

20 More often a person comes to the home
21 because they can no longer take care of themselves
22 or pose a risk to themselves or sometimes to
23 others. Families are often not able to handle such
24 a family member or cannot be close enough to
25 assist, as they live too far away.

1 Factor in the number of available homes
2 and rooms in the province, and a family may have no
3 choice but to admit their family member to a
4 long-term care home quite a distance from where
5 they live and work. Many of our Family Council
6 members live in Toronto, but their parent is at
7 Hastings Manor in Belleville.

8 Residents, family, and caregivers, what
9 I'm about to say is unfortunate and it's sad to
10 say, but it's very important to note for anyone to
11 understand the dynamics and the problems in
12 long-term care. Many family members of residents
13 have to share equal blame for the lack of care and
14 efficacy for their loved ones in long-term care
15 homes.

16 I don't know the exact numbers, but I
17 would think it is fair to say that around 50 to
18 70 percent of residents in long-term care homes
19 either have no family members at all or have family
20 members who are, for all intents and purposes,
21 missing in action.

22 These family members that have
23 residents in homes and choose not to participate in
24 advocating for their family members and never visit
25 or inquire leave the family member at the mercy of

1 whatever care's occurring at the home.

2 There's probably another 30 percent or
3 more of families who visit for the mandatory
4 required visits such as holidays, birthdays,
5 Thanksgiving, Christmas. These family members are
6 not around the homes sufficiently to know what
7 appropriate care is for their resident's family
8 member. They make little or no inquiries as to any
9 issues, and if they do inquire, would accept any
10 response provided by the staff member they happen
11 to choose to speak to.

12 Not having spent near enough time with
13 the family member, they would have little, if any,
14 do -- clueless to the personal department issues,
15 feeding issues, or even if they were participating
16 in a program.

17 One then has to factor in whatever
18 dementia issue the resident has when asking them
19 about any of the issues. Most of the percentage of
20 these family members are just as content to have
21 someone else care for their family member. If you
22 were to ask anyone in this group, they would
23 probably say that everything's fine, that the
24 home's doing a great job.

25 Lastly, you have between 10 and

1 20 percent of the residents' family members who
2 come in very frequently. Some come daily and some
3 even several times a day. These family members
4 often make up the majority of Family Council
5 members in these homes.

6 Sue McGrath is one of them. She goes
7 in every day -- she was going in every day to feed
8 her mother and to make sure she did her laundry,
9 made her bed. These basic things had to be done
10 because they just were not getting done.

11 Now, yes, there is a stronger bond with
12 the resident as the family members who come in are
13 often wives, husbands, daughters, and sons.
14 However, there are others. There are individuals
15 who come in of their own volition and care for an
16 old friend or a neighbour. There are others who
17 are personal support workers and are paid to attend
18 for meals, bathing, or other department functions.
19 They're usually paid by a family member who lives
20 so far away, they can't attend to do this on their
21 own.

22 Virtually, all of these attendees are
23 there because they feel their resident's family
24 member would not live as long or as well without
25 them being there. Also, the resident has needs and

1 requirements the home does not have the staff or
2 time to attend. Some have told me personally that
3 their loved one would have been dead long ago if
4 they had not come in and fed them.

5 If you were to ask these people in this
6 percentage how their loved one is doing, they would
7 not give as glowing a report as the previous group.
8 Many would not give you any response at all.

9 "Everything is fine" would be the response, even
10 though it is not. They won't speak out, as most,
11 if not all, fear repercussions against their family
12 member by administration or staff.

13 I cannot begin to count how many times
14 I've heard the family members in our Family Council
15 say in some form or another that they couldn't
16 speak out as they fear repercussions by the home
17 and their staff. That is a constant.

18 In the end, the long-term care home
19 relied on many of these family members coming in so
20 frequently to ease the burden on their staff in
21 caring for residents. We have six members on our
22 Family Council who come in every day of the year to
23 feed either their wives or husbands or a parent.
24 That's every meal, every bath, and every important
25 meeting. They wash their clothes because the home

1 loses their loved ones' clothes frequently. And
2 they've been doing this for years.

3 In regards to training, our home would
4 have many respiratory and enteric outbreaks and
5 were so frequent that we were able to even plan
6 functions around when we would expect them to
7 occur. It was during these outbreaks where we saw
8 how the staff was poorly trained in how to handle
9 outbreaks.

10 We do not blame the staff but the
11 administration for not properly training and
12 monitoring this problem. We witnessed on several
13 occasions the residents' rooms secured off with
14 barriers to prevent people from entering, as a
15 resident had succumbed to a serious health issue.

16 There would be a cart with PPE and
17 cleaning agents at the door for whoever entered to
18 use. We would often witness staff go in without
19 donning proper safety equipment and taking the
20 required precautions.

21 Two of my family members, my wife's two
22 sisters, one is a nurse for over 40 years; the
23 other is a lab technician who goes into rooms and
24 takes blood samples. They witnessed it. They
25 explained to us the process that the staff were

1 doing was incorrect.

2 All these incidents were reported to
3 the head of nursing care at the home; however,
4 these infractions would continue right up until
5 when COVID started.

6 I did a breakdown, and I think it's in
7 my submissions, of the outbreaks in 2019 at our
8 home in comparison to outbreaks this year, and it's
9 questionable and concerning for us as Family
10 Council. It's important to note that the outbreaks
11 for 2019 are similar to the years and timing --
12 previous years and timing.

13 What you see in 2019 would be pretty
14 much what we saw in previous years. In 2019, the
15 longest outbreak took 30 days. Now, you've got to
16 remember, in 2019, people were allowed in and out
17 of the home. Family members, people doing
18 deliveries, they were allowed in and out of the
19 home. Staffing wasn't enough, but it was what was
20 at capacity at the time.

21 The other thing is that the residents
22 were allowed to move about, so they would go down
23 for dinner stuff. So all during these outbreaks,
24 it's still -- the longest one was 30 days.

25 Now, none of these outbreak periods in

1 2018 or previous years were the residents confined.
2 Now, in 2020, the outbreak occurs, and they have
3 just prior to COVID coming in January, we had a
4 14-day outbreak. Now, the home is locked down on
5 March 14th because of COVID-19. No one but staff
6 and essential persons are allowed into the room.
7 Residents are not allowed out of the rooms from
8 April 2nd.

9 So this is a completely different
10 scenario. You have no one coming in there except
11 staff. You have the residents, for all intents and
12 purposes, locked in their room, yet they have an
13 outbreak that lasts for almost 90 days.

14 We can't, for the life of us, see how
15 they can't -- they never had an outbreak last that
16 long, and yet they had the perfect opportunity to
17 do so when there's no one coming in the house, into
18 the building, and the residents are confined.

19 Oh, yeah, and by the way, everyone is
20 supposed to be wearing PPE.

21 Now, we questioned the length of the
22 second reported outbreak at the home in 2020, the
23 reason being, how can you not get rid of a
24 respiratory outbreak in 87 days when all the
25 residents are locked up?

1 There is a comment made later that I'll
2 talk about by the administrator that fuelled our
3 suspicion, and I'll talk about that later.

4 Just want to go through a bit of a
5 timeline with our home. The 26th of February, our
6 home declares it's in respiratory outbreak.

7 The 14th of March, our home goes into
8 lockdown because of COVID-19, so no family members
9 are permitted in, and only staff and essential
10 persons are allowed in. On the 16th of March, the
11 chair of our Family Council sends an email listing
12 concerns from family members that we wish
13 administration to answer. We never receive a
14 response.

15 20th of March, a member of our
16 Family Council's father dies on one of the villas.
17 He lived in a room next to a woman who will later
18 test positive for COVID-19. He also shared all
19 daily meals with this woman at the same table. He
20 is not tested for COVID-19 prior to or upon his
21 death. His daughter would only be told that her
22 father was deteriorating when she asked why he
23 died. No cause of death was provided.

24 When the daughter asked the reason he
25 was not tested for COVID-19, the home's doctor said

1 that there was no COVID in the home. Without
2 testing being done, how do you state this?

3 On the 29th of March, two staff members
4 of our home test positive for COVID-19. They are
5 sent home to self-isolate, as are six other staff
6 members. Families are told that these workers have
7 only worked with residents on villas on a different
8 floor. They did not work on the villa on the floor
9 with which later became the centre for COVID-19 in
10 the home.

11 The residents' families are told by
12 administration that residents are now confined to
13 their rooms. So on the 2nd of April, they do not
14 leave their room.

15 3rd of April, administration at our
16 home advise that they are only testing those
17 residents and staff who show symptoms of COVID-19.
18 It's on this same date that we learn the first
19 resident has tested positive for COVID.

20 6th of April, three staff, four
21 residents are infected. We're now up to four
22 residents within three days. All people that are
23 infected are on the same villa. We are told that
24 the staff that are infected never worked on that
25 villa.

1 At some point, two more residents die
2 on a completely different villa. One lives in the
3 room next to the resident I mentioned earlier, the
4 woman who will later test positive for COVID-19.
5 All ate at the same table as the resident who will
6 later test positive for COVID.

7 On the 7th of April, the administrator
8 of our home sends out a letter to residents'
9 families where there's absolutely no mention of how
10 many people are infected by COVID-19. They go on
11 to direct the family to contact the local health
12 unit for detailed information if they want it in
13 regards to COVID.

14 The administration advised that if
15 there is a positive test on a specific villa, the
16 family members of the villa will be notified. Any
17 other information, we are to get from local health
18 authority. We check on the local health authority;
19 there is no information in details about our home.

20 On the 8th of April, the Family Council
21 chair tests this information, contacts the local
22 health authority, and we are advised by them that
23 there's only -- they say there's only two people
24 infected.

25 We advised them that their information

1 is incorrect; in fact, there are seven cases at the
2 home: Three staff and four residents. The health
3 department's staff member was quite surprised at
4 this and abruptly states that it's not their job to
5 track cases, and we were to contact the home from
6 here on in directly for any information we wanted.

7 So we have the home telling us to
8 contact the health department, and now we have the
9 health department telling us to contact the home.

10 So at this time, we're starting to get
11 more and more requests from Family Council members
12 for information because they're not getting any
13 information from the home. They're starting to
14 worry, they don't know, they can't make an informed
15 decision whether they're going to take their family
16 member out or not.

17 So we start asking some questions. We
18 start asking for more information. We contact
19 Family Council of Ontario and ask if long-term care
20 homes are required to provide this information, and
21 we were advised by Family Council Ontario that they
22 have -- there is no requirement for a home to give
23 out information.

24 So the people in the homes, unless
25 their loved one is infected directly, cannot get

1 any information, and the home is not required to
2 provide it.

3 Now, this is a common thing. During
4 COVID-19, we all read many news articles and
5 watched it on the news almost nightly about the
6 lack of information coming from the homes. That is
7 a big problem, and we try to address it by
8 contacting our local MPP to get information that's
9 out there because the public wasn't getting any
10 information, and the residents' family members more
11 so.

12 On the 13th of April, we learned that
13 the former mayor of Belleville along with an MPP
14 would be in the local radio show -- talking on the
15 local radio show, and during this broadcast, these
16 parties discussed the COVID outbreak and its impact
17 on our home.

18 They advised everyone on the radio show
19 that there's only two staff members who had tested
20 positive at Hastings at the home. There was no
21 mention that there were actually four residents,
22 and so I felt obliged to -- at 10 o'clock when the
23 call-in portion of the show happened, I went on,
24 and I spoke to the radio broadcaster, and I
25 provided them with the accurate numbers of what was

1 going on. And I further advised them that a lot of
2 the family members in the home were desperate for
3 information, and they were not getting any
4 information from the home.

5 The broadcaster appeared surprised at
6 the numbers increasing in such a short time and
7 stated that a lot can happen in a week, since it
8 was almost a week since the numbers that we had
9 been given, and they were going to pass this on to
10 the local newsroom.

11 On the 15th of April, representatives
12 of our county on the same local radio show
13 mentioned before saying, they have -- they got on
14 there and said, they've halted COVID at our home.
15 They had "stemmed the tide" was the quote.

16 At the same time, they advised that
17 they had stemmed the tide of COVID at our home,
18 there are six residents and four staff infected,
19 and no deaths. The home would later have ten
20 residents infected, and three of those residents
21 would die.

22 On the 19th of April, administration at
23 our home sent out information that makes Family
24 Council question the number of residents at the
25 home. The numbers provided are less than what

1 should be there.

2 The first villa, not the one with all
3 the COVID residents tested positive -- this person
4 is a resident. So the first person to die that is
5 not on the floor where all the residents were
6 passes away. So now we have a completely different
7 villa that's got a person infected.

8 This is the person that we mentioned
9 shared the dinner table with the previous residents
10 who passed away who were never tested. They also
11 lived right beside each other in the villa.

12 We've been advocating for several weeks
13 by this point to be testing all the staff because
14 we felt that it was the staff that was infecting
15 the residents because how can the residents get
16 infected? They're in their rooms and have been for
17 a long time; by this time, a month.

18 Now, our Family Council chair asked
19 administration in our home directly about the
20 number of residents tested on the 27th of April.
21 So we sent a list of concerns on that date. We
22 never received a response from that -- on that list
23 of concerns, the concerns being that there's
24 supposed to be 253 residents at the home, and
25 there's a discrepancy of about 18 residents. Now,

1 this is the second time that we've sent a list of
2 concerns to the home and not been responded to.

3 On the 29th of April, the first death
4 occurs at our home. The 30th of April, we learn a
5 second resident has passed away. So two in two
6 days. We start making inquiries about whether a
7 home is required to test a resident upon death of
8 the COVID-19. This was because we knew some
9 residents had passed away and were not tested, even
10 though they were associating with individuals who
11 would test positive.

12 We believe there could have been more
13 people that died of COVID in our home than was
14 reported.

15 On the 4th of May, we have a third
16 person pass away. On the 21st of May, a senior
17 representative of our home states in a local news
18 article that the COVID-19 may have been masked by a
19 respiratory outbreak. This is the respiratory
20 outbreak that's been lasting for 87 days.

21 So a high-ranking member of the
22 administration is saying that they may have been
23 fooled by the respiratory outbreak. It may have
24 masked COVID-19.

25 The home was late to test staff, and

1 they were late to test residents, we feel. On the
2 24th of May, we requested an inspection from the
3 Ministry of Long-Term Care on two points: Was the
4 home testing residents who passed away for COVID,
5 and the home failed to answer our list of concerns
6 on two separate occasions, the 16th of March and
7 the 27th of March, which they are required to do as
8 per Section 60(2) of the Long-Term Care Act where
9 they are required to respond within ten days in
10 writing to our concerns.

11 In early June, an inspector conducted
12 an inspection based on what I sent to the Ministry
13 in written form. They never interviewed me once
14 prior to the conducting of the inspection and
15 attended the home and found the home compliant,
16 even though we had not received answers to our
17 concerns and no information as to whether the home
18 was testing residents properly for COVID.

19 We challenged his findings, and
20 eventually, the Ministry, after several weeks, sent
21 a second inspector in and found that the home was
22 not in compliance with answering our concerns.

23 We have not received any information on
24 the second aspect of our concerns; namely, the
25 proper testing of residents for COVID as the

1 inspector involved is not available until later
2 this month. So I'm hoping to hear back then from
3 that inspector as to what they found.

4 We have asked that the inspector
5 determine the number of deaths from March 1st to
6 July 1st, 2020, roughly the time frame that COVID
7 impacted our home, at the home and then compare it
8 to the number of deaths in the three previous time
9 frames in three previous years. So the same time
10 frames for 2017, 2018, and 2019 to see if there's a
11 spike this year. If not, then fine. But if so,
12 what?

13 My submissions speak for itself about
14 several concerns we have with the existing
15 inspection process. One, the way the inspections
16 are conducted, the training of the inspectors, and
17 the transparency of the inspectors and their
18 connections to the homes being inspected.

19 We believe the homes do what they are
20 directed to do and no more. You can see this in
21 just about every document they put out. "Upon
22 direction from local public health" is one phrase
23 you'd hear. "Following directions from the
24 Ministry of Health."

25 They are right there. They see their

1 residents and what is happening to them every day
2 and night. They can do more to improve things. It
3 appears that they only do what they are told to.
4 We may have created a system where we don't want to
5 be proactive, step out of the comfort zone and
6 follow -- but just follow what we are told to do.

7 I have written out some immediate
8 recommendations, if you would like to hear them, or
9 I can submit them.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 Well, why don't we hear the ones that you
12 particularly want to call to our attention?

13 HAROLD CURWAIN: Okay. The use of
14 caregivers in the home: In the first wave of
15 COVID, long-term care homes were locked down, and
16 no one other than staff was allowed into the home
17 for three or four months.

18 During this time, there were also no
19 ministry inspections. I've already said that. So
20 we have no detailed information as to what
21 transpired in homes. Many staff are fearful to
22 come forward out of fear of reprisal from
23 administration. We speak to staff in these homes
24 all the time. They're willing to talk to us.
25 However, we have to be very careful in what we say

1 because they are fearful of repercussions.

2 Family caregivers were not allowed in
3 and had to control the limit of any access. Many
4 of the residents themselves are afflicted with some
5 form of dementia so are unable to advise on any
6 issues that occur. These residents that were
7 cognizant in the home were secured in their rooms
8 for weeks and could not observe anything outside of
9 the rooms or hallway.

10 So to prevent this from occurring and
11 at the same time improve residents' lives, we
12 recommend that caregivers be allowed back into the
13 homes to assist with care, even if there is a
14 second wave in the home. It is our opinion they
15 are no different than the staff that come and go in
16 the homes.

17 They are required to be tested every
18 14 days, as are staff members. They are required
19 to advise of any possible symptoms upon arrival at
20 the home, as are staff members. They are required
21 to stay home if they have any of the identified
22 symptoms, as are staff members.

23 By stipulating some basic requirements
24 such as times they feed, they can come in and
25 assist their loved one -- such as meals, bedtime,

1 or deportment issues would go a long way to
2 assisting in the residents' care. It will also
3 assist in alleviating staff workload, and even more
4 importantly, will give the public and government
5 some needed eyes inside the home during a lockdown.

6 Our Family Council members, just now
7 starting to be allowed back into the homes, are
8 seeing their loved ones have dramatically changed
9 in demeanour. This, we feel, is because of the
10 lack of activities currently and especially during
11 the lockdown. Even more so, the non-contact with
12 family and/or caregivers has aggravated matters.
13 Some would say it's worse than the COVID scare
14 itself.

15 The problem currently in our home is
16 that the family caregiver allowed into a home goes
17 in fully outfitted in PPE -- that's gloves, face
18 mask, and gown -- while staff move about only
19 wearing a mask. As stated above, a family member
20 coming into the home is no different than the staff
21 member coming in.

22 The caregiver is escorted directly to
23 the room of the resident and not allowed anywhere
24 else in the building. The resident is then brought
25 to the room, if not already there, and all contact

1 takes place in the room and nowhere else.

2 We have reports from Family Council
3 members that the family member does not recognize
4 their caregiver. The caregiver goes on to state
5 the resident is angered at not being allowed to eat
6 in the dining room. If the caregiver is coming in
7 at mealtime, if the caregiver is coming in to
8 assist at mealtimes, then the eating of meals can
9 only occur in the residents' room and not in the
10 dining room.

11 So you've had a family member in the
12 home; the resident who hasn't seen their loved one
13 for months. When they come in, they can't see them
14 again because they're fully covered. They're
15 restrictive in their location. Their only memory,
16 if they have one, is the fact that they were locked
17 in their rooms for a couple of months. Now they're
18 being told that's the only place you can be with
19 this individual.

20 If the caregiver comes in at any time
21 of the day or other reason other than assisting
22 with meals, their time can only occur in the
23 residents' rooms. Several of the Family Council
24 members are thinking of cancelling coming into the
25 home, as it is more disruptive to their loved ones'

1 routine and is more upsetting to them.

2 They're looking to revert back to
3 window visits from outside. So these inside visits
4 are just -- they're not working.

5 And regarding the staffing levels, the
6 province wishes to have staffing levels at such a
7 level that there is a four-hour hands-on per
8 resident. The current staffing level for Hastings
9 Manor has now been identified as 2.7 hours per
10 resident.

11 The home administration have voiced
12 concerns to us this past fall that they are
13 concerned that the county would try and utilize
14 staff in the home that did not have direct contact
15 with residents as part of the equation to get the
16 four-hour mark while keeping the cost of financing
17 staffing as low as possible.

18 The staff being counted inappropriately
19 in the equation would be administration, laundry in
20 their facilities. Staff who work at the home but
21 have little, if any, direct contact with the
22 residents and certainly no hands-on contact, that
23 is a fear that was expressed to us by
24 administration. So to keep the costs down and to
25 get to that four hours a day, they would utilize in

1 the equation staff that really had no contact.

2 The committee group should be -- we
3 feel a committee should be struck up for long-term
4 care staff, experienced Family Council members,
5 doctors, and specialists in geriatric care to
6 establish a minimum staffing model for long-term
7 care homes.

8 This will give every long-term care
9 home an equation or process by which they can
10 determine what staffing needs are required in their
11 particular home or properly staff for a set number
12 of long-term care residents. This committee would
13 also establish which types of staff would be
14 included in such a model: Registered nurses,
15 registered practical nurses, personal support
16 workers, doctors, et cetera.

17 I've got an entry in regards to
18 training. I'm not sure whether that impacts the
19 short-term concerns that you are trying to
20 establish, but I can forward this to Ida. It's in
21 regards to training.

22 We believe that the training for a PSW
23 should be a two-year diploma program. They need
24 more time. This was expressed to us by PSWs that
25 we spoke to. They wanted to see more education

1 training in PPE uses and dealing with patients
2 during all forms of outbreaks, explaining history
3 of problems in the past, and how they can impact
4 what they do in an outbreak.

5 Prioritization. They felt overwhelmed
6 in trying to do the right thing. They thought if
7 they were better trained to prioritize things, they
8 could better assist the residents. They even said
9 ethical training. When we explained about the
10 purpose of it, they all agreed that they would
11 benefit from this training and would like to see
12 some form of whistleblower legislation come into
13 effect.

14 None of these individuals felt anywhere
15 near confident to come forward if they saw someone
16 do something inappropriate, and all stated they had
17 seen things done inappropriately.

18 And the last problem is the inspections
19 and oversight. I do not feel the current process
20 of inspections is appropriate. Family Council is
21 aware of many complaints submitted by families and
22 residents in subsequent inspections by the Ministry
23 of Long-Term Care Inspection Branch.

24 Please note that our family receives
25 all final inspection reports. So we see all the

1 final inspection reports. The current complaint
2 process includes a complaint to the Ministry and
3 the assigning of an inspector to investigate. At
4 the conclusion of the investigation, a report is
5 filed and the home is either found in compliance or
6 found not in compliance. If found not in
7 compliance, then recommendations are made.

8 We've seen recommendations made years
9 ago. They've not been corrected in the home.

10 The current process, the inspectors
11 that are utilized are a lot of times either
12 currently medical professionals like nurses,
13 dietitians and stuff, or they are past nurses or
14 dietitians and PSWs. They have no training in
15 proper interviewing at all.

16 The example that I can cite is our own
17 example where we submit a written submission;
18 there's no interviewing. They never interview the
19 individual who's providing the information
20 personally. They do it over the phone, yet they
21 spend hours and sometimes days with the home. And
22 these are people that are in the same profession as
23 they are. So there is a chance that, you know,
24 there may be some bias in the process.

25 They don't normally, if ever, meet with

1 the complainant. Like I said, there may be a phone
2 call.

3 You have to remember that the inspector
4 attending is a former medical staff, nurse, PSW,
5 the same as who they are investigating. They do
6 not have the benefit of meeting and properly
7 interviewing the complainant, let alone see how the
8 issues in question have impacted them and their
9 family.

10 They, in most cases, have inspected the
11 home and talked to the same staff members on more
12 than one occasion. We have our inspectors that
13 come into the same home, talk to the same staff
14 repeatedly on many occasions.

15 This was the case, and I can only speak
16 from my experience as a police officer, is the SIU.
17 Years ago, we would investigate ourselves; that was
18 not acceptable, so they created the SIU. Now the
19 SIU is established, and the process had to be
20 tweaked. Reporting guidelines were added to ensure
21 that the investigations being conducted by SIU were
22 above-board and transparent.

23 Most definitely is not the case with
24 this current process of long-term care inspections.
25 SIU investigations have the authority over the

1 police [indecipherable] they are investigating and
2 take control over any scene, including a homicide
3 scene.

4 Long-term care inspectors are extremely
5 limited in what they can investigate, and their
6 inspection is too narrowly focused.

7 So those are my short-term
8 recommendations, and I'll be glad to send them to
9 Ida. Otherwise, you have my submissions in regards
10 to this incident, and they are detailed as to what
11 transpired, so I won't go into them again.

12 If you have any questions, I would be
13 glad to answer them.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 The inspections, I wasn't clear how you thought
16 they should go about doing that.

17 HAROLD CURWAIN: Well, in our case,
18 we'd asked for two specific things to be inspected
19 or complaints put forward.

20 You would think under normal process
21 that you would interview the individual who has
22 provided this information as opposed to just
23 reading the report that they submitted.

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Right.

1 HAROLD CURWAIN: As a police officer, I
2 can't imagine going into court and be in the
3 witness stand and have a defence lawyer say, okay,
4 officer, can you tell me when you interviewed the
5 victim, how did you find him?

6 I'm sorry, sir, I didn't interview the
7 victim.

8 You didn't interview the victim? So
9 you didn't have a chance to see their demeanour?
10 You just read the report that was taken?

11 That's correct.

12 That wouldn't be acceptable in court,
13 and that's what happens here. They don't interview
14 in-person anyone. They take your written -- they
15 may phone you. So they spend literally maybe a
16 half hour, an hour talking to the individual on the
17 phone, but they spend literally hours and days at
18 the home talking about the people that are being
19 complained about.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 So they actually go to the home?

22 HAROLD CURWAIN: That's correct.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 But they don't interview the person who complained?

25 HAROLD CURWAIN: No. So there's no

1 opportunity -- so --

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Did anybody -- sorry, go ahead, Mr. Curwain.

4 HAROLD CURWAIN: When I submitted the
5 information, I fully expected to have contact with
6 the person who's going to inspect because I was
7 told I would. I would expect that an opportunity
8 to sit down and talk and say -- and maybe mete out
9 the information.

10 A lot of people may not put all the
11 information in the report because they fully expect
12 to be able to be interviewed by the person who's
13 going to go in, an inspector. That's just the way
14 things are -- interviews are done.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Mm-hm.

17 HAROLD CURWAIN: I know that's the way
18 we do it in policing, and maybe that's not the way
19 everybody else does it, but I'm sure that it would
20 be a lot better if the inspector could sit down
21 with the individual.

22 The individual then has an opportunity
23 to have questions asked of them. So that, oh, yes,
24 you're right, I forgot about this, and oh, yes,
25 this. So that you can get more information.

1 Because if you're going to conduct an
2 inspection, you want to have all the proper
3 information you could possibly have. That doesn't
4 happen because you don't -- you just talk to the
5 person on the phone. That's it.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Do you have any sense -- I can understand, you
8 know, if there's an outbreak of COVID-19 and the
9 inspectors suddenly stop going into the home, but
10 did anybody ever explain why or offer an
11 explanation for why they would go to the home,
12 interview the people complained about but not
13 interview the person complaining? I mean, did
14 anybody ever try to tell you why that was?

15 HAROLD CURWAIN: Well, if you'll see in
16 my submission, you'll see we received a call, and
17 the manager for the inspector was on the line. And
18 I brought this up with them, and I explained it to
19 them. And the manager that talked to me said,
20 yeah, you're right, and they advised that they,
21 prior to working for the Ministry of Long-Term
22 Care, had been a labour inspector.

23 Well, over the years, I've worked with
24 many labour inspectors on the job, and they were
25 just like police officers. They went and they

1 talked to the people. They went to the scene.
2 They looked at the scene. They talked to people
3 that were involved in the event that took place,
4 and he understood that, yes, that could be the
5 case, and that is a problem that they have. His
6 words. So they said, that's just not the way they
7 do it.

8 When I challenged the results, I
9 received a call from another manager, and they said
10 that they had reviewed everything, and they
11 concurred with the original inspector's results and
12 that they were in compliance. I then went through
13 the entire matter, and it -- clearly, she was
14 surprised at the information that I was providing,
15 and she asked me to send all that new information.
16 She wasn't aware of it.

17 And then they, in turn, were replaced
18 by a third manager who then said that they had
19 talked to their manager, and they were going to
20 assign a new inspector. And a new inspector
21 contacted -- and I asked for an interview, and they
22 said, no, that's not the way they do it.

23 They understood my concerns about --
24 and I voiced the same ones that I voiced today, and
25 they then proceeded to send. I even asked, I said,

1 is it possible that you would send the very first
2 inspector that had said they were in compliance and
3 had never spoken to me before they did their
4 inspection? And they said that was a possibility,
5 but they cannot guarantee that they would not send.

6 Now, in this case, they did not. They
7 sent a new inspector. The new inspector, who was
8 not available until later this month, asked for
9 another person in the inspection to contact me and
10 let me know that they had conducted the inspection,
11 and they found the home not in compliance on both
12 occasions but that they would not be able to speak
13 with me until the original inspector came back.

14 So I had gone through multiple, and
15 several of the managers had said, yes, they
16 understand, but that's not the way they do it.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Okay.

19 HAROLD CURWAIN: That was the extent.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Commissioner Kitts?

22 COMMISSIONER JACK KITTS: Just a
23 question, Mr. Curwain on -- who is your Family
24 Council -- who do you report to in terms of
25 suggestions and things that come out of the

1 council?

2 HAROLD CURWAIN: Well, Sue, you can
3 probably answer this better. Sue is our -- Sue, if
4 you could dance? You're on mute.

5 SUSAN McGRATH: Okay. Well, when we
6 have a meeting, usually we have concerns raised by
7 family members at the meeting. When I first became
8 chairperson in January 2017, at the first meeting I
9 went to, it was all new to me. But they were
10 desperately looking for somebody to take over
11 Family Council, and she kept asking throughout the
12 meeting, the chair who was conducting the meeting
13 that day, and no one would -- so finally, at the
14 end of the meeting, I said, I don't mind taking
15 notes. Well, then, the next thing I knew, I was
16 the new chairperson.

17 So then I talked to some people because
18 they were having a hard time getting anyone to come
19 out to the meetings. So I spoke to some people,
20 and I said, you know, I see you used to come, but
21 you don't come. Would you be interested in coming?
22 They said, no, it's a waste of time; nothing ever
23 gets done.

24 So at that point, I said, okay, if you
25 come to the meetings and you raise concerns, I'm

1 going to go to [Director of Home], the
2 administrator, after each meeting and have a
3 meeting with her and bring your concerns, and then
4 at the beginning of the next meeting, I will share
5 the answers to your concerns.

6 So they thought that was a good idea,
7 so I did that for about the first year and a half.
8 And then we met with [CAO of county], the
9 administrator of Hastings County, and he suggested
10 we invite the leadership team, the administration
11 leadership team to our meetings. So we started
12 doing that, and they would come to the meetings and
13 answer our questions. We would submit questions
14 ahead of the next meeting that had risen at our
15 current meeting, and then they would come to the
16 meeting and address those.

17 But after doing that for a year, we
18 found that that was taking up all the meeting just
19 having answers to all our questions.

20 So we decided to go back to our old
21 format starting in 2019, where instead of having
22 the leadership team come to the meetings, we would
23 get the concerns from the Family Council members,
24 go and meet privately with the administration team
25 members, and come back with the answers. So that's

1 what we were doing last year.

2 But as far as reporting to anyone, we
3 don't really. We try to keep the lines of
4 communication open with administration. It's been
5 a tough battle.

6 COMMISSIONER JACK KITTS: So you're
7 advisory to the administrative team?

8 SUSAN McGRATH: Yes. We're an
9 independent advocacy group.

10 COMMISSIONER JACK KITTS: Right. But
11 remind me, what is the administrative team, and are
12 they onsite?

13 SUSAN McGRATH: Yes, they're like the
14 director of the home, head of dietary, head of
15 laundry, head of nursing, head of environmental
16 services.

17 COMMISSIONER JACK KITTS: Okay. And so
18 if you have to go up the chain, I think like
19 Mr. Curwain may have, what's the next level up?

20 SUSAN McGRATH: Then the only other
21 avenue is to lodge a complaint with the ministry.

22 COMMISSIONER JACK KITTS: Is your home
23 a private home or a not-for-profit?

24 SUSAN McGRATH: No, it's run by
25 Hastings County, but there's no board of directors.

1 COMMISSIONER JACK KITTS: So it's a
2 municipal home?

3 SUSAN McGRATH: Yes, yes. But there's
4 no board of directors. I've been told, oh, go to
5 your board of directors. So I looked into it, and
6 I said, there is no board of directors. So that's
7 not an option.

8 COMMISSIONER JACK KITTS: Interesting.

9 SUSAN McGRATH: Mm-hm.

10 HAROLD CURWAIN: There's a whole issue
11 with regards to the Family Council process. Every
12 home in Ontario is supposed to have a Family
13 Council, but not every home has a Family Council.
14 And if you read the Long-Term Care Act and if you
15 read a lot of the legislation that comes out in
16 regards to the Long-Term Care Act, there's a lot of
17 people that go on to say how important Family
18 Council is, and it's important to all residents
19 because a lot of the residents don't have family
20 members. We're the only ones who can advocate for
21 them.

22 They even stress how it's important for
23 the new resident that comes into the home because
24 when a new resident comes into the home, it often
25 is a very emotional, trying situation. A lot of

1 them don't want to be going in, but they have to go
2 into the home.

3 So a lot of people say, and it's in a
4 lot of the narrative, that it's important that the
5 Family Council -- because Family Council is made up
6 of family members who have or had residents in
7 there, and they've probably had many years of
8 dealing with all the ins and outs of the home.

9 So they are a great resource, and I can
10 tell you for a fact because we contacted every home
11 that's registered with the Family Councils of
12 Ontario. There's not one home in Ontario that's
13 registered with Family Councils of Ontario that has
14 the Family Council as part of the greeting process
15 for new residents. Doesn't happen.

16 And we've approached the home on this,
17 and they will have no way, shape, or form having
18 the Family Council there as part of the meet of the
19 new residents. We've asked to do that; they
20 won't -- they don't want us there.

21 COMMISSIONER JACK KITTS: Well, it
22 sounds like your Family Council is very active,
23 raises a lot of issues that you've shared with us
24 here, and you either don't get an answer, and you
25 have no appeal mechanism?

1 HAROLD CURWAIN: There is none, no.
2 The legislation reads well, but there's no meat to
3 it.

4 GEORGE SMITT: Nothing ever gets done.

5 HAROLD CURWAIN: I'm sorry?

6 GEORGE SMITT: Nothing ever gets done.

7 HAROLD CURWAIN: Yeah.

8 SUSAN McGRATH: Well, we try. We push
9 and push and push.

10 GEORGE SMITT: Yeah, I --

11 SUSAN McGRATH: But it's not a positive
12 relationship because the more we push to get things
13 implemented, the more administration feels like
14 we're butting in where we don't belong.

15 GEORGE SMITT: It's not a lack of
16 trying. It's a lack of getting an answer. [Who
17 are you trying to] (ph) and what kind of an answer
18 are they giving you and where does that come down
19 on the chain, on the food chain.

20 HAROLD CURWAIN: There is a lot of
21 things that we have tried to do at our home; for
22 instance, the province supplies money for every
23 resident in the province in a home. It's so much
24 per day for activities, which is like entertainment
25 and things like that.

1 And many homes have a budget that they
2 set aside so they can bring in entertainers or
3 singers or dancers or different things to entertain
4 the residents. In our case, because we have a
5 large number of residents, ours is in the millions.

6 But the home has absolutely no money
7 for activities.

8 SUSAN McGRATH: Entertainment.

9 HAROLD CURWAIN: Zero budget.

10 SUSAN McGRATH: Activities,
11 entertainment.

12 HAROLD CURWAIN: And -- yes. There's
13 no -- because the way it's doled out by the
14 government is the government provides the lump sum
15 to the local LHIN and then the LHIN provides it to
16 the home based on how many residents they have.
17 And there is no requirement set out by the
18 government as to what they can spend it on. So
19 each home is allowed to spend that money on what
20 they want.

21 And in our case, they hired four
22 full-time activity persons and four part-time
23 activity persons. So maybe if you wanted to bring
24 in someone to sing or do a show, it can only come
25 from volunteers, donations.

1 So because we firmly believe that the
2 home, the residents should have entertainment, our
3 Family Council has created the home's name,
4 Entertainment Fund, and we go to Lions Club, and
5 we're going to places and getting people to donate
6 funds to that so it goes into a fund so that we,
7 the Family Council, can hire people to come into
8 the villas and sing.

9 And we've had several people involved.
10 Each home has -- each villa has a piano, and some
11 of the villas didn't have, so we arranged to have
12 pianos donated. We arranged to have them tuned up.
13 We contacted over three dozen churches to find
14 people who played the piano and would be willing to
15 come forward to entertain.

16 And we set it up, and we transitioned
17 everything over to the activity person at the home
18 to run, and we had all these volunteers coming in,
19 and they were playing the piano on every villa at
20 mealtimes and/or just before meals and stuff like
21 that to entertain because that was the only way we
22 could get entertainment.

23 And so it's been -- Family Council has
24 been pushing all that.

25 COMMISSIONER JACK KITTS: Can I switch

1 now to Wave 2 and the preparedness or readiness?

2 What do you feel that your level of
3 preparedness or readiness is compared to Wave 1?

4 And a supplemental is, are you working
5 with partners or building relationships with local
6 hospital and public health officers, et cetera?

7 SUSAN McGRATH: We aren't working at
8 all as Family Council with the home. So I really
9 have no idea what they're doing.

10 One thing I was really concerned about
11 in the number of times I've been over visiting is
12 that staff would be outside the home walking
13 around, usually having a cigarette together, and
14 they were not social distancing. And I spoke to
15 the director of the home about this on several
16 occasions, and also the fact that they were all
17 going down to the same lunchroom off of the villas.
18 There's eight villas in the home, and yet they're
19 all allowed to go to the same staff lunchroom.

20 And I just felt like, you know, this
21 wasn't the best way to do things, and I was
22 informed according to the Employees Act, they are
23 allowed to go and visit there.

24 And they used to have a picnic table
25 out in the parking lot where everyone would go out

1 and sit and smoke and visit, and they took it away
2 and didn't replace it. So now the girls either go
3 out and sit on the curb or take their fold-up
4 chairs and go and sit out there and still, you
5 know, get together.

6 And I just feel like there needs to be
7 a lot stronger emphasis on social distancing
8 amongst staff because they walk in and out
9 together, and, you know, I see them; they're not
10 social distancing. I'm sure they do once they get
11 in the home, but I just felt like, on the premises,
12 that really, there shouldn't be people out sitting,
13 especially on the curbside, it's not very clean,
14 and then going back in, walking back in together.
15 And yet I've observed this many times, as have
16 other Family Council members, when we've been over
17 there visiting our resident.

18 HAROLD CURWAIN: As for having PPE, we
19 do believe they have sufficient PPE. We don't know
20 for a fact, but we do believe so, and the only
21 reason we know that is that we are receiving
22 complaints from residents that their observation --
23 the rooms that they have at the end of the hallways
24 where they would sit and look out over the bay are
25 all full of boxes. So they can't use those rooms.

1 So we assume that's all PPE.

2 As far as connection with local
3 hospitals and stuff, we have no idea. They don't
4 provide any information to us at all.

5 GEORGE SMITT: They changed that this
6 afternoon. They took it in another room, which is
7 empty. There's nothing in that room, yet you had
8 everything sitting in that -- you know, the
9 residents' room there on the end, the sunroom, I
10 may call it.

11 HAROLD CURWAIN: That's the room that
12 had all the boxes in it, George?

13 GEORGE SMITT: Yeah, they took all the
14 stuff out.

15 HAROLD CURWAIN: Okay. So they
16 listened to us.

17 SUSAN McGRATH: Thank you. That's good
18 to know, George. That happened quickly.

19 GEORGE SMITT: I felt that they stole
20 that room from us.

21 SUSAN McGRATH: I know. And that's
22 what I told them yesterday.

23 GEORGE SMITT: That room belongs to the
24 residents, and I had a big argument with
25 [indecipherable] -- that's the girl's name -- about

1 it. I don't think she speaks with me again, but
2 that's okay. Anyway, the room is open, so we can
3 go back in there again and look over.

4 SUSAN McGRATH: Yeah.

5 HAROLD CURWAIN: Well, I'll talk to
6 you, George.

7 GEORGE SMITT: Oh, I want to know the
8 Residents' Council and Family Council, do they have
9 any connections between one another? And what
10 power do they have, the Residents' Council?

11 HAROLD CURWAIN: That's a good
12 question. George was asking what's our connection
13 with the Residents' Council.

14 Residents' Council at the home, just
15 before COVID, it'd be last fall, we started at our
16 request to request to meet with Residents' Council
17 at every second month. And we started doing that,
18 and it was actually working out well. We were
19 trying to coordinate issues of concern between the
20 two of us. We had concerns -- a lot of it at the
21 beginning was in regards to the activities because
22 we have the activity calendar provided once a
23 month, and it looked fantastic.

24 But in all innocence, none of it was
25 happening, and that was confirmed by Residents'

1 Council when we showed it to them and they said,
2 oh, yeah, that doesn't happen, that doesn't happen,
3 that doesn't happen, and in that one, there's only
4 maybe two people go to, and things like that. And
5 we were just in the process of trying to work
6 through some issues with them and to coordinate
7 with them when COVID-19 hit.

8 So hopefully once the home opens back
9 up to normal, we'll be reinstituting that.

10 SUSAN McGRATH: But that took us about
11 two years to get a chance to meet with Residents'
12 Council.

13 GEORGE SMITT: Now, if folks
14 [indecipherable] who they're the right one. The
15 Residents' Council over the rights demand
16 [indecipherable] of this Residents' Council, just a
17 name. It really doesn't mean nothing.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Well, let me just kind of -- just to sort of bring
20 this back to how it started: Is there something
21 further that you think we need to know, apart from
22 what you've told us so far?

23 GEORGE SMITT: How do you mean?

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Mr. Curwain?

1 GEORGE SMITT: I don't --

2 HAROLD CURWAIN: In regards to -- if
3 it's in regards to COVID, I think we've supplied
4 everything we have in my submission and in my
5 presentation today. I think we've done that.

6 Sue, I think, could maybe add a few
7 words in regards to what I was speaking to in
8 regards to bringing the caregivers back in,
9 especially during a second wave. Because it's --
10 when we're citing the problems where the caregivers
11 are going in now, they're only just recently being
12 allowed in.

13 But the process is very oppressive
14 for -- and Sue should be better able to speak to
15 that, and I think she should say a few words about
16 that.

17 SUSAN McGRATH: All right. Well, I've
18 only been in to see my mother three times indoors
19 as an essential caregiver. Before that, I was
20 having window visits two or three times a week when
21 there was staff as available. Some weekends there
22 was no staff available, so no visits -- window
23 visits weren't allowed.

24 Sometimes in the evenings, no staff.
25 So when it was available, I would have my window

1 visits. At the window visit, I wasn't required to
2 wear a gown or a mask because I'm outside, she's
3 inside. The MSW, the multi-service worker, would
4 hold the phone, and I would have a phone, and we
5 would talk and sing and have a great visit for
6 30 minutes, and my mother normally seemed happy to
7 see me, and she would light up.

8 The time when they were in their rooms,
9 confined to their rooms, I had to do my window
10 visits with her up in her fourth-floor room, and
11 even then, she would be happy to see me, except for
12 a while when she wasn't, so I requested she be
13 checked for a UTI, and sure enough she had a UTI.

14 So since I've been going in this past
15 week -- I went in Friday night, Sunday night at
16 suppertime; that was not good because at 4:30 when
17 I went in, even through supper doesn't start till
18 5, she was already at the table in the dining room.
19 And they had to bring her out of the dining room
20 and bring her down to her room with me dressed in a
21 long gown and a mask, and she was not happy about
22 that at all. And I had to feed her in her room,
23 and she didn't want to be fed in her room. It was
24 not working at all.

25 So yesterday I went in at 3:30 in the

1 afternoon. They brought her from the lounge down
2 to her room, and again, she was not happy to see me
3 and wanted out of her room. There's a gate across
4 the front of her room, and she wanted through that
5 gate and out there. And then she just fell asleep
6 when I kept her in the room.

7 So now I've booked another, visiting
8 her room for tomorrow afternoon, but then Friday,
9 I've booked a window visit because I want to see
10 the difference if she's still happy to see me. On
11 Friday when we do the window visit, then I'll know
12 it's the gown and the mask and everything she's not
13 relating to, and I'll go back to doing window
14 visits outside.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 It sounds almost like she doesn't like being in the
17 room.

18 SUSAN McGRATH: Yeah, I don't think she
19 likes being in the room, and --

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Well, I guess if you spent all the time when you're
22 locked down in there, it's the last place in the
23 world you'd want to be.

24 SUSAN McGRATH: Yes.

25 COMMISSIONER FRANK MARROCCO (CHAIR): I

1 mean, I don't -- I'm just speculating, but --

2 SUSAN McGRATH: Well, that's what the
3 MSW tells me. Whenever he gets her to bring her
4 down for a window visit, she's always in the
5 lounge. And I just keep buying her magazines.
6 I've probably bought her 30 magazines because
7 that's all she has to do all day is sit and look at
8 magazines --

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Mm-hm.

11 SUSAN McGRATH: -- all day long, even
12 though the calendar shows there's word games,
13 there's trivia games, there's bingo games. My
14 mother's passed all of that. All she enjoyed was
15 music.

16 So it got to the point where another
17 lady and I started paying for a private musician,
18 paying privately for an entertainer to come in and
19 play music on the villa because only so many people
20 can go to the music that's offered down in the
21 multi-purpose room. So we felt it was much better
22 to bring the entertainers to the villas.

23 And so that's what we started to do.
24 And that's what brought about us forming the Family
25 Council Music Entertainment Fund so that we could

1 have entertainers go to all the villas in the home
2 and entertain because being there for the last --
3 my mother's been in there six and a half years. I
4 see how the same people get to come down to the
5 multi-purpose room time and time again, and some
6 people never get taken down.

7 So now there's no music, nobody playing
8 the pianos. It's just sit in your chair all day
9 and do the sit-and-stare, as I call it. So I bring
10 magazines, and that's what she does.

11 And I've noticed since I've done these
12 indoor visits, the last three of them, she's not
13 reconnecting with me at all. She will sit. I took
14 a magazine up to her yesterday from down in the
15 lobby, and she just sat and looked at the magazine,
16 and she wasn't interested in watching the TV and me
17 pointing out what was going on on the TV.

18 And then she just kind of nodded off to
19 sleep, I was there for an hour and a half, and it
20 was not a good visit at all. And I think me being
21 all gowned up, maybe that just brings back the
22 memories of when the staff was all gowned up like
23 that, and she's just not happy.

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Okay. Was there anything else that we need -- you

1 think you should tell us?

2 GEORGE SMITT: I don't see a point to
3 being here. There's no compassion, there's
4 absolutely no communication and there's no
5 training, and the food is lousy. I know we have
6 several meetings about the food. We spend three
7 hours, hour in the morning, hour at lunch, and hour
8 in the evening on food. And food, sometimes you
9 can't even eat that stuff. And now the --

10 HAROLD CURWAIN: George --

11 GEORGE SMITT: -- room, they can make
12 the pleasure of being in here much better than what
13 it is now.

14 HAROLD CURWAIN: George and Jack are
15 online. They are residents in the home. They
16 lived through this time frame.

17 Jack, are you still there?

18 JACK DAMERY: Yes, I'm here.

19 HAROLD CURWAIN: Jack, can you tell the
20 Commissioners what it was like during the time
21 frame you were secured to your room?

22 JACK DAMERY: Yeah. The sanitary --
23 the care for the washrooms isn't up to snuff.
24 There's always a mess around the toilet.

25 HAROLD CURWAIN: You were mentioning

1 before to me about -- Jack shares a room with
2 another resident, and they -- that you were
3 mentioning something about the staff were not
4 getting him to clean the washroom areas
5 sufficiently.

6 JACK DAMERY: Well, that's what I just
7 finished saying. The sanitation around the toilet
8 area in the washrooms was not very good. There's
9 always a mess around the toilets.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Yeah, I heard that, actually, the first time.

12 JACK DAMERY: They can't seem to be
13 able to get what a routine on the sink calls for.
14 Like, you need to use some cleansers that clean
15 really deep. I mean, like, to get the film scum,
16 soap scum, and dirt off of the porcelain.

17 HAROLD CURWAIN: How about the
18 bedclothes? Have there been any issues with that?

19 JACK DAMERY: Oh, I don't offer very
20 much for them to do because I seldom sleep on my
21 bed. I sleep in my chair. But they only --
22 they've only come about, the years that I've been
23 here, they've only changed my bed maybe four times.

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Right. So --

1 JACK DAMERY: The sheets underneath my
2 quilt, bedspread could be rotten for all I know
3 because I haven't been in my bed for that long.
4 They don't bother looking to see if it needs to be
5 changed or not. They just assume that I don't use
6 it much, yeah. Now I'm afraid to use it. There
7 might be something bigger than me in there.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Well, I think we have your submission, Mr. Curwain,
10 which --

11 HAROLD CURWAIN: Yes.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 -- we will read. Some of us have read it already.
14 But I want to thank you for taking the time to put
15 it together and to meet with us. It's very helpful
16 for us to get some kind of real-life understanding
17 of what we're dealing with here, and that's been
18 extremely helpful --

19 JACK DAMERY: I'd like to say --

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 -- so I want to thank you.

22 Sure. What did you want to say?

23 JACK DAMERY: One cure for that, and I
24 don't know if it's a cure for all or an all for
25 cure, but you know, if the people that run this

1 place, the executive people that run this place had
2 to come and dine with us for three meals a week,
3 alternate the meals, they'd damned soon get a drift
4 of the quality and the boring repetitiveness of the
5 diet we have here. It's not good.

6 COMMISSIONER FRANK MARROCCO (CHAIR): I
7 think we lost him there.

8 JACK DAMERY: Lost him.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Well, can you just repeat what you just said, that
11 last little bit? We heard you when you were saying
12 that the people who run the place or own the place
13 or control the place, I should say, should come and
14 eat a few meals there, but we just missed what you
15 said after that.

16 JACK DAMERY: They should have about
17 three meals a week with us.

18 GEORGE SMITT: And invite them over and
19 eat with us.

20 JACK DAMERY: Invite them over for
21 lunch, supper, and breakfast, and let them see for
22 themselves right upfront what their choices are to
23 eat, and they'd damn soon get the drift that we're
24 bored.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Right.

2 GEORGE SMITT: You probably won't see
3 them after the week.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Okay.

6 GEORGE SMITT: I think they can make a
7 big improvement in the dining room, more pleasure
8 for the people if they can serve you a good meal.
9 There's a heck of a lot of meals down there that
10 goes to waste, goes in the garbage. With all the
11 hunger we have in the world, it's a shame that you
12 throw that much.

13 We have a choice of three meals every
14 time, in the afternoon and the evening, and you ask
15 my wife what she wants, she hasn't got a clue. She
16 doesn't know. They ask her, and they look at me,
17 and I have to give the answer.

18 I think this is just a waste of time
19 and a waste of food. My opinion, if you get two
20 good meals instead of three lousy meals, you're
21 much better off. You save money because you don't
22 throw so much in the garbage, either.

23 JACK DAMERY: It's pretty hard to hurt
24 eggs, but they can do a fine job here.

25 GEORGE SMITT: And unless they can

1 change that -- and they can if they want to without
2 it costing any more.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 All right.

5 GEORGE SMITT: That idea of choice of
6 two meals, half of them people -- no, 75 of the
7 people, they haven't got a clue. You can give my
8 wife dog food, and she'll eat it because she
9 doesn't know, and she has no way to complain
10 because she can't. She has dementia. She can't
11 complain. And I hate to see that somebody takes
12 advantage of that, and I have a feeling that's
13 exactly what happened.

14 COMMISSIONER FRANK MARROCCO (CHAIR):

15 Well, thank you, all, and --

16 GEORGE SMITT: By the way --

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 -- you've given us a lot to think about.

19 I'm sorry? What were you going to say?

20 GEORGE SMITT: Do we have minutes of
21 this meeting?

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 Yes, there is. There's a transcript of it, and
24 Mr. Curwain will have access to it. It's on the
25 website. It will be in a couple of days. And

1 yeah, you do. There is.

2 GEORGE SMITT: Can we have a copy of
3 that?

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Sure. There's no reason why not.

6 Mr. Curwain, you know how to get it off
7 the website?

8 HAROLD CURWAIN: Yes. I'll make sure
9 you guys, George and Jack, you get a copy of it.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 All right. Thanks very much, everybody.

12 GEORGE SMITT: I have no computer or
13 anything like that. I'm almost 90 years old, and I
14 don't -- never learned nothing -- I don't know
15 anything about it. So --

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 They can print it. They can print it from the
18 Internet, give it to you as a hard copy. We don't
19 print it because we'll read it off the website.
20 Somebody may be printing it for all I know, but the
21 point is that I'm sure you can get a paper copy of
22 it.

23 HAROLD CURWAIN: I'll make sure you get
24 a copy, George and Jack.

25 GEORGE SMITT: Okay.

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Thank you. Bye-bye.

3 COMMISSIONER ANGELA COKE: Thank you.

4 COMMISSIONER JACK KITTS: Thank you.

5

6 -- Adjourned at 2:24 p.m.

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1 REPORTER'S CERTIFICATE

2
3 I, OLIVIA ARNAUD, Chartered
4 Shorthand Reporter, certify;

5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth, at which time the witness was put under oath
9 by me;

10
11 That the testimony of the witness
12 and all objections made at the time of the
13 examination were recorded stenographically by me
14 and were thereafter transcribed;

15
16 That the foregoing is a true and
17 correct transcript of my shorthand notes so taken.

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19 Dated this 14th day of October, 2020.

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