Taylor, Laura

From:	Legislative Assembly of Ontario
Sent:	October 30, 2020 4:39 PM
To:	Standing Committee on Justice Policy
Cc:	Teng, Deborah
Subject:	Webform submission: Submission of material 24011
Attachments:	Health of Sharen Tibensky2020.pdf; Timeline Story for Sharen Tibensky.pdf; bill 218 statement.pdf; Ontario government does not guarantee the health or safety of residents in long-term care homes, legal document says - The Globe and Mail.pdf; chartwell-presentation-deck-to-ltc-covid-commission-oct-9-2020.pdf

Submitted on Fri, 10/30/2020 - 16:04

Application ID: 24011

Submitted values are:

Bill or item of business: **Bill 218, Supporting Ontario's Recovery and Municipal Elections Act, 2020**

Choose a topic

Do you know the bill title or business (e.g., pre-budget consultations) you'd like to speak or submit material about?
Yes

Choose an application

Which application would you like to submit?
Submit material only

Which deadline would you like to submit your written material for?
Written Submission deadline: 7:00 p.m. (EST) on Wednesday, November 4, 2020

Add your information

Are you submitting material as an individual or on behalf of an organization?
I am submitting material as an individual

Full name
Mr. JP Tibensky

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Document upload

- Health of Sharen Tibensky2020.pdf
- Timeline Story for Sharen Tibensky.pdf
- bill 218 statement.pdf
- Ontario government does not guarantee the health or safety of residents in long-term care homes, legal document says - The Globe and Mail.pdf
- chartwell-presentation-deck-to-ltc-covid-commission-oct-9-2020.pdf

Paste submission
I would like to submit a letter and timeline of events in my mother's life in long term care.

I would like to argue against the provision to protect from lawsuits.

On August 31, 2020 I read a Globe and Mail article entitled, "Ontario government does not guarantee the health or safety of residents in long-term care homes", by Sean Fine.

When I read of the government's decision to release a document that outlines that their Actionline is a good faith measure essentially, I was dumbfounded.

I thought to myself that the release of such a document and the subsequent article essentially created a new date of August 31, 2020 for the statute of limitations to restart for all past tragic occurrences in long term care homes in Ontario because people thought the Actionline, that the ministry investigations, was a means of protections from the private LTC providers.

That the release of this document essentially said that the only safety measure for people in LTC in Ontario was then the court system.

However when I received a weekly update email from the Administrator at my mother's LTC home, I saw a link to the powerpoint presentation that Chartwell Corporation gave to the COVID Comission. I decided to read it. My heart sank when I read Slide 27.

In the Powerpoint Presentation, Slide 27 is entitled, "Successful Capital Redevelopment". The second point of this slide states:
"Legal protection from pandemic-related claims – no insurance, no financing, no development"

So to understand these two facts, I was faced with the uncomfortable conclusion that the government is ensuring that those who live in long term care, have no protections afforded them.

That the suffering endured simply must be endured. And in silence preferably?

Very unfortunate decision making.

Decisions like this erodes the future stability of our society's foundation basically.

Thank you,
Kindly,
JP Tibensky

Would you like to add any other information?
Attached in .PDF files are the statement regarding Bill 218, A letter of my mother's history in LTC, a Timeline of 2019 to 2020, a copy of the Globe and Mail article I reference, and a copy of the Chartwell Cover Commission Powerpoint.

If further evidence is needed I would be happy to provide.

My name is JP Tibensky and I would like to advocate for my mother Sharen Tibensky.

My mothers story has been difficult within the Ontario health care system. I have had to watch her decline faster than what could be, frustrated to be an advocate observing this and that has left me feeling tired.

I have been disappointed to an extent where I cannot imagine remaining silent does well for my own health. I feel a need to advocate for transparency, accountability, and responsibility.

I took over taking care of my mothers accounts about 8 years ago. Before that point she lapsed in taking care of many details in her life. As her health decreased, she entered short stay extendicare, then retirement home, then hospital stay, then long term care having to accept growing disability and life in electric wheelchair and unable to walk or provide care for herself fully.

When I took over taking care of my mother's accounts and started being an advocate and power of attorney for her, was during the experience at her first long term care home. The home was Leisureworld Spencer House in Orillia. To be brief, at this care home she was prescribed increased amounts and types of narcotics up to fentanyl. This masked the fact that a pressure ulcer was developing on her backside. Staff supposedly failed to notice or did not fully make aware to my mother how bad it was. She was sent to hospital and a large portion of flesh and coccyx was removed, gangrenous.

How or why that happened I do not know.

Requesting a transfer by the CCAC out of Orillia to close to home in Oshawa proved difficult. My mother had a protracted stay in hospital awaiting long term care in Durham Region.

During her stay in hospital she went septic. It was bad. The intensive care doctors confirmed she contracted antibiotic resistant ESBL. The hospital I doubt would admit it happened in hospital whether in surgery or in some random catheter or bedpan change.

But regardless she had ESBL then, both gastrointestinal and urinary tract. She went septic again in hospital about two or three weeks later for the second time.

Eventually she went to Bay Ridges long term care in Pickering. The lift at the home would snag her catheter causing bleeding. Then catheter changes would cause infection and she would go septic several more times at the home. The home had a habit of leaving ill people unattended. I would visit my mother after work some nights. If my mother was ill I always found her alone, in various stages of blood poisoning, I was never called. I believe she went septic three times there.

In April of 2017 she was transferred to Oshawa Chartwell Wynfield. Her catheter was recommended to be removed and a changing schedule was initiated. There was a ceiling lift for transfers as well. The first year went fairly well for my mother. In 2018 things started to change. Care started to decline at the home. She had her first hospitalization at that time, from a bout of almost septicaemia which she recovered quickly.

In March 2019 the relationship with the physician and the home became strained after my mother went to hospital under my own direction.

Arriving after work one evening, I found my mother confusedly bumping her wheelchair against the wall of her room believing she was in a restaurant and could not find the exit. The floor

nurse believed her to be well. I disagreed and I demanded an ambulance, being told that I would have to pay for it myself. I agreed to that and then finally the ambulance was called.

She was taken to hospital and diagnosed with Ecoli septicaemia.

In the two weeks prior, I had asked the staff if my mother was all right as her confusion had increased, which for me is a sure sign after several years of UTIs that one was starting. The medical director of the home, in the 2 weeks prior to hospitalization, had seen my mom presenting symptoms of pain, headaches, muscle pain, etc. The doctor prescribed narcotics instead of a urine test, respecting my mothers past history of UTIs. With the urinalysis not done my mothers UTI became undiagnosed blood poisoning. Later in hospital, an emergency doctor said common signs of blood infection are the pains my mother described, and that a UTI test should have been done as typical protocol for someone in my mother's health. Once antibiotics were prescribed, the pain disappeared.

At this point I called the ministry asking for an investigation as to what happened.

The Director of Care at the home left shortly before the investigation, as did the Administrator shortly after the investigation began. The ministry investigator made the recommendation to me in October 2019 that the College of Physicians should be involved, but in a care conference in October 2019 after the investigation finished, I was assured that my mother had a new physician, and that monthly UTI tests would now just be ordered as protocol. It was suggested by the ministry that emailing the home management team with all concerns to have a paper trail at this point.

By December 19th I was emailing the director of care about feeling warning signs that my mothers health was deteriorating once again. My mother was also telling me of a lack of visits from her new physician. That often medication was coming under prescription from the medical director not the new physician.

In January 2020 I found out that there was a scabies outbreak at the home that was hidden from notice until it got too bad to not be unnoticed.

In Ontario apparently long term care homes don't view scabies as an outbreak that needs notice to be given. For several months this had gone on apparently. When it was finally bad enough not be unnoticed anymore my mother tells me of staff contracting scabies from patients. I had my small children in the home for example all through that period, several times a week. My 2 year old daughter had a rash that our family doctor could not say was not scabies so we had to do a deep clean in our house ourselves, and my family each had a scabies cream treatment.

My mother had three subsequent scabies skin treatments. Assumed to have scabies, yet no test exists to prove having had scabies. Much like everyone on the floor. The outbreak was so bad that the floor relapsed into people needing the scabies treatment multiple times. My mom said several had symptoms, several were quarantined, but in terms of skin scraping tests ordered and positive results; I remember a nurse telling me only one patient on the floor had a confirmed case, and it was 'small'. Yet the carpeting was all replaced, the whole floor area went through several "restricted" periods where people like my mom were to stay in their room with the section door closed off, with posters requesting people to wash hands after visiting.

On January 7th I complained to Durham Public Health about this outbreak protocol at the home. How the home was treating it was indicative of poor outbreak protocol and what would happen if something worse were to happen. I complained to the ministry at that time as well regarding the scabies outbreak.

On January 8th a urinalysis result came into the home for my mother that was positive for a UTI. The nurse called me and told me that the doctor was contacted and that antibiotics were prescribed.

On January 22 or 23rd my mother finished her antibiotics. She wasn't herself and I was still a bit concerned. On the 24th of January I was called by the nurse, who advised that there was an enteric virus outbreak at the home.

On January 26th my mother was again ill. I called her from work in the morning and she did not sound well. I in turn contacted the nurses station. I was called back after fever was confirmed. I believe she may have thrown up during the lunch hour and put to bed early. I visited her after work. I brought her soup. She was half awake and semi conscious. I fed her that soup. Wished her well and left. Before leaving the floor I stopped and talked to the floor nurse about the fact that my mother had just finished a round of antibiotics that may not have worked for her antibiotic resistant infection and now may also have an enteric virus. To please watch her vitals and contact me if any changes happen. Upon arriving home I did not feel comfortable in the situation. I sent an email to both the administrator and director of care at the home explaining my worry and hope for an ambulance to be called at the appropriate time.

At about 11pm I was contact by the RN that my mother's condition had decreased and that ambulance would be called. I was assured that my mother is laying in an elevated position, with her CPAP and oxygen turned on, and was comfortable. I had asked to be called when the ambulance arrived so that I could meet them at the hospital on time. About 10 minutes later I was called back saying that the ambulance will take over an hour to arrive. I live about 10 minutes door to door from the care home so I told the nurse 'ok' that I will arrive at the home and wait with my mom then. About 15 minutes later, I arrived at the home and was surprised to have been beaten there by the paramedics. They were already entering the building as I parked my car. I enter the building with the administrator holding the door for the paramedics. Why was the administrator here at almost midnight on a Sunday was my thought. I was concerned this was a red flag. He gave me a 'fist bump' at the elevators while waiting with the paramedics. If he had seen what I saw upstairs I don't believe to this day he would have given me that fist bump.

I took the elevator up with the paramedics. The floor was dark. No RN or floor nurse. No PSWs even around. Just a dark floor. I introduced myself to the paramedics and led them to my mother's room. The paramedics said to me that this was wrong to not have anyone waiting. When I entered my mothers room, what I also saw was wrong. Unlike what I was told by the nurse less than 30 to 40 minutes prior, my mother was lying flat on her back which restricts her breathing, she did not have her oxygen turned on and CPAP mask applied.

At this time the RN, the floor nurse, and 2 PSW's come out of the dark all at once. The RN tells the paramedics the details for my mother. What strikes me is that she tells them that they have given my mom a Percocet. The paramedics stop her, and ask incredulously why they didn't give Tylenol for the fever. She has no answer, except for timing mistake when counting hours since the last Tylenol with the medics.

My mother is not allowed Percocet. They shut her breathing down. Ever since her first time being septic in hospital. In ICU, with her on a ventilator to keep her breathing, I was told she would need to ween down to no narcotics because of the risk to her weak lungs due to the effects of narcotics mixed with that of septicaemia. I was told pneumonia would be very hard to come back from for her. Which is the same thing that I told this same RN in April 2017 on my mothers intake to the Wynfield.

As the paramedics work on my mother I go to the nurses station to get the UTI report from January 8th. It has been 18 days and I am thinking at that point to give that document to the doctors when we arrive at the hospital.

The RN has a hard time finding the document.

It is not in my mothers chart. It is not in the doctors papers, it is nowhere to be found. Yet it was this same RN who called me about it on the 8th. She must know where it is?

When the paramedics are nearly finished and out of my mothers room she finally finds the document. By the time we are at the elevator to take us down, the paramedics are looking at my mothers lungs. They say to one another, me listening intently, holding the UTI document, 'look at how the one side is not moving. Do you see that? It's pneumonia. Maybe there is a UTI but we are going in for pneumonia.'

While awaiting a bed and to see a doctor in emergency at Lakeridge Health Oshawa, one of the paramedics and I start talking and we realize that his family friend is a former boss of mine. We talk about that coincidence for a few minutes eventually I talk about the Percocet and how I can't believe they would have given my mother that. He 'tsks' and says to me, and honestly they are haunting words for me, "That is what they do."

In that time at hospital, I contacted the ministry investigator who was starting to look at the scabies to add the fact that my mother went to hospital under the strange circumstances of how I found my mother, how a Percocet was given, and how it was possible that the paramedics were able to properly see that my mother had pneumonia, but yet the whole staff and doctor were not able to see it in the weeks prior, even though I had been emailing as early as December 19th to the Director of Care of concerns about my mother's health changes.

A few days later I look at the January 8th urinalysis document that never was needed at hospital and I was floored. The urinalysis showed Klebsilla Pneumonia in her urine, as the second pathogen in her UTI besides Ecoli. At the time I remember thinking, 'Just like the Ecoli Septicemia that went undiagnosed in March 2019, here it happens again, another lack of diagnosis. And even when they had potential documentation that alluded to it if just a precautionary x ray or even a stethoscope would have been beneficial.'

Even if an argument were to be made that it could have been a different pathogen than the Klebsilla in her lungs, then it will need to be accepted that she had a Ecoli UTI, a urinary tract pneumonia, a different 3rd respiratory pneumonia pathogen in her lungs then that was missed, plus potential exposure to Enteric virus as well, all at the same time and no doctor visiting her to make sure that she was well. That is the reality she lives with. If she had not survived in March 2019, and the monthly urinalysis was not made protocol, then even the UTIs would have been missed.

Regardless, the requesting physician on the urinalysis document was not her physician even. The medical director, removed from my mothers care for the March 2019 lack of diagnosis and narcotic prescription, was the requesting physician. The RN who said she had administered the Percocet, had phoned me telling me that my mother was safe, etc, later denies having said Percocet was given and that I was mistaken. I am not.

The ministry investigation could not find anything . The investigator basically said she was tied by legislation, that most of my concerns could not be addressed in her capability. All she could do was look at legislation breaches and because of that I was put in communication with a corporate liaison from Chartwell.

However in late February the ministry did release a report that did confirm the home lapsed in outbreak procedure during the scabies and also the charting of the outbreak.

At this point I heeded the recommendation of the ministry, and filed a complaint with the College of Physicians regarding the medical director.

Since that first hospital visit in January my mother has been back to hospital 12 times. From Jan 26 2020 to mid July 2020. She has relapsed with pneumonia, had h1n1 bird flu, VRE cellulitis, and also more UTIs.

The repeat hospitalizations became more and more worrisome.

Especially as the majority all happened during the initial Covid outbreak and my mother was placed each hospital trip in the COVID section of the emergency ward at Lakeridge Health Oshawa for she already has antibiotic resistant ESBL, so she immediately goes into the quarantine ward there which inevitably became the COVID ward.

She had to have a Covid swab when there, a swab 5 days after coming back to the home, and then another test after 2 weeks of quarantine. She had more tests than those caring for her, as well as more COVID exposure apparently. I believe over 25 negative tests by July.

She was either in hospital or in quarantine in her room at the home for that period of lockdown from March to June 2020.

During the repeat visits to hospital I became aware that my mothers new physician actually was not and does not visit her. He had not visited her before the outbreak even, and not during and now, currently, still does not visit my mother.

I asked the home to find another physician for my mother multiple times but the other 3 in the home rejected care because of the college complaint I had filed against the medical director.

The home was just sending my mother to hospital earlier and with greater frequency because of the lack of doctor care as her health deteriorates I am certain.

By May 25th 2020, the homes administrator had left, quit, or something had occurred. As the Chartwell corporate liaison became the home administrator by June. By July she made the recommendation of the CCC - Complex Continuing Care as a fitting option for my mom as her health deteriorates and care levels increase past what the home could provide without a doctor present and active to her care needs.

For example, the lack of visitation of the physician also extended to lack of taking any second opinion from specialists.

In September 2019 my mother was able to see a specialist in regards to her inoperable hernias and bowel issues. In his letter to doctor the specialist recommended for a Cat Scan to better see the issue at hand. This was not requested, as the doctor saw no reason, it was explained to me.

Later in October 2019, my mother also saw a heart specialist twice in regards to her history of heart disease and surgery. The specialist said in his doctor letter that considering all the co-morbidities at play with my mother that her heart seemed stable and asking her back for an echocardiogram. The echo was done a few weeks later and showed that her heart was stable. The only recommendation in the letter to the physician was a change of medication that could

help. I have asked several times for the doctor to take a look at that but I am told that the doctor is aware but no changes were made.

At this time I even requested the home to ask the doctor to take a look at my mothers medications because of the confusion and lethargy she had with her excessive neuropathy pain medication Gabapentin. I asked the corporate liaison if she could ask the doctor to see if maybe it could be reduced, or possibly try alternative or more holistic measures to deal with pain.

The corporate liaison acting as Admin suggested CBD. I ordered some from the OCS and dropped it off at the home, but it was taken away. That a prescription would need to be ordered. This was taken to the physician and was rejected as he did not believe it could help.

I requested a second opinion to look at her medications. The Corporate liaison was able to set up a digital appointment with a geriatrician. The geriatrician made a recommendation for a cat scan for the bladder that was not taken by the physician, as well as some medication changes that I don't believe were taken either.

By July, frustrated and tired of seeing my mother's health decline, I took the corporate liaison's advice and contacted the Central East LHIN and spoke with my mothers care coordinator about what options there were for my mother in her situation. She had me make an appointment to speak with her manager.

A week later I told the manager the story. She said that the government had legislated 'High acuity beds' in the system but that COVID had put a hold on enacting those beds. Furthermore the LHIN does not have a system to assure that people go to beds that are best suited for them.

The LHIN does not provide any essential safety checks in that regard.

So that, without knowing if the beds would be right for my mom, that applying to any other home would pose the same risk as staying in the home she already was in. Yet she should not be in a home where no physician sees her. The CCC would be her best choice.

So I contacted Lakeridge Health as how to possibly apply to the CCC. To avoid waiting for that admission through emergency ward whenever that time would arrive. I spoke with the Transition Manager at Lakeridge Health who was managing CCC beds. She said in this unusual situation to put together any pertinent documents that I felt would be suited to be put forth for an application for CCC and that her and a group of others would take a look at these documents and make a decision.

I stressed to her that my mother would rather not be in the CCC because she would rather not be in a hospital. That she would prefer to be in a bed in a care home where the acute care would be available as she demonstrated the need for it. But the lack of high acuity beds in care homes demonstrated a need for an interim stay in the CCC and that would be all that I hoped the application would stand for.

I contacted the care home and asked the new administrator and the exiting corporate liaison if they could put together a package showing my mothers need for the higher level of care.

In the meantime I heard back from the LHIN with a rejection from a care home on my mothers wait list to exit Wynfield. Apparently the care needs for my mother would be too high and she was immediately rejected by that home without letter because of the COVID outbreak. Speaking with the care coordinator it was clear that the LHIN intake document details care

levels too high for any care home to accept. That she would face almost certain immediate rejection from any home in the region.

I contacted the Wynfield at this point to see if documents were forwarded to the Transition manager at the hospital. The new administrator said that they had sent my mothers chart to the Lakeridge transition manager. When I asked for a copy they did not have one for me. I contacted the Lakeridge's transition manager, leaving a voicemail, also speaking to a co-worker of hers to know about whatever documents were sent in for review, to allow me a chance to add and supplement if necessary before it all went for final review.

I heard nothing back and then at the beginning of September my mother was rejected for the CCC at Lakeridge health. I heard this from the Associate director of care at the Wynfield. I contacted the Lakeridge health transition manager and she said that the committee reviewed and the rejection is a verbal one. The criteria for my mother demonstrated her care needs fell within the realm of long term care according to the information provided.

It was in this conversation that I finally found out what information was provided to her for review for my mothers admission into CCC. The only document supplied to the transition manager by the home was the LHIN document. The same LHIN document that the care coordinator directly stated would preclude my mother from other care homes for excessive care needs and senior managers at the LHIN directing me to the CCC because of now according to Lakeridge health demonstrated care needs below CCC.

And that is where my mother is left. Stuck between different institutional organizations within one framework where the partitioning of accountability degrades the responsibility to the patient that the system as a whole is already hesitant to accept.

Timeline of Individuals/Organizations Spoken to and the story up to present for Sharen Tibensky.

March 2019

- Hospitalization for Ecoli Septicaemia - lack of diagnosis/lack of urinalysis for 2 weeks prior/perscription of narcotics for pain of blood poisoning.
- Medical Director of Chartwell Wynfield - **Dr. Ripple Dhilon**
- Director of Care of Chartwell Wynfield - **Heather Campbell**
- Administrator of Wynfield - **Sharol Henry**

April 2019

- Director of Care changeover at the Wynfield.
- New Director of Care of Chartwell Wynfield - **Rosemarie Bynoe**

July 2019

- Recommendation from Ministry Investigator **Rina Bolen** to send all future communication through email to have a paper trail, as she catches Rosemarie telling her and I differing accounts of wound care, etc.
- 1st formal written request to **Sharol Henry** and **Rosemarie Bynoe** to investigate causes as to why my mother went to hospital/removal of Dr. Dhilon as my mother's physician.

Sept/Oct 2019

- Wynfield Administrator changeover.
- New Administrator at the Wynfield - **Sam Ramahan**

- Sam and Rosemarie confirm that a doctor change will occur and that Dr. **Andrew Wilk** will now be my mothers physician at the home, and that a monthly urinalysis will be performed.

- Scabies outbreak is first revealed to my mother from staff voicing frustrations, telling her that it had been going on for half of the year, apparently hidden from investigators.

November 2019

- Ministry Investigation Finishes with limited results but a recommendation to go through College of Physicians regarding care br Dr. Dhilon.

- Ministry Actionline Investigator - **Sami Jarour** completes the investigation, and publishes on website.

- Regarding the new issue of scabies, another investigation is suggested. To call again to the Action line. First Complaint is filed regarding scabies.

December 2019

- Concern throughout the holiday season that my mother's health is not well.
- December 19th - 1st Email sent to Rosemarie Bynoe and Sam Ramadan regarding worries.

January 2020

- Throughout January I email the Wynfield management many times regarding growing issues of lack of care, lack of outbreak protocol regarding the scabies outbreak, lack of staff to handle the outbreak protocol, and the ongoing degeneration of my mothers health at that time period.

- Jan 7 - home management is contacted about the scabies outbreak and their inability to solve it, that my mother has been given spot treatments of scabies cream, and we have been bringing our children in at the same time.

- Jan 8 - Urinalysis report comes into the home confirming infection with two pathogens; Ecoli and Klebsilla. Requesting physician is Dr.Dhilon not Dr.Wilk on the document. Contacted by RN **Rita Oliver** that doctor was prescribing antibiotics for infection, not clarifying about what pathogens.

- Jan 9 - 2 year old daughter wakes up scratching herself bloody. Take her to family doctor and he cannot say that it is not scabies hearing about our daughters contact with the outbreak at the Wynfield. The whole family is prescribed scabies cream. Daughters itch and rash disappear in the day after scabies treatment. We also hot wash the contents of our house.

- Jan 9 - Same day - Contacted the Wynfield's **Durham Public Health** contact **Bob Rockburne.** He recommends another call to the ministry to ask them to literally take over the home.

- A second ministry complaint is filed at this time

- Begin to speak with Ministry investigator **Chantal Lafraniere** about the scabies complaint and that a surprise investigation would occur.

- Jan 25 - RN **Rita Oliver** contacts me that an Enteric Outbreak is occurring at the home as well.

- Jan 26 - My mother is unwell. Goes to hospital under the circumstances outlined in letter. RN **Rita Oliver** is the nurse who said she administered Percocet to my mother to the **Durham Paramedics** whose names I do not have. My mother is diagnosed in hospital with pneumonia.

- Jan 27 - Contact **Chantal Lafraniere** about adding the lack of diagnosis and the strange circumstances around my mothers hospitalization to my complaint on top of the scabies now. Ministry investigation fast forwards.

February 2020

- Ministry Investigation happens and wraps up by end of Feb.

- Chantal is able to address the scabies issues but tells me that 'limitations of legislation' prevents the ministry from investigating anything else. By this time I had realized and pleaded with Chantal that the urinalysis on Jan 8 showed pneumonia but on Jan 26 my mother went to hospital for undiagnosed pneumonia just didn't sound good, and deserved an investigation.

- Chantal on behalf of the Ministry refers me to **Sarah Zonnenberg - Consultant Resident Care and Services- Nursing Chartwell Retirement Residences**, as someone to contact regarding care issues at the Wynfield going forward.

- **The College of Physicians is** contacted and a complaint against the **Medical Director of the Wynfield, Dr. Ripple Dhilon** is filed at this time for the March 2019 issues and also up to January 2020 as she was the requesting physician on the January urinalysis, and is the medical director of the Wynfield.

March 2020

- Repeat hospitalizations, constant communications with **Sarah Zonnenberg** as the concerns went unaddressed at the home.

- Repeat calls to the Ministry Actionline asking for investigation. **Chantel** further communicates to me the inability to investigate my complaints. I ask to speak to her manager.

- I spoke to **Val Johnson, Manager at the Central East division** of ministry inspections. She re-iterated to me what Chantel said about 'limitations of the legislation'.

- Sometime shortly before or after the Provincial State of Emergency was called on Mar. 17, Chantel called to close my last complaint. I refused to have my complaint closed, that it could be addressed whenever the state of emergency would end.

April 2020

- Repeat hospitalizations, constant communications with **Sarah Zonnenberg** as the concerns would not be addressed at the home.

May 2020

- Announcement is made that **Sam Ramahan** is no longer the Administrator.

- **Sarah Zonnenberg** becomes a temporary Administrator at this time.

- **Chantal Lafreniere** calls near the end of May, telling me that my complaint from March to the ministry action line would be closed regardless of my concern.

- **College of Physicians investigator, Yuk Ying Tam**, contacts me to say a delay, not due to COVID, has occurred with my mom's case. The home has not provided the requested documents. I contact Sarah and she confirms that she will have staff start to assemble the documentation.

June 2020

- More hospitalizations, more care concerns, as bathroom scheduling changes, etc, all have a hold on my mothers health.

- Bringing these concerns about lack of care to **Sarah Zonnenberg**, she made the suggestion of **Complex Continuing Care (CCC).** Beds that are in hospitals for high care needs. However the LHIN does not place people in those beds, that it is through hospital admission.

- The notion begins at the Wynfield for my mother to essentially reject coming home to the Wynfield the next time she would go to hospital. That, in emergency, she would say 'no' to returning to the Wynfield due to care level needs not being met and force the hospital and LHIN to address my mothers case.

- I Realized at this point that this was being suggested because I was realizing that my mother actually had no direct doctor care and has not had direct consistent care since the fall of 2019 as the first investigation for the March 2019 incident finished. That Dr. Wilk actually does not come to see my mother, even before the new year or pandemic. I started contacting the **Central East LHIN** and my mother's care coordinator - **Michelle Simpson** to see about the possibility to transferring to another home where a doctor could care for my mother because

what is being suggested is Complex Continuing Care and can the Central East LHIN help my mother in some way.

Michelle notifies me that my mother was still on a list for the municipal home in Whitby Fairview Lodge and that we can proceed with that one but will mail out a document to request other homes from as well, but cannot give any recommendations or check if the rooms/beds meet the care needs of her clients. I ask to speak to her manager.

July 2020

- I speak to the **Anjelika Vedenin, Central East LHIN Senior Manager for Placement for Home and Community Care** regarding my concerns. She confirmed that in new legislation was the designated high acuity priority beds within the Long term Care Act, but that due to Covid, those beds were not enacted.

Anjelika gives my mother three options by end of conversation, 1) Get on a wait list for other homes but the LHIN does not check to see if the bed will be appropriate, 2) Apply to the CCC but that is with the hospital and nothing to do with the CE LHIN, or 3) Private pay supplementary care in private homes, which as a retired teacher would be hard to afford.

- My mother was rejected shortly after this time from the wait list for **Fairview Lodge LTCH in Whitby**.

- I contacted my mothers CE-LHIN care coordinator Michelle, but she said that due to COVID, the LTC homes were not providing the Central East LHIN with rejection letters but instead just giving verbal notifications that were written on file. I would need to make a request of information to see why, but essentially my mother was rejected for needing too much care.

- With my mother in hospital at the same time, I started to speak with the **Emergency Floor Manager at Lakeridge Health Oshawa - Theresa DeBoer** when a geriatric nurse in emergency wanted to have my mother leave hospital without talking to a doctor first regarding my mother being a candidate for CCC. He said to me that he was 'the LHIN social worker', in response to my requests. Which was not right. I spoke to Theresa regarding this as well as regarding care issues my mother faced at the emergency ward because of the repeat visits. The floor staff wanted to not admit, not treat, etc often in the 11 trips to hospital in January to July 2020. Staff started to not do tests, or else do them but send her home before results arrive back in expecting her to have a physician seeing her at the care home, etc. It was starting to become a challenge for my mom to expect quality care without my advocating non-stop to nursing staff without being able to visit because of lockdown. The go-between advocate that no-one wished to be speaking to.

- From **Theresa DeBoer,** I was put in touch with **Nicole Tassone, Senior Manager Central East LHIN for Hospital Placement.** Speaking with Nicole she said that my mothers case, while difficult, did not necessitate to be in hospital that it is important to be close to family and suggested to get on a wait list at **Thorntonview Revera LTC**.

- I contacted my mothers care coordinator **Michelle Simpson** about Thorntonview, but she said not to bother, that that home in particular would absolutely not be able to provide the care necessary for my mother. Asking if there was any home that would be likely to accept my mother, she said didn't believe so.

- Explaining this to **Theresa DeBoer,** she put me in touch with **Lynn Smart, Manager for Transition Management at Lakeridge Health.** After speaking with Lynn a few times. She finally said that my mother would be considered but that it did not guarantee a bed. She simply asked me to organize documents that would demonstrate a need for my Mother to be a candidate for a CCC bed.

- I contacted Sarah Zonnenberg from Chartwell, as at this time she was being replaced as acting administrator at the Wynfield by **Debbie McCance** the new full time administrator. I spoke to Sarah and Debbie together, asking if the home would organize documents demonstrating the high care needs for my mother and send to Lynn Smart at LHO for CCC consideration. They said the home would.

August 2020

- Aug 14 - The Wynfield faxes 50 pages of documents to Lynn Smart for CCC consideration.

- Aug 27 - College of Physicians Committee review is delivered. I immediately see gaps in their review. Two examples is that they do not review any of the issues in January, even though I outlined those concerns in my original letter to them, and the March 2019 issue is only referred to with the doctors notes. I then had 30 days to apply to the Health Professions Appeal and Review Board to review the review.

Sept 2020

- Sept 3 - Email from the Wynfield's associate director of care, Holly Wilson, telling me that Lynn Smart contacted her and notified her of a verbal rejection for a CCC bed for my mom.

- Contacting Lynn Smart she said that I needed to be a better advocate, that the documents sent from the Wynfield display someone whose care needs can be managed by LTC homes.

-Sept 4 - Holly Wilson emails a copy of the fax sent to Lynn Smart with the documents to me.

The first document is the **LHIN Health Assessment**. The same document that the LHIN care coordinator Michelle had said displays excessive care needs that would meet with automatic rejection from other LTC homes.

So according to the criteria for Lakeridge Health CCC beds my mothers documents show care needs below the set standard, but the same documents display a criteria to LTC homes that would reject her from them for care needs too high?

From this period Sept 5th to Sept 23 I write the letter outlining my mothers health history on the recommendation of Lynn Smart of needing to be a better advocate for my mother.

On Sept 24 I email:

- the **Health Professions Appeal and Review Board** with the letter accompanying my request for review from the College of Physicians
- the **College of Nurses of Ontario** with their complaint form completed in regards to Rita Oliver and how my mother was found on January 26th.
- The patient relations of both the **Central East LHIN** and **Lakeridge Health,** with a CC to **Ontario Health Teams**
- **MPP French, MP Carrie, with CC's of Christine Elliot and Marilee Fullerton**

- I have also filed complaints with the **Patient Ombudsman,** and upon their suggestion, I have also filed a complaint to the **Ontario Ombudsman** in regards to the lack of investigation taken in January and the referral to a corporate consultant to address issues with.

Bill 218 is the provision to protect the government as well as private LTC providers from lawsuits.

I would like to submit a letter and timeline of events in my mother's life in long term care.

I would like to argue against the provision to protect from lawsuits.

On August 31, 2020 I read a Globe and Mail article entitled, "Ontario government does not guarantee the health or safety of residents in long-term care homes", by Sean Fine.

When I read of the government's decision to release a document that outlines that their Actionline is a good faith measure essentially, I was dumbfounded.

I thought to myself that the release of such a document and the subsequent article essentially created a new date of August 31, 2020 for the statute of limitations to restart for all past tragic occurrences in long term care homes in Ontario because people thought the Actionline, that the ministry investigations, was a means of protections from the private LTC providers.

That the release of this document essentially said that the only safety measure for people in LTC in Ontario was then the court system.

However when I received a weekly update email from the Administrator at my mother's LTC home, I saw a link to the powerpoint presentation that Chartwell Corporation gave to the COVID Comission. I decided to read it. My heart sank when I read Slide 27.

In the Powerpoint Presentation, Slide 27 is entitled, "Successful Capital Redevelopment". The second point of this slide states:
"Legal protection from pandemic-related claims – no insurance, no financing, no development"

So to understand these two facts, I was faced with the uncomfortable conclusion that the government is ensuring that those who live in long term care, have no protections afforded them.

That the suffering endured simply must be endured. And in silence preferably?

Very unfortunate decision making.

Decisions like this erodes the future stability of our society's foundation basically.

Thank you,
Kindly,
JP Tibensky

Ontario government does not guarantee the health or safety of residents in long-term care homes, legal docu

SEAN FINE › JUSTICE WRITER

+ FOLLOW SEAN

PUBLISHED AUGUST 31, 2020

A candlelight vigil is held outside Orchard Villa care home in Pickering, one of Ontario's hardest hit long-term care homes during the COVID-19 pandemic, on June 15, 2020.

MELISSA TAIT/THE GLOBE AND MAIL

The Ontario government does not guarantee the health or safety of residents in long-term care homes, it says in a legal document, denying responsibility for sickness and death in a proposed class-action suit filed on behalf of residents who contracted COVID-19, and their families.

In a pandemic that has killed 1,848 residents of long-term care homes in Ontario as of Monday, the province denies that anyone in the proposed class-action, including the families, "suffered any loss or damages." And if they did, long-term care operators, not the government, are responsible, it says.

The Ontario Ministry of Long-Term Care funds, regulates, licenses and inspects the province's 623 long-term care homes. The government is being sued for $500-million plus punitive damages in a proposed class-action filed in the Ontario Superior Court in June. The amount includes damages for loss of companionship, and physical and mental suffering. The lawsuit said patients and their families were "traumatized."

"It seems kind of insane to say the class hasn't suffered any damages," lawyer James Sayce of Koskie Minsky, which brought the lawsuit, said in an interview.

The lawsuit alleged that the province is to blame for lax oversight and "wanton and callous disregard" to the vulnerability of the frail elderly during the pandemic. It said the province was negligent in its regulation, oversight and control of the long-term care system, breached its fiduciary duty – the obligation it owes to the vulnerable to ensure they are cared for – and violated the constitutional rights to personal security and equality of the residents. The allegations have not been proven in court.

But the province, in its statement of defence filed on Monday, said it should not be held legally or financially responsible because there is no long-term care "system" it controls, and because it does not "act as a guarantor of [long-term care] residents' health or safety." It says that licensed operators, some for-profit, others run by municipalities or non-profits, are responsible for ensuring homes are safe and secure for residents.

The province is also relying on a law that took effect last summer that gives it immunity from lawsuits for negligence in the creation of good-faith policy decisions, such as how it oversees the nursing-home sector. The statement of defence says the province is also immune under the new law, the Crown Liability and Proceedings Act, from being sued over its exercise of regulatory powers, including its inspections and any actions taken after inspections.

A Globe and Mail investigation found that the Ministry of Labour routinely inspected seniors' homes by phone rather than in-person during the pandemic. The ministry is responsible for ensuring that employers comply with workplace health and safety standards.

While several lawsuits have been filed against private, for-profit owners of care homes that were hit hard by the novel coronavirus pandemic, just one class-action targets the provincial government for its supervision.

The province says it acted "as it thought best," by providing guidance and directives to the long-term care sector, emergency funding for infection prevention and extra beds, "pandemic pay" wage increases for front-line workers, personal protective supplies to homes, emergency orders that limited employees to working in one home and requesting assistance from the Canadian military for struggling homes.

The lawsuit said that Ontario was slow to address a chronic staff shortage, in preventing staff from working in more than one facility, in providing face masks and other personal protective equipment for front-line workers, and in ensuring ill residents were separated from others.

"Comparable jurisdictions like British Columbia took early, decisive action and suffered a fraction of Ontario's tragedy," the statement of claim said.

But the province says it is not required to regulate and oversee long-term care homes in the same manner as B.C. or other jurisdictions.

The lead plaintiff in the proposed class action is Doreen Nisbet, 89, a former resident of Orchard Villa in Pickering. Her son, Simon, was notified on April 22 she had tested positive. On May 3, an ambulance took her to Ajax Pickering Hospital at her son's request, and the lawsuit alleges she had by this time sustained kidney damage from dehydration.

A spokeswoman for the Long-Term Care Ministry said it is unable to comment because the court case is continuing.

Our Morning Update and Evening Update newsletters are written by Globe editors, giving you a concise summary of the day's most important headlines. Sign up today.

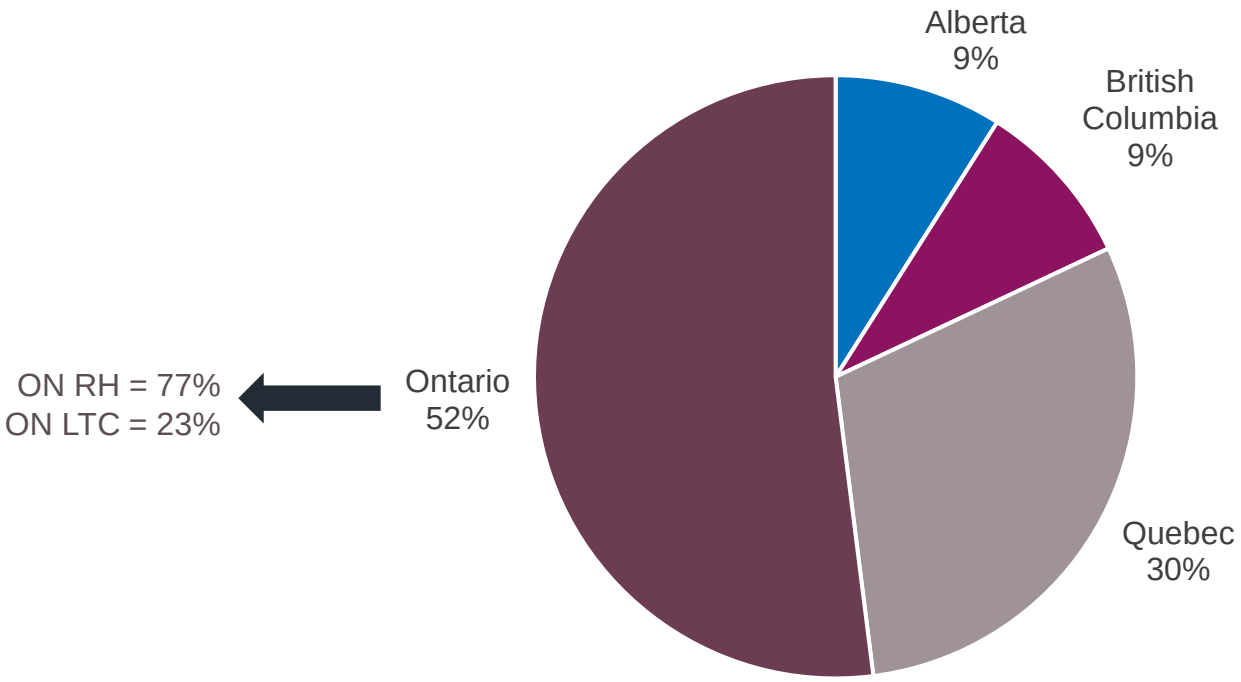
CHARTWELL RETIREMENT RESIDENCES

Presentation to the Long-Term Care COVID-19 Commission
October 9, 2020

CHARTwell
retirement residences

Chartwell at a Glance

Composition of Portfolio of Owned Suites/Beds (1) by Geographic Location:



203 Residences (2) **30,583** Suites (2) **>16,000** Employees

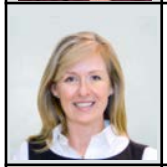
(1) At Chartwell's share of ownership interest, at June 30, 2020
(2) Includes development properties and Batimo Inc. properties under management at June 30, 2020

Chartwell Ontario LTC

	Number of Properties	Number of Beds	Number of Employees
Owned	19	2,712	4,082
Managed	4	608	935
Total	**23**	**3,320**	**5,017**

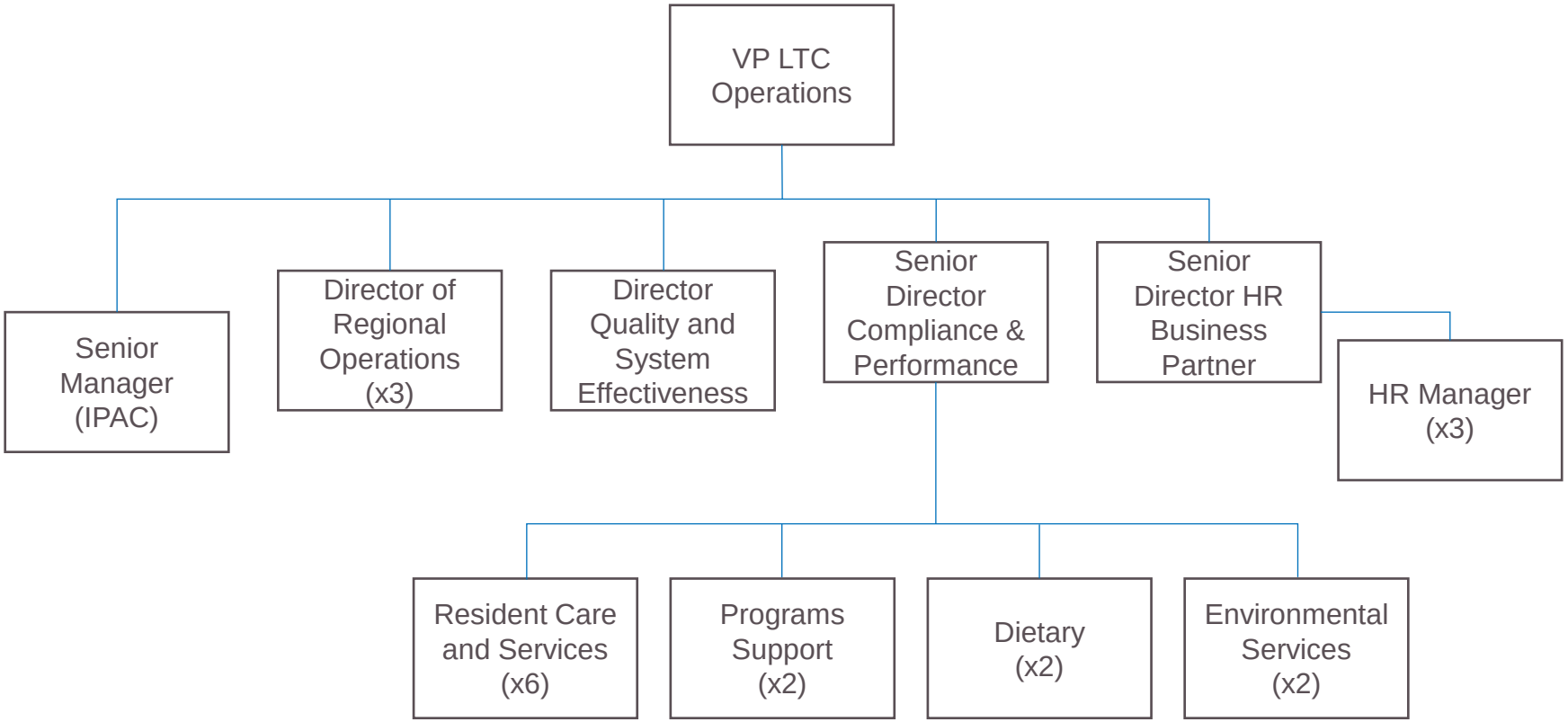
Chartwell Ontario LTC

Leadership Expertise

Name & Title	Years of OLTC Experience	Comments
 Brent Binions *Former President & Chief Executive Officer, Board Member*	37	❖ 16 years with Chartwell ❖ Prior to joining Chartwell, owner of LTC homes ❖ Past President of the Ontario Long Term Care Association and a past Vice President of the Ontario Residential Care Association
 Karen Sullivan *President & Chief Operations Officer*	33	❖ 12 years with Chartwell ❖ Prior to joining Chartwell, held progressive positions over a 21-year career at the Ontario Long Term Care Association, including six years as their CEO
 Sheri Harris *Chief Financial Officer*	20	❖ 13 years with Chartwell ❖ Prior to joining Chartwell, held various positions at Retirement Residences REIT including Senior Vice President of Finance and Director of Corporate Accounting ❖ Prior member of the OLTCA, including Chair of the Financial Liaison Committee
 Fraser Wilson *Vice President LTC Operations*	33	❖ 3 years with Chartwell ❖ Current OLTCA Board member and Chair of OLTCA Financial Liaison Committee ❖ Prior owner and Chief Executive Officer of OMNI, operator of 16 LTC homes in Ontario
 Elaine Anderson *Senior Director Compliance & Performance*	20	❖ 15 years with Chartwell ❖ Prior to joining Chartwell, held various positions in the LTC sector as well as both community and hospital sectors ❖ Current member of the OLTCA Quality Committee

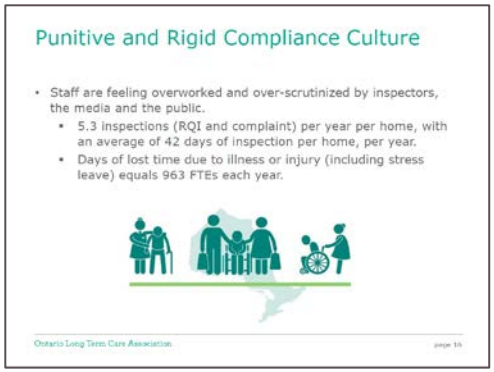
Chartwell Corporate OLTC Support

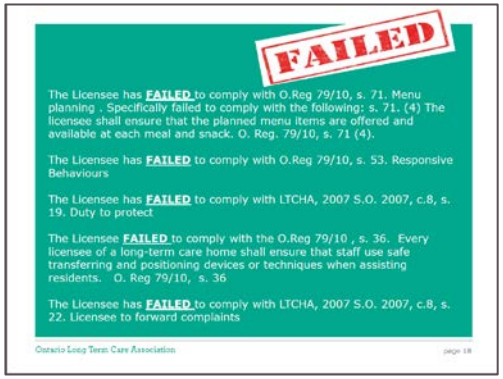
Deep Subject Matter Expert Support Team



Chartwell Programs

From punitive compliance culture and negativity…





…to hope, potential and fullfillment:

Chartwell Pre-COVID Clinical Outcomes

Six **universal** Quality Indicators (QI)

- Chartwell Ontario LTC consolidated results compared to Provincial average:

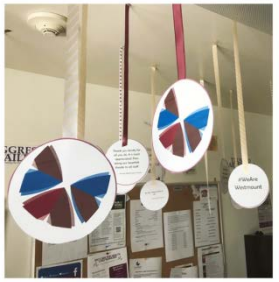
	2016				2017				2018				2019			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
QI																
1	B	B	B	W	W	W	W	W	W	W	B	B	B	B	B	B
2	B	B	N	W	B	B	B	B	B	B	B	B	B	B	B	B
3	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
4	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
5	W	W	W	W	W	W	B	B	B	B	B	B	* Stopped tracking this QI in 2019			
6	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B

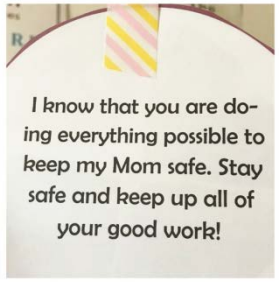
B	Better
W	Worse
N	Neutral

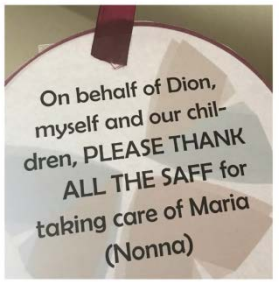
QI 1 - Antipsychotics Drug Use
QI 2 - Has Fallen
QI 3 - Daily Physical Restraints
QI 4 - Has Pain
QI 5 - Worsened Pain
QI 6 - Worsened Stage 2-4 Pressure Ulcer

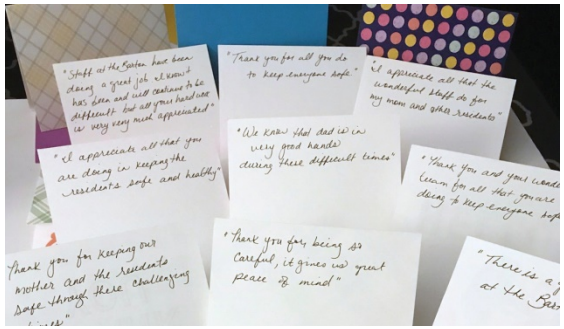
Chartwell COVID Experience – Corporate Support

Activation of Critical Incident Command (“CIC”)









Chartwell COVID Experience

Challenges	Recommended Solutions
1. Timing of Outbreaks and Location of Homes (Community Spread)	➢ OLTCA Wave 2 Action Plan Implementation
2. Staffing Challenges	➢ Funding for staffing, flexibility to meet resident needs, streamlined on-site education and rapid less invasive testing
3. Worldwide Shortage of PPE	➢ Collaboration and Clarity
4. Physical Plant Challenges	➢ Streamlined Approvals, Predictable Operating Funding, Sufficient Construction Funding
5. Support	➢ IPAC Specialists, Emergency Staffing Assistance, Hospital Transfers, Standardized Responses, Consolidated Requests

Chartwell COVID Experience

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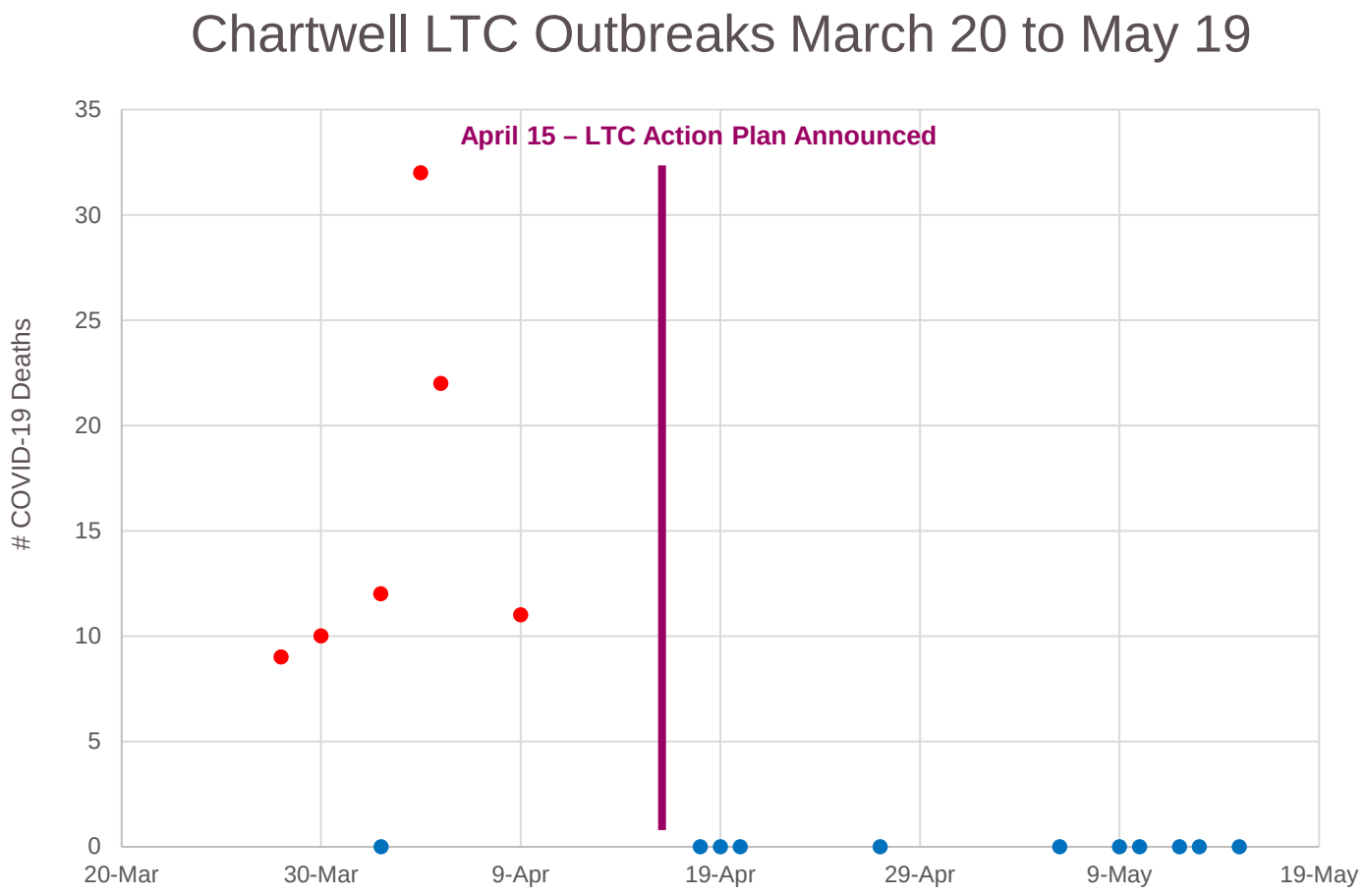
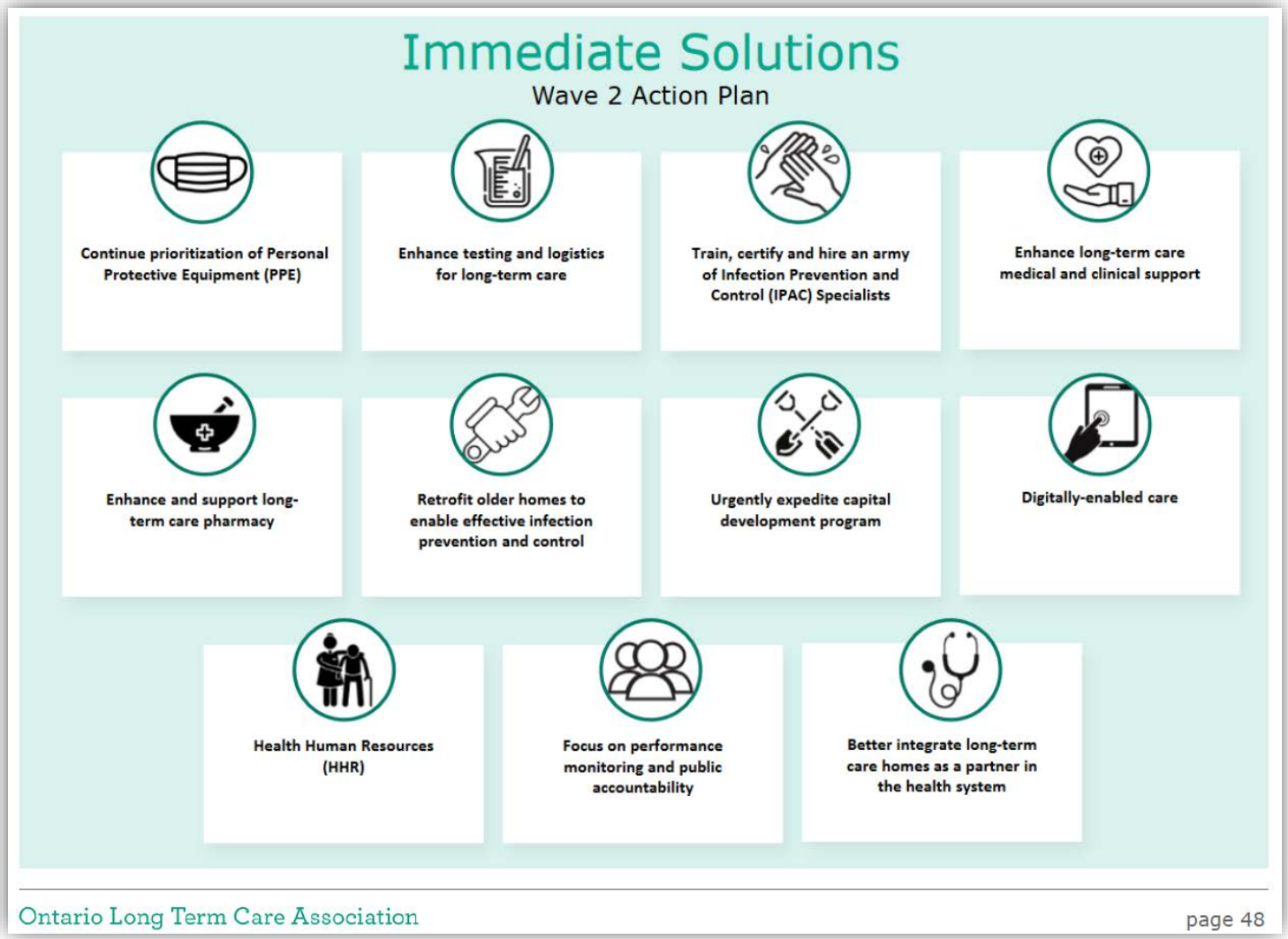
Chartwell COVID Experience

Challenge 1. Timing of Outbreaks and Location of Homes (Community Spread)



Chartwell COVID Experience

Solution 1. OLTCA Wave 2 Action Plan Implementation



Chartwell COVID Experience

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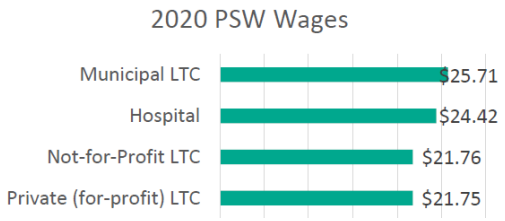
Chartwell COVID Experience

Challenge 2. Staffing Challenges

Staffing Shortages - Myths

Myth #1
Minimum Wage Job



+ Pensions
+ Vacations topping at 7 wks/yr
+ 12 holidays
+ Good extended health benefits
+ Generous sick leave

Myth #2
High Staff Turnover

NOT in full-time positions

At Chartwell:

- *Average years of full-time service is 13.2 yrs*
- *70% full-time employees >10 yrs*

Myth #3
Private Operators prefer part-time because cheaper

Part time → more expensive

High turnover, pay in lieu of benefits

Less workforce stability = higher cost

Myth #4
Reducing part-time employees with full-time employees is possible

24/7 business

One part-time for each full-time equivalent + absences fill-in

Longer (12hr) shifts may not be possible given aging workforce and physical nature of work

Chartwell COVID Experience

Challenge 2. Staffing Challenges

Chartwell Response – Recruitment Campaign

Commenced:	March 25, 2020
Investment (digital marketing):	> $100K
Corporate staff reassigned to support:	> 80
Applications processed:	> 30,000
Total hires:	> 1,500
Total hires OLTC:	> 500

Chartwell COVID Experience

Challenge 2. Staffing Challenges

Early Outbreaks Top Challenge

- First two weeks of outbreaks, significant staff absenteeism (sick or scared)

Chartwell Response:

Recruitment	Corporate Leadership	Agencies	PPE	Hotel Accommodation
• National Recruitment Campaign • Corporate assumes hiring for homes • 80 Corporate staff assist	• Moved to support on-site leadership positions: Admin x5 DOC x2 FNM x1 • On-site Corporate volunteers x4	• Unconventional Agencies contracted x5 • Commitment to 2 weeks of postings = Dedicated agency staff • Excessive premiums by some agencies	• PPE and masking supply made mandatory prior to directives • Prior pandemic supply • Extensive Chartwell procurement, including CAPES	• Made available to over 250 staff • Many lived in hotels > 45 days

- Only limited, and often late help received from LHINS / Hospitals

Calls to LHINS and Hospitals for help with staff or admission of COVID-19 positive residents – with a few exceptions, NO requested help was provided.

Chartwell COVID Experience

Solution 2.

Suggestions for go-forward solutions for staffing:

Increased, predictable and sufficient funding to allow hiring of more nursing and support staff commensurate with care needs and acuity of our residents

Allow homes flexibility in staffing to meet resident need – RN, RPN, PSW, RSA

Streamline education for PSWs – apprenticeship work/study approach, faster and cheaper for the participants

…and

Chartwell COVID Experience

Solution 2.

Suggestions for go-forward solutions for staffing:

In the short term, make reliable rapid testing available for LTC workers and reassess single-site requirements at that time.

Chartwell COVID Experience

Challenges	Recommended Solutions
1. Timing of Outbreaks and Location of Homes (Community Spread)	➢ OLTCA Wave 2 Action Plan Implementation
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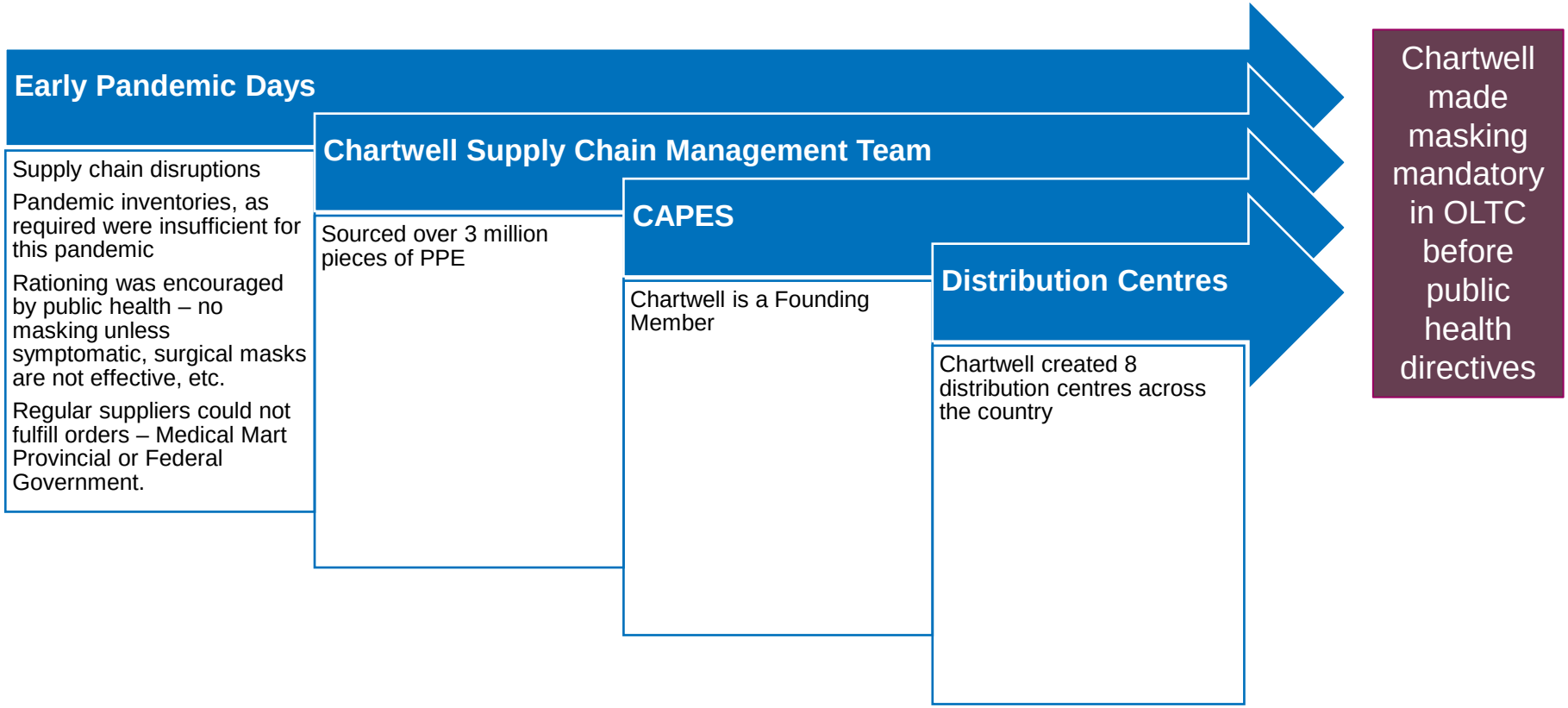
Chartwell COVID Experience

Challenge 3. Worldwide shortage of PPE



Chartwell COVID Experience

Solution 3.

Collaboration and Clarity

- Confusing, unclear, incomplete directive

Chartwell COVID Experience

Challenges	Recommended Solutions
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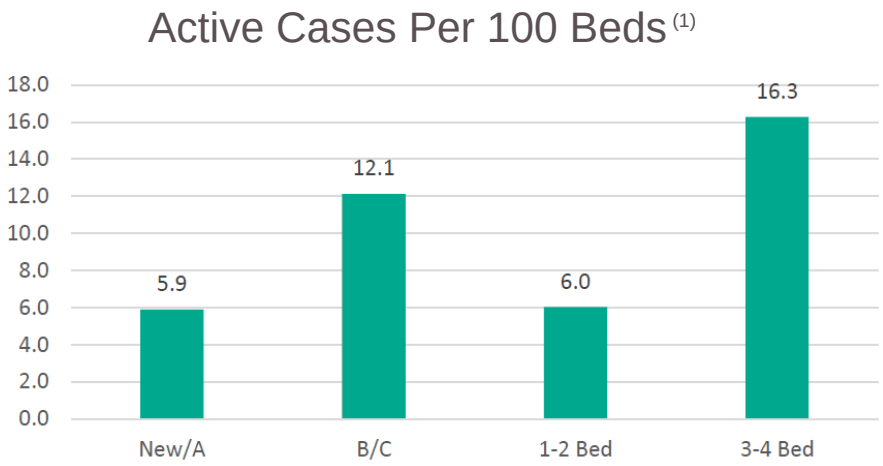
Chartwell COVID Experience

Challenge 4. Physical Plant Challenges

- Most severe COVID outbreaks occurred in older Class C/B homes with 3-4 bed wards/rooms



(1) Source: OLTCA Submission to the Long-Term Care COVID-19 Commission, September 30, 2020

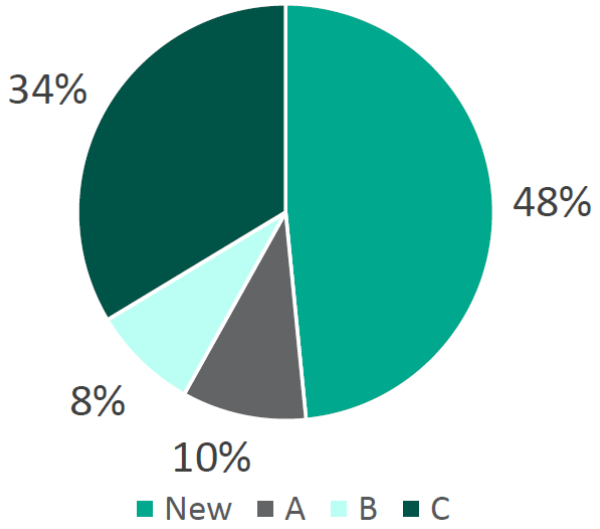
Chartwell COVID Experience

Challenge 4. Physical Plant Challenges

History of the Sector

Why do we still have these older homes?

LTC Long Stay Beds by Structural Class (1)



Of ~37,000 “New” beds, 20,000 beds built under the program announced in 1998.

~15,000 beds, primarily homes for the aged were rebuilt to the new design standards

(1) Source: OLTCA Submission to the Long-Term Care COVID-19 Commission, September 30, 2020; based on OLTCA Internal Database

Chartwell COVID Experience

Challenge 4. Physical Plant Challenges

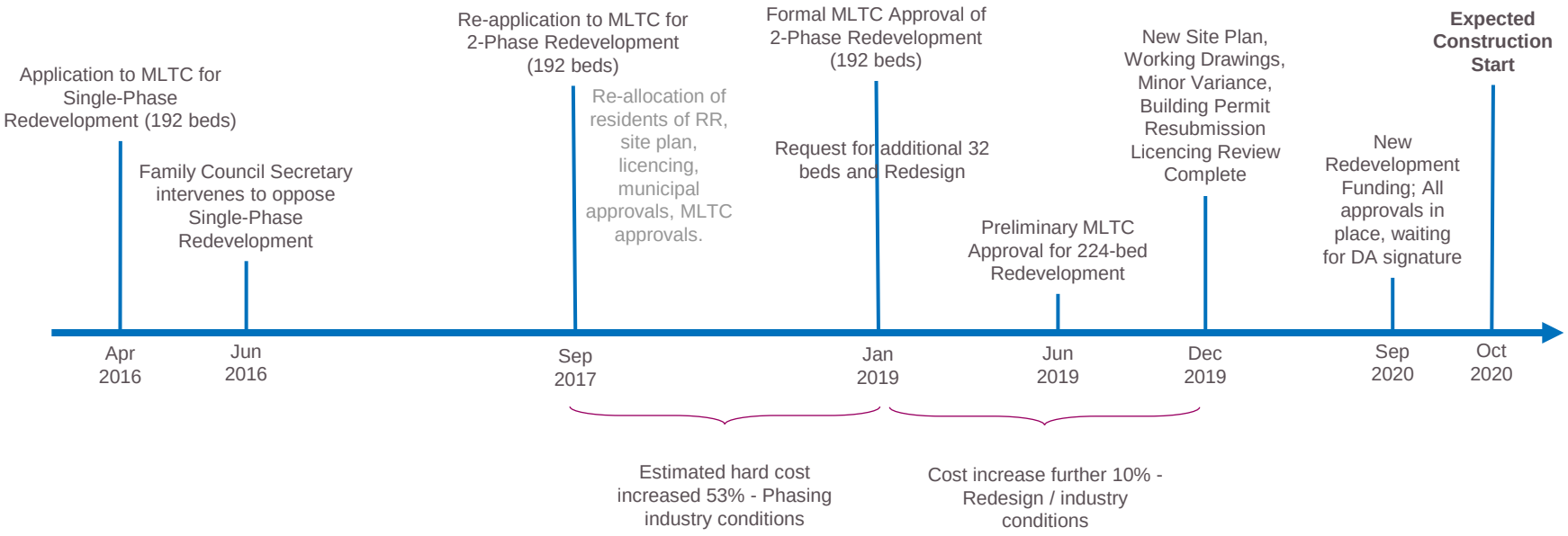
Chartwell Ballycliffe Redevelopment

- Originally built in 1972, a converted motel
- 100 LTC beds and 42 retirement suites

Chartwell COVID Experience

Challenge 4. Physical Plant Challenges

Chartwell Ballycliffe Redevelopment



Chartwell COVID Experience

Solution 4.

Successful Capital Redevelopment

1. Stable, Predictable Operating Funding
2. Legal protection from pandemic-related claims – no insurance, no financing, no development
3. Streamlined approval process
4. Recognize high land cost and development charges in core urban areas like GTA
5. Recognize inflation in construction costs

Chartwell COVID Experience

Challenges	Recommended Solutions
1. Timing of Outbreaks and Location of Homes (Community Spread)	➢ OLTCA Wave 2 Action Plan Implementation
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Chartwell COVID Experience

Challenge 5. Support

At times, we felt unsupported

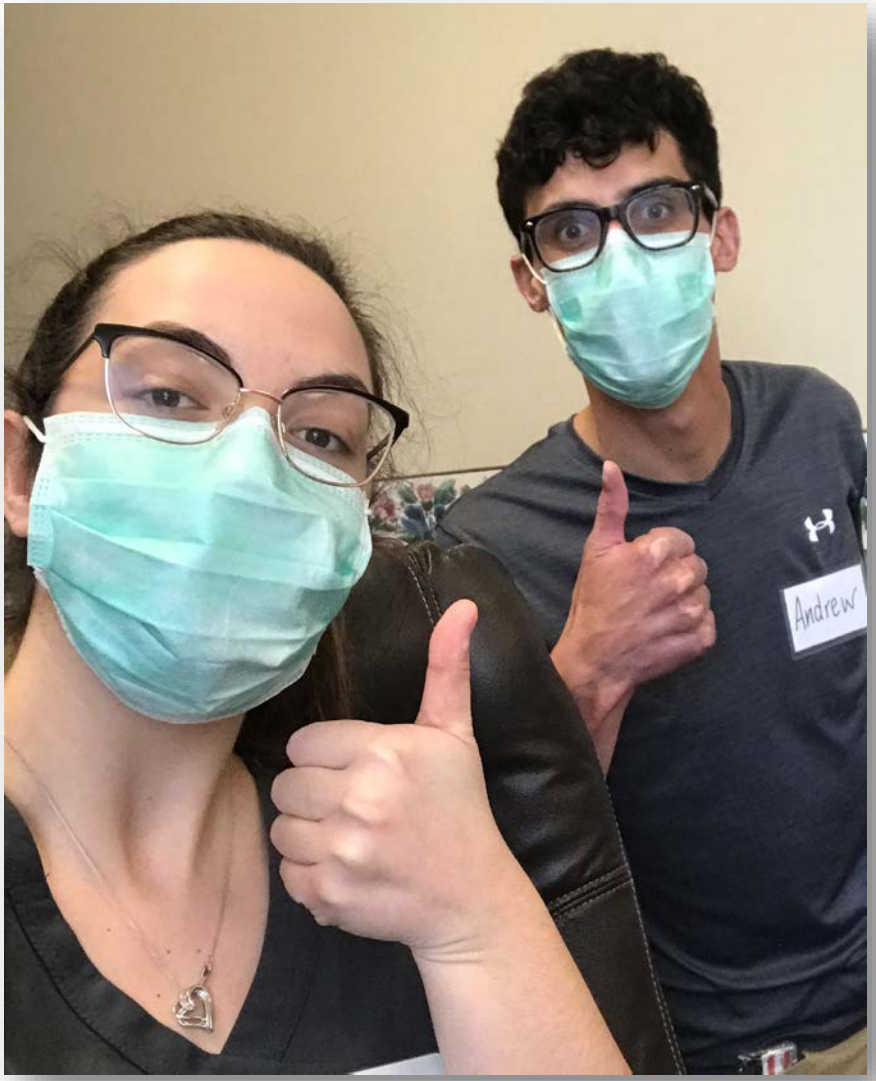
- Inconsistency and responsiveness in Public Health direction
- Hospital transfers were often denied
- Assistance from hospitals was not focused on staffing crisis
- Multiple information requests from various agencies during crisis periods
- Notice to operators and staff to implement changes was unreasonable

Chartwell COVID Experience

Solution 5.

Help Needed from the Province and Health Partners

- Standardize response from Public Health
- Fund an IPAC specialist in each home
- Consolidate and share requested information and audits between government agencies
- Give reasonable notice to operators and staff to implement changes
- Provide Emergency staffing for Homes in Crisis
- Hospital admissions of COVID-positive residents who cannot be properly isolated


Andrew

THANK YOU

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retirement residences