Long Term Care Covid-19 Commission Mtg.

Bernard Boreland (Mariann Home)
on Tuesday, January 26, 2021

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending remotely, on the 26th day of January, 2021, 2:00 p.m. to 3:21 p.m.

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1 BEFORE:
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3 The Honourable Frank N. Marrocco, Lead Commissioner
4 Angela Coke, Commissioner
5 Dr. Jack Kitts, Commissioner
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7 PRESENTERS:
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9 Bernard Boreland, CEO/Administrator, Mariann Home;
10 Erly Valera, Director of Care, Mariann Home;
11 Viki Scott, Labour Relations, Occupational Health
12 and Safety, and Conflict Risk Management
13 Consultant, Mariann Home;
14
15 PARTICIPANTS:
16
17 Alison Drummond, Assistant Deputy Minister,
18 Long-Term Care Commission Secretariat;
19 Derek Lett, Policy Director, Long-Term Care
20 Commission Secretariat;
21 Jessica Franklin, Policy Lead, Long-Term Care
22 Commission Secretariat;
23 Rose Bianchini, Senior Policy Analyst, Long-Term
24 Care Commission Secretariat;
25

1 Angela Walwyn, Senior Policy Analyst, Long-Term
2 Care Commission Secretariat;
3 Lynn Mahoney, Counsel, Gowling WLG
4
5 ALSO PRESENT:
6
7 Carissa Stabbler, Stenographer/Transcriptionist
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1 -- PROCEEDINGS COMMENCED AT 2:00 P.M. --
2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Let me welcome you to the Commission. The three of
4 us are the -- represent the Commission. We are the
5 Commission: Angela Coke, Dr. Jack Kitts, and
6 myself, Frank Marrocco.
7 We do have a court reporter. As you
8 know, there will be a transcript, and we will post
9 the transcript on the website after.
10 So with that, we're ready when -- we
11 have a general understanding of what this is about,
12 so we're ready when you are.
13 LYNN MAHONEY: Okay. Thank you,
14 Commissioners. And I'll just -- I'll let the
15 presenters introduce themselves, and they have a
16 deck that you can see on your screen that they're
17 going to go through with you. And then to the
18 extent necessary, I will interject, as I'm sure you
19 will, if you have any questions.
20 But I will just highlight to say that
21 Mariann Homes has gotten through the pandemic and
22 has had zero cases in wave 1 or wave 2 up until the
23 point in time when I spoke with them last.
24 So that is -- they have been featured
25 on television. They have done presentations for

1 the Ministry as well as to what they have done so
2 that other long-term care homes and perhaps the
3 ministries as well could learn from their
4 practices. But I will let them go through that
5 with you.
6 Okay. So, Bernard, maybe you could
7 start us off and maybe introduce yourself and the
8 other two presenters, and then you can start.
9 BERNARD BORELAND: Sure. I just want
10 to say thank you to everyone for giving Mariann
11 Home the opportunity to speak to the Commission
12 today about the measures that Mariann Home took to
13 prevent COVID from coming into our facility and to
14 protect our residents.
15 Presenting on the Mariann Home side
16 today will be myself, Bernard Boreland. I'm the
17 CEO and administrator of the facility. I've been
18 here since 2009, and I was actually the first lay
19 administrator for the facility because we're a
20 Catholic facility run by the Missionary Sisters of
21 the Precious Blood.
22 Beside me I have our director of care,
23 Erly Valera. Erly has been at the organization for
24 nine and a half years now. Erly joined me late
25 2011, and she's been with us ever since, a very

1 seasoned director of care, which we will talk about
2 later.
3 And I also have my HR Labour Relations
4 consultant on the line as well, Viki Scott, and she
5 supports us with all HR and labour relations issues
6 as well as health and safety related items.
7 Next slide, Viki.
8 VIKI SCOTT: Sorry, I've got to get
9 with the program.
10 BERNARD BORELAND: Mariann Home is a
11 classified "C" facility, so we're scheduled to be
12 redeveloped in 2025. We are owned by the
13 Missionary Sisters of the Precious Blood, and we're
14 sponsored by the Catholic Health Sponsors of
15 Ontario.
16 And we do have a unionized environment
17 here, so we have SEIU. Our future plan is to
18 redevelop. We have a piece of property up at King
19 in King City, so we are partnering up with the
20 Augustine order, and our goal is to build a 160-bed
21 facility with four units.
22 I would say that the key areas for
23 success for us during this entire ordeal was -- the
24 key areas were early planning; communication,
25 especially with the families and our employees;

1 leadership, very important; the administration team
2 as well as infection control practices.
3 Our employees were a big part of our
4 success, which we'll touch on. Partnerships and
5 networking were very key as well as lots of prayers
6 from our sisters as we're a Catholic organization.
7 With regards to early planning, we have
8 a system in place that we've had for ten years now
9 where we take a look at our PPEs for the entire
10 year in December, and we look at our financing.
11 And basically if we -- if our nursing
12 envelopes are in the good, we try to utilize those
13 funds instead of sending it back to the government
14 at year-end.
15 So we take a look at all of our PPE
16 supply, so we always look at our N95 masks,
17 surgical masks, isolation gowns, wipes, and gloves,
18 and then we order accordingly according to our
19 budget. This --
20 LYNN MAHONEY: Bernard, if I could just
21 ask you, at the time the pandemic hit, say, in
22 January of 2020 when things were coming to the
23 forefront, what was the state of your PPE stockpile
24 at that time?
25 BERNARD BORELAND: I -- it was actually

1 January 20th that all of this started for us. At
2 that time, our PPEs were in very good shape
3 because, like I said, I just did my year-end
4 top-up, so we had all of the appropriate N95s and
5 surgical marks.
6 With regard to N95s, we always top up
7 on those because we've had a mask-fit testing
8 program in place for the past eight years. So
9 that's why we were always good on our N95 masks,
10 because we had that testing program in place.
11 On January the 20th is when I had some
12 staff overseas, and they had contacted me asking
13 to -- if I could order some PPE supplies for them,
14 surgical masks, and send to them. Obviously that
15 was an alarm to me because all of our supplies come
16 from China.
17 So after that call, I got on the phone
18 with Viki to see what she was hearing in -- going
19 on in the industry, as well as I made some calls to
20 my suppliers in February.
21 And that's when they told me that we
22 could expect a shortage of PPE supplies in March
23 and April. So we continued to order the necessary
24 supplies that we needed.
25 We also restricted the PPEs in January.

1 Once I realized what was going on in the industry,
2 we started treating all of our PPEs like narcotics,
3 so they were all locked up.
4 I converted a sisters' dining room that
5 I had in the basement into our pandemic room. So
6 we converted that room into the storage holding
7 area.
8 LYNN MAHONEY: Can I just ask you about
9 that, Bernard? I mean, you mentioned the fact that
10 the PPE was locked up. We've heard some mention,
11 some references to PPE being locked up in certain
12 homes and staff not having access to proper PPE.
13 So perhaps you could just explain that
14 to the Commissioners as to what that meant.
15 BERNARD BORELAND: What we do here is
16 we lock up the bulk portion of our PPEs and then
17 have -- we supply each nursing station with the
18 appropriate PPEs that they would require for the
19 day, and then if they need a stock-up or a top-up,
20 then we top them up.
21 But we keep all PPEs for the staff
22 available at each nursing station as well.
23 LYNN MAHONEY: Okay. So was there ever
24 any issue that staff needed PPE or requested PPE --
25 yes.

1 BERNARD BORELAND: Never, never a case
2 because the charge nurse also has a key to my
3 pandemic room. So -- and then all of -- because
4 all the nurses know that I know every box in there,
5 so they send me an email whenever they take
6 anything out. So everything is monitored and
7 recorded on a daily basis.
8 LYNN MAHONEY: Okay.
9 BERNARD BORELAND: In January, we also
10 got all of our pandemic plans in order. The
11 dietary department ensured that she had three
12 months of paper supply in place.
13 We also introduced -- or created a
14 pandemic menu for the residents just in case we
15 were to go down in staff or if we had any supply
16 issues. So all of that was developed in January
17 and February.
18 Communication, that is very key. I
19 would say that's the most important thing with our
20 success because the communication that I had with
21 families was constant and consistent. I didn't
22 hide anything. I didn't sugarcoat anything. If I
23 had any issues, I let them know.
24 And with our families, I made sure that
25 I had at least weekly teleconferences with them to

1 keep them abreast of what was going on.
2 When we -- we actually closed our
3 facility early. I closed down to -- and you had to
4 sign in to come in back on February the 28th. When
5 I closed the doors, I actually moved my office to
6 the screening station, and I did the screening for
7 about a week.
8 And that is what set the tone in our
9 facility, in my opinion, because the staff saw how
10 serious this was as well as all the visitors. No
11 visitors could come in here without signing in.
12 And that's the process that we put in place on
13 February the 28th.
14 LYNN MAHONEY: Could I ask you about
15 that for a moment? When you talk about that and
16 the restrictions of people coming into the home,
17 what would -- I understood from speaking with you
18 that you had the support of the families to do
19 that.
20 And could you please describe for the
21 Commissioners how you were able to achieve that
22 given the fact that they were now being restricted
23 in their access to their loved ones?
24 BERNARD BORELAND: Regular
25 communication with them, personal phone calls to

1 the families. When we -- when the Ministry locked
2 down to all long-term care homes back on
3 February -- or, sorry, back on March the 14th, I
4 believe it was a Saturday, I was off that day, and
5 I came in because we had locked -- permanently
6 locked the facility to all visitors.
7 And I spent, I think, five hours, and I
8 personally called every POA to let them know what
9 was going on and why we had to lock the facility as
10 it was a Ministry mandate.
11 So they actually heard from me, and
12 they'd been hearing from me regular. All the
13 communication is from me.
14 So we developed that relationship with
15 them. They trust us, and they know that we'll go
16 above and beyond to keep their loved ones safe from
17 all of the measures that we put in place.
18 In March when things are going crazy, I
19 walked the floors constantly looking for safety
20 measures and how we can improve the facility. It
21 was the second week of March that we implemented
22 the universal face masking for all of the staff.
23 That was a measure that I took because
24 I said, "I locked the doors. Now what can make the
25 residents safe?" They're not going out, so it's

1 obviously us.
2 So I needed to protect us from the
3 residents, which is why we brought in the universal
4 masking as well as the face shields for all staff.
5 So that was implemented.
6 Another thing that was very, very key
7 in our success was the single-employer rule. At
8 Mariann Home, we implemented that before the
9 Ministry mandated it as well, and I got a grievance
10 from the union, which I ignored.
11 Throughout this whole process, I'd
12 gotten several grievances from the union, but in
13 all honesty, I have ignored them all. My focus
14 here was protecting the staff as well as the
15 residents, and I wasn't going to let the unions get
16 in my way.
17 Lo and behold, the Ministry started
18 following a lot of the guidelines that we had in
19 place, and I haven't heard anything about those
20 grievances that were filed.
21 LYNN MAHONEY: Maybe I could ask you
22 though, Bernard, if you could explain to the
23 Commissioners what you did recognizing that the
24 single-site rule we've heard had, you know,
25 potentially devastating financial impact on staff,

1 and maybe you could explain for the Commissioners
2 how you managed -- how you managed that.
3 BERNARD BORELAND: Well, the reason why
4 I made that decision is because I was monitoring
5 the outbreak list that the Ministry provided
6 throughout Ontario, and the list was spiking on a
7 daily basis, 10 homes, 20 homes per day being added
8 to the list.
9 And it got to the point where I could
10 no longer manage that risk because back in March, I
11 had my ward clerk go around to identify for me
12 which staff worked at multiple facilities as well
13 as which facility they worked at.
14 So I was monitoring that list, and as
15 soon as I saw a home go on outbreak, that employee
16 was put off. And, like I said, we got to the point
17 where it just got too much. I couldn't manage it
18 anymore, so that's why I told my senior managers
19 that in the next couple of days, we're going to
20 come out with the single-employer rule.
21 So that's when I sent out a memo to all
22 my staff letting them know that -- I forget the
23 date, April something -- that Mariann Home was
24 going to adopt the single-employer rule and that
25 they had to make a choice.

1 Prior to that, I spoke to all of my
2 managers, and I asked them for a list of all of the
3 part-time employees that we have that are good that
4 I should target.
5 What I did was I personally spoke to
6 all of my good part-time employees and basically
7 told them that if they chose Mariann Home, that I
8 would give them full-time work until the conclusion
9 of this pandemic, not knowing that we'd be a year
10 into it later, but that is a commitment and a
11 promise that I made, and we still honour it.
12 So that's one of the reasons why we
13 were -- we weren't in the staffing crisis that a
14 lot of these other homes were in, because we were
15 able to tackle it early and shore up our staffing
16 back in March.
17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Can I just interrupt for a minute, Mr. Boreland?
19 Do you feel that that offer of full-time employment
20 was what made -- was important for keeping the
21 staff?
22 BERNARD BORELAND: Yes, I think so. It
23 was very important in maintaining a lot of our
24 part-time staff. If we didn't do that, I honestly
25 think we would have a staffing crisis.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 And how did you do with the staff in terms of
3 retention?
4 BERNARD BORELAND: So with our
5 organization, we're a not-for-profit home, so it's
6 kind of -- it's hard for us, especially because I'm
7 strapped by Bill 124. That makes things very
8 difficult for a lot of the not-for-profit homes.
9 But with -- at Mariann Home, we have a
10 good culture here. It's very loving, and I would
11 say that they embody the sisters' vision.
12 99 percent of the staff are excellent, and they
13 live the mission that the missionary sisters have
14 set out for us.
15 Also what helps is that we kill them
16 with kindness. When I say that, I mean you show
17 your staff the respect that they deserve. You give
18 them the compliments that they deserve. Our staff
19 have gone above and beyond to keep our residents
20 safe, and I like to acknowledge them.
21 I was lucky enough to get a lot of
22 donations from the community based on our response
23 to the pandemic. And I was able to get a lot of
24 companies to sponsor lunches for the staff, as well
25 as we do lunches and dinners for our staff on a

1 regular basis. So I try to feed them. Food goes a
2 long way.
3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 And what percentage of the staff did you retain
5 when you went to the single-site policy but
6 promised full-time work to the staff who
7 chose Mariann --
8 BERNARD BORELAND: I would say we
9 retained 80 percent of our part-timers. The
10 part-timers that ended up leaving us were a couple
11 of part-timers who had full-time jobs at other
12 places.
13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Approximately -- well, you probably know the
15 precise number of residents that you have.
16 BERNARD BORELAND: How many residents
17 do we have?
18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Yes.
20 BERNARD BORELAND: We're a 64-bed
21 facility.
22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Thank you.
24 LYNN MAHONEY: So I know we took you
25 off your presentation. I don't know, Viki, if you

1 want to go back a couple of slides.
2 BERNARD BORELAND: Oh, not a problem.
3 LYNN MAHONEY: I think if you could --
4 and I think it was on an earlier slide, and it's
5 addressed on this one as well, resident protection
6 and care.
7 If you could talk about the testing and
8 how you've approached testing since the beginning
9 of the pandemic and who you test and how often and
10 how you do it.
11 BERNARD BORELAND: So when visitation
12 finally opened back up to the families and the
13 essential caregivers, I reviewed the policy that
14 the Ministry sent out, and I didn't like it.
15 Excuse me one second.
16 With the policy that the Ministry came
17 out with there was nothing in there that stated
18 that families or essential caregivers had to show
19 the facilities actual proof of a negative COVID
20 test. They only had to test.
21 Everyone knows that not everyone tells
22 the truth all the time, and that isn't a chance
23 that I was willing to take. So I got on the phone
24 again with my families, and I had a teleconference
25 with them, and I let them know that I was changing

1 the rules.
2 I let them know that there would be no
3 attestation, that we would work with them, and if
4 anyone wanted to come in for a visit, that they
5 could contact me directly, and we would work with
6 them to get a COVID test done for them.
7 Because I made these changes, I tried
8 to make things easier for our residents and for our
9 families, so we started a drive-in testing centre
10 for the families and essential caregivers.
11 And that continues to this day. And
12 I've had no pushback from the families when we
13 changed this directive.
14 Another thing that we did differently
15 with regard to visits is that I didn't allow
16 essential visitors to come and go whenever they
17 please or to roam our building for hours upon end.
18 Any visit, essential or a visit --
19 regular visit must come through me. They have to
20 call me, email me, schedule a time, and I book that
21 visit with them.
22 Prior to any resident -- or any family
23 or essential caregiver coming into the facility,
24 they receive training on PPEs, on our -- sorry,
25 our --

1 (OVERLAPPING SPEAKERS)
2 LYNN MAHONEY: IPAC --
3 BERNARD BORELAND: -- policy, IPAC
4 policies, all of that is reviewed with me prior to
5 their first visit. So we have that in place with
6 the families.
7 LYNN MAHONEY: What about the testing?
8 Have you experienced any issues with testing
9 turnaround times?
10 BERNARD BORELAND: We have experienced
11 issues with testing times, especially when we -- in
12 early January. It took me about a week to get
13 back --
14 LYNN MAHONEY: January of 2020?
15 BERNARD BORELAND: '21, sorry. This
16 year.
17 LYNN MAHONEY: 2021, yes, sorry.
18 BERNARD BORELAND: Yeah, yeah, a couple
19 of weeks ago we had issues, but other than that,
20 the normal turnaround time is usually 48 to 72
21 hours.
22 We do have the rapid kit in place.
23 We've received that last week, so we trialed that
24 out last week, and we're now using the rapid kit
25 test for staff as well as all visitors that come

1 in. My only --
2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Mr. Boreland, can I just interrupt you for a
4 minute?
5 BERNARD BORELAND: Sorry, yes.
6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 The rapid test, I appreciate that you're
8 implementing it. Do you think -- do you see a role
9 for it?
10 BERNARD BORELAND: I do. I think it
11 can -- will be helpful because, like I said,
12 sometimes you're waiting for results two or three
13 days, and with the rapid test, we will know if
14 there's a problem within 15 minutes. So that's a
15 huge, huge game changer.
16 My only concern with the rapid test is
17 that there's no documentation. Who's going to know
18 that we did these rapid tests? There's no systems
19 from Public Health where we download these -- this
20 information or these results.
21 So that's a concern that I have
22 especially when I hear in the news how the testing
23 numbers have gone down over the last couple of
24 days.
25 And in my opinion, that can be attested

1 to the long-term care facilities now having the
2 rapid test in our possession, so they're no longer
3 submitting these swabs to Public Health, because my
4 round of testing for staff was today and yesterday,
5 and I haven't submitted anything to Public Health.
6 We did all rapid tests.
7 So there's data that Public Health is
8 not getting, so it looks like we're not doing
9 swabs, but we are.
10 So overall, what I'm saying is that the
11 numbers in Ontario are going to look low like we're
12 not doing testing, though in reality we are because
13 we're doing the rapid tests.
14 LYNN MAHONEY: Okay. So I don't know,
15 Viki, if you're able to sort of see where we are on
16 the slide deck.
17 VIKI SCOTT: I think, Bernard --
18 BERNARD BORELAND: I'm on 11. Yeah,
19 I'm good, Viki. Yeah, this is where I am.
20 Another thing that we did early was --
21 and is very important was cohorting of the staff.
22 That was a key area, making sure that you have
23 dedicated staff on each area, on each unit, and
24 that they're not crossing multiple units.
25 We also introduced hallway dining for

1 the residents back in April where we're at the
2 height of this because we wanted to isolate our
3 residents, and we also wanted them to have a nice,
4 pleasurable dining experience.
5 We implemented the hallway dining
6 routine where we have the residents in their
7 doorways with a -- with an overbed tray, and then
8 the dietary staff and PSWs serve them in the
9 hallway. And that also got -- allowed them to
10 engage with other residents on the unit.
11 Temperature checks were introduced very
12 early. Back in March we introduced that, and we
13 did temperature checks for each resident three
14 times a day, and we still have that in place to
15 this day.
16 I believe the Ministry standards are
17 still twice a day, but we never rolled it back. We
18 kept it at three just to make sure that we're able
19 to catch things if it were to come up.
20 We also had a 14-day isolation rule.
21 This was in place prior to COVID. We always
22 isolated our new residents for 14 days. And with
23 COVID, this just made it even more sensible that we
24 had this procedure in place, and it remains in
25 place to this day.

1 We have not rolled back our isolation.
2 I believe the Ministry's is now 10. We have kept
3 ours the standard 14-day.
4 Speaking of the 14-day isolation, this
5 was very, very key back in March for our facility
6 because we had a lot of staff on vacation and on
7 March break vacation with families and stuff, and
8 there was really no directive from the Ministry at
9 this time with regards to staff returning to work.
10 So as mentioned, I had two staff
11 members in China, and they returned the end of
12 February, and I actually had them in quarantine for
13 28 days before they returned.
14 I put them in two-week quarantine by
15 themselves, and then after that, I had them -- I
16 sent them to the doctor for a checkup, and then
17 they were able to return after the 28 days.
18 It was back in -- it was maybe in April
19 that we started seeing more direction from the
20 Ministry on how to treat staff returning from work,
21 and we basically left our policies in place --
22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Sorry, excuse me, were the staff paid for this
24 time?
25 BERNARD BORELAND: Yes, they were. So

1 that was a decision that I made at the very
2 beginning. I didn't ask the union anything. I
3 didn't have any discussions with the union. I
4 didn't sign any memorandum of settlement or
5 anything like that.
6 I did what was right, and that was the
7 right thing to do. And I feel that with me doing
8 that and letting the staff know that if you came
9 into contact with anyone or if you feel sick, don't
10 come.
11 I feel if we didn't do that, a lot of
12 staff would show up when they have symptoms and put
13 everyone else at risk, and it just made sense for
14 us to just pay people when we put them off because
15 I'm the one that's putting them off, so I should be
16 paying them.
17 So we paid everyone that we put in
18 quarantine. And back in March, I had a lot of
19 people off, but it was the safe thing to do, and I
20 don't regret anything.
21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Do you keep the Labour Relations person busy?
23 BERNARD BORELAND: Yes, I do. Yes, I
24 do.
25 VIKI SCOTT: I have grey hair because

1 of Bernard.
2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 That has absolutely nothing to do with what we're
4 talking about.
5 BERNARD BORELAND: Yeah, so that's what
6 we did in the beginning. We identified the
7 high-risk employees, and I put them on paid leave.
8 The majority of time off was the two-week isolation
9 period for the majority of the staff.
10 LYNN MAHONEY: I'm not sure, Bernard,
11 if you addressed the last point on this slide, but
12 I think it's another important one on slide 12:
13 The employees who feared contracting COVID.
14 BERNARD BORELAND: Yeah, so I had a
15 couple of employees who have underlying issues or
16 are vulnerable or had child care. So we had those
17 conversations with those staff one-on-one and were
18 able to grant a leave of absence for two of them,
19 one with child care and one with medical issues.
20 And I worked with everyone else with --
21 who had any kind of issues. I have a staff in the
22 programs department with a condition, and I was
23 able to assign work so she would be able to do it
24 from home during the first week of -- first and
25 second week of May. We were able to offer her work

1 at home.
2 So it's basically on a case-by-case
3 basis that I review these.
4 LYNN MAHONEY: I think you probably
5 addressed a lot of these issues in terms of
6 employee protection and care.
7 BERNARD BORELAND: Yeah. Yeah, I
8 believe Mr. Marrocco, Commissioner had asked -- did
9 I address all of those for you? The absence and
10 returning to work, you're okay with that?
11 COMMISSIONER FRANK MARROCCO (CHAIR): I
12 think we are, yes.
13 BERNARD BORELAND: Okay.
14 COMMISSIONER FRANK MARROCCO (CHAIR): I
15 think we would have asked questions if there was a
16 concern.
17 LYNN MAHONEY: And I think you
18 addressed these on slide 14 as well in terms of
19 employee protection and care.
20 BERNARD BORELAND: Yeah.
21 LYNN MAHONEY: Some interesting points
22 at the bottom of that slide about the commuting to
23 and from work, what you did --
24 BERNARD BORELAND: That's another thing
25 that we looked into, how we can protect our

1 employees. I tried -- I was working with Viki to
2 try to arrange an airport limo service, but thank
3 God that didn't work out.
4 God is always looking over our
5 shoulders because it was reported to me that the
6 driver that we had -- that we were going to use
7 actually got COVID.
8 LYNN MAHONEY: Oh, my goodness.
9 BERNARD BORELAND: So, like I said, God
10 is always looking over our shoulder, so that didn't
11 work out.
12 Another thing that we do is we provide
13 PPEs for our staff. So I had -- I had a memo go
14 out to all the staff to inform me of all of the
15 staff members that take public transit to work.
16 So I got that list, and I was able to
17 provide them with the appropriate PPEs for the bus.
18 So gloves and masks, we supply that on a two-week
19 basis for all of those staff.
20 And in the onset of the pandemic, I
21 also offered all staff that they could buy any
22 product or any food from Mariann Home. So they
23 could place their food orders with us from Sysco or
24 Gordon Food.
25 And that was an effort just to avoid

1 staff making unnecessary trips outside of work. So
2 that's why we arranged that grocery- and
3 product-buying program for them.
4 LYNN MAHONEY: I'm just --
5 BERNARD BORELAND: Sorry.
6 LYNN MAHONEY: I don't know, Bernard,
7 if you're going to get to this in your
8 presentation. I'm wondering if you can talk a
9 little bit about it.
10 And I apologize, it may be addressed
11 later in your presentation. If it is, just tell
12 me, but if you could talk about -- a couple of
13 issues that we're very interested in is the medical
14 leadership in your home as well as IPAC, IPAC
15 leadership.
16 So I don't know if you get to those
17 later in the presentation.
18 BERNARD BORELAND: I can touch on those
19 now. The medical leadership in our facility is
20 very, very strong. On my left, Erly Valera, very
21 seasoned director of care, 40-plus years in the
22 industry. Erly was around during the SARS days, so
23 she knows everything about infection control.
24 Erly is our educator for the facility
25 and provided all infection control and IPAC

1 training to all the staff starting with each staff
2 the first week of March. So all of that training
3 was conducted by Erly on a one-on-one basis with
4 all of the staff.
5 We continue to do PPE and hand hygiene
6 audits on a daily basis. We have someone dedicated
7 to do audits and follow up with the staff. And
8 then, like I said, Erly is the overall lead for the
9 infection control program.
10 LYNN MAHONEY: And can you tell us
11 about the doctor, the medical director at your
12 facility and how often he's attended?
13 BERNARD BORELAND: So we have -- our
14 medical director on-site is Dr. Ko, very, very
15 reliable. He's the best medical director I've ever
16 worked with. Dr. Ko is here every day. He does
17 visits and does rounds every day Monday to Friday,
18 and then he does -- he calls in on the weekends or
19 comes as necessary.
20 Dr. Ko gave up his private practice
21 this year, so Mariann Home is his only client right
22 now. So we're very lucky. Dr. Ko has been with
23 this facility longer than the sisters. The sisters
24 took ownership in '79. Dr. Ko has been with this
25 facility since '72.

1 LYNN MAHONEY: Okay. Okay.
2 COMMMISSIONER JACK KITTS: Could I ask
3 a question, Bernard? It's Jack Kitts asking.
4 BERNARD BORELAND: Sure.
5 COMMMISSIONER JACK KITTS: Okay. You
6 spoke about your director of nursing. I think it's
7 Erly.
8 BERNARD BORELAND: Yes.
9 COMMMISSIONER JACK KITTS: She's also
10 the IPAC specialist for the home?
11 BERNARD BORELAND: Yes, she is.
12 COMMMISSIONER JACK KITTS: So perhaps
13 the question is for Erly. Is an IPAC specialist's
14 role a full-time, everyday job to keep the PPE
15 equipment updated but also the staff trained?
16 ERLY VALERA: Every day, part of my
17 routine to make rounds, and I'm always monitoring
18 the staff, how they're going about the infection
19 control issues. It always start with proper
20 handwashing. Okay? And they're very aware that
21 when I'm around, you know, I'm looking for the
22 proper, you know, use of hand sanitizers and
23 handwashing.
24 And when we have isolation, then they
25 know that I'm watching them, how they put their

1 PPEs, the proper donning and doffing. Donning is
2 putting on; doffing is removal.
3 And I talk to them when I see that
4 they're not doing right with the proper steps of
5 the donning and doffing, and then they give me a
6 return demonstration.
7 And every single day I'm making my
8 tour, and aside from that, you know, on a monthly
9 basis we do the annual -- well, yearly mandatory,
10 and infection control is a big, big part of the
11 annual mandatory. But I'm not going by just the
12 annual one. It's almost, like, you know, a routine
13 for me doing all these things.
14 Especially when we are on outbreak, I
15 became -- I become the infection control
16 coordinator, and I'm the liaison between
17 Mariann Home and Public Health. And we do the
18 reporting, the line listing, the progress of the
19 outbreak, and staff are very aware during outbreak
20 what they have to do because I have meetings with
21 them. I go floor to floor.
22 And I guess that's the nice part about
23 having, you know, 64 residents and three floors.
24 So I manage to do that, and I really, really
25 monitor the staff.

1 COMMMISSIONER JACK KITTS: Thank you.
2 And, Bernard, one question: I may have
3 missed it earlier in the presentation, but yours is
4 an older facility. I'm wondering, do you have
5 wards with four -- rooms with four rooms and three
6 beds as well?
7 BERNARD BORELAND: I have one ward bed
8 with four people in the... All the other rooms are
9 two per room. And then we only have six private
10 rooms in the facility. So everything is basically
11 shared here. That's why cohorting was very, very
12 important here.
13 COMMMISSIONER JACK KITTS: So you have
14 room to cohort?
15 BERNARD BORELAND: Do we have -- sorry.
16 The staff, cohorting the staff.
17 COMMMISSIONER JACK KITTS: And do you
18 have room to isolate residents if you need to?
19 BERNARD BORELAND: That's something
20 that we looked at in the very beginning of this
21 pandemic. If COVID were to get in here, where
22 would we isolate the residents?
23 So we did say that we would use our
24 activation lounge on each floor if that were to
25 happen. So we use the lounge on each floor as our

1 isolation room.
2 COMMMISSIONER JACK KITTS: Thank you.
3 LYNN MAHONEY: Could I just interject,
4 Bernard and Erly, to talk about the IPAC auditing,
5 I believe, or auditing tool that you use with
6 Universal Care.
7 You have a relationship with Universal
8 Care, and maybe you can describe that for the
9 Commissioners and what auditing tool they have.
10 And also if you could talk about the
11 IPAC assessment that -- if you've had anything such
12 as that done by Mackenzie Health during this
13 pandemic.
14 BERNARD BORELAND: So our relationship
15 with Universal Care is I have a contract with them
16 for consulting services, nurse consulting services
17 as well as finance services.
18 So they take care of all of the budgets
19 and year-to-date monthly finances for me and then
20 provide any sort of nursing or clinical care
21 support that we may need in the nursing department.
22 With regard to the -- you asked me
23 about audits?
24 LYNN MAHONEY: Yeah. I understand that
25 Universal Care -- and maybe this is what Erly was

1 referring to, sort of the audit that's done
2 regarding aspects of IPAC.
3 BERNARD BORELAND: Yeah, so we have a
4 couple of audits that we have, PPE audits, donning
5 and doffing of PPEs, and then Erly does a return
6 demonstration with the staff or the families to
7 ensure that they're doing the procedures correctly.
8 We also have a hand hygiene audit. So
9 we bought -- I don't know if you know; it's called
10 the Glo Germ Kit. So we utilize that in the
11 facility just to make sure that staff and families
12 are doing the correct procedures for handwashing.
13 So this device, you put ultra light on
14 your hand and gel to see if you've actually cleaned
15 and washed your hands properly.
16 LYNN MAHONEY: No, I haven't heard
17 about that.
18 ERLY VALERA: And I may add, I continue
19 to do -- more so right now with the Just Clean Your
20 Hands program from the Ministry where there are
21 four moments of handwashing: Before entering the
22 room, wash your hands; when you go out, again you
23 wash your hands; and if you are interrupted in
24 between, you know, your procedure that you're
25 doing, you need again to wash your hands.

1 So it could be times 8, times 16 they
2 wash their hands. It all depends. And it's called
3 Just Clean Your Hands program. That is a program
4 from the Ministry of Health way back two, four
5 years ago.
6 And to this day, I really, really doing
7 that because it helps me a lot to monitor the staff
8 that they're doing the proper handwashing.
9 Including the physician, housekeepers, every staff
10 in the facility they go through, you know, the
11 audit from me.
12 And if I see any noncompliance, I
13 report that -- I'll take care of it myself, and I
14 monitor the staff. And then if they continue to go
15 on with that, then I will speak to the respective
16 supervisors to monitor them and maybe give them a
17 warning letter or anything like that.
18 But sometimes they don't even know that
19 I am auditing them because I memorize the
20 questions, and I just write the things that they're
21 not going to be acting up when they see me.
22 They're talking to me, but I'm actually
23 auditing them, including the physician with his
24 stethoscope, his handwashing before each resident.
25 When he takes the pulse of the resident, is he

1 washing in between and stuff like that.
2 So I cover the whole thing so --
3 because I find hand hygiene is the most important
4 thing that they had to do, and it should be
5 provided teaching throughout the facility for
6 residents, staff, volunteers, and visitors.
7 LYNN MAHONEY: Thank you.
8 BERNARD BORELAND: Another thing that I
9 wanted to touch on -- I'm not sure if I did -- with
10 regards to infection control is environmental
11 awareness. That is very, very important especially
12 in an older facility. Environmental cleaning is an
13 area that must be looked at and reviewed.
14 We increased our day housekeeping back
15 in January, and in April, I added an afternoon or
16 an evening housekeeping shift. And this shift just
17 focuses on touch-surface cleaning.
18 LYNN MAHONEY: Thank you.
19 ERLY VALERA: And I think -- oh, sorry.
20 Because we know that the COVID is airborne and it
21 could be contact too, a combination of both but
22 mostly airborne, we converted our residents that
23 are receiving the aerosol or, you know, the oxygen
24 humidity test into puffers so that, you know,
25 whatever they have, when they getting the aerosol,

1 it doesn't spread in the room. So I converted them
2 into puffers, okay, so there's no problem with, you
3 know, the humidity of the room.
4 And we've done that way back in March
5 when I was reading that it is airborne. Then we
6 just went ahead and converted, you know, all our
7 aerosol residents into puffers.
8 LYNN MAHONEY: Okay.
9 ERLY VALERA: And those that are
10 receiving -- doing the CPAP -- do I need to explain
11 about CPAP?
12 LYNN MAHONEY: For sleep apnea?
13 ERLY VALERA: Yes. Okay. You know
14 that this is again a part of, you know, an aerosol
15 test that needed to be done to the residents. We
16 isolated -- we moved the residents that are
17 receiving CPAP, and we put them in one room.
18 So I have three people and -- no, four
19 people at one point, and I put them into a
20 semi-private room, so that -- then I put that room
21 into isolation. And then when they do the
22 treatment for those four people having CPAP
23 treatment, that they had to use four PPE and N95.
24 That's another control that I had put
25 through so that -- in order not to, you know, go

1 against this airborne measure that we're looking
2 at.
3 LYNN MAHONEY: So even though perhaps
4 the science wasn't necessarily definite, that was
5 the procedure that you adopted just to be very
6 safe.
7 ERLY VALERA: Exactly. We just went
8 beyond whatever it's safe that we felt we should be
9 putting in our residents, and we managed to do
10 that.
11 BERNARD BORELAND: We did a lot of
12 things here just thinking that it would keep the
13 residents safe. We looked at every aspect of our
14 operation.
15 Even deliveries, we stopped all
16 deliveries coming into the building. They had to
17 leave all the packages out in the parking lot, and
18 then our staff would bring them in.
19 We had a coordinated procedure for even
20 discarding the boxes after the deliveries were
21 packed out. We looked at everything possible.
22 I must say as well, the -- our students
23 were very, very key in helping us maintain on some
24 sort of normalcy during this entire ordeal.
25 When we closed the doors in March, I

1 didn't have any students at the time because our
2 summer student program doesn't start until June.
3 So I called all of the -- the four students that we
4 had from last year, and they all agreed to come in
5 and start early in March.
6 And with them being here, not only did
7 they help with the hallway dining, but the virtual
8 visits that the families -- that we started up with
9 the families on Facebook and Skype. That was a
10 huge success.
11 And that was also another avenue that
12 sort of comforted the families because they weren't
13 able to come in and see their loved ones. So we
14 were able to give them lots of FaceTime and Skype
15 visit calls when we were closed to visitors.
16 LYNN MAHONEY: So I'm going to leave it
17 up to you, Bernard and Viki, to see where you want
18 to go next in your -- okay, the challenges. I
19 think we discussed that as well.
20 BERNARD BORELAND: Yeah, we discussed
21 that. Another challenge that I'm having,
22 especially lately -- like, in all honesty, the
23 weekend that just passed was just total chaos over
24 at Public Health. And it's very frustrating
25 because the directives seem to be changing on an

1 hour-by-hour basis.
2 We had a comprehensive vaccination
3 program put in place led by Erly and Dr. Ko, and
4 they were able to vaccinate 56 residents one day,
5 10 another, and then they vaccinate, I believe, a
6 total of 50 staff.
7 And all of a sudden, Public Health has
8 come out with the directive that they're no longer
9 releasing the vaccines to the homes, that Public
10 Health is now setting up the vaccination clinics
11 and will be running it for all the homes.
12 That's very concerning, number one,
13 because Public Health is stretched thin, and how
14 are they going to ensure that everyone who's
15 required for a second dose gets it on time?
16 So that's very concerning for a home
17 like us because we -- I feel like we're paying the
18 price for other people's bad behaviour.
19 We had a great vaccination program in
20 place, and in all honesty, this is not to be
21 boastful or anything, but if Public Health were to
22 give me the Moderna vaccine, I will take care of
23 the York Region for them. That's how confident I
24 am with Erly and Dr. Ko and the process that they
25 have to administer these vaccines. I --

1 LYNN MAHONEY: Do you understand,
2 Bernard, what the issue is? Why -- so as I
3 understood what you've said is that not all of the
4 residents have been vaccinated, and for some reason
5 it's now been halted --
6 BERNARD BORELAND: Yes. Yeah.
7 LYNN MAHONEY: -- and you have to do --
8 BERNARD BORELAND: Yeah, Public Health
9 has now halted distributing the vaccines directly
10 to long-term care facilities. I'm assuming because
11 there was some sort of wastage. Not assuming. I
12 know there was some sort of wastage based on what I
13 hear on my teleconference calls.
14 And it's unfortunate that a home like
15 Mariann Home who had no wastage and actually got
16 extra doses from the vials because when we were
17 doing our staff clinics, the staff informed me that
18 they were able to draw five extra doses from the
19 vials.
20 So instead of throwing them out, which
21 I would never do, I offered it to my staff. So
22 we're able to vaccinate an additional five staff
23 during the resident vaccination day.
24 LYNN MAHONEY: And could you explain to
25 me -- I'm not clear on what the issue is that

1 caused Public Health to not send the vaccinations
2 to -- the vaccines to homes.
3 BERNARD BORELAND: Wastage in Ontario.
4 What we were told is that homes weren't utilizing
5 all of the doses in the vials. Like I told you,
6 each vial has at least 10 doses in there, and with
7 most of them, you can draw 11 or 12.
8 What these facilities were doing was
9 they were wasting it. They weren't offering it to
10 other essential workers or staff. They were
11 throwing it out.
12 LYNN MAHONEY: Okay. Okay. Thank you
13 for that. So you've explained sort of at the
14 outset your challenges and your concerns with the
15 vaccination program, which is really quite current.
16 Maybe you could address some of the
17 other issues that you have on this slide here in
18 terms of the -- let's start with the lack of the
19 provincial plan and strategy.
20 BERNARD BORELAND: Yeah, that has to do
21 with the vaccination program.
22 LYNN MAHONEY: Okay.
23 BERNARD BORELAND: And then the next
24 point, understanding the home sector and how it
25 operates. Everyone needs to realize that

1 not-for-profit and for-profit are two completely
2 different entities.
3 In the not-for-profit, we are not here
4 to make a profit. Everything goes back into the
5 operations of the homes. And with this pandemic,
6 we have really struggled financially throughout
7 this ordeal.
8 We've increased our staffing. We've
9 increased -- we've increased staffing in every
10 department basically. So I'm basically running in
11 the negative on a monthly basis because of this,
12 but it's not something that we're going to back
13 down from any time soon.
14 I've informed my board that we're in
15 this for the long haul, and at the moment, I'm not
16 comfortable reducing the current staffing patterns
17 that we have in place.
18 LYNN MAHONEY: Okay. You briefly
19 mentioned about conflicting direction, but maybe
20 you can elaborate on that in terms of the lack of
21 coordination and the conflicting direction.
22 BERNARD BORELAND: Yeah, it just seems
23 like every one of the offices, either the Ministry
24 of Health or the central LHIN, or even Public
25 Health, they keep sending conflicting information

1 to homes, and we all need to basically get on the
2 same page with this.
3 With Public Health, the directives just
4 seem to be changing all the time. For example,
5 staff who test positive now only has to isolate for
6 10 days. Where did they get that from, and why did
7 it change from the 14? Certain things like that,
8 not explained.
9 And then when you're talking to various
10 Public Health inspectors, one inspector says to do
11 something one way, and then another inspector says
12 to do it another way. It's just like they just all
13 need to get on the same page.
14 LYNN MAHONEY: Another point that we've
15 heard something about is once we were through the
16 first wave -- and, I mean, I believe it had been
17 anticipated that there would likely be a second
18 wave, but what, if anything, was done to plan for
19 the second wave and also to help homes so that they
20 could get through it better than they did in the
21 first wave? Do you have any comment on that?
22 BERNARD BORELAND: Yeah, for that one,
23 I just feel like we should have been more prepared.
24 For example, visitation, we know that the residents
25 aren't going anywhere. In order for COVID -- for

1 them to get infected with COVID, it has to come
2 from them.
3 So during the second wave, it should
4 have been quite obvious to the government that
5 everyone coming into a long-term care facility must
6 be tested and must show proof that they have been
7 tested.
8 And that didn't take place, I think,
9 until late November or early December where the
10 Ministry finally mandated that the attestation
11 wasn't working, that people have to show actual
12 proof.
13 But we should have locked down the
14 facilities a lot sooner and also -- I understand
15 the essential caregivers, but there needs to be
16 more coordination and more planning with that.
17 You just can't have people show up and
18 roam the facility. We're in a pandemic. They
19 should be timed visits and then everywhere
20 disinfected once the visit is over. That's how we
21 manage it here. As soon as the visit is over, the
22 area is disinfected.
23 And no one is allowed in the facility
24 for more than an hour and a half tops, and I only
25 have one family that stays an hour long.

1 So here we just monitor things a lot
2 more than these other facilities, and I think
3 that's what has helped us stay, for the most part,
4 COVID-free.
5 My first COVID case was January 1st --
6 or -- yeah, January 1st, my New Year's Day present.
7 I was working, and I got a call that one of our
8 staff members had tested positive.
9 Now, the reason why that was flagged is
10 because we have a protocol here that if staff are
11 away for more than four days, they have to be
12 tested prior to returning to work.
13 Her last day working here was the --
14 was December 20th, so she came in on the 28th for a
15 swab because her next shift was January 2nd, and
16 that's what caught it.
17 The reason why it went into out --
18 suspect outbreak was because this employee also has
19 a family member that works here. This family
20 member last worked on December the 30th, and we --
21 she was last swabbed on the 28th, and that was a
22 negative result.
23 Because her family member had tested
24 positive on the Friday, I told the entire household
25 to go get swabbed because they -- when I called to

1 inform them of the positive result, about five or
2 six of them were in the same car at the time, and
3 Public Health just told them to isolate. I said,
4 "No, go get tested."
5 And when she went and got tested, the
6 whole house was positive. So that's what set us
7 out in outbreak because she was last here on the
8 30th -- or suspect outbreak, sorry. And so that
9 was the procedure that helped us flag those two
10 positive results.
11 LYNN MAHONEY: So, Commissioners, I
12 think we've been through the deck, and we've heard
13 of all the various issues and how Mariann Home has
14 managed itself through this outbreak. I don't know
15 if you have any other questions for this team.
16 COMMMISSIONER JACK KITTS: Can I just
17 ask a question? And you've probably explained it
18 earlier, but in your -- it seemed like you were
19 doing more surveillance and swabs than a lot of
20 people, and you were doing them with your own rapid
21 assessment tool.
22 BERNARD BORELAND: The rapid testing
23 just started last week.
24 COMMMISSIONER JACK KITTS: Okay. So in
25 December when you were testing your staff based on

1 a policy about if they were away for four days they
2 needed to be tested, tell us about how you did
3 that.
4 BERNARD BORELAND: So Erly and the
5 nursing team made up a schedule for all of the
6 employees in the building and set up testing
7 schedules based on their schedule.
8 So my days to get swabbed are Monday
9 and Thursday. So we set up schedules for every
10 employee so they know on that date to head up to
11 Erly's office to get your swab.
12 COMMMISSIONER JACK KITTS: So the swab
13 was taken at Mariann Home and then sent to --
14 (OVERLAPPING SPEAKERS)
15 BERNARD BORELAND: Public Health -- or
16 to the lab, to the lab.
17 ERLY VALERA: To LifeLabs.
18 BERNARD BORELAND: To LifeLabs or
19 Dynacare.
20 COMMMISSIONER JACK KITTS: And how long
21 did it take to get those results back?
22 BERNARD BORELAND: Roughly 48 hours on
23 a good day -- on a good week. And we can also go
24 online for the results. That helps too.
25 LYNN MAHONEY: So you didn't have any

1 experience with test results being mailed or faxed
2 into the home?
3 BERNARD BORELAND: Faxed -- yeah, they
4 faxed it to us. So they either fax it to us or we
5 can go online for the results.
6 LYNN MAHONEY: Okay. And yours was the
7 use of the private labs Dynacare and LifeLabs; is
8 that right?
9 BERNARD BORELAND: Yeah. Yes.
10 ERLY VALERA: We use both.
11 BERNARD BORELAND: We use both.
12 LYNN MAHONEY: Okay.
13 ERLY VALERA: But right now, with the
14 rapid testing, we're not, you know, sending any
15 test being done to these places already and because
16 they get their results in 15 minutes and -- but if
17 there is a positive reading, then it's my
18 responsibility to report to Public Health, and
19 we'll go from there.
20 LYNN MAHONEY: Okay.
21 COMMMISSIONER JACK KITTS: What are you
22 using? What methodology?
23 ERLY VALERA: A rapid antigen testing.
24 COMMMISSIONER JACK KITTS: Okay.
25 ERLY VALERA: Yeah. It's the one

1 that -- we're using the one that we swab to the
2 nasopharyngeal, the nose. There is another rapid
3 testing where they do it through the throat, but
4 we're using the one that are use the swab into
5 their noses, yeah.
6 COMMMISSIONER JACK KITTS: And is
7 Public Health involved in that process, that
8 decision and results?
9 ERLY VALERA: They know that this is
10 what we're doing right now, and they're very
11 pleased that all I have to pay attention to if
12 there is a positive reading result that I need to
13 connect with them. And so far so good.
14 The one that I'm using, I find it
15 really effective and not only that it tells me when
16 I'm timing it and I'm testing it, that they can't
17 do the proper test because I don't have enough
18 secretion from, you know, the brush that I use, the
19 swab. And then I have to re-swab the people.
20 And every ten person that I swab, I do
21 the rapid testing. There is the so-called positive
22 testing quality assurance that I had to do to
23 ensure that the tester that I am using to test
24 these secretions, the -- you know, the brushes that
25 I bought from the -- from the staff are accurate,

1 that, you know, they're not giving me the wrong
2 reading. So --
3 COMMMISSIONER JACK KITTS: And in your
4 experience --
5 ERLY VALERA: So I'm very keen on doing
6 that test because I want to make sure that
7 [INDISCERNIBLE] accurately reading the proper
8 results.
9 COMMMISSIONER JACK KITTS: And how long
10 have you been doing that test? Since when?
11 ERLY VALERA: I started the -- I
12 started the -- we had a training in the guidelines
13 through, you know, first by --
14 BERNARD BORELAND: Advantage.
15 ERLY VALERA: Pardon?
16 BERNARD BORELAND: Advantage.
17 ERLY VALERA: Advantage, right. And
18 then we started with that, and we -- you know, I
19 think I've been tested -- how I'm getting the
20 secretions for testing because I haven't -- I have
21 not encountered one single return that I don't have
22 enough specimen that they're testing, because they
23 know when they don't have enough, they cannot test
24 that, you know, person.
25 So they will let me know. I haven't

1 seen that, and I've been doing that testing, you
2 know, since way back, March, and we increase it to
3 two times a week around probably June.
4 And then a month ago, we're doing it
5 two weeks -- I mean two testings in a week. And to
6 date, I really have not received any comments from
7 them that I don't have enough specimen for them to
8 test.
9 And same thing with rapid testing, once
10 I put the drops, you know, and I start testing, it
11 will tell me right away that it's not reading it
12 because I don't have a good specimen.
13 And I haven't done that, and I've done
14 already about 56 rapid testing for the first dose
15 for the week, and I'll do the same thing again on
16 Thursday and Friday.
17 COMMMISSIONER JACK KITTS: Okay. Thank
18 you.
19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Can I just -- go ahead, Commissioner Coke.
21 COMMISSIONER ANGELA COKE: Just a
22 question if you have any comments or observations
23 about your experiences with Ministry inspections
24 either before or during COVID.
25 BERNARD BORELAND: Oh, sorry, you asked

1 a question about the Ministry of -- well, we've had
2 one CIS visit. I want to say September the
3 Ministry came. Prior to that, she had come in
4 August.
5 And at the screening station, it was
6 reported that she didn't have a COVID test. And
7 our policy at Mariann Home is that everyone who
8 comes in the building must provide a COVID test.
9 So we let her know of what our policy
10 was, and she was very respectful and honoured our
11 policy and then came back about maybe two or three
12 weeks later, and she actually got a COVID test
13 done. So that was positive.
14 And then lo and behold, the Ministry
15 changed their policies to state that all the
16 inspectors must show proof of policy.
17 So we had one inspection by the
18 Ministry of Health to date. It was a positive
19 review. We didn't have any un-mets for that.
20 And Lynn had also asked earlier -- I
21 forgot to touch on it -- about the IPAC assessment.
22 We've had two IPAC assessments done so far. One
23 was done back in May.
24 Our Public Health inspector, Eric, came
25 in to conduct our audit, and we got a good review

1 on there. There was no un-mets on that. We had
2 everything in place.
3 And then the Mackenzie Health IPAC team
4 came in, I want to say, the end of August, and they
5 conducted an IPAC assessment for us as well, and
6 things were good. We had a great review there as
7 well. No issues.
8 COMMISSIONER ANGELA COKE: Thank you.
9 LYNN MAHONEY: Maybe I could just ask a
10 follow-up question to Commissioner Coke's question
11 about inspections.
12 Prior to the pandemic and maybe even
13 during the course of the pandemic, to the extent
14 that any Ministry person came in to do an
15 inspection, would you be given -- would you know
16 that they were coming? Would they contact you and
17 give you a --
18 BERNARD BORELAND: No.
19 ERLY VALERA: Surprise visit.
20 BERNARD BORELAND: They just show up,
21 surprise visit.
22 LYNN MAHONEY: Okay.
23 BERNARD BORELAND: I know they're here
24 when I look up from my office desk and see them at
25 the front.

1 LYNN MAHONEY: Okay. All right.
2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Just a quick question: Getting the results of the
4 tests electronically, do you set up an account for
5 each resident, or do you just have --
6 BERNARD BORELAND: No.
7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 -- one account for Mariann Home?
9 BERNARD BORELAND: One account for
10 Mariann Home.
11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Okay. Thank you. Well, I think -- sorry. Go
13 ahead.
14 LYNN MAHONEY: I was going to ask one
15 follow-up question to that, Commissioner, if I may.
16 Do you know if the other long-term care
17 home operators that you deal with, do they do the
18 same thing? Do they have accounts with the labs
19 directly, or do you know what their experiences are
20 getting --
21 BERNARD BORELAND: To my understanding,
22 homes have their individual contract with the labs.
23 LYNN MAHONEY: Okay. Okay. Thank you.
24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Well, thank you for a very interesting

1 presentation. It's very helpful to us because
2 we -- so much of what we hear is what didn't work,
3 and it's very helpful for us to speak to a home
4 where the procedures did work.
5 And it's very helpful for us. It helps
6 validate some things that we're thinking, and
7 generally speaking, it's just very informative. So
8 thank you very much for the presentation.
9 BERNARD BORELAND: No problem.
10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 And good luck with the rest of it.
12 ERLY VALERA: Thank you.
13 BERNARD BORELAND: Thank you.
14 ERLY VALERA: Thank you, yes.
15 LYNN MAHONEY: Thank you very much.
16 ERLY VALERA: I just want to end that
17 for the infection control, I always stress that
18 handwashing is the single-most effective method in
19 preventing spread of infection.
20 And that's why I concentrate my
21 infection control measures to handwashing and use
22 of PPE to maintain infection prevention and
23 control. And I always tell them that infection
24 prevention is in our hands, so...
25 LYNN MAHONEY: That's right.

1 SPEAKER: It's true.
2 SPEAKER: It is true.
3 SPEAKER: Absolutely correct.
4 LYNN MAHONEY: Thank you very much.
5 ERLY VALERA: Thank you too.
6 SPEAKER: Thank you.
7
8 -- PROCEEDINGS CONCLUDED AT 3:21 P.M. --
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1 REPORTER'S CERTIFICATE
2
3 I, CARISSA STABBLER, Registered
4 Professional Reporter, certify;
5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth;
9
10 That all remarks made at the time were
11 recorded stenographically by me and were thereafter
12 transcribed;
13
14 That the foregoing is a true and
15 correct transcript of my shorthand notes so taken.
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17
18 Dated this 26th day of January 2021.
19
20

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25

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