

Long Term Care Covid-19 Commission Mtg.

Group Meeting - Families/Loved Ones
on Tuesday, January 12, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Video Conferencing, with all
participants attending remotely, on the 12th day of
January, 2021, 1:30 p.m. to 3:39 p.m.

BEFORE:

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

1 PRESENTERS:

2 Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, 11

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4 STAFF:

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6 Angeline Hawthorn, Senior Policy Analyst for the
7 Operations Branch, Long-Term Care COVID-19
8 Commission

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10 Dawn Palin Rokosh, for the Operations Branch,
11 Long-Term Care COVID-19 Commission

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13 Lynn Mahoney, Counsel for Gowlings LLP

14

15 Ida Bianchi, Counsel, Long-Term Care Commission
16 Secretariat

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18 Alison Drummond, Assistant Deputy Minister,
19 Long-Term Care Commission Secretariat

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21 Adriana Diaz Choconta, Senior Policy Analyst for
22 the Operations Branch, Long-Term Care COVID-19
23 Commission

24

25 Rose Bianchini, Senior Policy Analyst for the

1 Operations Branch, Long-Term Care COVID-19
2 Commission

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4 Organization Staff

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6 Nancy Johnson, Co chair, Ontario North Family
7 Councils Network (ONFCN)

8 Roma Smith, Co chair, Ontario North Family Councils
9 Network (ONFCN)

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11 ALSO PRESENT:

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13 Janet Belma, Stenographer/Transcriptionist

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1 -- Upon commencing at 1:30 p.m.

2 DAWN PALIN ROKOSH: So good afternoon,
3 everyone. My name is Dawn Palin Rokosh, and I'm a
4 Director with the Commission. This afternoon, I,
5 along with Lynn Mahoney, who is counsel for the
6 Commission, will be your facilitators for this
7 session, where we'll be hearing from family and
8 loved ones of long-term care residents in Northern
9 Ontario.

10 Some of our other colleagues are also
11 here and are helping with the meeting. They are
12 Ida Bianchi, counsel with the Commission. We also
13 have Jessica Franklin, team lead with the -- with
14 the Commission, and team, and Angeline Hawthorn and
15 Adriana Choconta Diaz, both senior policy analysts
16 with the Commission secretariats.

17 I just want to make sure that everyone
18 can hear me right now.

19 LYNN MAHONEY: Yes.

20 DAWN PALIN ROKOSH: Fantastic. You're
21 all frozen on my screen, but as long as you can
22 hear me, then that is fantastic.

23 Okay. So we have -- we have three
24 Commissioners here today, and in a moment, I'll
25 turn it over to Commissioner Dr. Jack Kitts who has

1 some opening remarks. Following this, we'll turn
2 to the discussion of the two questions that we
3 provided you with and we discussed last week. And
4 Lynn and I will call upon participants in the
5 meeting to answer the first question, and we'll
6 call on you in order of your participant number.
7 And then once we're finished hearing from all of
8 you on the first question, we'll move to the second
9 question.

10 As you know, this session is being
11 recorded for transcription purposes, and the
12 intention is to then put the transcript up on the
13 Commission's website.

14 The Commissioners are very interested
15 in hearing the input of all the family members and
16 loved ones here today. And in order to give
17 everyone enough time to speak, we would ask that
18 you limit your answers to these questions to around
19 four minutes each. I know that it may be
20 challenging to tell us everything you want to tell
21 us in responding to these questions in only four
22 minutes, but we really have set this timeline to
23 ensure that we can hear from everyone, and we know
24 that you have really important stories and insights
25 to share.

1 If for some reason you aren't able to
2 cover everything that you had wanted to, then you
3 can follow up with the Commission either in
4 writing, or we can speak with you to make sure that
5 you've been able to convey all that you wanted to
6 to the Commission.

7 I'd like to now turn this over to
8 Dr. Jack Kitts, Commissioner, to introduce himself
9 and the other Commissioners and open the meeting.

10 So over to you, Dr. Kitts.

11 COMMISSIONER JACK KITTS: Thank you
12 very much, Dawn.

13 And good afternoon, everyone. Welcome
14 and thank you for agreeing to participate in this
15 meeting with us today. I'm Dr. Jack Kitts, as Dawn
16 said. I'm one of three Commissioners appointed by
17 the Provincial Government to investigate the spread
18 of COVID-19 in long-term care homes and the impact
19 it has had on the residents, staff, and families.

20 I'm pleased to introduce my fellow
21 Commissioners, Justice Frank Marrocco -- give a
22 wave there, Frank -- and Commissioner Angela Coke
23 who have joined us today -- Angela -- for this very
24 important meeting.

25 Before we begin, I'd like to provide

1 just a bit of context about commissions in general
2 and our commission specifically. I think you
3 probably know that governments may set up
4 commissions or inquiries after a tragic event
5 occurs. Their purpose is to investigate why the
6 tragedy occurred and to make recommendations on how
7 to prevent a recurrence in the future. And this is
8 generally achieved by collecting information,
9 analyzing the data and information we've gotten,
10 and developing recommendations to prevent it in the
11 future.

12 Historically, commissions and inquiries
13 have taken place after a crisis has occurred. Our
14 commission is unique in that we are conducting our
15 investigation during the crisis.

16 So today, we are continuing to gather
17 information, and because the -- we're doing it in
18 the mid -- in mid-crisis or mid-pandemic, we
19 find -- we have found it necessary to provide
20 interim reports to try and prevent further damages
21 going forward in this current crisis.

22 Today, it's a very important part of
23 our investigation at this point because we are
24 learning how resident, staff, volunteers visit
25 family members. We're into that section now, and

1 today, we're speaking to family members and loved
2 ones. And your testimonials to us is incredibly
3 important, and that's why we wanted to hear
4 directly from you.

5 Now, I think we understand that many of
6 you may be nervous about participating in this
7 meeting, and we really appreciate your courage in
8 stepping forward to help us and help others both in
9 the current pandemic and in the future.

10 Our hope is that the work of this
11 commission will help ensure that such a tragedy is
12 not repeated, and we believe that sharing your
13 stories will help us, the public, and the
14 Government understand why it is so important that
15 this never happens again. So again, we are truly
16 grateful for your participation this afternoon.

17 Now, before we begin, I would like to
18 ask you to join me in observing a moment of silence
19 in memory of those residents and staff of long-term
20 care homes who lost their lives to COVID-19.

21 Thank you. And I will now turn it back
22 to Dawn and Lynn to facilitate the session.

23 Dawn.

24 DAWN PALIN ROKOSH: Thank you very
25 much, Commissioner Kitts.

1 So we will begin with the question
2 Number 1: Please tell us about your experience
3 caring for a loved one in a long-term care home
4 during the pandemic. How has the pandemic impacted
5 you and your family member? Is there anything in
6 particular that concerns you that you'd like to
7 share with the Commission?

8 I'd like to begin by calling on
9 Participant 1 to share their experience with the
10 Commission.

11 PARTICIPANT 1: Just the business of
12 being separated is very hard on me and my daughter
13 because it's my daughter that's in the long-term
14 care home. She has a brain injury. She's 65, but
15 looks to about 40. And it's just she loves
16 company. I'm not able to get up there and not -- I
17 haven't seen her for weeks.

18 Luckily, the staff have been very good
19 there, and they let her phone me. She can't use a
20 phone herself, so they have to do that for her, and
21 I appreciate it very much. But there are so many
22 other things that aren't working out that well
23 that -- you know, they need more staff. They
24 really need more staff. Thank you.

25 DAWN PALIN ROKOSH: Thank you,

1 Participant 1. And can I just ask, your last
2 comment that they need more staff, was that -- what
3 was your perspective on the staffing levels before
4 the pandemic hit compared with now?

5 PARTICIPANT 1: Hygiene. I've been in
6 her room and found her toothbrush and somebody
7 else's toothbrush in the same glass. Both
8 residents in that room had this hair in the same
9 hairbrush, clothes going missing.

10 You know, you don't -- and I don't
11 think they think of who they're putting together.
12 I think they should take a little bit longer look
13 at who's in the room with that patient, like,
14 pairing them up so that they can at least
15 communicate and have some kind of a -- you know, a
16 more pleasant life.

17 And, as I say, staff, I've never seen
18 more than three people on that floor at any time
19 that I've been in there, and there -- those three
20 are running 'cause they have a lot of people in
21 wheelchairs. They've got a lot wandering around,
22 and, you know, getting in the wrong place. And
23 you'll see a staff go zipping down the hall to get
24 somebody out of a problem.

25 Although, I have to admit that the home

1 has not had one case of COVID-19 in it, and
2 luckily, they haven't because they've done some
3 trip-ups in that too. Thank you.

4 DAWN PALIN ROKOSH: Thank you very
5 much, Participant 1.

6 I'll now call on Participant 2.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 You're on mute.

9 PARTICIPANT 2: I hope you don't mind,
10 but I'm going to read this. It comes out much
11 better if I put it down in writing first.

12 So we've all heard the comment, please
13 don't send me to a home. Since COVID, I have come
14 to understand the true magnitude of that statement.

15 First a little background: My husband
16 and I have been married for 37 years. He has lived
17 in long-term care for almost 6. At 74, he is not
18 your normal older long-term care resident. He has
19 severe MS, is wheelchair-bound, cognitively
20 impaired, legally blind, partially deaf, and is
21 totally dependent on me and a hired private PSW as
22 well as staff at the home. We are joined at the
23 hip.

24 Pre-COVID, I quickly realized that the
25 long-term care system is broken. I initially

1 expected that the home would be able to meet my
2 husband's needs and quickly realized they could
3 not. The living conditions are less than
4 desirable. The staff are often few and far
5 between, and they are almost always working short.

6 This has a huge impact on the residents
7 and staff. Not only are staff more stressed and
8 rushed, but things are forgotten, left out
9 completely; baths are postponed; teeth are often
10 not cleaned; shaving is not completed; feeding is
11 rushed; communication is difficult; and many more
12 falls and ultimately untimely deaths occur, and
13 this is with the very best efforts of staff and
14 administration.

15 I attend to my husband sometimes two or
16 three times a day, and I've done that for six
17 years. I feed him, bathe him, clean his teeth,
18 wash his hair, cut his nails. I've seen people
19 ring for help for 15 minutes or more crying because
20 they cannot get to the bathroom in time, calling
21 out for help and falling because the help did not
22 come soon enough. Staff is at a breaking point in
23 spite of often loving their job.

24 Then COVID arrived. Family members
25 were not allowed to see their loved ones for

1 approximately three-and-a-half months. There was
2 no opportunity to say good-bye, explain, or let
3 them know what was happening. My husband lost 37
4 pounds, stopped eating properly, lost interest in
5 most things, declined physically and cognitively,
6 and had to be medicated for depression.

7 Not only was it difficult for him but
8 also for me. It caused a huge amount of stress. I
9 cried often. I debated about bringing him home to
10 live but soon realized after talking to the LHIN
11 and CCAC and the home, it was not possible.

12 Inadequate home care and the inability
13 to return him to the home if an emergency occurred
14 all prevented it. I was told he would lose his
15 room; there would be no guarantee that he would be
16 able to return to the facility, and he would have
17 to be admitted to the hospital if I could not
18 manage him. All avenues were blocked.

19 Staff were overworked and worried but
20 tried their best but continued on. Communication
21 has been an issue at times. I had to ask the home
22 after about two weeks into the virus to send
23 something home to families to let us know what was
24 happening, and they did so immediately.

25 Later on, all families received a

1 letter from the medical director indicating that,
2 and I quote: (as read)

3 "The use of hospital critical
4 care units and ventilators for the
5 elderly are ineffective and provide
6 no benefit. The Ontario Long-Term
7 Care Clinicians Expert Group have
8 also advised us to essentially avoid
9 hospital transfers that will be
10 nonbeneficial or even potentially
11 harmful."

12 This would, in effect, deny residents
13 of long-term care the right to be transferred to
14 hospital, a right which all other Ontario residents
15 expect and rightfully deserve.

16 I received a phone call from the
17 hospital which asked me with no preamble, have you
18 picked out a funeral home for your husband? I was
19 shocked. Staff at the home have work tirelessly
20 and thus have had no outbreaks. This is partly
21 luck but is mainly due to protocols put in place by
22 staff including infection control measures. I
23 cannot imagine how the staff will be able to cope
24 if there is an outbreak of COVID.

25 I have described this experience as the worst

1 experience in my life. Thank you.

2 DAWN PALIN ROKOSH: Thank you very
3 much, Participant 2, for sharing that.

4 Can I call now on Participant 3,
5 please?

6 PARTICIPANT 3: Yeah, I'd like to read
7 this. My name is [Participant 3]. I live in a
8 city in Northwestern Ontario. I'm a primary
9 caregiver to my mother who is currently residing in
10 a long-term care facility here. My mom is 86 years
11 old, blind, immobile, and confined to her bed.
12 During mealtimes, she requires extra attention and
13 care in order to ensure she is provided with an
14 adequate amount of food.

15 Before COVID hit in March, my mom
16 weighed 142 pounds. I was -- I would go up there
17 almost daily to ensure she was fed. I live 20
18 kilometres away and would drive to see her each day
19 to ensure she ate and had necessary snack required.

20 I would spend hours and hours of my
21 time with her; however, when COVID hit and the
22 long-term care facilities were closed to outside
23 public, this all changed.

24 After the first wave settled down and
25 family members could go back into long-term care

1 homes, I was shocked to see what my mother looked
2 like. It was very apparent that my mother had lost
3 a lot of weight and was very weak. She was very
4 skinny, gaunt, and had lost colour. I requested
5 that she be weighed, and shockingly, she was down
6 to 104 pounds.

7 It is unfortunate, and during that --
8 my conversation with the staff and management, it
9 was brought up to me that she was in end stages of
10 life, and I needed to prepare for her passing.

11 With a little bit more investigation, I
12 found the necessary care for mealtime wasn't being
13 followed. There were times where food was being
14 left in her room, and nobody was feeding her or
15 taking the time to feed her. There were many times
16 she wasn't provided a snack or didn't even receive
17 proper care during COVID.

18 As I mentioned it before, my mother is
19 legally blind and unable to feed herself. Various
20 hot foods were left as well which would cause
21 spills and messes in her bed.

22 My mom wasn't in end stages of life.
23 She was severely malnourished. I spent the past
24 five months going up there twice a day to feed my
25 mother. I am there from five to eight hours each

1 day. I have ensured she has eaten and been taken
2 care of. She is currently now 116 pounds and is
3 more alert and stronger than when I was locked out.

4 Long-term care situation is broken and
5 needs an overhaul. There is no real
6 accountability, and as primary caregivers, it's
7 frustrating and disheartening.

8 This is something that cannot wait as
9 families are losing loved ones, and our seniors are
10 not getting the care they need. This system is
11 allowing our loved ones to be treated less than,
12 and that is not right. Thank you.

13 DAWN PALIN ROKOSH: Thank you so much
14 for sharing that, Participant 3.

15 PARTICIPANT 3: Thank you.

16 DAWN PALIN ROKOSH: I'll now call on
17 Participant 4.

18 PARTICIPANT 4: Thank you for this
19 opportunity. My decision to speak to you is not a
20 criticism of the care provided by the staff of the
21 long-term care facility my mom's in. I have the
22 utmost respect and admiration for them, and I do
23 bring issues with my mom's care directly to them so
24 that we can work on solving them, so this is over
25 and above.

1 My mom has many health issues and lots
2 is from dementia, a progressive eye condition and
3 arthritis, COPD with recurrent infections, and
4 others.

5 At the onset of the first wave
6 lockdown, my mom appeared to have adjusted well not
7 to seeing us every day. During daily phone calls
8 to my mom, weekly Zoom chats with her, emails from
9 the home and pictures on Facebook, it appeared she
10 was happy and doing well.

11 By mid-June, calls to her room were
12 almost always unanswered. However, a health event
13 mid-summer alerted us to a change in my mother. I
14 believe it was the effects of the condition plus
15 the restrictions from the pandemic which are
16 isolation from her family, decreased mental
17 stimulation; all activities that are largely
18 supported by volunteers ended.

19 Staff from mom's unit, when time
20 allotted, would sing songs and do very few
21 activities with my mom in the hall with the other
22 residents, and there were very few scheduled events
23 for the residents because you needed to have six
24 residents or less.

25 There was little to no physical

1 activity. She's in a small, very -- a very small
2 private room. When the residents were allowed out
3 of their room, I was offered an additional 15
4 minutes of activity once a week if staff permitted.

5 When meals were served in the unit's
6 dining room, she would walk to this for each meal.
7 At this point, she had been moved to a room closer
8 to the desk and dining room and sleeping -- not
9 sleeping was still an issue.

10 Her physical and health conditions
11 continued to deteriorate, increasing the workload
12 of the staff significantly.

13 At the end of November, she was moved
14 to another unit, different staff room and routine,
15 but the same staff workload issues and another
16 significant adjustment for my mom and us. She lost
17 her religious supports, and there was continuously
18 overcautious infection control restrictions because
19 we were in an area that had very few, if any, COVID
20 cases.

21 How has it impacted me? I know the
22 staff are unable to meet all my mom's care needs.
23 They try their best, and they don't have enough
24 time. They're not family. They don't know her as
25 we do. It took a month after the September 9th

1 when the room -- in-room visitations were permitted
2 again, and the visits were daily for more than five
3 hours for my mom to start feeling secure and know
4 that we hadn't abandoned her.

5 Our resumed presence definitely made a
6 positive difference. I felt like I had my mom back
7 but not the same mom prior to the March lockdown.
8 Her medical conditions have progressed more rapidly
9 since the July event. The remainder of her care
10 not being provided by the PSWs is done by myself
11 and my sister who are her primary caregivers when
12 we are there, and that was missing for the first
13 six months of the lockdown.

14 We do things like her breathing
15 exercises for COPD, some of her personal care to
16 maintain her dignity. We do activities with her in
17 her small space in her room because that's where
18 we're confined, playing cards, doing crossword
19 puzzles, reading to her. And now, with the second
20 wave, it really reinforces to her again that
21 feeling of containment and imprisonment. Often
22 when the phone rings, I'm stressed because I don't
23 know what I'm -- they're going to be calling me
24 about or if she's going to be calling me. Repeated
25 questionings from her: Why can't we go out? Why

1 can't you have lunch with me? Why isn't my family,
2 the rest of my family visiting? Because we are a
3 very large family, and we have always been involved
4 with my mom.

5 Is there anything that concerns me?
6 Yes, the direct-care staff continue to decrease.
7 There are no applicants for posted positions. The
8 staff are mentally and physically tired. They
9 often work double shifts and many shifts in a row.

10 Since September, about 15 staff, PSW
11 staff have left the home. Some are working at our
12 local hospital where the patient to PSW ratio is 6
13 to 1 compared to 10 to 1 or greater and worse at
14 some homes.

15 Lost in the provision of care is
16 meaningful communication with the resident and the
17 sharing of information with the -- with the care
18 providers. It seems to be like an assembly line,
19 you know, just getting the work done because that's
20 all they have time to do, and they don't get that
21 all done.

22 We missed an entire summer of outdoor
23 activities. The cool rainy season came early. The
24 only outings for my mom are medical appointments,
25 and she dreads every one of them.

1 During the night, she often feels like
2 she doesn't know where we -- that she doesn't
3 know that -- she doesn't think that we know where
4 she is because she doesn't know where she is, and
5 that's part of the disease.

6 She's stressed and distressed, and she
7 requires much reassurance from the staff who have a
8 ratio of 22 residents to 2 PSWs at night. This
9 behaviour has remained frequent since the July
10 incident. Thank you.

11 DAWN PALIN ROKOSH: Thank you so much
12 for that.

13 Participant 5, I'd like to call on you
14 now, please.

15 PARTICIPANT 5: Thank you. First, I'd
16 like to thank the Commission for this opportunity
17 to share our experience and to provide my input.

18 When visits to my mother's home were
19 suspended in March, it was suggested by the CEO of
20 the organization that we could maintain family
21 interaction using Facetime. Virtual visits are
22 certainly no substitute for in-person care of our
23 loved ones. Many were in agreement with a lockout
24 initially while more was learned about transmission
25 of the virus in the hopes that a short, hard

1 lockout could keep our loved ones safe. But that
2 proved not to be the case in many homes with the
3 virus running rampant through homes and families
4 not there to be the much-needed eyes and ears. And
5 those were the words of our Premier; that was the
6 role family served.

7 As the lockout dragged on, families
8 became more vocal hearing about the tragedies
9 happening at other homes and fearing their loved
10 one may die without their comforting presence.

11 There was a strong feeling among many,
12 including myself, that quality of life was more
13 important than quantity. Keeping our loved ones
14 safe but suffering from feelings of loneliness and
15 abandonment was not good for them or us. I
16 personally bore a great stress over the feeling of
17 abandoning my mother who suffers from an advanced
18 neurological disease. Mom counts on me to explain
19 to staff her symptoms which include anxiety,
20 depression, paranoia, and that elicits more
21 compassion and understanding for her.

22 Bowel and bladder issues are other
23 symptoms of her illness, and I have been a strong
24 and persistent advocate for her trying to encourage
25 patience from the staff who aren't knowledgeable of

1 her disease and frequently exhibit frustration
2 towards her related to her care requests.

3 When staff understand that behaviours
4 are a symptom of her disease, they can be more
5 compassionate to our loved ones, and caregivers, we
6 do our best to support and educate the staff.

7 I monitored reactions to her medication
8 changes, changes in her eating habits and
9 behaviours, and shared these observations with the
10 care team. This important input to her care team
11 was lost during the -- during the lockout period.

12 In addition to taking my mother to
13 appointments, I assist her with walking and physio
14 as her muscles have tightened from lack of walking.
15 I provide a friendly and compassionate ear to her
16 troubles and took her on outings for a change of
17 scenery. That care did not happen.

18 The long separation from her support
19 group of family and close friends was hard
20 emotionally on my mother even though she was able
21 to understand what was happening. The lack of
22 friendly caring conversation left her more time to
23 worry, wallow in her troubles, and generally
24 decline due to lack of stimulating activity.

25 She felt like a burden to staff, many

1 of whom were new during the pandemic and didn't
2 know her or understand her illness. It was often
3 heart wrenching to do a Facetime visit seeing her
4 so unhappy. She saw the unhappiness in other
5 residents also, and she took that on herself.

6 The therapeutic recreation person
7 worked hard to keep residents in touch with their
8 family via Facetime and window visits leaving them
9 little time to prepare activities for residents.
10 Therapeutic rec time was sorely lacking for the
11 residents as that staff was often assigned to
12 feeding, window visits, too many -- too many duties
13 for that staff.

14 When advanced in age and diminished in
15 ability and maybe not as loveable as they once
16 were -- I can say that about my mom -- it's the
17 family caregivers who advocate for our loved ones
18 and stand up for them when no one else does. And
19 that's the word -- you know, I've heard that word
20 long about being an advocate, and I realize now
21 what that means. It was stressful for me not to be
22 there to be my mother's friend and advocate and be
23 the eyes and ears that were so sorely missing and
24 ensure she receive proper care. Thank you.

25 DAWN PALIN ROKOSH: Thank you so much,

1 Participant 5.

2 I'd now like to call on Participant 6.

3 We can help you unmute.

4 Angeline will assist.

5 Participant 6, I'm hearing that
6 Angeline is actually helping another individual
7 with a tech issue.

8 So, oh, you're good now.

9 PARTICIPANT 6: I'm good now?

10 DAWN PALIN ROKOSH: Yes. We can hear
11 you, Participant 6.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 We can hear you now.

14 DAWN PALIN ROKOSH: Wonderful.

15 PARTICIPANT 6: Sorry. The red bar
16 hadn't gone. Okay. So our family's and mother's
17 pandemic journey was very short. On March the
18 11th, a long-term care facility asked families to
19 select one caregiver for the resident. This was
20 the last time I saw or spoke to my mom. On March
21 18th, the home was shut down to all care, and this
22 ended my mother's interaction with my sister.

23 My mother was -- my sister was only
24 able to talk to my mother one time by phone to let
25 her know that we loved her, and my mom died on

1 March 31st. The night of my mom's death, my sister
2 received a phone call around 1:10, and we were at
3 the home by 1:15 or just shortly after.

4 Unfortunately, we could not get to the floor
5 unescorted. We waited for about three to four
6 minutes while someone came to get us, and when they
7 came to get us, they told us that our mom had died
8 a few minutes before. We were very sad to have our
9 mom gone from our lives. One of her children had
10 been with her for almost every day except for a
11 short period of time after the death of my sister
12 since she entered long-term care in 2014.

13 We were, however, very grateful that my
14 mom didn't have to live through the COVID
15 restrictions, the problem with care, and the
16 possibility of getting COVID because when I listen
17 to you guys, I know my mom, with her dementia,
18 would never have understood.

19 Our family found problems with care
20 long before the pandemic which we can only assume
21 deteriorated after the pandemic continued. Some of
22 the problems that we saw were recreation programs
23 that were curtailed because therapeutic recreation
24 hours and staff had been cut, and if they had to do
25 care, then there would have really been no

1 services.

2 Twice, I find used toileting products
3 left on the floor of my mother's room. The smell
4 of urine and feces in the hallway was often
5 overpowering. Many staff appeared stressed and
6 unhappy. They were rushed. On many occasions,
7 there was only three PSWs to care for 35 to 36
8 residents. The staff clearly care about the
9 residents and families, but they -- but they seem
10 to find barriers in their way most of the time when
11 they tried to do things.

12 In November 2019, the family asked for
13 a referral to the occupational therapist and the
14 wheelchair provider because we wanted to purchase a
15 tilt wheelchair for my mother. My mother was not
16 assessed and was not provided with a wheelchair
17 until the end of January 2020.

18 There's only one OT for the whole of
19 the long-term -- like, of the -- of the system that
20 my mother was in. The most egregious care issue
21 that occurred was when my mother developed a bed
22 sore in January. We didn't learn of the skin tear
23 until my sister saw the medical supplies in the
24 room and asked what was happening. Mom had had the
25 tear for over a week before we were informed. As

1 the bed sore progressed towards her tailbone, the
2 family asked for the family physician and wound
3 care specialist to see her. Finally, in
4 mid-February, she was seen by the family
5 practitioner who then referred her on to the wound
6 care specialist. She was not seen until February
7 the 21st, 2020.

8 One thing that my sister and I want to
9 say is that we found the individual staff at the
10 long-term care facility that my mom lived in were
11 very kind and very caring, and they were always --
12 well, most of the time professional. They were
13 always helpful within the parameters of what was
14 possible. They would listen to our concerns, and
15 they always worked towards solutions; however, what
16 we did see was a system that is inadequate with
17 huge problems. Thank you for listening.

18 DAWN PALIN ROKOSH: Participant 6,
19 thank you very much, and I'm very sorry for your
20 loss.

21 Can we now call on Participant 7?

22 PARTICIPANT 7: Yes. I'm trying to --

23 DAWN PALIN ROKOSH: We can hear you.

24 PARTICIPANT 7: You can?

25 DAWN PALIN ROKOSH: Yeah, we can hear

1 and --

2 PARTICIPANT 7: You can?

3 DAWN PALIN ROKOSH: -- and see you.

4 PARTICIPANT 7: I'm just trying to pull
5 out -- pull up my document here.

6 DAWN PALIN ROKOSH: Perfect. Take your
7 time.

8 PARTICIPANT 7: Why is it I can't pull
9 it up?

10 DAWN PALIN ROKOSH: It's always -- it's
11 always at moments like this that things decide not
12 to co-operate.

13 PARTICIPANT 7: Oh, gosh. Okay. Hang
14 on here.

15 DAWN PALIN ROKOSH: Is it coming up
16 now, or would you like us -- we could go to
17 Participant 8 and then come back to you.

18 PARTICIPANT 7: Okay. Go to 8, and
19 then I'll go -- I'll work through the process.

20 DAWN PALIN ROKOSH: We will do.

21 PARTICIPANT 7: Thank you.

22 DAWN PALIN ROKOSH: So Participant 8,
23 are you okay if we hear --

24 PARTICIPANT 8: Yeah.

25 DAWN PALIN ROKOSH: -- from you now?

1 Okay. Wonderful.

2 PARTICIPANT 8: Hi there. This is the
3 reason I'm here today: It's my mother. She died
4 on May 17th. I think she also died because of the
5 lack of family help, if you will. This is another
6 reason I'm here. This is just one of many
7 pictures. I don't have time to put them all on,
8 but there's a lot that went on at the home.

9 So I'm going to start. Firstly, I'd
10 like to humbly thank the Commission for giving me
11 this opportunity. It's very important for all of
12 us to voice our opinions here.

13 My sister, she was the Power of
14 Attorney and was totally dedicated and sacrificed
15 her entire life for our beautiful mother to ensure
16 she was safe and secure in a long-term care
17 environment. However, this would prove to be a
18 monumental and devastating task for both her and
19 myself.

20 As I said, she died on May 17th. Now,
21 my -- our concerns, there is zero transparency and
22 accountability by both the Ministry of Health and
23 Long-Term Care and the for-profit providers, in
24 this case, Extendicare. Our family struggled with
25 The Ministry of Health and Extendicare for eight

1 long years. For-profit long-term care and Ministry
2 of Health entities are intertwined as one and will
3 go to any lengths to hide wrongdoings and
4 intimidate families.

5 What the Ministry of Health and
6 long-term care profit providers like Extendicare
7 tell everyone is absolutely not what is happening.
8 Families have both of these entities to constantly
9 challenge. Consequently, some families, they just
10 give up.

11 At one point, I spent four consecutive
12 months with my late mother at the F J Davie Home in
13 Sault Ste. Marie. I spent six to eight hours
14 every day, and I saw everything with my own eyes.
15 I observed everything that could possibly aggravate
16 or harm our mother even while she was sleeping.

17 She had dementia. What I saw with my
18 own eyes is both tragic and even criminal in
19 nature. I will go that far. Ministry of Health
20 rarely believes what families tell them.

21 Inspectors may be dispatched concerning the
22 complaints; however, we were told by long-term care
23 staff in that home that long-term care facilities
24 are almost always, always given a heads-up by
25 someone at the Ministry of Health before they get

1 there giving the long-term care home time to create
2 the illusion of everything is wonderful. This is
3 illegal, and it's just plain wrong. This is why
4 both the Ministry of Health and for-profit
5 long-term care providers are not trustworthy.

6 And the administrators, they build
7 their procedures and reputations on inaccurate and
8 faulty information intentionally to protect
9 themselves from wrongdoing. I estimate inspectors
10 see only 10% of the wrongdoings in long-term care.
11 The inspection process is severely flawed and
12 non-transparent. An overhaul is a monumental
13 undertaking, but we absolutely need to change the
14 status quo of desperation and continued tragedies.

15 I am 65 years of age. What I am saying
16 is the system is so broken I am sure I will never
17 see the likes of a fair and dignified system.
18 For-profit rules and always will. I believe that
19 100%. It's that simple.

20 If anyone believes that Extendicare
21 prioritised our mother's health over profits, they
22 are delusional.

23 We, as a society, have been drowning in
24 such long-term care wrongdoing and for-profit greed
25 that we may never be able to save the system.

1 Pessimistic? Well, I say realistic because our
2 family has lived how dysfunctional and very cruel
3 the system is when families attempt to honestly
4 advocate for their loved ones. Long-term care
5 lawyers intimidate, bully, lie, and even ban family
6 members to cover up the long-term care wrongdoings.
7 My sister and I are the proof, eight years of
8 documents and emails.

9 Just as a side note, home care is just
10 as bad. I mention this because home care and
11 long-term care go hand in hand. My friend is
12 living this tragedy.

13 I, for one, will do everything in my
14 power to prevent me from ever having to go into a
15 long-term care facility. I will do anything,
16 anything in my power. It is my opinion long-term
17 care homes are just warehouses for seniors to go
18 live an undignified existence and an undignified
19 death all in the name of a profit.

20 U/T So I will have many documents that I
21 will have prepared over the past eight years, and I
22 will be sending this to the Commission, and this
23 will verify our family's concerns from the last
24 eight years. Thank you.

25 DAWN PALIN ROKOSH: Thank you very

1 much. Thank you very much for sharing that.

2 Participant 7.

3 PARTICIPANT 7: I'm ready.

4 DAWN PALIN ROKOSH: You're ready?
5 Okay. Well, we'll turn it over to you, then.

6 PARTICIPANT 7: Okay. First off, I
7 want to start by saying there's no complaints
8 directly towards the home or the staff. Prior to
9 the pandemic lockdown, my siblings and I would
10 visit my mother every single day. We would
11 alternate between us; that way, there was always
12 someone visiting her daily. Our daily routine was
13 talking to her, doing her hair, putting her makeup,
14 going for walks, coffee breaks, and bringing
15 whoever else wanted from her floor to come with us.
16 We would participate in any activity that was going
17 on for the day, playing bingo, going to music
18 concerts, dancing at the concerts. There was so
19 much activity going on. It was like a little
20 village within the facility.

21 We would prepare her a change of
22 clothes for the next day, take out her nightwear,
23 prepare all her necessities during bath days,
24 bringing her special treats, and we would also
25 bring her soiled clothing home to wash.

1 We would also take her out for meals at
2 local restaurants and often would take her out on
3 weekends to the cottage which she absolutely
4 enjoyed. She also had her weekly appointment at
5 the hairdresser located within the facility.

6 During the pandemic lockdown, all the
7 tender loving care she had known through her adult
8 life came to a complete halt. All the
9 entertainment and socializing were halted, even
10 going to her weekly visit at the hairdresser. The
11 staff was doing an amazing job with her care.
12 There were no complaints in that area, but they
13 could only provide limited TLC considering their
14 very busy jobs and limited staff.

15 Dining with her friends in a dining
16 room was halted as the new norm was eating their
17 meals confined to their rooms or in front of their
18 rooms in the hallways. This period was so
19 extremely difficult on them as they hardly had any
20 social contact with anyone.

21 The weather was still cold outside for
22 most of the lockdown as we are located in the
23 North, and some would say it's the North Pole;
24 therefore, going outside was not even an option.
25 Their only salvation was walking the hallways, and

1 not everyone can do that due to physical
2 restrictions.

3 The period of the lockdown was from
4 February. Our home had an earlier lockdown because
5 of a respiratory outbreak, so that was from
6 February to mid-August, an extremely long time
7 without seeing their loved ones.

8 During this period, we saw a change in
9 my mom as she was getting very lonely and
10 depressed, although we would talk to her several
11 times during the day. I cannot imagine the other
12 residents that didn't have that luxury of talking
13 to their families or loved ones.

14 Just as an example, a lady on my
15 mother's floor has no telephone; therefore,
16 communicating with her family was not an option.
17 This poor lady was so withdrawn, and when I saw her
18 after the lockdown was over, it was disheartening
19 to witness. My mom missed us tremendously and did
20 not truly understand why it was that we could not
21 go and see her.

22 In mid-August, we were permitted to
23 have outside visits, and that helped somewhat, but
24 she couldn't understand why we couldn't touch, hug
25 her, or console her, and why 6 feet apart? It is

1 not a human culture not being able to touch.

2 While the aim in protecting our seniors
3 during the six-month lockdown, we removed their
4 worth of wellbeing, inflicted loneliness, removed
5 their dignity, removed their smiles. For the most
6 part, residents residing in long-term care
7 facilities, this might very well be their last
8 stop.

9 Quality [sic] versus quality of life,
10 quality no longer existed. Imagine if we were
11 confined to a room for six months, restricted in
12 eating our meals alone, excluded from seeing our
13 loved ones, not able to socialize, being in a room
14 day in and day out. How well would you be and feel
15 by the end of the six months? One has to way in
16 the quality versus quantity of life. Thank you.

17 DAWN PALIN ROKOSH: Thank you very
18 much. Thank you so much, Participant 7.

19 I'd now like to call on Participant 9.

20 PARTICIPANT 9: Hi.

21 DAWN PALIN ROKOSH: Hi.

22 PARTICIPANT 9: As you can see -- at
23 first, I want to say thank you for allowing me to
24 participate in this, and it seems like this is,
25 obviously, a systemic issue.

1 My experience caring for my dad during
2 the pandemic has been difficult. It's been
3 humiliating. It's been frustrating, and it's been
4 taking a toll on all of my family. It has made us
5 super vigilant, and we have difficulty accepting
6 the answers we are given as to what transpired
7 during the shutdown and now fear we'll never get to
8 the truth.

9 The pandemic has impacted us as the
10 effects of my dad testing positive in April has
11 changed us forever. We worry more. Could he get
12 it again? Would he survive again? Like, he's
13 still alive. We didn't place our dad in a nursing
14 home because we didn't want him. We made the
15 difficult decision because we couldn't provide him
16 the safety he needed, safety the home is supposed
17 to provide.

18 My dad lost a lot of his abilities.
19 His muscles atrophied to the point he can no longer
20 stand. He was refusing to take his meds stating
21 they were killing him with drugs. He got really
22 nasty when they finally adjusted his meds, and I
23 think he got so nasty because he went through
24 withdrawals.

25 My sister and I now feed our dad his

1 lunch and supper since June 28th of this -- of
2 2020. We spend approximately three hours a day
3 with him. Now he can actually eat independently
4 with a little bit of assistance. When we got in in
5 June, he wasn't even able to put fork to mouth. It
6 was really bad. We honestly -- I -- we honestly
7 believe had we not been able to enter when we did,
8 he wouldn't be with us. He was failing to thrive.

9 My concern is that we keep getting
10 inaccurate or misleading information when we ask
11 questions like the day they called me telling me
12 that he tested positive. I asked how he was doing,
13 and they said, oh, he's doing fine. He's nice and
14 calm. Little did I know, they injected him with
15 Haldol. That's a pretty strong medication. Like,
16 they -- and we didn't get the news about his
17 positive testing 'til after it had been released to
18 the news.

19 My concern -- my concern is also that
20 restraints in the form of medications were used.
21 His muscles atrophied to the point he can no longer
22 stand up. So it leaves us wondering, was he
23 sleeping in bed all day? Is that how they kept him
24 calm, just keep him in his bed? He's
25 wheelchair-bound, so was -- or was he catatonic

1 because of medication?

2 By preventing us from seeing our loved
3 ones for a quarter of 2020 at minimum, nursing
4 homes seem to have been provided a licence to
5 provide services or not as they seen fit, and the
6 result of which the residents and the loved ones,
7 we will feel forever.

8 When I asked, there's many things that
9 have happened, and I, too, have pictures of -- this
10 is how we found my father this weekend that just
11 passed. I have pictures of bruises and stuff as
12 well. And when I asked the resident coordinator
13 about the medication given to my dad the day he
14 tested positive, she said this is her -- actually,
15 I'm quoting: "This is the day that your father was
16 put on isolation and had to remain in bed."

17 Testing positive for COVID doesn't mean
18 you should remain in bed. It means you need to be
19 isolated. Seeing as the manager of resident care
20 believes that, it's my opinion so does the staff,
21 and I fear that my dad was left in his bed for the
22 two-week isolation period. That's how his muscles
23 atrophied.

24 I also want the Commissioner to
25 consider -- keep in mind that we went 44 days

1 without seeing our loved ones before I got to enter
2 in, but yet COVID still got in. Not from us. We
3 had gone 44 days without ever being able to enter
4 that home.

5 Now my dad has issues with his eyes.
6 Apparently, he can't have an optometrist. There's
7 no optometrist that's available to him that will go
8 into the home. So now I'm stuck with the decision,
9 do I take him out when I know he will never be able
10 to keep his mask on? He has dementia. He'll pull
11 that off. He'll expose himself and potentially
12 bring it right back into the nursing home. That's
13 a real fear when they are supposed to be providing
14 those essential services, and they're not.

15 My concern is also that no staff should
16 ever be put in an unsafe position of having to care
17 for excessive caseloads of vulnerable people. I
18 believe a safe work environment would result in
19 less burnout for those essential PSWs and resulting
20 in better care for the residents. We -- and we
21 shouldn't have to wait 'til 2024. It's time now.

22 DAWN PALIN ROKOSH: Participant -- oh.

23 PARTICIPANT 9: I can mention that we
24 can't walk around with our loved ones when we go
25 visit them now. We have to go directly in,

1 directly out. My dad, even though he had a
2 one-on-one watching him constantly, and the
3 one-on-one has certified that he will never let him
4 out of his sight, my dad still managed to get into
5 another resident's room, grab a pop out of that
6 person's wherever, counter or refrigerator,
7 whatever, and drank from it. That bottle was open.
8 That's how contamination happens. These are the
9 things that are happening. It's not acceptable.
10 We are -- we are left --

11 DAWN PALIN ROKOSH: Participant 9 --

12 PARTICIPANT 9: -- disabled
13 residents -- I'm almost done.

14 DAWN PALIN ROKOSH: Okay.

15 PARTICIPANT 9: We are left feeling
16 that vulnerable, disabled residents have less
17 protection than what's afforded to animals. When I
18 bring my dog to doggy daycare, I can look at my
19 phone and see what's going on, so how is it
20 reasonable that I not have access to my dad, a
21 vulnerable, disabled resident living in a home?
22 Why?

23 DAWN PALIN ROKOSH: Thank you very
24 much. Thank you very much for sharing that.

25 So we're going to move on to our next

1 participant which is either Participant 10 or 11.
2 Participant 10, is it possible that you are an
3 observer that we have misnamed as a participant?

4 PARTICIPANT 10: Yes, Dawn, I am on the
5 Ontario North Family Council Network Executive, and
6 I am solely observing and listening today.

7 DAWN PALIN ROKOSH: Well, thank you so
8 much for being here and for your assistance in
9 coordinating this. So I apologize for the
10 confusion, but we're very glad that you're here as
11 an observer.

12 And so I'll actually move to
13 Participant 11 who is joining us on the phone.

14 So, Angeline, can you please unmute
15 Participant 11.

16 PARTICIPANT 11: Hello? Hi, can you
17 hear me?

18 DAWN PALIN ROKOSH: Yes, we can. Yes,
19 we can.

20 PARTICIPANT 11: Hi.

21 DAWN PALIN ROKOSH: Hi. So we'd like
22 to call on you in respect of the first question
23 which is to tell us about your experience --

24 PARTICIPANT 11: Okay.

25 DAWN PALIN ROKOSH: -- in caring for a

1 loved one during the pandemic.

2 PARTICIPANT 11: Okay. Thank you. I
3 would like to say, had I been able to join the Zoom
4 meeting, I had some pictures, but I'm happy to be
5 able to present this, and thank you for the
6 opportunity.

7 DAWN PALIN ROKOSH: Thank you.

8 PARTICIPANT 11: March 14th, there was
9 a lockdown declared. My mother was in the
10 Extendicare nursing home. She's 86 years old, and
11 she's the glue that holds our family together. My
12 mom suffered a traumatic brain injury a few years
13 ago that left her unable to speak without
14 difficulty. Now, she cannot walk, feed herself, or
15 even press a call button.

16 I immediately asked to speak with the
17 home's manager upon lockdown being announced. I
18 asked if we took my mom home and continued to pay
19 for her room, would her room still be there for her
20 at the end of the pandemic? I was told, no way;
21 you take her home, you never -- she never comes
22 back.

23 From there, I requested assurance that
24 my mother would always be fed as my father and I
25 feed her every day. I also asked if they could

1 give her a meal replacement pudding and make sure
2 she had water and that they track this to ensure it
3 happened as in the past, when there was a flu
4 lockdown, my mother went way downhill.

5 I was promised they would ensure this
6 didn't happen again. I requested that if there was
7 any change in her health and her weight, that I be
8 notified. From there, every time I called, I was
9 told my mom was fine. The home never called me,
10 not once.

11 At the end of June, I received a call
12 asking for approval of a \$100 prescription, not
13 from the home but from the pharmacy. I said I
14 would get back to them, and I spoke -- after I
15 spoke with the home. The RN's response when I
16 spoke to them was, oh, don't worry about that.
17 Your mom did have some bad sores that went from her
18 knees down to her feet on both legs, but that was
19 back on March 23rd. She is fine now.

20 I asked why I wasn't notified, and the
21 RN simply stated, I don't know why. You should
22 have been called. In mid-June, Premier announced
23 we can start visiting our loved ones. I called
24 that day to schedule -- and schedule a visit, and I
25 was told by the home it will take a couple of weeks

1 to work out a plan.

2 We had our first visit with my mom on
3 July 2nd, outdoors, ten feet away, masks on. My
4 mom has a traumatic brain injury, and both my
5 parents are hearing impaired. Mom did not respond
6 in any way. Her eyes remained closed. I asked,
7 where are her glasses and her hearing aid? I found
8 out her glasses had been broken for weeks, and they
9 just forgot her hearing aid.

10 They had two blankets wrapped around
11 her. This is in July. I asked for them to remove
12 them, and they said that they could not. One visit
13 allowed once a week for 30 minutes, imagine that.
14 Week after week, mom wouldn't open her eyes hardly
15 ever. When she did and she realized it was us, she
16 struggled to get her little hand out from
17 underneath those blankets, and she extended her
18 hand and cried like a little child for us to please
19 come to her and hold her hand. We were not allowed
20 to. It was clear my mom was suffering from failure
21 to thrive syndrome, no stimulation.

22 I was forced to maintain my composure,
23 when inside, I wanted to run to her, hug her, and
24 never let her go. I asked three times for them to
25 remove the blanket off my mother.

1 My mom is very tiny to begin with,
2 always has been, but she always has been hot, never
3 cold, and this was, like I say, in July. The third
4 time I had asked, I said, please remove the
5 blankets; I want to see her body. The PSW
6 complied, and it was very clear my mom had lost a
7 lot of weight. It was later confirmed by the RN,
8 after great reluctance, that my mother had lost 10%
9 of her body weight. She was only 80 pounds to
10 begin with. At this time, the RN finally confirmed
11 that no meal replacements had been given.

12 At one of my weekly visits, I asked if
13 the PSW was wearing an N95 mask because it looked
14 just like mine. She said, no, hers was the same as
15 mine. I asked her why she could touch my mom's
16 face, and she responded, aren't you glad I can?
17 She was very nice, but I said, no. No, I'm not.
18 My mom wants to hold her husband's hand. She wants
19 to hold me as I want to hold her. She is my
20 mother. I am her child. That is why she is crying
21 and begging us. Do you know what it is like to see
22 your mom who is hanging on by a thread after
23 months? Then you are not supposed to touch them.

24 My mom could not hear what I was saying
25 half the time. My dad only went to these visits

1 two times at the home because he could not take it.
2 He opted for a Facetime visit for 15 minutes a
3 week. When I went to visit, I had to spend 25 of
4 the 30 minutes trying to get my mom to open her
5 eyes and respond by clapping my hands and snapping
6 fingers and calling her name. I'd get told the
7 visit is over.

8 Five minutes after, she'd finally open
9 her eyes. It was over. See you next week. And my
10 mom was inconsolable many of these times. I went
11 home shaking and sometimes vomiting because it was
12 so terrible. I felt like I was having an
13 out-of-body experience. I couldn't sleep at night,
14 a constant feeling of enormous guilt.

15 My concerns? Well, where do I start?
16 Why are there no adult protective services? When
17 did my mom lose her human rights, her legal rights?
18 When did my dad and I lose our Power of Attorney
19 rights? Mom pays to live there. No other landlord
20 could tell you that you cannot leave the home or go
21 to see your son who is dying and, as a matter of
22 fact, has passed away now without ever seeing his
23 mother or my mother being able to say good-bye to
24 her child.

25 Why were we not notified of COVID

1 outbreaks until after we saw it on the news? When
2 are the N95 masks coming? It's been ten months.
3 They need respirators and N95 masks, not paper
4 cheap masks. Every time, it's been employees
5 bringing it in. It wasn't us because where my
6 mother lives, we were not allowed inside. They
7 just never let you in. That was their policy, but
8 in other parts of Ontario, people were being
9 allowed in.

10 Why has no action been taken? It's
11 been ten months. For-profit, that's all I see, is
12 everything that comes down to money in the
13 Extendicare's pocket versus the care to the
14 resident. It's always the money in the pocket,
15 never care for the resident.

16 This is not to say that there aren't
17 good people working in those homes. They are
18 frustrated as well. These homes need to -- the
19 for-profit homes, they need to be outlawed. It's
20 criminal what's going on in there.

21 Like I say, why are other homes having
22 visits in? We weren't allowed to see our mother
23 unquote for months. Like, it was months from the
24 time they locked down until we were even allowed to
25 see her outdoors. I just have a lot of questions,

1 but we were forced to sit by and watch this or face
2 the home not allowing us to see my mom at all.
3 Thank you for your time.

4 DAWN PALIN ROKOSH: Thank you so much.
5 Thank you so much for those comments. And thanks
6 to all of you for the comments that you have made
7 so far during this meeting.

8 Lynn, I'd like to turn it over to you
9 so we can now proceed to our second question.

10 LYNN MAHONEY: Thanks, Dawn.

11 And thank you, everybody, for
12 everything that you've said. It's been very
13 enlightening and very powerful. Thank you very
14 much.

15 So we're going to move on to Question 2
16 of the questions that we had sent to you. So I'm
17 going to ask all of you to comment on this
18 question, and we'll do the same thing. We'll go by
19 participant number.

20 And so the question is, reflecting on
21 your experience, is there anything that could have
22 been done that would have made the situation
23 better? What's the most important thing that the
24 Commissioners need to know as they consider
25 recommendations?

1 So it's really, the focus in this
2 question is on recommendations. So as
3 Commissioner Kitts had said at the outset, the
4 very, very important work that this Commission has
5 to do is to make recommendation based on hearing
6 from voices such as yours who are -- who really are
7 the voices of the -- of the residents in the
8 long-term care homes. What can these Commissioners
9 do? What recommendations can they make to make the
10 system better and make these long-term care homes
11 better going forward to prevent this crisis from
12 recurring?

13 So if we could start with Participant
14 Number 1, and I am going to remind you -- and I
15 know we spoke about this in our preparation
16 meeting, and I know how difficult it is, but I
17 would appreciate if you can, and I know a lot of
18 you covered even some of these comments about
19 recommendations in your answer to Question 1, so to
20 the extent that you can -- so that we can hear from
21 everybody, that would be very helpful.

22 So let's start with you, Participant
23 Number 1. If you could give us some thoughts as to
24 recommendations that you have thought of that could
25 make the system better.

1 PARTICIPANT 1: Well, of all the -- of
2 meetings and that, they say that -- you know,
3 are -- they come to look at the long-term care
4 homes, they say they're watching them, that they
5 come and they check them out. I don't think that
6 ever happens because surely to God, they would see
7 what's happening in there, and a list should be
8 made up that these homes have to go by.

9 LYNN MAHONEY: Right.

10 PARTICIPANT 1: -- that, you know, and
11 if they aren't going by them, close them up. I
12 know we're -- it's short -- there's lot -- not
13 enough space as it is.

14 LYNN MAHONEY: Right.

15 PARTICIPANT 1: But make them do it.
16 Your hospitals have to. These people are not in
17 the best of health when they go in there, so
18 they're patients in a way, and they should be
19 treated properly. Because I know that my daughter,
20 one time, she had an accident here, and when I
21 cleaned her up, I was astounded by the looks of her
22 behind. She was excoriated. It was awful. I
23 mean, that should never be.

24 So that's all I have to say. I mean,
25 some of them are good. The one that my daughter is

1 in has some really good features. The staff are --
2 they need more training. A lot of them do. Most
3 of the time, they're good people. But try and talk
4 to a manager, oh, no; they don't have time for you.
5 Ask them if they've got more staff or a worker,
6 then get some. And that's all you hear. But you
7 can't get through to the -- to the top guys in
8 there because I don't know where they are, probably
9 in Florida or something. Anyway, that's all I have
10 to offer.

11 LYNN MAHONEY: That's very helpful.
12 Thank you, Participant Number 1. And great
13 comments about the inspection process of the homes,
14 the leadership in the homes, and also, the staffing
15 level in the homes. So thank you very much for
16 touching on all of those issues.

17 Participant number 2, could I turn to
18 you now for thoughts you have on recommendations
19 that could be made to make the system better?

20 PARTICIPANT 2: First, I'd just like to
21 say it's so disheartening to hear all of these
22 stories. It's heart wrenching to hear them,
23 actually, and I would agree with everything that is
24 being said.

25 In light of the many things that

1 occurred during the pandemic, in particular, the
2 deaths in long-term care, I believe the Ministry
3 needs to act immediately to further address the
4 issues. This is something that can't wait until a
5 more grandiose plan can be rolled out in 2024, '25.

6 My biggest concern is being locked out
7 again, especially in light of the announcement
8 today of the state of emergency. Family
9 representation should never be denied. There have
10 to be safe ways to allow families to care for their
11 loved ones. Essential caregivers should be allowed
12 in under any circumstances. To deprive residents
13 of their family is inhumane and, in my opinion, a
14 breach of human rights.

15 Also due to the negative impact both
16 physically and emotionally to residents and
17 families of shutting down nursing homes, it should
18 not be a province-wide directive. In our instance
19 in the North, we have less cases. Staffing, of
20 course, is a huge issue, and I believe it needs to
21 be addressed immediately with a widely advertised
22 massive recruitment program such as is being done
23 in Quebec which highlights the benefits of working
24 in long-term care including improved working
25 conditions with more staff per resident per shift,

1 pay raises, full-time work and benefits.

2 With staffing levels so low, staff
3 cannot care properly even before COVID. Care
4 delayed is not good care. Staff need to be
5 appreciated, recognized, and valued. The role of
6 families is a huge issue. If there had been some
7 type of role attributed to families, it would have
8 been easier to continue to assume that role when
9 the pandemic occurred.

10 The Ministry needs to redesign the
11 Long-Term Care Act so that there is a guaranteed
12 meaningful role for families as part of the team
13 caring for a loved one. All too often, we seem to
14 lose total control of our loved one once they enter
15 long-term care. Family involvement needs to be
16 expected, respected, and encouraged.

17 Sometimes, we are made to feel like
18 outsiders and that the home knows best. At one
19 point, I was even discouraged from feeding my
20 husband. Many of us want a more meaningful role, a
21 mandatory case conference once a year is
22 inadequate. In times of short staffing or a
23 pandemic, family members could provide a much need
24 free workforce, if they so desire. Many of us are
25 willing to learn protocols and procedures in order

1 to assist our loved ones safely and legally.
2 Communication, perhaps there needs to be a
3 designated person to do this, one who has the
4 necessary skills and empathy, understanding, and
5 compassion.

6 Leaving a loved one in long-term care
7 is one of the most difficult things to do. Once
8 the pandemic occurred, homes needed to understand
9 the worry and the fear caused by the inability to
10 speak to their loved ones and to visit them.
11 Advanced notice of a lockdown needs to be given to
12 the -- by the home as it is given to all other
13 members of the public.

14 The announcement today was that the
15 state of emergency starts on Thursday. We were
16 told immediately that the home was in lockdown, so
17 we had no opportunity to explain to our loved one
18 or talk to them. Not doing so meant residents were
19 confused, did not understand the pandemic, and
20 often thought families had abandoned them.

21 I find that Ministry guidelines are
22 often less clear and concise than they should be
23 leaving the home to interpret them the way that
24 suits their needs.

25 Residents and families need to come

1 first. Clear concise directives would lead to less
2 variation and much less confusion. Homes should
3 not be able to interpret them to meet their needs.
4 Our residents lost last summer. We're not able to
5 go out with family members or even out around the
6 grounds in spite of the low risk in our area.

7 Due to the negative effect on
8 residents, only those homes in high risk of
9 transmission should be forced into lockdown. This
10 process is such a severe measure and has a huge
11 impact on residents physically and emotionally.

12 An easier way of allowing loved ones to
13 leave the home to live with family during a
14 pandemic or outbreak needs to be devised.

15 And the CEO at our home suggested I put
16 this one in: All new homes should have single
17 rooms to allow for family visits and to stop the
18 spread of disease. Thank you.

19 LYNN MAHONEY: Thank you very much.
20 There's a lot -- there's a lot in there, and thank
21 you very much for taking the time to put that
22 together.

23 Participant 3, can I ask you for your
24 thoughts, please, on Question Number 2 on the
25 recommendations? No. Now you are. Good.

1 PARTICIPANT 3: Thank you. I don't
2 have much to say. I agree with everything that the
3 participants are saying. My recommendations are
4 that the homes be more transparent; more
5 communication with the family members; don't try to
6 hide stuff. When something bad comes up, just come
7 forward and admit to it, and let's work on it
8 together to try to correct it.

9 My biggest recommendation is -- and I
10 really, really believe this -- that all resident
11 rooms should be acquired with cameras, like, nanny
12 cams so that the family members, if there is ever
13 another lockout, we can still have access to our
14 loved one. We can communicate with them. They
15 know we're there. They know we're not abandoning
16 them, and I really believe all rooms should have
17 cameras in them for the safety of the loved one and
18 the safety -- and for the PSWs and all staff up
19 there. I think it's a win-win situation if those
20 are put in. Thank you.

21 LYNN MAHONEY: Thank you very much,
22 Participant 3.

23 Participant 4, can I move to you now,
24 please, with your thoughts on recommendations?

25 PARTICIPANT 4: Thank you. They're

1 going to be very similar to Participant 2. She did
2 an awesome job of articulating them.

3 So what could have been done better?
4 Earlier access to our loved ones at the beginning
5 of the summer. Everyone else was enjoying the
6 outdoors while the residents were locked away in
7 the home with the exception of scheduled one-half
8 hour outdoor visits supervised maybe twice a week,
9 not near enough.

10 Person -- foot care, personal
11 service -- personal care services such as hair and
12 religious services should have been deemed
13 essential by at least June. Clear, prompt
14 directives from the Ministry of Health and
15 Long-Term Care and from the Public Health Ministry.
16 It took six months to get clear, consistent
17 definitions for essential workers and family
18 caregivers, far too long. And even though they're
19 more clear, there still seems to be differences
20 from home to home in application of them.

21 At the onset of the latest lockdown,
22 December 26, direction to the long-term care homes
23 was the last to be communicated. It appeared as
24 though it was forgotten until families and homes
25 asked how is this going to impact on them.

1 Regional plans to account for areas
2 that have had little or no cases allowing for more
3 family and general visitor access to residents, not
4 a one-size-fits-all approach; and also, safety in
5 infection control practices that reflect standards
6 agreed to from the events of SARS and Justice
7 Campbell's SARS Commission report.

8 What recommendations should we
9 consider? The long-term care home -- long-term
10 care home pandemic plan and directives must be kept
11 with review and revision at least every two years
12 going forward to ensure if this or a similar
13 circumstance arises in the future, there is an
14 immediate plan.

15 Someone with great insight once said --
16 and there she is talking about the PSWs, they are
17 angels in hell, markedly improved staffing levels
18 including PSW to resident ratios that allow for not
19 only personal care, but for meaningful contact with
20 the residents based on their needs; continuing
21 education of those care providers on resident
22 conditions; clear directives from the onset with
23 representation from frontline staff on committees
24 and teams provincially that develop the plans if
25 this is not current practice.

1 The confusion and indecision at the
2 Provincial level makes it difficult for the homes.
3 Current technology supports virtual attendance and
4 participation. The Province needs to be clear,
5 consistent, and prompt with their decisions and
6 communication.

7 This is one for me: Consider
8 negotiating with the large for-profit companies
9 that receive financial assistance during this
10 pandemic to share their policies and procedures,
11 et cetera, with the not-for-profit homes. This
12 will allow for consistent province-wide
13 applications of the documents for care and for
14 governance.

15 Consistently apply direction with
16 regards to the types of masks and PPE used for
17 suspected or confirmed COVID cases. The virus
18 won't distinguish between workers or essential
19 caregivers, so we should all be treated with the
20 same -- with respect to testing, PPE, and training.

21 And just my observation from being in
22 the home with my mom, and she has COPD, and she's
23 had a couple of infections during this -- the
24 lockdown since March. People who have injuries to
25 their brain or their brain is deteriorating, they

1 do not know how to cover their mouth when they
2 cough. They just cough and cough and cough, and so
3 the -- like, when they say that N95 masks should
4 only be used in hospital settings where they're
5 being -- doing high-risk procedures like
6 intubations and suctioning, et cetera, haven't
7 watched a person who's in a long-term care facility
8 cough like that.

9 They are -- actually, when they cough
10 that forcefully, they are putting that virus out
11 into the air; and so, therefore, the N95 mask
12 application should be there for the staff and for
13 the families when there's a suspected and confirmed
14 case.

15 And also, a process for mask-fit
16 testing of caregivers and education on the use of
17 PPE for donning and removal, a multimodal approach
18 for this education with video written and hands-on
19 to prepare -- prepare us for that first case.

20 This will require more staff for
21 education because members of the public and
22 families have not had formal education for this in
23 the past. Thank you.

24 LYNN MAHONEY: That was very helpful.
25 Thank you very much, Participant 4. You covered a

1 lot of ground there, and it was very, very helpful.
2 Thank you.

3 Participant 5, could I call on you,
4 please?

5 PARTICIPANT 5: Hello. So I can't
6 really boil down my response to the one important
7 thing that is requested in the question. We really
8 need to look at this pandemic, to me, and the
9 future of long-term care. And it's funny because
10 my phone keeps ringing, and I see it's my mother's
11 home that's calling. It's, like, oh, no, I'll wait
12 'til this is over 'til I get -- and see what's
13 going on there.

14 So the sudden lockdown without warning
15 in March was cruel to residents and their families.
16 The COVID case numbers were low in our region, and
17 I feel the total lockout for so many months without
18 explanation was an overreaction in our region.

19 Measures should be more regionally
20 considered. When directive number 3 was finally
21 updated to allow families in, input from the local
22 public health unit still kept families from
23 entering our home and providing care even when the
24 home was not in outbreak.

25 So I am also a grandmother, and I feel

1 that we need to ensure that we as caregivers are
2 safe in the home provided with the proper PPE,
3 timely testing, and vaccines at the same time as
4 staff, as someone has mentioned before me about the
5 testing.

6 Caregivers provide care that relieve
7 staff of some of their work such as feeding and
8 provide vital emotional support which means less
9 stress on the staff dealing with residents. I feel
10 we need to be valued more and not seen as a
11 constant problem to be dealt with at the home,
12 which is how I feel sometimes.

13 I feel there needs to be stricter
14 enforcement of the infection prevention and control
15 measures, and we saw a lot of that nonadherence in
16 our home by visitors as well as staff. And as a
17 family counsel cochair, we comment on that
18 regularly.

19 We know there was a lot of new staff
20 unfamiliar to our residents and many new to working
21 in long-term care. I feel that long-term care
22 staff need better pay, much better training to
23 understand the illnesses of our residents, and
24 better working conditions to attract and retain
25 good staff.

1 Our Government needs a better --
2 okay -- sorry. I said that.

3 Long-term care home operators also need
4 to face more severe penalties for infractions, and
5 this has been mentioned before me. Over the
6 winter, I was reading the financial statements of
7 one long-term care home operator, and I found this
8 statement: (as read)

9 "The revocation of a licence by
10 authorities or the cancellation of a
11 service contract due to inadequate
12 performance by the operator has been
13 historically infrequent and is
14 usually preceded by a series of
15 warnings, notices, and other
16 sanctions."

17 So it doesn't seem like this present
18 system of monitoring by the Province is working.
19 Of course, we know that regular inspections weren't
20 happening, and that needs to change. The Province
21 said they were relying on incidents being reported
22 by staff and families, but without families in the
23 home, resident care concerns weren't being
24 addressed.

25 We are fortunate that in my mother's

1 newer long-term care home, each resident has their
2 own room even if you're paying the basic rate, and
3 you share a bathroom, and there are smaller
4 resident areas which can keep residents safely
5 separated from others so reducing the possibility
6 for transmitting illness.

7 So -- but at the same time, it's a
8 large home, so it is feasible that a staff member
9 could work on many different units. So I feel
10 homes generally should be smaller to prevent this.

11 It's my understanding from following
12 the media that more deaths occurred in older
13 for-profit homes, and this should be reviewed.
14 Instead of public subsidy of private homes, license
15 for older homes should be allowed to expire. And
16 from reading that financial statement I mentioned,
17 this particular operator has many homes that are
18 coming up to the end of their licensing period.

19 Fund instead not-for-profit homes
20 which can put care ahead of profits. Having had a
21 recent experience in our regional hospital with my
22 mom, the difference in care between the two is
23 pronounced. My mother commented on the care at the
24 hospital, and she said, what a nice outing it was
25 to go to the hospital due to the attentive care she

1 received there.

2 A study needs to be done to determine
3 if this difference in care is a result of pay or
4 working conditions. I feel, from my conversations
5 with the long-term care staff, that both are
6 factors.

7 Again, back to my reading of financial
8 reports from this for-profit long-term care
9 company, it shows that they are eager for the
10 growth opportunities of a growing senior
11 population. And referring again to that financial
12 statement, the comment was that the redevelopment
13 of older long-term care homes in their portfolio
14 will proceed when the economics are favourable.

15 So we know that right now, the Province
16 is preparing to hand out funding for new homes and
17 redevelopment of older homes, so this is the time
18 when they can, in my opinion, let a lot of those
19 older licenses expire, their service is done, and
20 instead, focus on not-for-profit homes which can
21 put all their resources toward resident care.

22 So again, just a quick summary: End
23 funding for the for-profit homes. Don't allow us
24 to be locked out again because I'm having a fear of
25 that right now, and ensure the continuation of

1 essential services such as foot care in the homes
2 because a lot of us didn't realize that those
3 things weren't happening. I just added those on as
4 people were talking. Okay. Thank you.

5 LYNN MAHONEY: Thank you very much,
6 Participant 5.

7 Participant 6, can I call on you for
8 your thoughts of recommendations, please? No,
9 you're still on mute. Now you're good.

10 PARTICIPANT 6: Now I'm good?

11 LYNN MAHONEY: Yeah.

12 PARTICIPANT 6: Am I good?

13 LYNN MAHONEY: Yes.

14 PARTICIPANT 6: Okay. So I just wanted
15 to say I agree with all of the specific
16 recommendations that people have made ahead, like,
17 Participant 2 and 6 and 4 in particular.

18 So overarching my suggestions, because
19 my mother died at the end of March, overarching my
20 suggestions which tend to be mainly system-type
21 suggestions is the -- my thoughts around
22 healthcare.

23 I particularly feel that our acute care
24 health system is functioning really well, and it
25 says a lot to that that Participant 5's mother

1 thought that she was having a holiday in the acute
2 care hospital.

3 The chronic care system isn't the
4 greatest in the whole world, but the -- it's moving
5 to a much sounder footing. Both of them are well
6 supported by a primary care system. The orphan of
7 healthcare is long-term care, and the pandemic has
8 shown us that with absolute clarity. Like, they do
9 not have enough money, and they are not getting
10 enough attention.

11 Now, the next thing I'm about to say,
12 many people do not agree with me, but I want to say
13 it. Personally, I am not a fan of
14 institutionalised care. Residential schools, you
15 know, didn't work, and we are dealing with the
16 problems that have stemmed from residential schools
17 to this point.

18 In the 1960s, we moved developmental
19 services into the community, and we watched
20 individual people flourish and be able to
21 contribute to society. In the 1980s and '90s, we
22 did the same thing in mental health services.

23 Why did we possibly think that putting
24 people in large institutions as the elderly
25 population got larger and larger, why did we think

1 that that was a reasonable thing to do?

2 Sometimes, I think that people think
3 that long-term care is just an apartment with
4 nursing care instead of understanding and realizing
5 that they are institutions just like the mental
6 health services, just like the developmental
7 services, just like residential care. And they are
8 not a good way to deal with people.

9 Now, I'm not saying that long-term care
10 and residential care won't be necessary at some
11 points for some people, but we need to strengthen
12 the home care program and the home care services so
13 that people do not require long-term care except a
14 few people at the very end of their lives.

15 Long-term care clearly needs to be
16 better funded. As part of the increase in funding,
17 I would like to see research projects that are
18 funded by the Government, programs that are done by
19 staff with that continuous quality improvement
20 piece that has happened in chronic care because I
21 think the staff are the ones that know where the
22 staff -- and I would include the family councils
23 that they would be allowed to do these pieces of
24 research because they see where the problems are.

25 They should be allowed to access

1 funding, and they should be allowed to do these
2 research projects to work towards solutions because
3 I don't think this is something we're going to
4 change really quickly.

5 The other thing that I would like to
6 see is that I think that the issue around the PSWs
7 has to be dealt with. PSWs have to be paid
8 salaries that are commensurate with the work that
9 they are expected to do. We need to place value on
10 the work of caring for other people.

11 In conjunction with this, I really
12 think it would be helpful if the PSWs had a
13 registration system or a college so that that way,
14 they could provide ongoing education and support to
15 their members, and it could also be used to make
16 sure that a PSW that has difficulty in one area and
17 is asked to leave or her work is terminated or his
18 work is terminated to go to another area.

19 And I think that it would -- yeah, and
20 I think that there needs to be standards for the
21 PSW, and I think they need to be supported to help
22 them.

23 Basically, in closing, I just want to
24 say that there also needs to be a pandemic plan in
25 case. I didn't talk to the individual little

1 pieces because I wasn't really a part of it, but I
2 think the other participants did, and I think that
3 they have said it very eloquently. And I wanted to
4 say thank you for letting me -- letting me speak.

5 LYNN MAHONEY: Thank you,
6 Participant 6. Those recommendations were very
7 thoughtful, and thank you very much for sharing
8 those with us.

9 Participant 7, can I call on you for
10 your thoughts on recommendations, please?

11 PARTICIPANT 7: Certainly. Thank you.
12 Family caregivers should be deemed an essential
13 service across the Province. The city I live in is
14 currently in another lockdown, and we are fortunate
15 as caregivers to be able to enter the home.

16 It is my understanding that this is not
17 consistent within our Province, recommendations
18 that volunteer and family caregivers should be able
19 to enter the homes during a lockdown to give a
20 helping hand to the residents. And some of the
21 examples could be to provide cognitive stimulation,
22 tidying up their rooms, rearranging their closets,
23 styling their hair after bathing, take them for
24 walks, go outside, having a conversation with them,
25 making them feel important, asking them what they

1 would like, asking them what's on their minds,
2 helping them place a phone call to their loved
3 ones. These are just some examples that would help
4 alleviate symptoms associated with loneliness and
5 isolation. Added TLC is always a good remedy and a
6 feeling of well-being.

7 Premier Ford announced back in November
8 that rapid testing would be made available in LTCs
9 and that it would be a game-changer, but we haven't
10 seen the evidence of rapid testing in our location.

11 It's difficult to comprehend why we do
12 not have these tests available for staffing,
13 residents, and caregivers' visitors. I have a
14 nephew that's an engineer and works at one of the
15 mines in the North, and all workers have rapid
16 testing performed before entering the premises.
17 Why is it that we do not have the flexibility in
18 long-term care homes?

19 With rapid testing on a regular basis
20 along with vaccination, LTC homes could return to
21 somewhat of a normal and restored confidence.
22 According to the Province, these rapid tests
23 produce results in minutes instead of days like the
24 current testing system in place. This new testing
25 initiative is critical for keeping vulnerable,

1 older adults safe while delivering the quality of
2 life they deserve.

3 Lessons learned from other countries:
4 In Australia, inspections in long-term care
5 facilities are severe. Twelve homes were shut down
6 in Australia in 2018. Zero were shut down in
7 Ontario that year. No need to bring in the
8 military in Australia. We need more inspectors in
9 Ontario for better compliance in LTCs; have
10 inspectors arrive without warning, surprise visits.

11 Premier Ford also announced extra
12 funding for LTCs, funding towards hiring more staff
13 within the next four to five years. Staffing
14 levels are a key factor in senior care. It affects
15 care on the most basic level. We are in a
16 pandemic, and our staffing levels are inadequate.

17 On my mother's floor, there are only
18 two PSWs per shift during the day for a total of
19 approximately 27 residents. If a resident is in
20 need of two PSWs for whatever reason, then the rest
21 of residents that are buzzing for help need to
22 wait. Level of staffing is too limited.

23 Comparing to Australia, residents
24 receive bathing daily. In Ontario homes, only two
25 baths or showers per week are required by law under

1 the LTC Home Act.

2 Recommendations: With regular testing,
3 volunteers and family caregivers must be able to
4 enter homes during lockdowns. Funding distribution
5 now for hiring of more stuff; net funding
6 distributed within the next four years; hiring of
7 more LTC inspectors and have unannounced visits;
8 limit tables to a couple of residents to maintain
9 distance between individuals, but allow residents
10 to dine with someone else, perhaps a roommate or a
11 friend; and have rapid testing available in
12 long-term care homes now. That's it. Thank you.

13 LYNN MAHONEY: Thank you very much
14 Participant 7. Those -- that was -- that was very,
15 very -- you know, it really kind of summed up a lot
16 of the issues that the Commissioners have seen and
17 heard about, so thank you very much for that. That
18 was very helpful.

19 Participant 8, could I have your
20 thoughts, please, on recommendations?

21 PARTICIPANT 8: Thank you. Well, my
22 proposal to the Commission is to create a number of
23 permanent regional committees that entirely consist
24 of family members that are willing to work side by
25 side with The Ministry of Health inspectors.

1 Family committees should be given
2 authority to inspect long-term care facilities
3 without notice just like the Ministry of Health
4 inspectors.

5 Family committees would also join you,
6 oversee the suggestions that your committee would
7 put forth to the Ontario Government.

8 These committees could reach out to all
9 families who wish to voice their opinions and share
10 their horrible stories of their loved ones in
11 long-term care. I, for one, would be humbly
12 willing to be a part of this committee process. I
13 have hundreds of positive contributory ideas to
14 share from the past eight years.

15 Families are the glue that ensure a
16 safe and secure existence and the survival of their
17 loved ones. Family members are drowning in mental,
18 physical, and financial overload because of the
19 Ministry of Health incompetence and nontransparency
20 and because the for-profit providers who bully,
21 intimidate, and lie to families and to the Ministry
22 of Health. This is a fact. We have proof.

23 Future development of brand-new
24 long-term care homes must also include family input
25 before they are built. We have many ideas that

1 would absolutely play an important role in
2 increasing the quality of life for residents
3 especially with dementia. To exclude family input
4 would add to the continued status quo of failed
5 long-term care homes.

6 Family members have lived the horrors
7 alongside their loved ones, and they know. So if
8 your commission does not recommend a permanent,
9 independent committee that consists of family
10 members, then all the important work that you are
11 doing will be in vain, and families will continue
12 to be wronged by long-term care administrators and
13 ignored by Ministry of Health.

14 I also encourage everyone to advocate
15 for complete legislative changes to the completely
16 outdated Long-Term Care Act of Ontario. This is
17 vital.

18 As Participant Number 4 said, cameras
19 should be allowed in the residents' rooms in all
20 the facilities so without worrying about being
21 illegally persecuted by the long-term care profit
22 providers. I know for -- I know for sure that
23 Extendicare has intimidated us when we -- when we
24 brought that forth to them. It's horrible.

25 I want to see what my mother's -- what

1 kind of care my mother's doing while I'm not there,
2 but they are preventing that from happening, and
3 that is just wrong.

4 Also, legislate that trespass orders
5 illegally inflicted upon families by long-term care
6 for-profit providers be abandoned immediately.
7 They are permanently destroying hundreds of
8 families in Ontario. It's criminal. I was wrongly
9 banned from seeing my late, beautiful mother for
10 the last three years of her life just for
11 revealing -- just for revealing the wrongdoings and
12 advocating to try to keep her safe. I will never
13 get over this criminal act by Extendicare.

14 We absolutely need to at least double
15 the presence of long-term care staff as most of the
16 participants have said. This is -- this is not up
17 for negotiation. This is a must. This has to be
18 done. There has to be more education for the PSWs
19 on the dementia part of it. Because there's
20 increasing dementia in our society, they need to be
21 more educated on dementia.

22 I implore that the Commission use the
23 strongest language possible in their
24 recommendations to the Ford Government because the
25 recommendations are, in fact, only recommendations,

1 not legislation. There is no guarantee any
2 recommendations will become reality especially
3 under a Ford Government. Present and future
4 Ontario governments, as in the past, if left alone
5 to act on your recommendations, will surely
6 continue to create a huge smoke screen as if they
7 were implementing your recommendations, but in
8 reality, most of them will never see the light of
9 day.

10 This is our last chance to get this
11 right. We owe this to all past, present, and
12 future long-term care residents. As long as the
13 government is left to deal with your
14 recommendations at their own discretion, then
15 absolutely nothing will change.

16 For-profit providers have been taking
17 illegal advantage of this for decades. The
18 Ministry of Health and the long-term care providers
19 need constant and absolute oversight from an
20 independent source.

21 In ending, I would like to say, from
22 the late John Lewis, a U.S. House of Representative
23 and civil rights leader said: Get in good trouble.
24 Get in necessary trouble. When you see something
25 that is not right, not fair, not just, you have to

1 say something. You have to do something.

2 So I thank the Commission for their
3 time and their extremely difficult work. Thank
4 you.

5 LYNN MAHONEY: Thank you Participant 8,
6 those thoughts are -- they're very meaningful.
7 Thank you very much.

8 Participant 9, could I ask you to give
9 us your -- share with us your thoughts on
10 recommendations?

11 PARTICIPANT 9: Like, I have the same
12 issues. I'd like the Ministry not to give advanced
13 notice that they're doing their investigation
14 because that -- it's been proven that you see a
15 difference on the floor. I see.

16 Continuity of care is a big thing for
17 me. There's not enough continuity, right? There's
18 not enough staff. And accessibility, we should
19 never get locked out again.

20 I also ask the Commissioner to also
21 think of these immobile residents, the ones that
22 can't speak and that Facetime don't work for them,
23 like, how difficult this was.

24 We need to end the shifts that are
25 short, like short-staffed so everybody can get

1 their proper care.

2 I'm just going to go to the Long-Term
3 Care Act. In section number 2, (1), it talks about
4 emotional abuse as: (as read)

5 "Any threatening, insulting,
6 intimidating, or humiliating
7 gestures, action, behaviours, or
8 remarks included [sic] imposed
9 social and isolation."

10 It appears that isolating residents
11 from their loved ones for in excess of at least
12 three months could be defined as emotional abuse as
13 these actions imposed social isolation.

14 Section 5 defines neglect as: (as
15 read)

16 "The failure to provide a
17 resident with the treatment, care,
18 services, or assistance required for
19 health, safety, or well-being and
20 includes inaction or a pattern of
21 inactions that jeopardize the
22 health, safety, or well-being of one
23 or more resident."

24 It appears the isolation -- residents
25 from their loved one for, again, in excess of three

1 months could be defined as neglect as it failed to
2 provide the assistance required for health and
3 well-being of each resident and jeopardized the
4 health of many of them.

5 We must always have access to our loved
6 one. They are not in jail. I ask the Commissioner
7 to consider somehow getting more qualified PSWs on
8 the floors when their caseload is excessive. The
9 vulnerable residents suffer the consequences. The
10 PSWs shouldn't have to work unsafely neither.

11 And again, I will reiterate, we went 44
12 days without any of us seeing any of our loved
13 ones, and COVID still got in, and my dad tested
14 positive. So that only went in one way, and it's
15 not hard to figure out how.

16 Yeah, we -- our -- the essential
17 workers so far have been meeting the criteria of
18 getting swabbed as being said, so we have proven
19 that we can go in there and not spread it to our
20 loved ones. It's the unknown, and the isolation is
21 what causes much of our stress and anxiety. All
22 the unknowns during this shutdown caused
23 unnecessary stress and anxiety. This should never
24 be repeated.

25 I ask the Commissioners to do all that

1 they can do so the wrongs can be righted or --
2 well, you can't really right it, but the right --
3 to right the wrongs and not -- and never repeat
4 them. Thank you.

5 LYNN MAHONEY: Thank you very much,
6 Participant 9.

7 Participant 11, could I ask you to give
8 us your thoughts on recommendations, please?

9 PARTICIPANT 11: Yes. Thank you. Can
10 you hear me?

11 LYNN MAHONEY: Yes, perfectly.

12 PARTICIPANT 11: All right. Thank you.
13 Okay. Reflecting on this experience, this is what
14 I believe could have improved the situation: The
15 Ministry of Long-Term Care has a very long history
16 of having turned a blind eye to serious wrongdoings
17 by these for-profit homes.

18 The system has been broken for years
19 now. I can personally testify to serious even
20 criminal wrongdoings by these homes. No matter
21 what the complaint was, even when the home was
22 written up for serious infractions, absolutely
23 nothing was done to fix the issue.

24 No consequences, no fines, no matter
25 what. Where else would this ever happen? If any

1 one of us had starved our child, not provided
2 proper medical care, that child would have been
3 removed from our home in 2.2 seconds. If it was an
4 animal we failed to provide the necessities of life
5 for or we abused them, the Humane Society would
6 remove them from our care.

7 But let this happen to a resident in
8 long-term care, and you will be lucky to hear back
9 from the Ministry. The Ontario Government has
10 known this has been happening for years now.
11 Nobody took action.

12 Upon request, I can give an enormous
13 amount of proof of this, as can countless others.
14 We need an independent task force to go into these
15 homes unannounced. The Ministry needs to stop
16 telling families that they will be going into the
17 homes unannounced to investigate when in reality,
18 they call the long-term care homes and tell them
19 they are in town and literally give them the
20 heads-up.

21 Our Government failed all of us, and
22 worse yet, they failed the very people that built
23 this country. I also believe open communication
24 between residents, families, and management is a
25 key component that is missing here.

1 Let me say it is downright terrifying
2 for residents to tell their family when they have
3 been mistreated. Having your family members
4 disclose abuse or neglect and then having them beg
5 you not to say anything because they fear what will
6 happen to them, it is an awful dilemma.

7 And I would like to say that immediate
8 action is needed. Our loved ones have suffered
9 inhumane treatment during this pandemic. If
10 personnel had been provided with N95 masks from day
11 1, many lives would have been saved. Ten months
12 in, and our Province still doesn't have N95 masks
13 for them or many other frontline workers for that
14 matter.

15 This should never have happened, the
16 Government lying and saying they have warehouses
17 full of PPE and that there is no excuse for PSWs to
18 be saying that they don't have them. Cheap paper
19 masks don't work. They need respirators and N95.

20 The loneliness, the isolation, the
21 neglect should never have happened. Families
22 should have been allowed to take their loved ones
23 home to care for them if they were willing to
24 continue to pay for the room. And our loved ones
25 would have been with their family, and the PSWs

1 would have had an easier time caring for those
2 remaining.

3 For years, family councils have been
4 begging for the Government to make a policy that
5 clearly lists the details of maximum resident to
6 PSW ratio. We are one of the only provinces that
7 does not have this. This is key.

8 Also, there should be a National PSW
9 Registry. As it is now, abuse can happen, and even
10 when the PSW is fired, they can easily go elsewhere
11 and claim more victims.

12 I would like to thank each and every
13 one of you sitting on this committee for allowing
14 me to advocate on behalf of my mother and father
15 and brother. In the words of my father, at our
16 age, it is not about the quantity. It is about the
17 quality. Tomorrow may never come.

18 In the words of my mother, I am so sad;
19 I am so lonely; it's not fair. You get to leave
20 here. I never do.

21 And in the words of my dear departed
22 brother who died during this pandemic and lockdown,
23 I need my mom so bad; how can this be happening?

24 We need to abolish for-profit homes.
25 These shareholders only care about their money, not

1 the residents. I am now forced to live the rest of
2 my life knowing this is the way that my mother
3 spent her end of life while I watch my dad shake
4 like a leaf in fear. And I was forced to watch my
5 brother die without being able to say good-bye to
6 his mother.

7 We were mandated to have a negative
8 COVID swab for the last two weeks -- just the last
9 two weeks here, and it was implemented over the
10 Christmas week, no way that we could possibly get
11 tested again. I had already arranged for my father
12 and I to be tested an extra time, but no way to get
13 in there that quick because it was announced with
14 no notice. This resulted in us not being allowed
15 in as an essential caregiver to see my mom.

16 Meantime, our Extendicare home just
17 started to test their staff every seven days. This
18 just started today. And by the way, two of them
19 have tested positive this past week. And I'd like
20 to ask, are attestations being signed by staff
21 every time they enter and leave the home as to
22 where they have been and if they've been in contact
23 with anybody in different zones and, you know, all
24 that sort of thing like we are? We're asked to
25 sign in and sign all those things when we come in.

1 And we're also asked even if we left the Province
2 and such when we leave the floor and leave the
3 building.

4 So I really don't understand, but I'm
5 just thankful that you're here to listen to us, and
6 I'm really hoping that you go for -- these people
7 are depending on you. We are depending on you.
8 It's the only glimmer of hope that we have. It's
9 the only way that I can possibly go forward in my
10 life and feel that I have done something for my
11 mother and my father and even my departed brother
12 because it is inhumane what has gone on here, and I
13 mean that in the most sincere way. It's very, very
14 tragic.

15 If we do nothing, we're saying it's
16 okay what they did to our parents; it's okay what
17 they did to our grandparents, and it's okay what
18 they did to our brothers or sisters. It's not
19 okay.

20 We need to do something. This has been
21 going on -- my mother has been in these homes now
22 for over five years. I can tell you that she has
23 been drugged without our knowledge. She has had
24 all kinds of things done to her. We need the
25 Ministry of Long-Term Care -- actually, I think

1 they should be abolished. I think it needs to be a
2 whole new legislation. I think it has to be
3 somebody going in there that actually cares about
4 these people and that they're accountable. It's
5 like it's -- it's like these long-term cares are
6 self-governing, and this is wrong. It's so wrong
7 in so many ways.

8 I believe that there is lots of blood
9 on our Government's hands, and I believe it with
10 every fiber of my being, and I just ask that you
11 really go forward, please, for all of us, for
12 the -- for my mother who cries every day to me for
13 every -- there's thousands of them up there. A
14 person left out on a gurney just this past week, no
15 clothing in the middle of winter done in Hamburg.
16 This is unacceptable. It's as if we live in a
17 third-world country. I keep having to ask myself
18 if this is really happening or am I having a
19 nightmare; can I just please wake up now?

20 But every day, I wake up to the same
21 thing. So I ask you with all my heart and my
22 sincerity for this Commission to please not just
23 let our words fall on deaf ears. Please, we are
24 counting on you. Our parents are counting on you,
25 and literally, all of us needs this for the future.

1 Any one of us may be them tomorrow. We don't know.
2 Disabilities and accidents can happen to anyone at
3 any time. There are not just senior citizens
4 living in there. There are people that have been
5 victims of many different types of things. So I
6 thank you for your time, and, again, I say, please,
7 please, don't let this have been in vain. Thank
8 you.

9 LYNN MAHONEY: Thank you very much,
10 Participant 11. I -- to you and to all the
11 participants, I applaud you for your courage. I
12 applaud you for the emotional energy that you've
13 put into preparing for today and to participating
14 in this. I know it was -- I can only imagine how
15 difficult it was for you.

16 So we really do appreciate the time
17 that you took to gather your thoughts and to share
18 your responses to these important questions with
19 the Commissioners. Thank you all.

20 Before I pass it back to
21 Commissioner Kitts, I would like to call on -- I'd
22 like to call on Nancy Johnson. Nancy had a very
23 important role in assisting us putting together
24 this meeting today. Nancy is the cochair of the
25 Ontario North Family Council's Network, and I'd

1 just like to call on Nancy to make a brief
2 statement to the Commission.

3 NANCY JOHNSON: Thank you, Lynn. Can
4 you hear me?

5 LYNN MAHONEY: Yes, perfectly. Thank
6 you.

7 NANCY JOHNSON: Okay. Good. Thank you
8 very much for this opportunity for all the work all
9 of you have done at the Commission and the
10 Commissioners, and thank you to all of the members
11 that did show up. Most of the people here were
12 members associated with our network, and your
13 testimony was compelling and important.

14 Our organization is a grassroots,
15 completely voluntary, unfunded, multibackground
16 organization. We don't take positions. We respect
17 the opinions of everybody that has expressed them
18 here.

19 For instance, we don't take a position
20 on for-profit or not-for-profit on registries or
21 things like that, so I wanted to make that clear at
22 the beginning. But I want to thank everybody, and
23 we respect the opinions of everybody.

24 Our mission is to give voice to the
25 frustrations of families, and so that's why we

1 approached the Commission. We made a submission,
2 and we appreciate, especially with the exacerbation
3 of the pre-existing conditions that we've been
4 trying to shine a light on for years, it's
5 important for you to hear, we thought, from people
6 directly.

7 We do take a position, obviously, from
8 our submission on two things and supported by what
9 you've heard here. Our families need to stay in.
10 They need to be in for personal, psychosocial
11 reasons for their families and for the residents as
12 well as the fact that so severely understaffed, the
13 homes need that extra help.

14 And we have many people in our network
15 who work very well with administration who have
16 similar concerns as were expressed here.

17 If we are going to stay in, for
18 everyone's sake, it is absolutely essential that
19 these places be made safe to enter and to be in,
20 and we've taken a strong position on that.

21 Therefore, the flaws -- we would like
22 to see the flaws in the directives from the Chief
23 Medical Officer of Health and the Government to be
24 addressed. To date, they have been informed by the
25 wrong experts sometimes misinterpreted by

1 bureaucrats which challenges home administration to
2 comply and confuses staff and families. Medical
3 doctors like those at Public Health Ontario are
4 really valuable assets, experts on what the virus
5 does to the body, experts promoting community
6 health and et cetera, but they're not the best
7 people to consult about the behaviour of a virus
8 before it gets to the body and about protections to
9 prevent harm.

10 As you wouldn't go to an engineer as
11 your first choice in advising about how to do a
12 tonsillectomy, why would you go to a medical doctor
13 who doesn't have a specific specialty in
14 occupational health and safety about ventilation
15 and worker protection?

16 There is mounting evidence and
17 compelling evidence that this virus is being
18 inhaled, yet the doctors informing the directives
19 do not entirely accept that, and the directives
20 don't reflect proper protection from inhalation,
21 and I could say a lot about the controversy, but
22 suffice it to say, even if you aren't sure the
23 evidence is certain, it's not only reasonable, but
24 it's also compelling, so compelling as Justice
25 Campbell advised us in circumstances such as these,

1 apply the precautionary principle; adopt higher
2 protections until and unless evidence supports
3 holding back; all to say in the interests of
4 families and their loved ones in care, we need
5 better informed Government direction. We need
6 them -- we need to make these homes safe for
7 workers in ways that also keep our essential family
8 members safe; otherwise, sending them into unsafe
9 places in close quarters with COVID cases threatens
10 to add more logs to the fire.

11 So thank you for this opportunity. We
12 ask that you -- Commissioners, we really appreciate
13 it. We ask that you do what you can to keep our
14 people in, but also do what you can to make sure
15 the Government makes it safe for them to be there.

16 These places need to be safe. Lives
17 depend on it. Thank you for all you're doing. We
18 deeply appreciate this opportunity, and we hope it
19 was of value to your efforts. Thank you.

20 LYNN MAHONEY: Thank you, Nancy. Thank
21 you. That was -- that was very helpful.

22 Commissioner Kitts, I'll turn it back
23 to you for closing remarks.

24 COMMISSIONER JACK KITTS: Okay. Well,
25 thank you very much, Lynn. And thank you, Dawn,

1 and the rest of your team for bringing us together.
2 This has been a very, very important and very
3 informative meeting. So thanks to the whole
4 secretariat for bringing this together.

5 I want to echo some of Lynn's comments
6 about your -- and commend your courage and -- to
7 step forward and your passion in really getting
8 your points across. They're both compelling and
9 inspirational, and I'm sure that is to many.

10 I can assure you that I speak for other
11 Commissioners when I say that we have listened very
12 carefully, appreciated your thoughtful and very
13 heartfelt messages to us. You answered the
14 questions very well. You provided us with a lot of
15 understanding why this has been such an important
16 investigation.

17 I can assure you that you have helped
18 shape our thoughts and that we will consider very
19 seriously the comments that you've made when
20 submitting our report to Government. So thank you
21 on behalf of Commissioner Coke and
22 Commissioner Marrocco, and I hope you have a good
23 evening. Thank you very much.

24 COMMISSIONER ANGELA COKE: Thank you.

25 LYNN MAHONEY: Thank you all very much.

1 Bye-bye.

2 -- Adjourned at 3:39 p.m.

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2
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4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
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REPORTER'S CERTIFICATE

I, JANET BELMA, CSR, Certified
Shorthand Reporter, certify:

That the foregoing proceedings were
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That all remarks made at the time
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That the foregoing is a true and
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Dated this 13th day of January, 2021.



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WORD INDEX

< \$ >

\$100 46:12

< 1 >

1 2:2 9:2, 9, 11
10:1, 5 11:5
21:13 52:14, 19,
23 53:1, 10, 15
54:12 82:3
86:11

1:10 27:2

1:15 27:3

1:30 1:17 4:1

10 21:13 33:10
44:1, 2, 4 48:8

100 33:19

104 16:6

11 2:2 44:1, 13,
15, 16, 20, 24
45:2, 8 84:7, 9,
12 91:10

116 17:2

11th 26:18

12th 1:16

13th 98:18

142 15:16

14th 45:8

15 12:19 19:3
21:10 49:2

17th 31:4, 20

18th 26:21

1960s 70:18

1980s 70:21

< 2 >

2 2:2 11:6, 9
15:3 22:8
51:15 54:17, 20
58:24 60:1
69:17 82:3

2.2 85:3

20 15:17

2014 27:12

2018 75:6

2019 28:12

2020 28:17
29:7 40:2 41:3

2021 1:17 98:18

2024 42:21 55:5

21st 29:7

22 22:8

23rd 46:19

25 49:3 55:5

26 60:22

27 75:19

28th 40:1

2nd 47:3

< 3 >

3 2:2 15:4, 6, 7
17:14, 15 58:23
59:1, 22 64:20

3:39 1:17 97:2

30 47:13 49:4

31st 27:1

35 28:7

36 28:7

37 11:16 13:3

< 4 >

4 2:2 17:17, 18
59:23, 25 63:25
69:17 78:18

40 9:15

44 41:25 42:3
83:11

< 5 >

5 2:2 22:13, 15
26:1 64:3, 5
69:6 82:14

5's 69:25

< 6 >

6 2:2 11:17
21:12 26:2, 5, 9,
11, 15 29:18
37:25 69:7, 10,
12, 14, 17 73:6

65 9:14 33:15

< 7 >

7 2:2 29:21, 22,
24 30:2, 4, 8, 13,
18, 21 35:2, 3, 6
38:18 73:9, 11
76:14

74 11:17

< 8 >

8 2:2 30:17, 18,
22, 24 31:2
76:19, 21 81:5

80 48:9

86 15:10 45:10

< 9 >

9 2:2 38:19, 20,
22 42:23 43:11,
12, 15 81:8, 11
84:6

90s 70:21

9th 19:25

< A >

abandoned
20:4 57:20 79:6

abandoning
23:17 59:15

abandonment
23:15

abilities 39:18

ability 25:15

abolish 87:24

abolished 90:1

absolute 70:8
80:19

absolutely 32:7
33:13 36:3

78:1 79:14

80:15 84:22

93:18

abuse 82:4, 12
86:4 87:9

abused 85:5

accept 94:19

acceptable 43:9

accepting 39:5

access 43:20
59:13 60:4

61:3 71:25 83:5

accessibility
81:18

accident 53:20

accidents 91:2

account 61:1

accountability
17:6 31:22

accountable
90:4

achieved 7:8

acquired 59:11

act 55:3 56:11
76:1 78:16

79:13 80:5 82:3

action 50:10

82:7 85:11 86:8

actions 82:13

activities 18:17,
21 20:16 21:23
25:9

activity 19:1, 4
24:24 35:16, 19

acute 69:23
70:1

add 78:4 95:10

added 69:3
74:5

addition 24:12

additional 19:3

address 55:3

addressed
55:21 66:24
93:24

adequate 15:14

Adjourned 97:2

adjusted 18:6
39:22

adjustment
19:16

administration
12:14 93:15
94:1

administrators
33:6 78:12

admiration
17:22

admit 10:25
59:7

admitted 13:17

adopt 95:1

Adriana 2:21
4:15

adult 36:7
49:16

adults 75:1

advanced 23:17
25:14 57:11
81:12

advantage 80:17

advertised 55:21

advised 14:8
94:25

advising 94:11

advocate 23:24
25:17, 20, 22
34:4 78:14
87:14

advocating
79:12

afforded 43:17

after 7:4, 13
13:10, 22 15:24
19:25 27:3, 11,
21 37:18 40:17
46:14 47:14

48:8, 22 49:8
50:1 73:23

afternoon 4:2, 4
6:13 8:16

age 25:14
33:15 87:16

aggravate 32:15

ago 45:13

agree 54:23
59:2 69:15
70:12

agreed 61:6

agreeing 6:14

agreement
22:23

ahead 67:20
69:16

aid 47:7, 9

aim 38:2

air 63:11

alert 17:3

alerted 18:13

Alison 2:18

alive 39:13

alleviate 74:4

allotted 18:20

allow 55:10
58:17 61:18
62:12 64:21
68:23 76:9

allowed 12:25
19:2 47:13, 19
50:6, 9, 22, 24
55:11 67:15
71:23, 25 72:1
78:19 86:22
88:14

allowing 17:11
38:23 51:2
58:12 61:2
87:13

alongside 78:7

alternate 35:11

amazing 36:11

amount 13:8
15:14 85:13

Analyst 2:6, 21,
25

analysts 4:15

analyzing 7:9

Angela 1:24
6:22, 23 96:24

Angeline 2:6
4:14 26:4, 6

<p>44:14 angels 61:17 animal 85:4 animals 43:17 announced 45:17 46:22 74:7 75:11 88:13 announcement 55:7 57:14 answered 96:13 answers 5:18 39:6 anxiety 23:19 83:21, 23 anybody 88:23 Anyway 54:9 apart 37:25 apartment 71:3 apologize 44:9 apparent 16:2 Apparently 42:6 appeared 18:6, 9 28:5 60:23 appears 82:10, 24 applaud 91:11, 12 applicants 21:7 application 60:20 63:12 applications 62:13 apply 62:15 95:1 appointed 6:16 appointment 36:4 appointments 21:24 24:13 appreciate 8:7 9:21 52:17 91:16 93:2 95:12, 18 appreciated 56:5 96:12 approach 61:4 63:17 approached 93:1 approval 46:12 approximately 13:1 40:2 75:19 April 39:10</p>	<p>area 19:19 36:12 58:6 72:16, 18 areas 61:1 67:4 arises 61:13 arranged 88:11 arrive 75:10 arrived 12:24 arthritis 18:3 articulating 60:2 asked 14:17 26:18 28:12, 24 29:2 40:12 41:8, 12 45:16, 18, 25 46:20 47:6, 11, 24 48:4, 12, 15 60:25 72:17 88:24 89:1 asking 46:12 73:25 74:1 assembly 21:18 assessed 28:16 assets 94:4 assigned 25:11 assist 24:13 26:4 57:1 assistance 40:4 44:8 62:9 82:18 83:2 Assistant 2:18 assisting 91:23 associated 74:4 92:12 assume 27:20 56:8 assurance 45:23 assure 96:10, 17 astounded 53:21 ate 15:19 atrophied 39:19 40:21 41:23 attempt 34:3 attend 12:15 attendance 62:3 attending 1:16 attention 15:12 70:10 attentive 67:25 attestations 88:20 Attorney 31:14 49:18</p>	<p>attract 65:24 attributed 56:7 Australia 75:4, 6, 8, 23 authorities 66:10 authority 77:2 available 42:7 74:8, 12 76:11 avenues 13:18 avoid 14:8 awesome 60:2 awful 53:22 86:6 < B > back 8:21 15:25 20:6 30:17 42:12 45:22 46:14, 19 68:7 74:7 85:8 91:20 95:3, 22 background 11:15 bad 34:10 40:6 46:17 59:6 87:23 ban 34:5 banned 79:9 bar 26:15 barriers 28:10 based 52:5 61:20 basic 67:2 75:15 Basically 72:23 basis 74:19 bath 35:23 bathe 12:17 bathing 73:23 75:24 bathroom 12:20 67:3 baths 12:9 75:25 beautiful 31:15 79:9 bed 15:11 16:21 28:21 29:1 40:23, 24 41:16, 18, 21 beg 86:4 begging 48:21 87:4</p>	<p>beginning 60:4 92:22 behalf 87:14 96:21 behaviour 22:9 94:7 behaviours 24:3, 9 82:7 believe 8:12 18:14 33:18 40:7 42:18 55:2, 20 59:10, 16 84:14 85:23 90:8, 9 believes 32:20 33:20 41:20 Belma 3:13 98:3, 24 benefit 14:6 benefits 55:23 56:1 best 12:13 13:20 19:23 24:6 53:17 56:18 94:6 better 11:11 42:20 51:23 52:10, 11, 25 54:19 60:3 65:22, 24 66:1 71:16 75:9 95:5 Bianchi 2:15 4:12 Bianchini 2:25 big 81:16 biggest 55:6 59:9 bingo 35:17 bit 7:1 10:12 16:11 40:4 bladder 23:22 blanket 47:25 blankets 47:10, 17 48:5 blind 11:20 15:11 16:19 84:16 blocked 13:18 blood 90:8 body 48:5, 9 94:5, 8 boil 64:6 bore 23:16 bottle 43:7 Bowel 23:22</p>	<p>brain 9:14 45:12 47:4 62:25 Branch 2:7, 10, 22 3:1 brand-new 77:23 breach 55:14 breaking 12:22 breaks 35:14 breathing 20:14 brief 92:1 bring 17:23 35:25 42:12 43:18 75:7 bringing 13:9 35:14, 24 50:5 96:1, 4 broken 11:25 17:4 33:16 47:8 84:18 brother 87:15, 22 88:5 89:11 brothers 89:18 brought 16:9 78:24 bruises 41:11 build 33:6 building 89:3 built 77:25 85:22 bully 34:5 77:20 burden 24:25 bureaucrats 94:1 burnout 42:19 business 9:11 busy 36:14 button 45:15 buzzing 75:21 Bye-bye 97:1 < C > call 5:4, 6 11:6 14:16 15:4 17:16 22:13 26:2 27:2 29:21 38:19 44:22 45:15 46:11 64:3 69:7 73:9 74:2 85:18 91:21, 22 92:1</p>
---	--	--	--	--

called 40:11
46:8, 9, 22, 23
calling 9:8
12:20 20:23, 24
49:6 64:11
calls 18:7, 11
calm 40:14, 24
cameras 59:11,
17 78:18
Campbell 94:25
Campbell's 61:7
cams 59:12
cancellation
66:10
cards 20:18
CARE 1:7 2:7,
11, 15, 19, 22
3:1 4:8 6:18
8:20 9:3, 14
11:17, 18, 25
13:12 14:4, 7,
13 15:10, 13, 22,
25 16:12, 17
17:2, 4, 10, 20,
21, 23 19:22
20:9, 15 21:15,
17 22:22 24:2,
10, 17 25:24
26:18, 21 27:12,
15, 19, 25 28:7,
8, 20 29:3, 6, 10
31:16, 23 32:1,
6, 22, 23 33:1, 5,
10, 24 34:4, 6, 9,
10, 11, 15, 17
36:7, 11 38:6
41:19 42:16, 20
50:13, 15 52:8,
10 53:3 55:2,
10, 24 56:3, 4,
11, 15 57:6
60:10, 11, 15, 22
61:9, 10, 19, 21
62:13 63:7
64:9, 23 65:6,
21 66:3, 7, 23
67:1, 20, 22, 23,
25 68:3, 5, 8, 13,
21 69:1, 23
70:2, 3, 6, 7, 14
71:3, 4, 7, 9, 10,
12, 13, 15, 20
74:18 75:4, 14,
15 76:12 77:2,
11, 24 78:5, 12,

16, 21 79:1, 5,
15 80:12, 18
81:16 82:1, 3,
17 84:15 85:2,
6, 8, 18 86:23
87:25 89:25
95:4
carefully 96:12
caregiver 15:9
26:19 88:15
caregivers 17:6
20:11 24:5
25:17 55:11
60:18 62:19
63:16 65:1, 6
73:12, 15, 18
74:13 76:3
cares 90:3, 5
caring 9:3
24:22 29:11
39:1 44:25
56:13 72:10
87:1
case 11:1 23:2
31:24 56:21
63:14, 19 64:16
72:25
caseload 83:8
caseloads 42:17
cases 19:20
55:19 61:2
62:17 95:9
catatonic 40:25
caused 13:8
57:9 83:22
CCAC 13:11
CEO 22:19
58:15
certain 94:23
certainly 22:22
73:11
CERTIFICATE
98:1
certified 43:3
98:3
certify 98:4
cetera 62:11
63:6 94:6
chair 3:6, 8
11:7 26:12
challenge 32:9
challenges 94:1
challenging 5:20
chance 80:10

change 18:13
24:16 33:13
35:21 37:8
46:7 66:20
72:4 80:15
changed 15:23
39:11
changes 24:8
78:15
CHARTERED
98:25
chats 18:8
cheap 50:4
86:18
check 53:5
Chief 93:22
child 47:18
48:20 49:24
85:1, 2
children 27:9
Choconta 2:21
4:15
choice 94:11
Christmas 88:10
chronic 70:3
71:20
circumstance
61:13
circumstances
55:12 94:25
citizens 91:3
city 15:8 73:13
civil 80:23
claim 87:11
clapping 49:5
clarity 70:8
clean 12:17
cleaned 12:10
53:21
clear 47:20
48:6 57:22
58:1 60:13, 16,
19 61:22 62:4
92:21
clearly 28:8
71:15 87:5
Clinicians 14:7
close 24:19
53:11 95:9
closed 15:22
47:6
closer 19:7
closets 73:22
closing 72:23
95:23

clothes 10:9
35:22
clothing 35:25
90:15
cochair 65:17
91:24
coffee 35:14
cognitive 73:21
cognitively
11:19 13:5
Coke 1:24 6:22
96:21, 24
cold 36:21 48:3
colleagues 4:10
collecting 7:8
college 72:13
colour 16:4
come 11:13
12:22 30:17
35:15 47:19
53:3, 5 57:25
59:6 87:17
88:25
comes 11:10
45:21 50:12
59:6
comforting
23:10
coming 30:15
50:2 67:18
commencing
4:1
commend 96:6
commensurate
72:8
comment 10:2
11:12 51:17
65:17 68:12
commented
67:23
comments 51:5,
6 52:18 54:13
96:5, 19
COMMISSION
1:7 2:8, 11, 15,
19, 23 3:2 4:4,
6, 12, 14, 16 6:3,
6 7:2, 14 8:11
9:7, 10 22:16
31:10 34:22
52:4 61:7
76:22 78:8
79:22 81:2
90:22 92:2, 9
93:1

Commissioner
1:23, 24, 25
4:25 6:8, 11, 22
8:25 11:7
26:12 41:24
52:3 81:20
83:6 91:21
95:22, 24 96:21,
22, 24
Commissioners
4:24 5:14 6:9,
16, 21 51:24
52:8 76:16
83:25 91:19
92:10 95:12
96:11
commissions
7:1, 4, 12
Commission's
5:13
committee 77:6,
12 78:9 87:13
committees
61:23 76:23
77:1, 5, 8
communicate
10:15 59:14
communicated
60:23
communicating
37:16
communication
12:11 13:20
21:16 57:2
59:5 62:6 85:23
community
70:19 94:5
companies 62:8
company 9:16
68:9 98:23
compared 10:4
21:13
Comparing
75:23
compassion
23:21 57:5
compassionate
24:5, 15
compelling
92:13 94:17, 24
96:8
complaint 84:21
complaints
32:22 35:7
36:12

<p>complete 36:8 78:15</p> <p>completed 12:10</p> <p>completely 12:9 78:15 92:15</p> <p>compliance 75:9</p> <p>complied 48:6</p> <p>comply 94:2</p> <p>component 85:25</p> <p>composure 47:22</p> <p>comprehend 74:11</p> <p>concern 40:9, 19 42:15 55:6</p> <p>concerning 32:21</p> <p>concerns 9:6 21:5 29:14 31:21 34:23 49:15 66:23 93:16</p> <p>concerts 35:18</p> <p>concise 57:22 58:1</p> <p>condition 18:2, 14</p> <p>conditions 12:3 19:10 20:8 55:25 61:22 65:24 68:4 93:3</p> <p>conducting 7:14</p> <p>conference 56:21</p> <p>Conferencing 1:15</p> <p>confidence 74:21</p> <p>confined 15:11 20:18 36:17 38:11</p> <p>confirmed 48:7, 10 62:17 63:13</p> <p>confused 57:19</p> <p>confuses 94:2</p> <p>confusion 44:10 58:2 62:1</p> <p>conjunction 72:11</p> <p>consecutive 32:11</p> <p>consequences 83:9 84:24</p>	<p>Consequently 32:9</p> <p>consider 41:25 51:24 61:9 62:7 83:7 96:18</p> <p>considered 64:20</p> <p>considering 36:13</p> <p>consist 76:23</p> <p>consistent 60:16 62:5, 12 73:17</p> <p>Consistently 62:15</p> <p>consists 78:9</p> <p>console 37:25</p> <p>constant 49:14 65:11 80:19</p> <p>constantly 32:8 43:2</p> <p>consult 94:7</p> <p>contact 36:20 61:19 88:22</p> <p>containment 20:21</p> <p>contamination 43:8</p> <p>context 7:1</p> <p>continuation 68:25</p> <p>continue 21:6 56:8 78:11 80:6 86:24</p> <p>continued 13:20 19:11 27:21 33:14 45:18 78:4</p> <p>continuing 7:16 61:20</p> <p>Continuity 81:16, 17</p> <p>continuous 71:19</p> <p>continuously 19:17</p> <p>contract 66:11</p> <p>contribute 70:21</p> <p>contributory 77:13</p> <p>control 14:22 19:18 56:14 61:5 65:14</p> <p>controversy 94:21</p>	<p>conversation 16:8 24:22 73:24</p> <p>conversations 68:4</p> <p>convey 6:5</p> <p>cool 21:23</p> <p>co-operate 30:12</p> <p>coordinating 44:9</p> <p>coordinator 41:12</p> <p>COPD 18:3 20:15 62:22</p> <p>cope 14:23</p> <p>correct 59:8 98:15</p> <p>cottage 36:3</p> <p>cough 63:2, 8, 9</p> <p>Council 44:5</p> <p>Councils 3:7, 8 71:22 87:3</p> <p>Council's 91:25</p> <p>Counsel 2:13, 15 4:5, 12 65:17</p> <p>counter 43:6</p> <p>counting 90:24</p> <p>countless 85:13</p> <p>countries 75:3</p> <p>country 85:23 90:17</p> <p>counts 23:18</p> <p>couple 46:25 62:23 76:8</p> <p>courage 8:7 91:11 96:6</p> <p>course 55:20 66:19</p> <p>cover 6:2 34:6 63:1</p> <p>covered 52:18 63:25</p> <p>COVID 11:13 12:24 14:24 15:15, 21 16:17 19:19 27:14, 16 41:17 42:2 49:25 56:3 62:17 64:16 83:13 88:8 95:9</p> <p>COVID-19 1:7 2:7, 11, 22 3:1 6:18 8:20 11:1</p>	<p>create 33:1 76:22 80:6</p> <p>cried 13:9 47:18</p> <p>cries 90:12</p> <p>criminal 32:18 50:20 79:8, 13 84:20</p> <p>crisis 7:13, 15, 21 52:11</p> <p>criteria 83:17</p> <p>critical 14:3 74:25</p> <p>criticism 17:20</p> <p>crossword 20:18</p> <p>cruel 34:2 64:15</p> <p>crying 12:19 48:20</p> <p>CSR 98:3, 24</p> <p>culture 38:1</p> <p>current 7:21 8:9 61:25 62:3 74:24</p> <p>currently 15:9 17:2 73:14</p> <p>curtailed 27:23</p> <p>cut 12:18 27:24</p> <p>< D ></p> <p>dad 39:1, 10, 13, 18, 25 41:13, 21 42:5 43:1, 4, 20 48:25 49:18 83:13 88:3</p> <p>daily 15:17 18:7 20:2 35:12 75:24</p> <p>damages 7:20</p> <p>dancing 35:18</p> <p>data 7:9</p> <p>date 93:24</p> <p>Dated 98:18</p> <p>daughter 9:12, 13 53:19, 25</p> <p>Davie 32:12</p> <p>Dawn 2:10 4:2, 3, 20 6:12, 15 8:22, 23, 24 9:25 11:4 15:2 17:13, 16 22:11 25:25 26:10, 14 29:18, 23, 25 30:3, 6, 10, 15,</p>	<p>20, 22, 25 34:25 35:4 38:17, 21 42:22 43:11, 14, 23 44:4, 7, 18, 21, 25 45:7 51:4, 10 95:25</p> <p>day 1:16 12:16 15:18 16:24 17:1 18:7 27:10 32:14 35:10, 17, 22 37:11 38:14 40:2, 11, 23 41:13, 15 45:25 46:24 75:18 80:9 86:10 90:12, 20 98:18</p> <p>daycare 43:18</p> <p>days 35:23 41:25 42:3 74:23 83:12 88:17</p> <p>deaf 11:20 90:23</p> <p>deal 71:8 80:13</p> <p>dealing 65:9 70:15</p> <p>dealt 65:11 72:7</p> <p>dear 87:21</p> <p>death 27:1, 11 34:19</p> <p>deaths 12:12 55:2 67:12</p> <p>debated 13:9</p> <p>decades 80:17</p> <p>December 60:22</p> <p>decide 30:11</p> <p>decision 17:19 39:15 42:8</p> <p>decisions 62:5</p> <p>declared 45:9</p> <p>decline 24:24</p> <p>declined 13:5</p> <p>decrease 21:6</p> <p>decreased 18:16</p> <p>dedicated 31:14</p> <p>deemed 60:12 73:12</p> <p>deeply 95:18</p> <p>defined 82:12 83:1</p> <p>defines 82:14</p> <p>definitely 20:5</p>
--	--	--	--	---

definitions 60:17 delayed 56:4 delivering 75:1 delusional 33:22 dementia 18:2 27:17 32:17 42:10 78:3 79:19, 20, 21 denied 55:9 deny 14:12 departed 87:21 89:11 depend 95:17 dependent 11:21 depending 89:7 depressed 37:10 depression 13:6 23:20 deprive 55:12 Deputy 2:18 described 14:25 deserve 14:15 75:2 designated 57:3 desirable 12:4 desire 56:24 desk 19:8 desperation 33:14 destroying 79:7 details 87:5 deteriorate 19:11 deteriorated 27:21 deteriorating 62:25 determine 68:2 devastating 31:18 develop 61:24 developed 28:21 developing 7:10 development 77:23 developmental 70:18 71:6 devised 58:14 Diaz 2:21 4:15 die 23:10 88:5 died 26:25 27:7 31:3, 4, 20 69:19 87:22	difference 20:6 67:22 68:3 81:15 differences 60:19 different 19:14 67:9 88:23 91:5 difficult 12:11 13:7 36:19 39:2, 15 52:16 57:7 62:2 74:11 81:3, 23 91:15 difficulty 39:5 45:14 72:16 dignified 33:17 dignity 20:16 38:5 dilemma 86:6 diminished 25:14 dine 76:10 dining 19:6, 8 36:15 direct-care 21:6 direction 60:22 62:15 95:5 directive 55:18 64:20 directives 58:1 60:14 61:10, 22 93:22 94:18, 19 directly 8:4 17:23 35:8 42:25 43:1 93:6 Director 4:4 14:1 Disabilities 91:2 disabled 43:12, 16, 21 disclose 86:4 discouraged 56:19 discretion 80:14 discussed 5:3 discussion 5:2 disease 22:5 23:18 24:1, 4 58:18 disheartening 17:7 37:18 54:21 dispatched 32:21 distance 76:9	distinguish 62:18 distressed 22:6 distributed 76:6 distribution 76:4 doctor 94:12 doctors 94:3, 18 document 30:5 documents 34:8, 20 62:13 dog 43:18 doggy 43:18 doing 7:17 18:10 20:18 35:13 36:11 40:12, 13 57:18 63:5 78:11 79:1 81:13 95:17 donning 63:17 double 21:9 79:14 downhill 46:4 downright 86:1 dragged 23:7 drank 43:7 dreads 21:25 drive 15:18 drowning 33:23 77:17 drugged 89:23 drugs 39:21 Drummond 2:18 due 14:21 24:24 37:1 55:15 58:7 66:11 67:25 duties 25:12 dying 49:21 dysfunctional 34:2 < E > eager 68:9 ear 24:15 earlier 37:4 60:4 early 21:23 ears 23:4 25:23 90:23 easier 56:8 58:12 87:1 easily 87:10 eat 40:3 eaten 17:1	eating 13:4 24:8 36:16 38:12 echo 96:5 economics 68:14 educate 24:6 educated 79:21 education 61:21 63:16, 18, 21, 22 72:14 79:18 effect 14:12 58:7 effects 18:14 39:10 efforts 12:13 95:19 egregious 28:20 elderly 14:5 70:24 elicits 23:20 eloquently 73:3 else's 10:7 emails 18:8 34:8 emergency 13:13 55:8 57:15 emotional 65:8 82:4, 12 91:12 emotionally 24:20 55:16 58:11 empathy 57:4 employees 50:4 encourage 23:24 78:14 encouraged 56:16 ended 18:18 26:22 energy 91:12 enforcement 65:14 engineer 74:14 94:10 enjoyed 36:4 enjoying 60:5 enlightening 51:13 enormous 49:14 85:12 ensure 5:23 8:11 15:13, 17, 19 25:24 31:15	46:2, 5 61:12 65:1 68:25 77:15 ensured 17:1 enter 40:7 42:1, 3 56:14 73:15, 19 76:4 88:21 93:19 entered 27:12 entering 64:23 74:16 entertainment 36:9 entire 21:22 31:15 entirely 76:23 94:19 entities 32:2, 8 environment 31:17 42:18 especially 55:7 78:3 80:2 93:2 essential 42:14, 19 55:11 60:13, 17 62:18 69:1 73:12 83:16 88:15 93:18 95:7 essentially 14:8 estimate 33:9 evening 96:23 event 7:4 18:12 20:9 events 18:22 61:6 everybody 51:11 52:21 81:25 92:17, 22, 23 everyone's 93:18 evidence 74:10 94:16, 17, 23 95:2 exacerbation 93:2 example 37:14 examples 73:21 74:3 exception 60:7 excess 82:11, 25 excessive 42:17 83:8 exclude 78:3
---	--	---	---	---

excluded 38:12
excoriated 53:22
excuse 86:17
Executive 44:5
exercises 20:15
exhibit 24:1
existed 38:10
existence 34:18
77:16
expect 14:15
expected 12:1
56:16 72:9
experience 9:2,
9 14:25 15:1
22:17 39:1
44:23 49:13
51:21 67:21
84:13
Expert 14:7
experts 93:25
94:4, 5
expire 67:15
68:19
explain 13:2
23:18 57:17
explanation
64:18
expose 42:11
expressed
92:17 93:16
extended 47:17
Extendicare
31:24, 25 32:6
33:20 45:10
78:23 79:13
88:16
Extendicare's
50:13
extent 52:20
extra 15:12
75:11 88:12
93:13
extremely 36:19
37:6 81:3
eye 18:2 84:16
eyes 23:4
25:23 32:14, 18
42:5 47:6, 14
49:5, 9

< F >
face 48:16
51:1 66:4
Facebook 18:9

Facetime 22:21
25:3, 8 49:2
81:22
facilitate 8:22
facilitators 4:6
facilities 15:22
32:23 38:7
75:5 77:2 78:20
facility 13:16
15:10 17:21
26:18 29:10
34:15 35:20
36:5 63:7
fact 49:22
77:22 79:25
93:12
factor 75:14
factors 68:6
failed 78:4
83:1 85:4, 21, 22
failing 40:8
failure 47:20
82:16
fair 33:17
80:25 87:19
fall 90:23
falling 12:21
falls 12:12
families 6:19
13:23, 25 17:9
23:3, 7 26:18
28:9 32:4, 8, 9,
20 34:3 37:13
55:10, 17 56:6,
7, 12 57:20, 25
60:24 63:13, 22
64:15, 21, 22
66:22 77:9, 15,
21 78:11 79:5,
8 85:16, 24
86:21 92:25
93:9, 11 94:2
95:4
Family 3:6, 8
4:7 5:15 7:25
8:1 9:5 12:24
15:25 18:16
19:24 21:1, 2, 3
22:20 23:6
24:19 25:8, 17
27:19 28:12
29:2, 4 31:5, 24
34:2, 5 37:16
39:4 44:5
45:11 55:8, 13

56:15, 23 58:5,
13, 17 59:5, 12
60:17 61:3
65:17 71:22
73:12, 18 76:3,
24 77:1, 5, 17,
24 78:3, 6, 9
86:2, 3, 25 87:3
91:25 95:7
family's 26:16
34:23
fan 70:13
Fantastic 4:20,
22
father 41:10, 15
45:24 87:14, 15
88:11 89:11
faulty 33:8
favourable
68:14
fear 39:7 41:21
42:13 57:9
68:24 86:5 88:4
fearing 23:9
feasible 67:8
features 54:1
February 29:6
37:4, 6
feces 28:4
fed 15:17 45:24
feed 12:17
16:15, 19, 24
39:25 45:14, 25
feeding 12:10
16:14 25:12
56:19 65:7
feel 38:14 41:7
56:17 64:17, 25
65:9, 12, 13, 21
67:9 68:4
69:23 73:25
89:10
feeling 20:3, 21
23:11, 16 43:15
49:14 74:6
feelings 23:14
feels 22:1
feet 37:25
46:18 47:3
fellow 6:20
felt 20:6 24:25
49:12
fiber 90:10
figure 83:15

Finally 29:3
39:22 48:10
49:8 64:20
financial 62:9
66:6 67:16
68:7, 11 77:18
find 7:19 28:2,
10 57:21
fine 40:13 46:9,
19
fines 84:24
fingers 49:6
finished 5:7
fire 95:10
fired 87:10
Firstly 31:9
fit 41:5
fix 84:23
flawed 33:11
flaws 93:21, 22
flexibility 74:17
floor 10:18
27:4 28:3
35:15 37:15
75:17 81:15
89:2
floors 83:8
Florida 54:9
flourish 70:20
flu 46:3
focus 52:1
68:20
follow 6:3
followed 16:13
Following 5:1
67:11
food 15:14
16:13
foods 16:20
foot 60:10 69:1
footing 70:5
force 85:14
forced 47:22
51:1 58:9 88:1,
4
forcefully 63:10
Ford 74:7
75:11 79:24
80:3
foregoing 98:6,
14
forever 39:11
41:7
forgot 47:9

forgotten 12:8
60:24
fork 40:5
form 40:20
formal 63:22
for-profit 31:23
32:1 33:4, 18,
24 50:11, 19
62:8 67:13
68:8, 23 77:20
79:6 80:16
84:17 87:24
92:20
forth 77:7
78:24 98:8
fortunate 66:25
73:14
forward 7:21
8:8 52:11 59:7
61:12 89:9
90:11 96:7
found 7:19
10:6 16:12
27:19 29:9
41:10 47:7 66:7
Frank 1:23
6:21, 22 11:7
26:12
Franklin 4:13
free 56:24
frequent 22:9
frequently 24:1
friend 25:22
34:11 76:11
friendly 24:15,
22
friends 24:19
36:15
front 36:17
frontline 61:23
86:13
frozen 4:21
frustrated 50:18
frustrating 17:7
39:3
frustration 24:1
frustrations
92:25
full 86:17
full-time 56:1
functioning
69:24
Fund 67:19
funded 71:16, 18

funding 68:16,
23 71:16 72:1
75:12 76:4, 5
funeral 14:18
funny 64:9
future 7:7, 11
8:9 61:13 64:9
77:23 80:3, 12
90:25

< G >

game-changer
74:9
gather 7:16
91:17
gaunt 16:4
general 7:1
61:3
generally 7:8
24:23 67:10
gestures 82:7
give 5:16 6:21
32:10 46:1
52:23 73:19
81:8, 12 84:7
85:12, 19 92:24
given 32:24
39:6 41:13
48:11 57:11, 12
77:1
giving 31:10
33:1
glad 44:10
48:16
glass 10:7
glasses 47:7, 8
glimmer 89:8
glue 45:11
77:15
God 53:6
good 4:2 6:13
9:18 23:15
26:8, 9 50:17
53:25 54:1, 3
56:4 58:25
65:25 69:9, 10,
12 71:8 74:5
80:23 92:7
96:22
good-bye 13:2
49:23 88:5
gosh 30:13
governance
62:14

Government
6:17 8:14 66:1
71:18 77:7
79:24 80:3, 13
85:9, 21 86:16
87:4 93:23
95:5, 15 96:20
governments
7:3 80:4
Government's
90:9
Gowlings 2:13
grab 43:5
grandiose 55:5
grandmother
64:25
grandparents
89:17
grassroots
92:14
grateful 8:16
27:13
great 23:16
48:8 54:12
61:15
greater 21:13
greatest 70:4
greed 33:24
ground 64:1
grounds 58:6
Group 14:7
24:19
growing 68:10
growth 68:10
guarantee
13:15 80:1
guaranteed
56:11
guidelines 57:21
guilt 49:14
gurney 90:14
guys 27:17
54:7

< H >

habits 24:8
hair 10:8 12:18
35:13 60:11
73:23
hairbrush 10:9
hairstylist
36:5, 10
Haldol 40:15
half 48:25

hall 10:23
18:21
hallway 28:4
hallways 36:18,
25
halt 36:8
halted 36:9, 16
Hamburg 90:15
hand 34:11
47:16, 18, 19
48:18 68:16
73:20
hands 49:5
90:9
hands-on 63:18
Hang 30:13
hanging 48:22
happen 24:17
46:6 84:25
85:7 86:6 87:9
91:2
happened 41:9
46:3 71:20
86:15, 21
happening 13:3,
24 23:9 24:21
28:24 32:7
43:9 53:7
66:20 69:3
79:2 85:10
87:23 90:18
happens 8:15
43:8 53:6
happy 18:10
45:4
hard 9:12
22:25 24:19
25:7 83:15
harm 32:16
94:9
harmful 14:11
Hawthorn 2:6
4:14
heads-up 32:24
85:20
health 18:1, 12
19:10 31:22, 25
32:2, 5, 19, 25
33:4, 21 46:7
53:17 60:14, 15
64:22 69:24
70:22 71:6
76:25 77:3, 19,
22 78:13 80:18
82:19, 22 83:2,

4 93:23 94:3, 6,
14
healthcare
69:22 70:7
hear 4:18, 22
5:23 8:3 26:10,
13 29:23, 25
30:23 44:17
48:24 52:20
54:6, 21, 22
84:10 85:8
92:4 93:5
heard 11:12
25:19 76:17
93:9
hearing 4:7 5:7,
15 23:8 26:5
47:5, 7, 9 52:5
heart 25:3
54:22 90:21
heartfelt 96:13
Held 1:15
hell 61:17
He'll 42:10, 11
Hello 44:16
64:5
help 8:8, 11, 13
12:19, 21 26:3
31:5 72:21
74:3 75:21
93:13
helped 37:23
96:17
helpful 29:13
52:21 54:11
63:24 64:1
72:12 76:18
95:21
helping 4:11
26:6 73:20 74:2
Hi 31:2 38:20,
21 44:16, 20, 21
hide 32:3 59:6
high 58:8
higher 95:1
highlights 55:23
high-risk 63:5
hip 11:23
hired 11:21
hiring 75:12
76:5, 6
Historically
7:12 66:13
history 84:15

hit 10:4 15:15,
21
hold 47:19
48:18, 19
holding 95:3
holds 45:11
holiday 70:1
home 9:3, 14
10:25 11:13, 22
12:1 13:9, 11,
12, 13, 21, 23
14:18, 19 18:9
21:11 22:18
26:21 27:3
31:8 32:12, 23
33:1 34:9, 10
35:8, 25 37:4
39:14, 16 42:4,
8, 12 43:21
45:10, 18, 21
46:9, 13, 15, 25
49:1, 11, 20
51:2 56:18
57:12, 16, 23
58:13, 15 60:7,
20 61:9, 10
62:22 64:11, 23,
24 65:2, 11, 16
66:3, 7, 23 67:1,
8 71:12 73:15
76:1 84:21
85:3 86:23
88:16, 21 94:1
homes 6:18
8:20 16:1
21:14 23:2, 3, 9
34:17 41:4
50:17, 18, 19, 21
52:8, 10 53:4, 8
54:13, 14, 15
55:17 57:8
58:2, 8, 16 59:4
60:22, 24 62:2,
11 67:10, 13, 14,
15, 17, 19 68:13,
16, 17, 20, 23
69:1 73:19
74:18, 20 75:5,
24 76:4, 12
77:24 78:5
84:17, 20 85:15,
17, 18 87:24
89:21 93:13
95:6
home's 45:17

<p>honestly 34:3 40:6 Honourable 1:23 hope 8:10 11:9 89:8 95:18 96:22 hopes 22:25 hoping 89:6 horrible 77:10 78:24 horrors 78:6 hospital 13:17 14:3, 9, 14, 17 21:12 63:4 67:21, 24, 25 70:2 hospitals 53:16 hot 16:20 48:2 hour 60:8 hours 15:20 16:25 20:3 27:24 32:13 40:2 House 80:22 hug 37:24 47:23 huge 12:6 13:8 29:17 55:20 56:6 58:10 80:6 human 38:1 49:17 55:14 Humane 85:5 humbly 31:10 77:11 humiliating 39:3 82:6 hundreds 77:13 79:7 husband 11:15 12:15 13:3 14:18 56:20 husband's 12:2 48:18 Hygiene 10:5</p> <p>< I > Ida 2:15 4:12 ideas 77:13, 25 ignored 78:13 illegal 33:3 80:17 illegally 78:21 79:5 illness 23:23</p>	<p>25:2 67:6 illnesses 65:23 illusion 33:2 imagine 14:23 37:11 38:10 47:13 91:14 immediate 61:14 86:7 immediately 13:24 45:16 55:3, 21 57:16 79:6 immobile 15:11 81:21 impact 6:18 12:6 55:15 58:11 60:25 impacted 9:4 19:21 39:9 impaired 11:20 47:5 implemented 88:9 implementing 80:7 implore 79:22 important 5:24 6:24 7:22 8:3, 14 23:13 24:10 31:11 51:23 52:4 64:6 73:25 78:1, 10 91:18, 23 92:13 93:5 96:2, 15 imposed 82:8, 13 imprisonment 20:21 improved 55:24 61:17 84:14 improvement 71:19 inability 13:12 57:9 inaccurate 33:7 40:10 inaction 82:20 inactions 82:21 Inadequate 13:12 29:16 56:22 66:11 75:16 incident 22:10 incidents 66:21</p>	<p>include 23:19 71:22 77:24 included 82:8 includes 82:20 including 14:22 23:12 55:24 61:18 incompetence 77:19 inconsolable 49:10 increase 71:16 increasing 19:11 78:2 79:20 incredibly 8:2 indecision 62:1 independent 78:9 80:20 85:14 independently 40:3 indicating 14:1 individual 26:6 29:9 70:20 72:25 individuals 76:9 ineffective 14:5 infection 14:22 19:18 61:5 65:14 infections 18:3 62:23 inflicted 38:4 79:5 information 7:8, 9, 17 21:17 33:8 40:10 informative 96:3 informed 28:25 93:24 95:5 informing 94:18 infractions 66:4 84:22 infrequent 66:13 inhalation 94:20 inhaled 94:18 inhumane 55:13 86:9 89:12 initially 11:25 22:24 initiative 74:25 injected 40:14 injuries 62:24</p>	<p>injury 9:14 45:12 47:4 in-person 22:22 input 5:15 22:17 24:10 64:21 77:24 78:3 inquiries 7:4, 12 in-room 20:1 inside 47:23 50:6 insight 61:15 insights 5:24 inspect 77:2 inspection 33:11 54:13 inspections 66:19 75:4 Inspectors 32:21 33:9 75:8, 10 76:7, 25 77:4 inspirational 96:9 instance 55:18 92:19 institutionalised 70:14 institutions 70:24 71:5 insulting 82:5 intention 5:12 intentionally 33:8 interaction 22:21 26:22 interest 13:4 interested 5:14 interests 95:3 interim 7:20 interpret 57:23 58:3 intertwined 32:2 intimidate 32:4 34:5 77:21 intimidated 78:23 intimidating 82:6 introduce 6:8, 20 intubations 63:6 investigate 6:17 7:5 85:17</p>	<p>investigation 7:15, 23 16:11 81:13 96:16 involved 21:3 involvement 56:15 isolated 41:19 isolating 82:10 isolation 18:16 41:16, 22 74:5 82:9, 13, 24 83:20 86:20 issue 13:21 19:9 26:7 28:20 38:25 55:20 56:6 72:6 84:23 issues 17:23 18:1 19:15 23:22 42:5 54:16 55:4 76:16 81:12</p> <p>< J > Jack 1:25 4:25 6:8, 11, 15 95:24 jail 83:6 Janet 3:13 98:3, 24 January 1:17 28:17, 22 98:18 jeopardize 82:21 jeopardized 83:3 Jessica 4:13 job 12:23 36:11 60:2 jobs 36:14 John 80:22 Johnson 3:6 91:22 92:3, 7 join 8:18 45:3 77:5 joined 6:23 11:22 joining 44:13 journey 26:17 July 20:9 22:9 47:3, 11 48:3 June 40:1, 5 46:11 60:13 Justice 6:21 61:6 94:24</p> <p>< K ></p>
---	---	--	--	--

<p>Keeping 23:13 74:25 keeps 64:10 kept 40:23 61:10 64:22 key 75:14 85:25 87:7 killing 39:21 kilometres 15:18 kind 10:15 29:11 76:15 79:1 kinds 89:24 Kitts 1:25 4:25 6:8, 10, 11, 15 8:25 52:3 91:21 95:22, 24 knees 46:18 knowing 88:2 knowledge 89:23 knowledgeable 23:25 known 36:7 85:10 knows 56:18</p> <p>< L > lack 24:14, 21, 24 31:5 lacking 25:10 lady 37:14, 17 landlord 49:19 language 79:23 large 21:3 62:8 67:8 70:24 largely 18:17 larger 70:25 late 32:12 79:9 80:22 latest 60:21 law 75:25 lawyers 34:5 Lead 1:23 4:13 58:1 leader 80:23 leadership 54:14 leaf 88:4 learn 28:22 56:25 learned 22:24 75:3 learning 7:24 leave 49:20 58:13 72:17</p>	<p>87:19 88:21 89:2 leaves 40:22 leaving 25:8 57:6, 23 left 12:8 16:14, 20 21:11 24:22 28:3 41:21 43:10, 15 45:13 80:4, 13 89:1 90:14 legal 49:17 legally 11:20 16:19 57:1 legislate 79:4 legislation 80:1 90:2 legislative 78:15 legs 46:18 lengths 32:3 Lessons 75:3 letter 14:1 letting 73:4 level 54:15 62:2 75:15, 22 levels 10:3 56:2 61:17 75:14, 16 Lewis 80:22 LHIN 13:10 licence 41:4 66:9 license 67:14 licenses 68:19 licensing 67:18 lie 34:5 77:21 life 10:16 15:1 16:10, 22 23:12 31:15 36:8 38:9, 16 75:2 78:2 79:10 85:4 88:2, 3 89:10 light 54:25 55:7 80:8 93:4 likes 33:17 limit 5:18 76:8 limited 36:13, 14 75:22 listen 27:16 29:14 89:5 listened 96:11 listening 29:17 44:6 lists 87:5</p>	<p>literally 85:19 90:25 live 13:10 15:7, 17 27:14 34:18 49:19 58:13 73:13 88:1 90:16 lived 11:16 29:10 34:2 78:6 lives 8:20 27:9 50:6 71:14 86:11 95:16 living 12:3 34:12 43:21 91:4 LLP 2:13 local 21:12 36:2 64:21 located 36:5, 22 location 74:10 lockdown 18:6 20:7, 13 35:9 36:6, 22 37:3, 4, 18 38:3 45:9, 17 46:4 57:11, 16 58:9 60:21 62:24 64:14 73:14, 19 87:22 lockdowns 76:4 locked 17:3 50:24 55:6 60:6 68:24 81:19 lockout 22:23 23:1, 7 24:11 59:13 64:17 logs 95:10 loneliness 23:14 38:4 74:4 86:20 lonely 37:9 87:19 long 4:21 24:18 25:20 27:20 32:1 37:6 60:18 80:12 84:15 longer 10:12 38:10 39:19 40:21 LONG-TERM 1:7 2:7, 11, 15, 19, 22 3:1 4:8 6:18 8:19 9:3, 13 11:17, 18, 25</p>	<p>14:6, 13 15:10, 22, 25 17:4, 21 26:18 27:12 28:19 29:10 31:16, 23 32:1, 6, 22, 23 33:1, 5, 10, 24 34:4, 6, 11, 15, 16 38:6 52:8, 10 53:3 55:2, 24 56:11, 15 57:6 60:15, 22 61:9 63:7 64:9 65:21 66:3, 7 67:1 68:5, 8, 13 70:7 71:3, 9, 13, 15 74:18 75:4 76:12 77:2, 11, 24 78:5, 12, 16, 21 79:5, 15 80:12, 18 82:2 84:15 85:8, 18 89:25 90:5 looked 16:1 48:13 looks 9:15 53:21 lose 13:14 49:17, 18 56:14 losing 17:9 loss 29:20 lost 8:20 13:3, 4 16:2, 4 19:16 21:15 24:11 39:18 48:6, 8 58:4 lot 10:20, 21 16:3 31:8 39:18 48:7 50:25 52:17 53:12 54:2 58:20 64:1 65:15, 19 68:18 69:2, 25 76:15 94:21 96:14 lots 18:1 90:8 loveable 25:15 loved 4:8 5:16 8:1 9:3 12:25 17:9, 11 22:23 23:1, 9, 13 24:5 25:17 26:25 34:4 37:7, 13 38:13 41:2, 6 42:1, 24 45:1</p>	<p>46:23 55:11 56:13, 14 57:1, 6, 10, 17 58:12 59:14, 17 60:4 74:2 77:10, 17 78:7 82:11, 25 83:5, 12, 20 86:8, 22, 24 95:4 loves 9:15 loving 12:23 36:7 low 56:2 58:6 64:16 LTC 74:20 76:1, 7 LTCs 74:8 75:9, 12 luck 14:21 Luckily 9:18 11:2 lucky 85:8 lunch 21:1 40:1 luxury 37:12 lying 86:16 Lynn 2:13 4:5, 19 5:4 8:22 51:8, 10 53:9, 14 54:11 58:19 59:21 63:24 69:5, 11, 13 73:5 76:13 81:5 84:5, 11 91:9 92:3, 5 95:20, 25 96:25 Lynn's 96:5</p> <p>< M > made 20:5 39:4, 14 51:6, 22 53:8 54:19 56:17 69:16 74:8 93:1, 19 96:19 98:10 magnitude 11:14 Mahoney 2:13 4:5, 19 51:10 53:9, 14 54:11 58:19 59:21 63:24 69:5, 11, 13 73:5 76:13 81:5 84:5, 11 91:9 92:5 95:20 96:25</p>
---	--	---	--	---

<p>maintain 20:16 22:20 47:22 76:8 makeup 35:13 making 73:25 malnourished 16:23 manage 13:18 managed 43:4 management 16:8 85:24 manager 41:19 45:17 54:4 mandated 88:7 mandatory 56:21 March 15:15 20:7 22:19 26:17, 20 27:1 45:8 46:19 62:24 64:15 69:19 Marie 32:13 markedly 61:17 married 11:16 Marrocco 1:23 6:21 11:7 26:12 96:22 mask 42:10 48:13 63:11 mask-fit 63:15 masks 47:3 50:2, 3, 4 62:16 63:3 86:10, 12, 19 massive 55:22 matter 49:21 84:20, 24 86:14 maximum 87:5 meal 19:6 46:1 48:11 meals 19:5 36:1, 17 38:12 mealtime 16:12 mealtimes 15:12 meaningful 21:16 56:12, 20 61:19 81:6 means 25:21 41:18 65:8 meant 57:18 measure 58:10 measures 14:22 64:19 65:15 media 67:12</p>	<p>medical 14:1 20:8 21:24 28:23 85:2 93:23 94:2, 12 medicated 13:6 medication 24:7 40:15 41:1, 13 medications 40:20 meds 39:20, 22 meet 12:1 19:22 58:3 MEETING 1:7 4:11 5:5 6:9, 15, 24 8:7 45:4 51:7 52:16 83:17 91:24 96:3 meetings 53:2 member 9:5 67:8 members 5:15 7:25 8:1 12:24 15:25 34:6 56:23 57:13 58:5 59:5, 12 63:21 72:15 76:24 77:17 78:6, 10 86:3 92:10, 12 95:8 memory 8:19 mental 18:16 70:22 71:5 77:17 mentally 21:8 mention 34:10 42:23 mentioned 16:18 65:4 66:5 67:16 messages 96:13 messes 16:21 mid 7:18 mid-August 37:6, 22 mid-crisis 7:18 middle 90:15 mid-February 29:4 mid-June 18:11 46:22 mid-pandemic 7:18 mid-summer</p>	<p>18:13 military 75:8 mind 11:9 41:25 minds 74:1 mine 48:14, 15 mines 74:15 minimum 41:3 Minister 2:18 Ministry 31:22, 25 32:1, 5, 19, 25 33:4 55:2 56:10 57:21 60:14, 15 76:25 77:3, 19, 21 78:13 80:18 81:12 84:15 85:9, 15 89:25 minutes 5:19, 22 12:19 19:4 27:6, 8 47:13 49:2, 4, 8 74:23 misinterpreted 93:25 misleading 40:10 misnamed 44:3 missed 21:22 37:19 missing 10:9 20:12 25:23 85:25 mission 92:24 mistreated 86:3 mom 15:10, 15 16:22 18:1, 6, 8, 21 19:16 20:3, 6, 7 21:4, 24 23:18 25:16 26:20, 25 27:7, 9, 14, 17 28:24 29:10 37:9, 19 45:12, 18 46:9, 17 47:2, 4, 5, 14, 20 48:1, 6, 18, 22, 24 49:4, 10, 17, 19 51:2 62:22 67:22 87:23 88:15 moment 4:24 8:18 moments 30:11 mom's 17:21, 23 18:19 19:22 27:1 48:15</p>	<p>money 50:12, 14 70:9 87:25 monitored 24:7 monitoring 66:18 month 19:25 months 13:1 16:24 20:13 32:12 38:11, 15 48:23 50:2, 11, 23 60:16 64:17 82:12 83:1 86:11 monumental 31:18 33:12 mother 15:9 16:1, 2, 18, 25 18:13 23:17 24:12, 20 26:23, 24 28:15, 20, 21 31:3, 15 32:12, 16 35:10 45:9, 24 46:4 47:25 48:8, 20 49:23 50:6, 22 67:23 69:19, 25 79:9 87:14, 18 88:2, 6 89:11, 21 90:12 mother's 22:18 25:22 26:16, 22 28:3 33:21 37:15 64:10 66:25 75:17 78:25 79:1 mounting 94:16 mouth 40:5 63:1 move 5:8 43:25 44:12 51:15 59:23 moved 19:7, 13 70:18 moving 70:4 much-needed 23:4 multibackground 92:15 multimodal 63:17 muscles 24:14 39:19 40:21 41:22</p>	<p>music 35:17 mute 11:8 69:9 < N > N95 48:13 50:2, 3 63:3, 11 86:10, 12, 19 nails 12:18 Nancy 3:6 91:22, 24 92:1, 3, 7 95:20 nanny 59:11 nasty 39:22, 23 National 87:8 nature 32:19 near 60:9 necessary 7:19 15:19 16:12 57:4 71:10 80:24 necessities 35:23 85:4 needed 16:10 18:23 39:16 57:8 86:8 needs 12:2 17:5 19:22 55:3, 20 56:10, 15 57:2, 11, 24 58:3, 14 61:20 62:4 65:13 66:1, 20 68:2 71:15 72:20, 24 85:15 90:1, 25 NEESONS 98:23 negative 55:15 58:7 88:7 neglect 82:14 83:1 86:4, 21 negotiating 62:8 negotiation 79:17 neither 83:10 nephew 74:14 nervous 8:6 net 76:5 Network 3:7, 9 44:5 91:25 92:12 93:14 neurological 23:18 new 25:1 36:16 58:16 65:19, 20 68:16 74:24</p>
--	---	---	--	--

<p>90:2 newer 67:1 news 40:16, 18 50:1 nice 40:13 48:17 67:24 night 22:1, 8 27:1 49:13 nightmare 90:19 nightwear 35:22 nonadherence 65:15 nonbeneficial 14:10 nontransparency 77:19 non-transparent 33:12 norm 36:16 normal 11:18 74:21 North 3:6, 8 36:23 44:5 55:19 74:15 91:25 Northern 4:8 Northwestern 15:8 note 34:9 notes 98:15 not-for-profit 62:11 67:19 68:20 92:20 notice 57:11 77:3 81:13 88:14 notices 66:15 notified 46:8, 20 49:25 November 19:13 28:12 74:7 number 5:6 9:2 51:19 52:14, 23 54:12, 17 58:24 64:20 76:22 78:18 82:3 numbers 64:16 nursing 39:13 41:3 42:12 45:10 55:17 71:4</p>	<p>< O > observation 62:21 observations 24:9 observed 32:15 observer 44:3, 11 observing 8:18 44:6 occasions 28:6 occupational 28:13 94:14 occur 12:12 occurred 7:6, 13 13:13 28:21 55:1 56:9 57:8 67:12 occurs 7:5 offer 54:10 offered 19:3 Officer 93:23 old 15:11 45:10 older 11:18 67:12, 15 68:13, 17, 19 75:1 one-half 60:7 one-on-one 43:2, 3 ones 4:8 5:16 8:2 12:25 17:9, 11 22:23 23:1, 13 24:5 25:17 34:4 37:7, 13 38:13 41:3, 6 42:1, 24 46:23 55:11 57:1, 10 58:12 60:4 71:21 74:3 77:10, 17 78:7 81:21 82:11 83:13, 20 86:8, 22, 24 95:4 one-size-fits-all 61:4 ONFCN 3:7, 9 ongoing 72:14 onset 18:5 60:21 61:22 Ontario 3:6, 8 4:9 14:6, 14 15:8 44:5 50:8 75:7, 9, 24 77:7 78:16 79:8</p>	<p>80:4 85:9 91:25 94:3 open 6:9 43:7 47:14 49:4, 8 85:23 opening 5:1 Operations 2:7, 10, 22 3:1 operator 66:7, 12 67:17 operators 66:3 opinion 34:16 41:20 55:13 68:18 opinions 31:12 77:9 92:17, 23 opportunities 68:10 opportunity 13:2 17:19 22:16 31:11 45:6 57:17 92:8 95:11, 18 opted 49:2 option 36:24 37:16 optometrist 42:6, 7 order 5:6, 16 15:13 56:25 orders 79:4 Organization 3:4 22:20 92:14, 16 orphan 70:6 OT 28:18 outbreak 14:24 37:5 58:14 64:24 outbreaks 14:20 50:1 outdated 78:16 outdoor 21:22 60:8 outdoors 47:3 50:25 60:6 outing 67:24 outings 21:24 24:16 outlawed 50:19 out-of-body 49:13 outset 52:3</p>	<p>outside 15:22 36:21, 24 37:23 73:24 outsiders 56:18 overarching 69:18, 19 overcautious 19:18 overhaul 17:5 33:12 overload 77:18 overpowering 28:5 overreaction 64:18 oversee 77:6 oversight 80:19 overworked 13:19 owe 80:11 < P > p.m 1:17 4:1 97:2 paid 72:7 pairing 10:14 Palin 2:10 4:2, 3, 20 8:24 9:25 11:4 15:2 17:13, 16 22:11 25:25 26:10, 14 29:18, 23, 25 30:3, 6, 10, 15, 20, 22, 25 34:25 35:4 38:17, 21 42:22 43:11, 14, 23 44:7, 18, 21, 25 45:7 51:4 pandemic 8:9 9:4 10:4 18:15 25:1 26:17 27:20, 21 35:9 36:6 39:2, 9 45:1, 20 55:1 56:9, 23 57:8, 19 58:14 61:10 62:10 64:8 70:7 72:24 75:16 86:9 87:22 paper 50:3 86:18 parameters 29:13 paranoia 23:20</p>	<p>parents 47:5 89:16 90:24 part 7:22 22:5 38:6 56:12 71:16 73:1 77:12 79:19 partially 11:20 participant 5:6 9:9, 11 10:1, 5 11:5, 6, 9 15:3, 4, 6, 7 17:14, 15, 17, 18 22:13, 15 26:1, 2, 5, 9, 11, 15 29:18, 21, 22, 24 30:2, 4, 8, 13, 17, 18, 21, 22, 24 31:2 35:2, 3, 6 38:18, 19, 20, 22 42:22, 23 43:11, 12, 15 44:1, 2, 3, 4, 13, 15, 16, 20, 24 45:2, 8 51:19 52:13, 22 53:1, 10, 15 54:12, 17, 20 58:23 59:1, 22, 23, 25 60:1 63:25 64:3, 5 69:6, 7, 10, 12, 14, 17, 25 73:6, 9, 11 76:14, 19, 21 78:18 81:5, 8, 11 84:6, 7, 9, 12 91:10 participants 1:16 2:2 5:4 59:3 73:2 79:16 91:11 participate 6:14 35:16 38:24 participating 8:6 91:13 participation 8:16 62:4 particular 9:6 55:1 67:17 69:17 particularly 69:23 partly 14:20 parts 50:8 pass 91:20 passed 41:11 49:22</p>
---	--	---	---	--

<p>passing 16:10 passion 96:7 patience 23:25 patient 10:13 21:12 patients 53:18 pattern 82:20 pay 45:18 56:1 65:22 68:3 86:24 paying 67:2 pays 49:19 penalties 66:4 people 10:18, 20 12:18 42:17 50:8, 17 53:16 54:3 62:24 69:4, 16 70:12, 20, 24 71:2, 8, 11, 13, 14 72:10 85:22 89:6 90:4 91:4 92:11 93:5, 14 94:7 95:14 Perfect 30:6 perfectly 84:11 92:5 performance 66:12 performed 74:16 period 24:11 27:11 36:18 37:3, 8 41:22 67:18 permanent 76:23 78:8 permanently 79:7 permitted 19:4 20:1 37:22 persecuted 78:21 persistent 23:24 person 25:6 57:3 60:10 63:7 90:14 personal 20:15 60:10, 11 61:19 93:10 personally 23:16 70:13 84:19 personnel 86:10 person's 43:6</p>	<p>perspective 10:3 Pessimistic 34:1 pharmacy 46:13 phone 9:19, 20 14:16 18:7 20:22 26:24 27:2 43:19 44:13 64:10 74:2 physical 18:25 19:10 37:1 77:18 physically 13:5 21:8 55:16 58:11 physician 29:2 physio 24:13 picked 14:18 pictures 18:9 31:7 41:9, 11 45:4 piece 71:20 pieces 71:23 73:1 place 7:13 10:22 14:21 39:13 72:9 74:2, 24 98:7 places 93:19 95:9, 16 plain 33:3 plan 47:1 55:5 61:10, 14 72:24 plans 61:1, 24 play 78:1 playing 20:18 35:17 pleasant 10:16 pleased 6:20 plus 18:14 pocket 50:13, 14 point 7:23 12:22 19:7 32:11 39:19 40:21 56:19 70:17 points 71:11 96:8 Pole 36:23 policies 62:10 Policy 2:6, 21, 25 4:15 50:7 87:4 poor 37:17 pop 43:5</p>	<p>population 68:11 70:25 portfolio 68:13 position 42:16 92:19 93:7, 20 positions 21:7 92:16 positive 20:6 39:10 40:12, 17 41:14, 17 77:13 83:14 88:19 possibility 27:16 67:5 possible 13:11 29:14 44:2 79:23 possibly 32:15 70:23 88:10 89:9 posted 21:7 postponed 12:9 potentially 14:10 42:11 pounds 13:4 15:16 16:6 17:2 48:9 Power 31:13 34:14, 16 49:18 powerful 51:13 PPE 62:16, 20 63:17 65:2 86:17 practice 61:25 practices 61:5 practitioner 29:5 preamble 14:17 precautionary 95:1 preceded 66:14 Pre-COVID 11:24 pre-existing 93:3 Premier 23:5 46:22 74:7 75:11 premises 74:16 preparation 52:15 prepare 16:10 25:9 35:21, 23 63:19 prepared 34:21 preparing 68:16 91:13</p>	<p>prescription 46:12 presence 20:5 23:10 79:15 PRESENT 3:11 45:5 66:17 80:3, 11 PRESENTERS 2:1 press 45:15 pretty 40:15 prevent 7:7, 10, 20 34:14 52:11 67:10 94:9 prevented 13:14 preventing 41:2 79:2 prevention 65:14 primary 15:8 17:6 20:11 70:6 principle 95:1 prior 20:7 35:8 prioritised 33:21 private 11:21 19:2 67:14 problem 10:24 27:15 65:11 problems 27:19, 22 29:17 70:16 71:24 procedures 33:7 56:25 62:10 63:5 proceed 51:9 68:14 proceedings 98:6 process 30:19 33:11 54:13 58:10 63:15 77:12 produce 74:23 products 28:2 professional 29:12 profit 32:6 34:19 78:21 profits 33:21 67:20 program 55:22 71:12 programs 27:22 71:18</p>	<p>progressed 20:8 29:1 progressive 18:2 projects 71:17 72:2 promised 46:5 promoting 94:5 prompt 60:13 62:5 pronounced 67:23 proof 34:7 77:22 85:13 proper 16:17 25:24 65:2 82:1 85:2 94:20 properly 13:4 53:19 56:3 proposal 76:22 protect 33:8 protecting 38:2 protection 43:17 94:15, 20 protections 94:8 95:2 protective 49:16 protocols 14:21 56:25 prove 31:17 proved 23:2 proven 81:14 83:18 provide 6:25 7:19 14:5 22:17 24:15 36:13 39:15, 17 41:5 56:23 65:6, 8 72:14 73:21 82:16 83:2 85:4 provided 5:3 15:13 16:16 17:20 20:10 28:16 41:4 65:2 85:1 86:10 96:14 provider 28:14 providers 21:18 31:23 32:6 33:5 61:21 77:20 78:22 79:6 80:16, 18 providing 42:13 64:23</p>
---	---	--	--	--

Province 62:4
66:18, 20 68:15
73:13, 17 74:22
86:12 89:1
provinces 87:6
province-wide
55:18 62:12
Provincial 6:17
62:2
provincially
61:24
provision 21:15
PSW 11:21
21:10, 12 48:5,
13 61:18 72:16,
21 87:6, 8, 10
PSWs 20:10
22:8 28:7
42:19 59:18
61:16 72:6, 7,
12 75:18, 20
79:18 83:7, 10
86:17, 25
psychosocial
93:10
public 8:13
15:23 57:13
60:15 63:21
64:22 67:14
94:3
pudding 46:1
pull 30:4, 5, 8
42:10
purchase 28:14
purpose 7:5
purposes 5:11
put 5:12 11:11
14:21 31:7
40:5 41:16
42:16 58:15, 21
59:20 67:20
68:21 77:7
91:13
putting 10:11
35:13 63:10
70:23 91:23
puzzles 20:19

< Q >

qualified 83:7
quality 23:12
38:9, 10, 16
71:19 75:1
78:2 87:17

quantity 23:13
38:16 87:16
quarter 41:3
quarters 95:9
Quebec 55:23
question 5:5, 8,
9 9:1 44:22
51:9, 15, 18, 20
52:2, 19 58:24
64:7
questionings
20:25
questions 5:2,
18, 21 40:11
50:25 51:16
91:18 96:14
quick 68:22
88:13
quickly 11:24
12:2 72:4
quo 33:14 78:4
quote 14:2
quoting 41:15

< R >

rainy 21:23
raises 56:1
rampant 23:3
rapid 74:8, 10,
15, 19, 22 76:11
rapidly 20:8
rarely 32:20
rate 67:2
ratio 21:12
22:8 87:6
ratios 61:18
reach 77:8
reactions 24:7
read 11:10
14:2 15:6 66:8
82:4, 15
reading 20:19
66:6 67:16 68:7
ready 35:3, 4
real 17:5 42:13
realistic 34:1
reality 80:2, 8
85:17
realize 25:20
69:2
realized 11:24
12:2 13:10
47:15
realizing 71:4

really 5:22, 24
8:7 9:24 20:20
27:25 39:21
40:6 52:1, 6
54:1 59:10, 16
64:6, 7 69:24
72:4, 11 73:1
76:15 84:2
89:4, 6 90:11,
18 91:16 94:4
95:12 96:7
rearranging
73:22
reason 6:1
31:3, 6 75:20
reasonable
43:20 71:1
94:23
reasons 93:11
reassurance
22:7
rec 25:10
receive 16:16
25:24 62:9
75:24
received 13:25
14:16 27:2
46:11 68:1
recognized 56:5
recommend
78:8
recommendation
52:5 59:9
recommendation
s 7:6, 10 51:25
52:2, 9, 19, 24
54:18 58:25
59:3, 24 61:8
69:8, 16 73:6,
10, 17 76:2, 20
79:24, 25 80:2,
5, 7, 14 81:10
84:8
recorded 5:11
98:11
recreation 25:6
27:22, 23
recruitment
55:22
recurrence 7:7
recurrent 18:3
recurring 52:12
red 26:15
redesign 56:10

redevelopment
68:12, 17
reducing 67:5
referral 28:13
referred 29:5
referring 68:11
reflect 61:5
94:20
reflecting 51:20
84:13
refrigerator 43:6
refusing 39:20
regards 62:16
region 64:16, 18
Regional 61:1
67:21 76:23
regionally 64:19
registration
72:13
registries 92:20
Registry 87:9
regular 66:19
74:19 76:2
regularly 65:18
reinforces 20:20
reiterate 83:11
related 24:2
released 40:17
relieve 65:6
religious 19:17
60:12
reluctance 48:8
relying 66:21
remain 41:16, 18
remainder 20:9
remained 22:9
47:6
remaining 87:2
remarks 5:1
82:8 95:23
98:10
remedy 74:5
remind 52:14
remotely 1:16
removal 63:17
remove 47:11,
25 48:4 85:6
removed 38:3, 4,
5 85:3
repeat 84:3
repeated 8:12
20:24 83:24
replacement
46:1

replacements
48:11
report 61:7
96:20
reported 66:21
Reporter 98:4,
25
REPORTER'S
98:1
reports 7:20
68:8
representation
55:9 61:23
Representative
80:22
reputations 33:7
request 85:12
requested 16:4
45:23 46:6 64:7
requests 24:2
require 63:20
71:13
required 15:19
75:25 82:18
83:2
requires 15:12
22:7
research 71:17,
24 72:2
resident 7:24
11:18 21:16
26:19 41:12, 19
43:21 50:14, 15
55:25 59:10
61:18, 21 66:23
67:1, 4 68:21
75:19 82:17, 23
83:3 85:7 87:5
Residential
70:14, 16 71:7,
10
residents 4:8
6:19 8:19 10:8
12:6 14:12, 14
18:22, 23, 24
19:2 22:8 25:5,
7, 9, 11 28:8, 9
37:12 38:6
41:6 42:20
43:13, 16 52:7
55:12, 16 57:18,
25 58:4, 8, 11
60:6 61:3, 20
64:15 65:9, 20,
23 67:4 73:20

74:13 75:19, 21,
23 76:8, 9 78:2,
19 80:12 81:21
82:10, 24 83:9
85:24 86:2
88:1 93:11
resident's 43:5
residing 15:9
38:6
resources 68:21
respect 17:22
44:22 62:20
92:16, 23
respected 56:16
respirators 50:3
86:19
respiratory 37:5
respond 47:5
49:5
responded
48:16
responding 5:21
response 46:15
64:6
responses 91:18
rest 21:2 75:20
88:1 96:1
restaurants 36:2
restored 74:21
restraints 40:20
restricted 38:11
restrictions
18:15 19:18
27:15 37:2
result 41:6
42:18 68:3
resulted 88:14
resulting 42:19
results 74:23
resumed 20:5
retain 65:24
return 13:13, 16
74:20
revealing 79:11
review 61:11
reviewed 67:13
revision 61:11
revocation 66:9
righted 84:1
rightfully 14:15
rights 49:17, 19
55:14 80:23
ring 12:19
ringing 64:10

rings 20:22
risk 58:6, 8
RN 46:21 48:7,
10
RN's 46:15
Rokosh 2:10
4:2, 3, 20 8:24
9:25 11:4 15:2
17:13, 16 22:11
25:25 26:10, 14
29:18, 23, 25
30:3, 6, 10, 15,
20, 22, 25 34:25
35:4 38:17, 21
42:22 43:11, 14,
23 44:7, 18, 21,
25 45:7 51:4
role 23:6 56:5,
7, 8, 12, 20 78:1
91:23
rolled 55:5
Roma 3:8
room 10:6, 8, 13
13:15 16:14
18:11 19:2, 3, 6,
7, 8, 14 20:1, 17
28:3, 24 36:16
38:11, 13 43:5
45:19 67:2
86:24
roommate 76:10
rooms 36:17, 18
58:17 59:11, 16
73:22 78:19
Rose 2:25
routine 19:14
35:12
row 21:9
rules 33:18
run 47:23
running 10:20
23:3
rushed 12:8, 11
28:6

< S >
sacrificed 31:14
sad 27:8 87:18
safe 23:1, 14
31:16 42:18
55:10 65:2
75:1 77:16
79:12 93:19
95:6, 8, 15, 16

safely 57:1
67:4
safety 39:16
59:17, 18 61:4
82:19, 22 94:14
sake 93:18
salaries 72:8
salvation 36:25
sanctions 66:16
SARS 61:6, 7
Sault 32:13
save 33:25
saved 86:11
scenery 24:17
schedule 46:24
scheduled
18:22 60:7
schools 70:14,
16
screen 4:21
80:6
season 21:23
seconds 85:3
Secretariat 2:16,
19 96:4
secretariats
4:16
section 7:25
82:3, 14
secure 20:3
31:16 77:16
select 26:19
self-governing
90:6
send 11:13
13:22
sending 34:22
95:8
Senior 2:6, 21,
25 4:15 68:10
75:14 91:3
seniors 17:9
34:17 38:2
separated 9:12
67:5
separation
24:18
September
19:25 21:10
series 66:14
serious 84:16,
19, 22
seriously 96:19
served 19:5
23:6

service 60:11
66:11 68:19
73:13
services 28:1
41:5 42:14
49:16 60:11, 12
69:1 70:19, 22
71:6, 7, 12 82:18
session 4:7
5:10 8:22
set 5:22 7:3
98:7
settings 63:4
settled 15:24
severe 11:19
58:10 66:4 75:5
severely 16:23
33:11 93:12
shake 88:3
shaking 49:11
shape 96:18
share 5:25 9:7,
9 22:17 62:10
67:3 77:9, 14
81:9 91:17
shared 24:9
shareholders
87:25
sharing 8:12
15:3 17:14
21:17 35:1
43:24 73:7
shaving 12:10
she'd 49:8
shift 55:25
75:18
shifts 21:9
81:24
shine 93:4
shocked 14:19
16:1
shockingly 16:5
short 12:5
22:25 26:17
27:11 53:12
56:22 81:25
Shorthand 98:4,
15, 25
shortly 27:3
short-staffed
81:25
show 92:11
showers 75:25
shown 70:8
shows 68:9

shut 26:21
75:5, 6
shutdown 39:7
83:22
shutting 55:17
siblings 35:9
sic 38:9 82:8
side 34:9
76:24, 25
sight 43:4
sign 88:25
signed 88:20
significant 19:16
significantly
19:12
silence 8:18
similar 60:1
61:12 93:16
simple 33:19
simply 46:21
sincere 89:13
sincerity 90:22
sing 18:20
single 35:10
58:16
sister 20:11
26:22, 23 27:1,
11 28:23 29:8
31:13 34:7
39:25
sisters 89:18
sit 51:1
sitting 87:13
situation 17:4
51:22 59:19
84:14
six-month 38:3
skills 57:4
skin 28:22
skinny 16:4
sleep 49:13
sleeping 19:8, 9
32:16 40:23
small 19:1
20:17
smaller 67:3, 10
smell 28:3
smiles 38:5
Smith 3:8
smoke 80:6
snack 15:19
16:16
snapping 49:5
social 36:20

<p>82:9, 13 socialize 38:13 socializing 36:9 society 33:23 70:21 79:20 85:5 soiled 35:25 solely 44:6 solutions 29:15 72:2 solving 17:24 somebody 10:6, 24 90:3 somewhat 37:23 74:21 son 49:21 songs 18:20 soon 12:22 13:10 sore 28:22 29:1 sorely 25:10, 23 sores 46:17 Sorry 26:15 29:19 66:2 sort 88:24 souder 70:5 source 80:20 space 20:17 53:13 speak 5:17 6:4 17:19 45:13, 16 57:10 73:4 81:22 96:10 speaking 8:1 special 35:24 specialist 29:3, 6 specialty 94:13 specific 69:15 94:13 specifically 7:2 spend 15:20 40:2 49:3 spent 16:23 32:11, 13 88:3 spills 16:21 spite 12:23 58:6 spoke 26:20 46:14, 15, 16 52:15 spread 6:17 58:18 83:19 STAFF 2:4 3:4 6:19 7:24 8:19</p>	<p>9:18, 23, 24 10:2, 17, 23 11:22 12:4, 7, 13, 22 13:19 14:19, 22, 23 16:8 17:20 18:19 19:4, 12, 14, 15, 22 21:6, 8, 10, 11 22:7 23:19, 25 24:3, 6, 25 25:11, 13 27:24 28:5, 8 29:9 32:23 35:8 36:11, 14 41:20 42:15 54:1, 5 55:25 56:2, 4 59:18 61:23 63:12, 20 65:4, 7, 9, 16, 19, 22, 25 66:22 67:8 68:5 71:19, 21, 22 75:12 79:15 81:18 88:17, 20 94:2 staffing 10:3 54:14 55:19 56:2, 22 61:17 74:12 75:13, 16, 22 stages 16:9, 22 stand 25:18 39:20 40:22 standards 61:5 72:20 start 20:3 31:9 35:7 46:23 49:15 52:13, 22 started 88:17, 18 starts 57:15 starved 85:1 state 55:8 57:15 stated 46:21 statement 11:14 66:8 67:16 68:12 92:2 statements 66:6 stating 39:20 status 33:14 78:4 stay 93:9, 17 Ste 32:13 stemmed 70:16</p>	<p>Stenographer/Tra nscriptionist 3:13 stenographically 98:11 step 96:7 stepping 8:8 stimulating 24:24 stimulation 18:17 47:21 73:21 stop 38:8 58:17 85:15 stopped 13:4 stories 5:24 8:13 54:22 77:10 strengthen 71:11 stress 13:8 23:16 65:9 83:21, 23 stressed 12:7 20:22 22:6 28:5 stressful 25:21 stricter 65:13 strong 23:11, 23 40:15 93:20 stronger 17:3 strongest 79:23 struggled 31:24 47:16 stuck 42:8 study 68:2 stuff 41:11 59:6 76:5 styling 73:23 submission 93:1, 8 submitting 96:20 subsidy 67:14 substitute 22:22 suctioning 63:6 sudden 64:14 suffer 83:9 suffered 45:12 86:8 suffering 23:14 47:20 suffers 23:17 suffice 94:22 suggested 22:19 58:15</p>	<p>suggestions 69:18, 20, 21 77:6 suits 57:24 summary 68:22 summed 76:15 summer 21:22 58:4 60:5 super 39:5 supervised 60:8 supper 40:1 supplies 28:23 support 24:6, 18 65:8 72:14 supported 18:18 70:6 72:21 93:8 supports 19:17 62:3 95:2 supposed 39:16 42:13 48:23 surely 53:6 80:5 surprise 75:10 survival 77:16 survive 39:12 suspected 62:17 63:13 suspended 22:19 swab 88:8 swabbed 83:18 symptom 24:4 symptoms 23:19, 23 74:4 syndrome 47:21 system 11:25 17:10 28:19 29:16 33:16, 17, 25 34:3 52:10, 25 54:19 66:18 69:24 70:3, 6 72:13 74:24 84:18 systemic 38:25 system-type 69:20 < T > tables 76:8 tailbone 29:1 talk 26:24 37:10 54:3 57:18 72:25</p>	<p>talking 13:10 35:13 37:12 61:16 69:4 talks 82:3 task 31:18 85:14 team 4:13, 14 24:10 56:12 96:1 teams 61:24 tear 28:22, 25 tech 26:7 technology 62:3 teeth 12:9, 17 telephone 37:15 tend 69:20 tender 36:7 terminated 72:17, 18 terrible 49:12 terrifying 86:1 test 88:17 testaments 8:2 tested 40:12 41:14 83:13 88:11, 12, 19 testify 84:19 testimony 92:13 testing 39:10 40:17 41:17 62:20 63:16 65:3, 5 74:8, 10, 16, 19, 24 76:2, 11 tests 74:12, 22 thankful 89:5 thanks 51:5, 10 96:3 therapeutic 25:6, 10 27:23 therapist 28:13 thing 29:8 51:18, 23 64:7 70:11, 22 71:1 72:5 81:16 88:24 90:21 things 9:22 12:8 13:5 20:14 28:11 30:11 41:8 43:9 54:25 57:7 69:3 88:25 89:24 91:5 92:21 93:8 third 48:3</p>
--	---	---	--	--

third-world 90:17	7:16, 22 8:1 31:3 44:6 55:8 57:14 88:18 91:13, 24	treated 17:11 53:19 62:19	67:11 71:4 73:16 96:15	versus 38:9, 16 50:13
thought 52:24 57:20 70:1 93:5	57:14 88:18 91:13, 24	treatment 82:17 86:9	understood 27:18	victims 87:11 91:5
thoughtful 73:7 96:12	toileting 28:2	treats 35:24	undertaking 33:13	Video 1:15 63:18
thoughts 52:23 54:18 58:24 59:24 69:8, 21 73:10 76:20 81:6, 9 84:8 91:17 96:18	told 13:14 27:7 32:22 45:20 46:9, 25 49:6 57:16	tremendously 37:19	undignified 34:18	vigilant 39:5
thousands 90:13	toll 39:4	trespass 79:4	unescorted 27:5	village 35:20
thread 48:22	Tomorrow 87:17 91:1	trip-ups 11:3	unfamiliar 65:20	Virtual 22:21 62:3
threatening 82:5	tonsillectomy 94:12	trouble 80:23, 24	unfortunate 16:7	virus 13:22 22:25 23:3 62:17 63:10 94:4, 7, 17
threatens 95:9	toothbrush 10:6, 7	troubles 24:16, 23	Unfortunately 27:4	visit 7:24 25:3 35:10 36:10 42:25 46:24 47:2, 12 49:2, 3, 7 57:10
three-and-a-half 13:1	top 54:7	true 11:14 98:14	unfunded 92:15	visitation 20:1
thrive 40:8 47:21	total 56:14 64:17 75:18	truly 8:15 37:20	unhappiness 25:4	visiting 21:2 35:12 46:23
Thursday 57:15	totally 11:21 31:14	trustworthy 33:5	unhappy 25:4 28:6	visitor 61:3
tidying 73:22	touch 25:7 37:24 38:1 48:15, 23	truth 39:8	unique 7:14	visitors 65:16 74:13
tightened 24:14	touching 54:16	trying 23:24 29:22 30:4 49:4 93:4	unit 18:19 19:14 64:22	visits 20:2 22:18, 21 25:8, 12 37:23 48:12, 25 50:22 58:17 60:8 75:10 76:7
tilt 28:15	town 85:19	turn 4:25 5:1 6:7 8:21 35:5 51:8 54:17 95:22	units 14:4 67:9	vital 65:8 78:17
time 5:17 10:18 12:20 15:21 16:15 18:19 19:24 21:20 24:22 25:9, 10 26:20, 24 27:11 28:10 29:12 30:7 31:7 33:1 37:6 42:21 46:8 48:4, 10, 25 50:4, 24 51:3 53:20 54:3, 4 58:21 65:3 67:7 68:17 81:3 87:1 88:12, 21 91:3, 6, 16 98:7, 10	track 46:2	turned 84:16	unknown 83:20	vocal 23:8
timeline 5:22	tragedies 23:8 33:14	Twelve 75:5	unknowns 83:22	voice 31:12 77:9 92:24
timely 65:3	tragedy 7:6 8:11 34:12	two-week 41:22	unmute 26:3 44:14	voices 52:6, 7
times 12:16 13:21 16:13, 15 37:11 47:24 49:1, 10 56:22	tragic 7:4 32:18 89:14	type 56:7	unnecessary 83:23	voluntary 92:15
tiny 48:1	training 54:2 62:20 65:22	types 62:16 91:5	unquote 50:23	volunteer 73:18
tired 21:8	transcribed 98:12	< U >	unsafe 42:16 95:8	volunteers 7:24 18:18 76:3
tirelessly 14:19	transcript 5:12 98:15	U.S 80:22	unsafely 83:10	vomiting 49:11
TLC 36:13 74:5	transcription 5:11	U/T 34:20	untimely 12:12	vulnerable 42:17 43:16, 21 74:25 83:9
today 4:24 5:16 6:15, 23	transferred 14:13	ultimately 12:12	updated 64:21	< W >
	transfers 14:9	unable 16:19 19:22 45:13	urine 28:4	wait 17:8 42:21 55:4 64:11 75:22
	transmission 22:24 58:9	unacceptable 90:16	utmost 17:22	waited 27:5
	transmitting 67:6	unannounced 76:7 85:15, 17		wake 90:19, 20
	transparency 31:21	unanswered 18:12		walk 19:6 42:24 45:14
	transparent 59:4	underneath 47:17		walking 24:13, 14 36:25
	transpired 39:6	understaffed 93:12		
	traumatic 45:12 47:4	understand 8:5, 14 11:14 24:3, 21 25:2 37:20, 24 57:8, 19 65:23 89:4		
		understanding 23:21 57:4		

<p>walks 35:14 73:24 wallow 24:23 wandering 10:21 wanted 6:2, 5 8:3 28:14 35:15 47:23 69:14 73:3 92:21 wants 48:18 warehouses 34:17 86:16 warning 64:14 75:10 warnings 66:15 wash 12:18 35:25 watch 51:1 88:3, 4 watched 63:7 70:19 watching 43:2 53:4 water 46:2 wave 6:22 15:24 18:5 20:20 ways 55:10 90:7 95:7 weak 16:3 wearing 48:13 weather 36:21 website 5:13 week 5:3 19:4 28:25 47:13, 14 49:3, 9 60:8 75:25 88:10, 19 90:14 weekend 41:10 weekends 36:3 weekly 18:8 36:4, 10 48:12 weeks 9:17 13:22 46:25 47:8 88:8, 9 weighed 15:16 16:5 weight 16:3 46:7 48:7, 9 wellbeing 38:4 well-being 74:6 82:19, 22 83:3 wheelchair 28:14, 15, 16</p>	<p>wheelchair-bound 11:19 40:25 wheelchairs 10:21 widely 55:21 willing 56:25 76:24 77:12 86:23 window 25:8, 12 winter 66:6 90:15 win-win 59:19 wish 77:9 withdrawals 39:24 withdrawn 37:17 witness 37:19 Wonderful 26:14 31:1 33:2 wondering 40:22 won't 62:18 71:10 word 25:19 70:4 words 23:5 87:15, 18, 21 90:23 work 8:10 14:19 17:24 21:9, 19 30:19 42:18 47:1 52:4 56:1 59:7 65:7 67:9 70:15 72:2, 8, 10, 17, 18 76:24 78:10 81:3, 22 83:10 86:19 92:8 93:15 worked 25:7 29:15 worker 54:5 94:15 workers 60:17 62:18 74:15 83:17 86:13 95:7 workforce 56:24 working 9:22 12:5 21:11 50:17 55:23, 24 65:20, 24 66:18 68:4</p>	<p>workload 19:11, 15 works 74:14 worried 13:19 worry 24:23 39:11 46:16 57:9 worrying 78:20 worse 21:13 85:22 worst 14:25 worth 38:4 wound 29:2, 5 wrapped 47:10 wrenching 25:3 54:22 writing 6:4 11:11 written 63:18 84:22 wrong 10:22 33:3 79:3 90:6 93:25 wrongdoing 33:9, 24 wrongdoings 32:3 33:10 34:6 79:11 84:16, 20 wronged 78:12 wrongly 79:8 wrongs 84:1, 3 < Y > Yeah 15:6 29:25 30:24 69:11 72:19 83:16 year 56:21 75:7 years 11:16 12:17 15:10 32:1 33:15 34:7, 21, 24 45:10, 12 61:11 75:13 76:6 77:14 79:10 84:18 85:10 87:3 89:22 93:4 < Z > zero 31:21 75:6 zipping 10:23 zones 88:23 Zoom 1:15</p>	<p>18:8 45:3</p>
--	--	---	------------------