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.

BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

PRESENTERS:

Harold Curwain, Retired Police Office, Family Council Advocate for Hastings Manor in Belleville
Susan McGrath, Chair of the Family Council for Hastings Manor in Belleville
George Smitt, Hastings Manor Resident
Jack Damery, Hastings Manor Resident

PARTICIPANTS:

Alison Drummond, Assistant Deputy Minister, Long-Term Care Commission Secretariat
John Callaghan, Counsel, Long-Term Care Commission Secretariat
Derek Lett, Policy Director, Long-Term Care Commission Secretariat
Dawn Palin Rokosh, Director, Operations, Long-Term Care Commission Secretariat

Ida Bianchi, Counsel, Long-Term Care Commission Secretariat
Lynn Mahoney, Counsel, Long-Term Care Commission Secretariat
Jessica Franklin, Policy Lead of the Long-Term Care Commission

ALSO PRESENT:

Paula Curwain
Olivia Arnaud, Stenographer/Transcriptionist

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

COMMISSIONER FRANK MARROCCO (CHAIR): Mr. Curwain, if you're leading, then, did you want to wait -- you know, do you want to wait a few minutes to see if --

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

COMMISSIONER FRANK MARROCCO (CHAIR): All right. Well, I'm Frank Marrocco. I'm one of the commissioners, and there's Commissioner Jack Kitts, and Commissioner Angela Coke, and collectively, we are the Commission, and so we're anxious to hear what you have to say.

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

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

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

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

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

COMMISSIONER FRANK MARROCCO (CHAIR): We do.

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

COMMISSIONER FRANK MARROCCO (CHAIR):

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

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

HAROLD CURWAIN: No problem.

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

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

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

built a house and a cottage.

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

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

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

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

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

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

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

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

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

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

George?

GEORGE SMITT: Yeah.

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

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

HAROLD CURWAIN: Okay. Is Jack there with you?

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

JACK DAMERY: Hello.

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

GEORGE SMITT: Yeah, I can hear you.

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

GEORGE SMITT: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

not allowed to look in this book.

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

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

GEORGE SMITT: What's that?

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

GEORGE SMITT: Uh-huh.

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

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

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

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

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

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

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

Provincial inspectors never attended

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

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

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

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

information about their loved ones and what was happening.

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

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

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

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

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

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

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

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

whatever care's occurring at the home.

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

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

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

Lastly, you have between 10 and

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

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

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

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

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

If you were to ask these people in this percentage how their loved one is doing, they would not give as glowing a report as the previous group. Many would not give you any response at all. "Everything is fine" would be the response, even though it is not. They won't speak out, as most, if not all, fear repercussions against their family member by administration or staff.

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

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

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

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

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

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

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

doing was incorrect.

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

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

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

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

Now, none of these outbreak periods in

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We advised them that their information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

should be there.

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

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

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

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

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

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

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

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

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

The home was late to test staff, and

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

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

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

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

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

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

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

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

They are right there. They see their

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

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

COMMISSIONER FRANK MARROCCO (CHAIR): Well, why don't we hear the ones that you particularly want to call to our attention?

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

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

because they are fearful of repercussions.

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

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

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

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

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

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

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

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

takes place in the room and nowhere else.

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

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

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

routine and is more upsetting to them.

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

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

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

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

the equation staff that really had no contact.

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

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

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

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

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

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

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

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

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

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

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

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

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

They don't normally, if ever, meet with

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

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

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

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

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

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

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

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

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

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

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

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

COMMISSIONER FRANK MARROCCO (CHAIR): Right.

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

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

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

That's correct.

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

COMMISSIONER FRANK MARROCCO (CHAIR): So they actually go to the home?

HAROLD CURWAIN: That's correct.

COMMISSIONER FRANK MARROCCO (CHAIR): But they don't interview the person who complained?

HAROLD CURWAIN: No. So there's no

opportunity -- so --

COMMISSIONER FRANK MARROCCO (CHAIR): Did anybody -- sorry, go ahead, Mr. Curwain.

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

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

COMMISSIONER FRANK MARROCCO (CHAIR): Mm-hm.

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMISSIONER FRANK MARROCCO (CHAIR): Okay.

HAROLD CURWAIN: That was the extent.

COMMISSIONER FRANK MARROCCO (CHAIR): Commissioner Kitts?

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

council?

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

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

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

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

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

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

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

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

what we were doing last year.

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

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

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

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

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

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

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

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

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

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

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

COMMISSIONER JACK KITTS: Interesting.

SUSAN McGRATH: Mm-hm.

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

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

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

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

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

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

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

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

GEORGE SMITT: Nothing ever gets done.

HAROLD CURWAIN: I'm sorry?

GEORGE SMITT: Nothing ever gets done.

HAROLD CURWAIN: Yeah.

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

GEORGE SMITT: Yeah, I --

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

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

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

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

But the home has absolutely no money for activities.

SUSAN McGRATH: Entertainment.

HAROLD CURWAIN: Zero budget.

SUSAN McGRATH: Activities, entertainment.

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

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

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

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

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

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

COMMISSIONER JACK KITTS: Can I switch

now to Wave 2 and the preparedness or readiness?

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

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

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

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

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

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

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

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

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

So we assume that's all PPE.

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

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

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

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

HAROLD CURWAIN: Okay. So they listened to us.

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

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

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

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

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

SUSAN McGRATH: Yeah.

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

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

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

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

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

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

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

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

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

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

GEORGE SMITT: How do you mean?

COMMISSIONER FRANK MARROCCO (CHAIR): Mr. Curwain?

GEORGE SMITT: I don't --

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

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

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

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

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

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

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

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

So yesterday I went in at 3:30 in the

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

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

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

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

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

SUSAN McGRATH: Yes.

COMMISSIONER FRANK MARROCCO (CHAIR): I

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

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

COMMISSIONER FRANK MARROCCO (CHAIR): Mm-hm.

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

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

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

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

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

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

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

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

think you should tell us?

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

HAROLD CURWAIN: George --

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

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

Jack, are you still there?

JACK DAMERY: Yes, I'm here.

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

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

HAROLD CURWAIN: You were mentioning

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

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

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

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

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

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

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

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

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

HAROLD CURWAIN: Yes.

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

JACK DAMERY: I'd like to say --

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

Sure. What did you want to say?

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

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

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

JACK DAMERY: Lost him.

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

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

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

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

COMMISSIONER FRANK MARROCCO (CHAIR):

Right.

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

COMMISSIONER FRANK MARROCCO (CHAIR): Okay.

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

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

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

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

GEORGE SMITT: And unless they can

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

COMMISSIONER FRANK MARROCCO (CHAIR): All right.

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

COMMISSIONER FRANK MARROCCO (CHAIR): Well, thank you, all, and --

GEORGE SMITT: By the way --

COMMISSIONER FRANK MARROCCO (CHAIR): -- you've given us a lot to think about.

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

GEORGE SMITT: Do we have minutes of this meeting?

COMMISSIONER FRANK MARROCCO (CHAIR): Yes, there is. There's a transcript of it, and Mr. Curwain will have access to it. It's on the website. It will be in a couple of days. And

yeah, you do. There is.

GEORGE SMITT: Can we have a copy of that?

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

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

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

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

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

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

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

GEORGE SMITT: Okay.

COMMISSIONER FRANK MARROCCO (CHAIR): Thank you. Bye-bye.

COMMISSIONER ANGELA COKE: Thank you.

COMMISSIONER JACK KITTS: Thank you.

-- Adjourned at 2:24 p.m.

REPORTER'S CERTIFICATE

I, OLIVIA ARNAUD, Chartered Shorthand Reporter, certify;

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

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

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

Dated this 14th day of October, 2020.

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