

# Long Term Care Covid-19 Commission Mtg.

Meeting with Families of Orchard Villa  
on Friday, October 23, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom, with all participants attending  
remotely, on the 23rd day of October, 2020,  
4:00 p.m. to 5:00 p.m.

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1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead

4 Commissioner;

5 Angela Coke, Commissioner;

6 Dr. Jack Kitts, Commissioner.

7

8 PRESENTERS:

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10 Cathy Parkes, Families of Orchard Villa Member;

11 Carolin Wells, Families of Orchard Villa Member;

12 Fred Cramer, Families of Orchard Villa Member;

13 Marie Tripp, Families of Orchard Villa Member;

14 Simon Nisbet, Families of Orchard Villa Member;

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16 PARTICIPANTS:

17

18 Alison Drummond, Assistant Deputy Minister,

19 Long-Term Care Commission Secretariat;

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

21 Care Commission Secretariat;

22 Ida Bianchi, Counsel, Long-Term Care Commission

23 Secretariat;

24 Jessica Franklin, Policy Lead, Policy Unit,

25 Long-Term Care Commission Secretariat;

1 Derek Lett, Policy Director, Long-Term Care  
2 Commission Secretariat;  
3 Lynn Mahoney, Counsel to the Ministry of Health and  
4 Long-Term Care;  
5 Kate McGrann, Counsel, Long-Term Care Commission  
6 Secretariat;  
7 Laurel Reid, Families of Orchard Villa Member;  
8 Lisa Theis, Families of Orchard Villa Member;  
9 Elisabeth Van Sickle, Families of Orchard Villa  
10 Member;  
11 Catherine Legere, Families of Orchard Villa Member;  
12 Rob Glen, Families of Orchard Villa Member;  
13 Bill Tobias, Families of Orchard Villa Member;  
14 Pam Townley, Families of Orchard Villa Member;  
15 Cathy Gayman, Families of Orchard Villa Member;  
16 Marion Feeney, Families of Orchard Villa Member;  
17 Veejay Leswal, Families of Orchard Villa Member;  
18 Dorothy Scavuzzo, Families of Orchard Villa Member;  
19 Jessica Boily, Families of Orchard Villa Member;  
20 Pamela Bendell, Families of Orchard Villa Member;

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ALSO PRESENT:

McKaya McDonald, Stenographer/Transcriptionist.

1 -- Upon commencing at 4:00 p.m.

2  
3 COMMISSIONER FRANK MARROCCO (CHAIR):  
4 Good afternoon. Commissioner Jack Kitts has joined  
5 us and Commissioner Coke.

6 Well, are you waiting for anybody else?

7 CAROLIN WELLS: Cathy is going to  
8 moderate, and Simon.

9 SIMON NISBET: Hello.

10 CAROLIN WELLS: Simon and Marie, I  
11 guess.

12 LISA THEIS: Simon is here.

13 CAROLIN WELLS: Oh, yeah. There's  
14 Cathy. And Fred is there, yeah.

15 FRED CRAMER: Yeah.

16 CAROLIN WELLS: So I think that's  
17 everybody then, right?

18 COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Okay.

20 CAROLIN WELLS: Fred, Marie, Simon.  
21 Yeah, everybody's here, yeah.

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Well, then if maybe I can just start us off and  
24 then your moderator can take over, and we can have  
25 this conversation.

1                   As you may or may not know, we did  
2 release the first interim report today. We jumped  
3 the gun a bit, but we're in a hurry.

4                   We felt a sense of obligation to speak  
5 as quickly as we could primarily, I guess, because  
6 we were created in the middle of something. It  
7 wasn't a situation where something was over and we  
8 were looking back at it.

9                   We were created in the middle of it,  
10 and we felt the need to make some preliminary  
11 recommendations as quickly as we could and then  
12 take a more traditional approach. The traditional  
13 approach is an investigation and some hearing or  
14 proceeding to show the public the results of that  
15 investigation and then recommendations.

16                   If you take the traditional approach  
17 where the event has already occurred and you're  
18 looking back at it, you can take two or two and a  
19 half years to see it resolve. And, of course, we  
20 didn't think that that would be much good to  
21 anybody in a situation where we're in the middle of  
22 something. To report that far down the road just  
23 seemed not to be a good idea.

24                   So we did report, and I want to thank  
25 you for the submissions that we received, which we

1 did read. But we're not finished. We're just  
2 starting, actually.

3 And so it's really important that we  
4 understand your perspective on this because that  
5 grounds what we're doing in reality, otherwise we  
6 get caught up in a lot of slide decks and  
7 aspirational thinking and so on, but we miss the  
8 actual reality of what happened.

9 So we're very grateful for you meeting  
10 with us, and we really would like to hear what you  
11 have to say. The only couple things is we like to  
12 ask questions as we go along, which means we would  
13 interrupt with a question. It's not that we're  
14 rude. It's just that we find that works better  
15 than trying to go back after, at the end of  
16 something, and bring people back to something they  
17 said and ask them a question. So if that's okay  
18 with you, that's the way we would like to proceed.

19 And secondly, we've allocated the time  
20 we've allocated, so if -- probably break for about  
21 ten minutes in about an hour or so depending on  
22 where we are and where you are and in terms of what  
23 you're saying.

24 So with that, we're ready when you are.

25 CATHY PARKES: Okay. Thank you. My

1 name is Cathy Parkes. It's showing as "Catherine,"  
2 but --

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Hello, Catherine.

5 CATHY PARKES: Hi.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Cathy.

8 CATHY PARKES: Yeah, either one works.

9 So I'll be the moderator today, and  
10 we've actually taken the time to formulate our  
11 questions together and scripted it.

12 But we also are all on the same page  
13 so, of course, feel free to ask questions at any  
14 time and stop any of us. We're like-minded in our  
15 thoughts towards this.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 Okay.

18 CATHY PARKES: Okay. So I just wanted  
19 to say thank you, first of all, for meeting with us  
20 today. Those of us here are just a small  
21 representation of a group who goes by the name  
22 "Families of Orchard Villa" by way of where our  
23 families lived.

24 We're here representing approximately  
25 250 people all who have been affected by the recent



1 events in long-term care. Our group was formed out  
2 of necessity. As the COVID-19 outbreak was  
3 declared at Orchard Villa, we found we were  
4 receiving little to no information from the home  
5 about our loved ones.

6 So we gathered on social media and  
7 found that together we each brought a bit of  
8 information that gave us a larger picture about  
9 what was going on in the home.

10 As the group grew in numbers, we began  
11 sharing our stories. And we discovered that,  
12 although the finer details would differ, the loss  
13 and struggle of our loved ones shared too many  
14 similarities.

15 Our families' stories tell the reality  
16 of a severe lack of communication discovering that  
17 our loved ones suffered extreme neglect,  
18 dehydration, and were denied the right to basic  
19 care.

20 I'm very thankful to be a part of the  
21 Families of Orchard Villa group. Together we've  
22 decided who will speak here today.

23 We also have several members of the  
24 group who will not be vocal, but they are here with  
25 invested interest in these hearings and to support

1 those of us speaking because that's the kind of  
2 group that we've become.

3 We've read the interim recommendations  
4 put out today, and while some of the  
5 recommendations you've put forward may overlap with  
6 what we are going to say, we feel that it's  
7 important and enough that they bear repeating.

8 We have five speakers who will speak --  
9 (TECHNICAL INTERRUPTION)

10 Oh, somebody's echoing.

11 We have five speakers who will speak at  
12 various times throughout our presentation, and we  
13 welcome any questions that may come up.

14 Our speakers today our Carolin Wells;  
15 Fred Cramer; Marie Tripp; Simon Nisbet; and myself,  
16 Cathy Parkes.

17 So I'll start off, and we're just going  
18 to go through, basically, our list of concerns.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 And I just want to say, Cathy, before you -- don't  
21 worry if some of it overlaps with what we said  
22 because some of what we said overlapped with what  
23 other people said.

24 CATHY PARKES: Yeah.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 And we were just trying to add our voice to that,  
2 so don't be concerned about that.

3 CATHY PARKES: Okay. Thank you. So  
4 current regulations indicate that if a resident is  
5 not being nourished and hydrated, their power of  
6 attorney must be notified, but this regulation was  
7 not adhered to during the lockdown.

8 We feel that almost every death could  
9 have had a different outcome if the families and  
10 POAs were informed and allowed to send the  
11 residents to hospital, which many of us weren't.

12 We insist that if a resident's health  
13 status becomes perilous, the home must inform the  
14 POA or caregiver and must send the resident to the  
15 hospital regardless of a do-not-resuscitate status.

16 And next is Carolin Wells.

17 CAROLIN WELLS: So I'm Carolin Wells.  
18 My father was James Shankland Fleming, and he  
19 passed away April the 9th of this year at Orchard  
20 Villa, obviously, and he was 88 years of age.

21 So Number 2: We have noticed from  
22 observation of our family members and from medical  
23 records that many residents have been denied  
24 treatment for non-COVID related ailments during the  
25 pandemic -- for example, UTIs, bedsores, falls,

1 scrapes, bruises.

2           Some of these issues, such as UTIs,  
3 have significant impact on an elderly person's  
4 health. Others such as bedsores, falls, and  
5 bruises highlight the substandard care and  
6 attention that was provided particularly during the  
7 shutdown.

8           We recommend that appropriate medical  
9 attention -- including access to doctors,  
10 treatment, hospitalizations, and notification of  
11 POAs -- sorry, that they should not be denied  
12 during the pandemic.

13           CATHY PARKES: And then our next  
14 speaker is Marie Tripp.

15           MARIE TRIPP: Good day. The military  
16 report -- and we, the families that have served --  
17 that many infected and dying residents did not  
18 receive oxygen due to the fact that the life-saving  
19 equipment was not properly maintained.

20           We recommend that the oxygen be  
21 available for every resident should they need it or  
22 failing the availability of oxygen that each  
23 resident be sent to the hospital to receive care.

24           CAROLIN WELLS: Okay. So infection  
25 control and personal protective equipment: At the

1 beginning of the pandemic and before the outbreak  
2 at Orchard Villa, we observed that there was an  
3 absence of infection control procedures at the  
4 front door and throughout the building.

5 The only infection control observed was  
6 a table with hand sanitizer and a sign-in sheet in  
7 the front lobby that was not monitored. We believe  
8 this contributed to COVID being brought into the  
9 home. We would like to see contact management and  
10 tracing enforced.

11 CATHY PARKES: Thank you, Carolin.  
12 And next is Simon Nisbet.

13 SIMON NISBET: Hi. My name is Simon  
14 Nisbet. My mother, Doreen Nisbet, resided in  
15 Orchard Villa 2017 until May 3rd, 2020, at which  
16 time I was able to have her relocated to the  
17 hospital where she arrived in very poor health.  
18 She is a survivor of Orchard Villa and continues to  
19 reside in a long-term care system.

20 Thank you for meeting with us today.

21 I'll continue with the infection  
22 control and PPE points. Once the pandemic was  
23 declared, Orchard Villa should have had plans for  
24 isolation.

25 Once COVID-19 was confirmed in the

1 home, family members became aware that there was no  
2 cohorting or isolation procedures being followed.  
3 Family members are aware that COVID-19-positive and  
4 negative residents were kept in the same room even  
5 though the management of the home claimed they had  
6 been separated.

7 We are asking for a mandate that each  
8 long-term care home have a secure, isolated space  
9 for residents and track the virus during outbreak.  
10 This would also include dedicated staff for  
11 isolation wards.

12 Cathy?

13 CATHY PARKES: Thanks, Simon. The  
14 Ministry of Long-Term Care identified, two years  
15 ago, that four-bed rooms were to be done away with.  
16 But Orchard Villa has many rooms where residents  
17 are living four residents to a room.

18 We do not feel that this lands itself  
19 to a quality of life on its own, and we feel the  
20 standards of having four residents to a room led to  
21 many infections and, therefore, deaths.

22 In addition, the rooms that are  
23 specified as semi-private are so cramped that often  
24 furniture has to be moved to allow a resident to  
25 exit the room in their wheelchair.

1                   We would like to see the abolishment of  
2 four-bed rooms in all long-term care homes in  
3 Ontario as soon as possible.

4                   And now on to Fred Cramer.

5                   FRED CRAMER: Hello. My name is Fred  
6 Cramer, and my mother, Ruth Cramer, lived at  
7 Orchard Villa from September 3rd, 2019, until her  
8 death on April 19th, 2020, due to COVID-19.

9                   After the lockdown on March 14th,  
10 residents continued to dine together in large  
11 groups. They also continued to congregate in the  
12 lobby for entertainment purposes. They  
13 continued -- up to and including April 9th, 2020 --  
14 after Orchard Villa had reported the first case of  
15 COVID-19 in the home.

16                   We recommend that you will ensure meals  
17 be served at multiple settings to obtain proper  
18 social distancing guidelines. We also recommend  
19 that large gathering for entertainment purposes be  
20 restricted when social distancing is not possible.

21                   Carolin?

22                   CAROLIN WELLS: Yeah. Number 8: We  
23 observed a consistent lack of social distancing and  
24 masking of those smoking outside. We recommend  
25 that a separate smoking section be required away

1 from main entrances and exits as well as hallways.

2 We recommend that smokers who are  
3 COVID-positive be closely monitored and kept at a  
4 distance when smoking and/or using common areas to  
5 enter or exit the building.

6 CATHY PARKES: And, Carolin, it's you  
7 again, Number 9.

8 CAROLIN WELLS: We are aware that  
9 residents who wander due to their health status  
10 were allowed to enter rooms that were not their own  
11 therefore raising the potential for spreading the  
12 virus.

13 We feel that there needs to be humane  
14 safety protocols for residents who wander  
15 especially those who are in a security-controlled  
16 ward but are still able to travel to and enter  
17 other residents' rooms.

18 CATHY PARKES: And now we move on to  
19 staffing with Fred.

20 FRED CRAMER: Okay. Prior to the  
21 pandemic, we were aware that staffing levels were  
22 always below standards. We saw this daily as we  
23 visited.

24 During the beginning of the lockdown,  
25 many of us were told by Orchard Villa staff that



1 they were extremely shorthanded and therefore  
2 unable to care for residents in the manner they  
3 deserved.

4 This was especially true during the  
5 evening and overnight shifts. We were aware that  
6 the residents went without food, hydration,  
7 medication, and basic care.

8 We recommend a standardized plan for  
9 staff/resident ratios inside and outside of an  
10 outbreak.

11 And I've got the next one, too, here.  
12 We would like to see certified, standardized  
13 training for all staff in Ontario including  
14 infection control and use of PPE as well as ethics  
15 and duty to report.

16 We'd also like annual retraining to  
17 ensure all staff is continuing in their  
18 understanding of these protocols.

19 Carolin?

20 CAROLIN WELLS: Yeah. So 12: We  
21 recommend better quality of employment for staff  
22 which includes better pay, benefits, the  
23 requirement that a staff member may only work in  
24 one home at a time.

25 We also recommended incentives to

1 educators that will raise enrollment in necessary  
2 long-term care staffing fields such as nursing,  
3 personal support workers, nutrition, and physical  
4 therapy care.

5 CATHY PARKES: And, Marie, on to you.

6 MARIE TRIPP: Okay. I'm sorry. I  
7 didn't introduce myself. My name is Marie Tripp.  
8 My mother was Mary Walsh. She entered Providence  
9 Villa in April 2019, and she passed away  
10 April 20th, 2020, from COVID.

11 Okay. Due to the lack of staffing  
12 during the pandemic, we recommend an assessment and  
13 comparison between staff scheduling and the staff  
14 swipe-card system which will indicate staffing  
15 numbers during the pandemic.

16 In addition, we ask that this  
17 information be validated between payroll and the  
18 accounts payable system to inform on actual  
19 staffing. We would like this information to be  
20 made public.

21 CAROLIN WELLS: Okay. 14 --

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Can I just stop you there for a minute, Ms. Tripp?  
24 What you're saying is you want to know who was paid  
25 to work when and --

1                   MARIE TRIPP: Yeah.

2                   COMMISSIONER FRANK MARROCCO (CHAIR):

3           -- make that so that will tell you how many people  
4 were working per shift, et cetera, on the theory  
5 that if they paid them, they worked, and if they  
6 didn't pay them, they didn't work?

7                   MARIE TRIPP: Correct.

8                   COMMISSIONER FRANK MARROCCO (CHAIR):  
9 Okay.

10                  CAROLIN WELLS: So 14: We are aware  
11 that doctors rarely entered the home during the  
12 pandemic, and if they did, the information they  
13 relayed to families was not helpful.

14                  We recommend an assessment of staff  
15 physicians to determine if they were on site, and  
16 if not, why.

17                  SIMON NISBET: So moving on to  
18 information issues. Every family member endured a  
19 severe lack of information during the lockdown  
20 which was also highlighted in a military report on  
21 Orchard Villa.

22                  At best, communications from the home  
23 were sporadic and inconsistent, but most often,  
24 they were nonexistent, and the information that was  
25 conveyed was incorrect often indicating numbers of

1 infected residents that contained conflicting  
2 information that was presented in both the media  
3 and on the Durham Region outbreak website.

4 We recommend a standard of  
5 communication between long-term care homes and  
6 family during outbreaks. We would like to see one  
7 or two staff members whose sole responsibility is  
8 to keep the families apprised of their loved ones'  
9 health and mental health status including timely  
10 phone communications and allowing for video  
11 conferencing between family and their loved ones.

12 This would include ensuring that every  
13 home has multiple tablets on hand to provide the  
14 necessity. We would like to see this position  
15 filled by a third party impartial and separate from  
16 the long-term care home staff.

17 Cathy?

18 CATHY PARKES: Thanks, Simon.

19 Number 16: We would like to see an assessment of  
20 kitchen staffing during the pandemic, food  
21 supplies, and distribution of meals to residents  
22 during the pandemic, and we would like these  
23 assignments to be made public.

24 Fred?

25 FRED CRAMER: I have Number 17. Many

1 of us have obtained our loved ones' charts and have  
2 found gaping holes from as early as the lockdown on  
3 March 14th, 2020.

4 We recommend the review of all charts  
5 in the charting system at Orchard Villa to  
6 determine if standard charting requirements were  
7 met. We would like this information to be made  
8 public.

9 And I've got the next one, Number 18.

10 Not being allowed to see our family  
11 members was and continues to be very damaging. We  
12 were forced to rely on staff providing this  
13 information about our loved ones which was often  
14 false.

15 We recommend that in-room cameras  
16 become standard for every resident in long-term  
17 care homes which allow family members to have  
18 visual contact with their loved ones.

19 MARIE TRIPP: Number 19, legal: We are  
20 aware of some certificates -- I'm sorry. We are  
21 aware that some certificates have other causes of  
22 death even though the resident was  
23 COVID-19-positive.

24 We would like all death certificates  
25 from the beginning of the lockdown to the present

1 date be reviewed and, where necessary, be revised  
2 to include COVID-19 as the cause of death.

3           Number 20: We're concerned about the  
4 documentation and signing off of all death  
5 certificates during the pandemic.

6           It is our understanding that, during  
7 the months of March 2020 to present day, there were  
8 multiple deaths pronounced by staff that did not  
9 hold the required medical licenses to pronounce  
10 death.

11           We recommend the investigation of death  
12 certificates and appropriate actions be taken if  
13 there are findings that a registered physician or  
14 registered nurse did not fill out a certificate.

15           Simon?

16           SIMON NISBET: We are aware that  
17 residents were not being properly nourished prior  
18 to and especially during the pandemic. The  
19 military report on the five long-term care homes  
20 stated that residents were either not fed or the  
21 food or refreshments were placed out of reach of  
22 residents.

23           We were also aware that, prior to the  
24 pandemic, Orchard Villa residents' meal budget was  
25 \$7 a day. That's \$2.33 a meal.

1                   We recommend more nutritional meals  
2 served according to Canada's Food Guide with an  
3 increased meal budget. It should be made mandatory  
4 that family be notified immediately if a resident  
5 is not consuming food or water to normal standards.

6                   Cathy?

7                   CATHY PARKES: During the pandemic,  
8 several family members were banned from being  
9 present with their loved ones during their final  
10 moments of life, including myself.

11                   We strongly insist that family members  
12 be allowed to be present with their loved ones,  
13 regardless of COVID status, if the resident is  
14 deemed to be at the end of life and, in allowing  
15 this, that the home will also provide the family  
16 members with full personal protective equipment  
17 upon entering the residence.

18                   Marie?

19                   MARIE TRIPP: Yes. Number 23: We were  
20 concerned about the high level of personal property  
21 loss experienced in long-term care. Wedding rings,  
22 personal items, and other valuables were misplaced,  
23 never found, or damaged beyond repair. We would  
24 like the Commission to address this.

25                   And Number 24: We would like to know

1 why management of Orchard Villa did not call the  
2 Durham Regional Police to advise on each death of a  
3 resident as is required by law.

4 SIMON NISBET: Inspections: We are  
5 aware that the amount of RQIs dropped dramatically  
6 in 2018 which has allowed long-term care homes to  
7 fall below standards of care.

8 We have also heard statements from  
9 long-term care ministers that RQIs are always done  
10 without notice to the home. However, we know this  
11 not to be accurate.

12 We recommend the immediate  
13 reinstatement of yearly RQIs. Each long-term care  
14 home in Ontario should receive at least one or two  
15 RQIs annually without the home being advised in  
16 advance. These should be comprehensive inspections  
17 involving a team of nursing, dietary, and  
18 environmental inspectors among others.

19 We further recommend that inspection  
20 reports require follow-up requirements by the  
21 Ministry of Long-Term Care inspectors. We would  
22 like to see the voluntary plan of correction be  
23 removed as a requirement from each home and that  
24 stricter responses from each home become mandatory  
25 with more effective sanctions to ensure compliance.



1 Fred?

2 FRED CRAMER: Funding allocations: We  
3 recommended the investigation of how for-profit  
4 homes allocate the funds received by the provincial  
5 government. We would like this information to be  
6 made public.

7 Simon?

8 SIMON NISBET: Hygiene:

9 Thanks, Fred.

10 We are aware the residents were left in  
11 soil garments and bedding for several days at a  
12 time even when they did not require these garments  
13 prior to the pandemic.

14 We recommend an investigation into the  
15 rise in urinary tract infections and bedsore  
16 infections during the pandemic.

17 As documented through records from the  
18 Canadian military, Orchard Villa was experiencing  
19 pest control issues in several areas of the home.

20 We recommend that a standard interval  
21 of deep cleaning, pest control, and regular  
22 disinfecting of services be adopted. We recommend  
23 that the documentation regarding pest control and  
24 deep cleaning be made public and that there be a  
25 schedule for future deep cleaning and pest control.

1           The certificate of inspection should be  
2 posted in a similar fashion to the restaurant pass  
3 system. The certification should be posted for  
4 visitors to see.

5           During the initial shutdown of Orchard  
6 Villa, the care received was substandard and led to  
7 a further decline of residents' health and  
8 cognitive function which fell well below the  
9 standards outlined in the Long-Term Care Act of  
10 2007.

11           We feel that these standards should not  
12 be sacrificed during an outbreak. This would  
13 include but not be limited to mandatory  
14 requirements: that they be turned in their beds  
15 regularly to prevent bedsores; daily bed changing;  
16 daily cleansing; the ability to be safely toileted;  
17 a minimum standard of care for dental hygiene for  
18 each resident; a minimum standard for foot care for  
19 each resident -- this has been an ongoing problem  
20 within and outside of the pandemic time lines -- at  
21 minimum, two showers or baths per week; air quality  
22 inspections --

23           Oh, sorry. This is Carolin.

24           CAROLIN WELLS: That's okay.

25           CATHY PARKES: That's okay. Simon, did

1 you want to finish up? That last part was yours,  
2 and then Carolin can do the next one.

3 SIMON NISBET: Oh, I'm sorry. I have a  
4 typo here. Air quality inspections implemented  
5 weekly or biweekly during outbreaks.

6 CATHY PARKES: Okay. And then,  
7 Carolin, do you want to take the mental health one?

8 CAROLIN WELLS: Sure. I'll take the  
9 mental health. So Number 30: Residents were  
10 denied access to the outdoors for weeks or months.  
11 This denial increased the feeling of isolation, had  
12 negative affects on our family members' health.

13 We recommend an implementation of  
14 resident rotations out of doors for fresh air in a  
15 secured environment during outbreaks.

16 Should I continue there? Yeah?

17 CATHY PARKES: No. We'll let Simon  
18 take that one.

19 CAROLIN WELLS: Okay.

20 SIMON NISBET: Thanks, Cathy.

21 CATHY PARKES: Yeah.

22 SIMON NISBET: We have witnessed a  
23 decline in mental health along with the physical  
24 effect it has had on some of our loved ones. Often  
25 residents were left in bed for days at a time. The

1 residents were also denied mental stimulation.

2 We recommend an assessment and solution  
3 to residents enduring months of isolation as well  
4 as attempting to place residents in rooms with  
5 like-minded residents or those in similar cultural  
6 backgrounds.

7 We would like to see increased support  
8 from recreation, social work, or activity staff to  
9 address isolations, fears, and related mental  
10 health concerns.

11 And onto residents without advocates --  
12 and I could tell you my mom, on a regular basis,  
13 would tell me "if this is like this for me, Simon,  
14 what must it be like for people that don't have  
15 people coming in?" Some individuals at Orchard  
16 Villa have no family or power of attorneys.

17 We know from experience how important  
18 our advocacy efforts and hands-on assistance have  
19 been in ensuring that even basic care needs for our  
20 family members are and were met.

21 We recommend that if a resident does  
22 not have an immediate family, friend, or power of  
23 attorney or a designated contact, that a level of  
24 staffing be provided to ensure that these  
25 residents' needs are being met.

1                   Furthermore, we recommend the  
2 implementation of a group whose sole purpose is to  
3 update the residents' well being and the health  
4 status in the absence of family, friend, or power  
5 of attorney advocate.

6                   Marie?

7                   MARIE TRIPP: Thank you. Retirement  
8 living: Although we are speaking to long-term care  
9 residents today, we're also mindful that the  
10 outbreak in the long-term care side of Orchard  
11 Villa had a devastating impact on the Orchard Villa  
12 retirement community that is on the west side of  
13 the building.

14                   The retirement section of the home was  
15 not included in many of the measures that were  
16 taken to protect the long-term care residents. We  
17 are aware that the staff and residents often  
18 commingled between the two sections.

19                   We recommend that, if any long-term  
20 care home is housed under the same roof as a  
21 retirement home, that all retirement residents and  
22 staff be treated with the same urgent care equally.  
23 Thank you.

24                   CATHY PARKES: So that's the end of our  
25 points. I did also just want to say that my father

1 was also a resident of Orchard Villa. He went in  
2 in November of 2019 and passed away April the 15th,  
3 2020. His name was Paul William Russell Parkes.

4 So while our real list of concerns is  
5 actually quite a bit longer than this, the points  
6 that you've heard were spoken because we feel it  
7 most urgent and needed immediate action.

8 We would be remiss if we didn't also  
9 speak to our worry that a culture of fear exists  
10 among the staff at long-term care homes. This fear  
11 put on the staff by owners and management has kept  
12 the province from hearing the most important  
13 details of what has occurred in our long-term care  
14 homes aside from the residents' own stories.

15 We would like to see long-term care  
16 staff being given the respect they deserve and to  
17 create an environment where they are free to speak  
18 the truth of what they have witnessed.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 Cathy, can I stop you there for a minute?

21 Do you think they would come forward if  
22 they thought there was some confidentiality  
23 associated with what they were saying?

24 CATHY PARKES: Yes. I've actually been  
25 approached anonymously in person, though, by staff

1 who knew my father, who knew the man who shared the  
2 room with him. And they had things to say to me  
3 that they were just too afraid to say because there  
4 are internal documents that are being circulated  
5 within the home from management and from owners  
6 telling them not to speak even though I believe  
7 that's not right.

8 But, you know, it's worded in such a  
9 way that it just implies "you shouldn't be  
10 speaking." And yet they really want to speak. I  
11 mean, these staff members loved our families. They  
12 saw them every day. And to have to watch them die  
13 that way was upsetting, and they want to talk, but  
14 they're terrified.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 See, that's very interesting to me. We've heard  
17 from others, like ONA, that the staff really were  
18 fond of the people they were looking after.

19 And was that generally the impression  
20 of the families that are here, that the staff had  
21 formed some affection for the people they were  
22 caring for?

23 CATHY PARKES: Yes. And, of course --  
24 everyone's nodding -- there's certain staff members  
25 who your family members had a tighter bond with.

1 And I mean, I was only there for -- my dad was  
2 there for five months, and I became friends with  
3 the staff members and learned to trust them and  
4 talk about their personal lives and created a bond  
5 with them. And I could see who my father really  
6 connected with.

7 So yes, it becomes like a -- when you  
8 have to leave your family in the care of someone  
9 else, you need to build that relationship with them  
10 and that bond with them, and oftentimes we did.

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Did anybody notice problems before COVID? I'm  
13 interested in the observations of that nature that  
14 anyone might have made.

15 CATHY PARKES: Who wants to go first?

16 Yeah. I mean, I'll say first that, in  
17 the brief time that my father was there, we dealt  
18 with chronic UTIs, renal failure due to him not  
19 being cleaned properly and changed properly, falls,  
20 scrapes, bruises, left without eating for 48 hours,  
21 staff to resident abuse that was reported. And I  
22 never saw it on an incident report, but I certainly  
23 did report it to management. And that was in five  
24 months.

25 I know there are people who have had



1 family members in there a lot longer than my dad,  
2 and it's been going on for quite a long time. I  
3 think Carolin could probably speak to that.

4 Carolin, your mic is off.

5 CAROLIN WELLS: Okay. There we go.

6 Yes, there were definitely signs, big time. So my  
7 dad was admitted April 9th, 2018 -- oh, sorry, no,  
8 November 5th, 2018.

9 And the next day we got a call that he  
10 had a lesion on his arm. He fell the day he was  
11 admitted.

12 On November 15th, he fell out of bed,  
13 and he hit his right elbow.

14 November 27th, he had a skin tear on  
15 his right hand. He was in the TV room and tried to  
16 stand.

17 He was found out in the parking lot.  
18 And my dad could not walk. He was in a wheelchair.  
19 He had had a major stroke. So he was found out in  
20 the parking lot.

21 I'll just list three things -- or five  
22 things that were quite significant. I put it in  
23 my -- you know, when I spoke to you before.

24 There were allegations of sexual abuse,  
25 my father being the victim. I don't have the

1 details now. My mom's the POA, but she  
2 certainly -- it got found -- it was unfounded, but  
3 there were allegations of it.

4 He fell out of the his wheelchair in  
5 the shower. There should have been two PSWs in  
6 there. There was only one, and he needed a lift,  
7 which they did not use.

8 He had an eye injury here. He needed  
9 medical intervention and needed to be sent to the  
10 hospital.

11 And I'll say this: When they go to the  
12 hospital, is it scares them. I'm sure you probably  
13 know that it scares them. It's different. There's  
14 different people around. Just that going and  
15 coming is a big issue.

16 But I'm actually glad he was sent  
17 because there's lots of times he should have been  
18 sent and he was not, and I'll get to that.

19 Anyways, and my dad was found in  
20 another resident's room one time. My dad was not  
21 incontinent, so it bothered him that he had to wear  
22 a diaper. They found them in there. His diaper  
23 was off, and he had -- if you think of the foot  
24 pedals on the bottom of the wheelchair, they can be  
25 taken off.

1                   So when they're taken off, there's,  
2 like, a steel kind of -- hollow, steel tube. He  
3 fell on that, and it went inside him and into his  
4 rectum, and he had to go to the hospital and get  
5 internal stitches and on his, obviously, outside.

6                   The last one -- and this is very  
7 telling -- very telling -- about them being  
8 prepared/not prepared. I went to visit him. He  
9 had a cough, and he sounded very hoarse. I  
10 couldn't understand what it was, and then I heard  
11 something about them saying "you know, it might be  
12 pneumonia."

13                   I think they finally sent him -- or I  
14 can't remember if it was my mom or them. When he  
15 got to the hospital, they said he was so dehydrated  
16 that when they did the x-ray on his chest, they  
17 could not see the pneumonia. They couldn't see the  
18 fluid because he was so dry.

19                   He had sores all over his face and his  
20 mouth from the dehydration. He was septic,  
21 totally -- he was septic, and his kidneys totally  
22 shut down.

23                   They said the gunk that came out of him  
24 from his urinary tract was unbelievable. I'm  
25 amazed that he made it, but he did, and he was back

1 at Orchard Villa shortly after that. I think it  
2 was maybe a couple of months after that when COVID  
3 came.

4 But, you know, to even sit there and  
5 wonder whether to send them to the hospital -- I  
6 don't understand. A lot of times they put it in  
7 the hands of the loved ones, right? And my mom's a  
8 pretty quiet person, and she was looking to the  
9 doctors to make the decision, and that was an  
10 obvious one. He almost died.

11 CATHY PARKES: Yeah. And we had the  
12 same where we weren't told about his UTI until it  
13 actually became so serious --

14 CAROLIN WELLS: Yeah.

15 CATHY PARKES: -- that he was going  
16 into renal failure. And when we speak about -- the  
17 dehydration is so prevalent. You know, you walk  
18 into a long-term care home, and the temperatures  
19 are unbelievably high.

20 And I understand, in the winter,  
21 they're doing this because, you know, you get cold  
22 as you get older. You kind of lose some of that  
23 body heat. But they're not hydrating them enough  
24 to deal with how incredibly -- it's like a sauna in  
25 there.

1                   And so my father would often say -- and  
2 he was by a window -- that he was just hot,  
3 overheated, sweating, and couldn't handle it, but  
4 yet they're not bringing them water.

5                   So this is part of the reason -- this  
6 and, of course, having to wear, you know, adult  
7 garments is the reason why you're dealing with so  
8 many UTIs and why a lot of people end up in  
9 hospital with dehydration. That seems to happen  
10 quite a bit.

11                   Does anybody else want to share their  
12 stories about --

13                   Catherine? Unmute.

14                   LISA THEIS: Yes. It's Lisa. Thank  
15 you.

16                   CATHY PARKES: Oh, Lisa. I'm sorry.  
17 You're --

18                   LISA THEIS: Oh, no, we look a lot  
19 alike.

20                   There's three things that happened when  
21 my dad was at Orchard Villa. When he went into  
22 Orchard Villa in November of 2018 -- he said he was  
23 settling in, and at his three month review, we sat  
24 with the nurse staff and someone from nutrition and  
25 a PSW representative and a nurse.

1           And we started to discuss Dad's medical  
2 condition. And I said, "well, his AFib --" and the  
3 nurse looks at me with a blank stare. "I didn't  
4 know he had AFib."

5           And then I said "he also has a  
6 condition that when he moves from lying down to  
7 standing up or sitting to lying down, his blood  
8 pressure drops rapidly." And they said "we don't  
9 have that in his file."

10           So I panicked because the physician had  
11 been making medical changes to his pharmaceutical  
12 based on the information that they had. So I went  
13 back to the table with the nurse after the meeting,  
14 and we went through my dad's record that had been  
15 transferred over from his GP, and every single  
16 medical condition I had spoke to in the meeting was  
17 in the report. Nobody had read it.

18           And the next time I saw the physician  
19 in charge, I said "are his records now accurate?"  
20 And he looked down and said "yes, they are, ma'am."

21           Another time I spoke to a nurse because  
22 they weren't transferring my dad properly, and she  
23 said to me: "I tell them all the time to transfer  
24 him by the lift, but they just won't do what I  
25 ask."

1           The other incident was dad got some  
2 pressure sores on his bottom because his seat on  
3 his wheelchair had deflated. And every day, a PSW  
4 was supposed to check that it was still inflated  
5 before they put him in his chair. And he had gone  
6 two weeks sitting on metal, they figured, because  
7 no one had checked to see that his seat was  
8 inflated.

9           So it's the basic -- the very basic  
10 things and the very dire things that aren't being  
11 looked after. And they just -- I think it goes  
12 back to -- once again, it's not that they don't  
13 want to do these things. They don't have enough  
14 staff.

15           COMMISSIONER FRANK MARROCCO (CHAIR):  
16 All right. Thank you. Thank you.

17           Well, Cathy, were those all the  
18 recommendations?

19           CATHY PARKES: Those were. I just  
20 wanted to read the last little part of what we had  
21 here.

22           COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Yeah, sure. Go ahead.

24           CATHY PARKES: Okay. Our faith has  
25 been shaken during the past year. We've had to sit

1 helplessly as we watched our family members become  
2 gravely ill and often die.

3 To us, this is not a question of where  
4 to point fingers or debating on a public forum.  
5 This has affected our lives forever.

6 We know that we must all face the loss  
7 of our elderly loved ones at some point, but the  
8 grieving that has come with knowing how they died  
9 and how they suffered has come at a cost that can't  
10 be put into words.

11 Our sincere hope is that, by speaking,  
12 we will somehow affect a change. We appreciate the  
13 recommendations you're putting together and that  
14 you're doing. And for those that we still have  
15 with us, we feel we have to speak for our spouse,  
16 for our loved ones, and for our future generations.

17 Our ultimate and united goal is to see  
18 the end of for-profit care in Ontario.

19 And that's all. Thank you.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Well, unless the commissioners have any questions  
22 that I didn't ask --

23 FRED CRAMER: Can I just add a little  
24 something about my mom too?

25 COMMISSIONER FRANK MARROCCO (CHAIR):



1 Go ahead. Sorry, I didn't mean to cut --

2 FRED CRAMER: No, I didn't get in there  
3 quick enough there. My mom, the first day she went  
4 to Orchard Villa, they were not ready for us. And  
5 so we had to wait around. And they took my mom  
6 down to her room, and they had nobody take her off  
7 the gurney to do a patient transfer.

8 She is in a wheelchair, and she had two  
9 people assist. And we waited, and the transport  
10 people said they don't normally take the resident  
11 off the gurney. But in this case, they did.

12 My mom, she was laying -- well,  
13 actually, the bed wasn't even made. It was just a  
14 plain mattress there. So found some sheets. That  
15 was a little bit of a chore.

16 They put her down on the bed. She  
17 didn't look too comfortable. We got taken in the  
18 office and did her paperwork. And at that time, we  
19 said about not giving my mom a flu shot. She had  
20 violate reactions, and she was in the hospital for  
21 days at a time back years ago. And they had it in  
22 the charts, "no flu shot."

23 I just found out recently she did have  
24 a flu shot. Now, luckily it didn't have any  
25 reaction -- I don't think so. There's nothing in

1 the notes.

2 But just something that was in the  
3 notes, "do not give flu shot. She has reactions."

4 But they gave it anyway, and they didn't tell me.

5 She had three falls as well. She had  
6 two falls out of bed, and then the third fall was  
7 really bad. She was right in front of the nursing  
8 station, and she fell flat on her face and broke  
9 the tip of her nose, and it was right in front of  
10 the nursing station.

11 So one question I had: Why couldn't  
12 they buckle up the seat belt on the wheelchair?  
13 And they said they can't do that because it's a  
14 restraint.

15 I found out later -- and it's in a  
16 wheelchair that can be unbuckled like a seat belt  
17 in a car -- that it is acceptable. So I think that  
18 if she would have had her seat belt on, she  
19 probably would not have fallen. And she was in the  
20 hospital for about -- I think it was about six or  
21 seven months, and the nurses there kept saying  
22 "buckle up; buckle up."

23 You know, so I wondered why in the  
24 hospital they stressed to buckle her up, but at  
25 Orchard Villa, they said they can't do that.

1                   What else was there? The falls and  
2 just the -- at dinner time/lunch time, everybody  
3 was crowded. It's just so many people. They just  
4 start bumping into each other. The tables are  
5 small, and the residents are back to back.

6                   Most people were in wheelchairs, and  
7 they didn't have enough room for the wheelchairs to  
8 be back to back or even side to side. It was  
9 really overcrowded, and that, really, should be one  
10 of the things addressed. Either two sitting times,  
11 or something has to be done there.

12                   And up to COVID, you know, we saw these  
13 things. During COVID, I don't know what happened.  
14 I know she did have some bedsores as well that  
15 kept continually -- looking after continually. So  
16 I don't know if, during COVID, they do that for --  
17 because the staffing levels were less. I'm not  
18 sure.

19                   But there were some bonds, I kind of  
20 said. We got to know some of the PSWs, some of the  
21 nurses. They were great.

22                   Some of the other ones you had to sort  
23 of play their game a little bit. They were not  
24 very nice, but you had to really sort of do some  
25 sort of -- like a little -- click with them, and

1 then they would help you a bit more.

2 But just overall, even before COVID  
3 hit, there was just, I think, a lack of staffing.  
4 That's pretty well about all we know is.

5 COMMISSIONER FRANK MARROCCO (CHAIR):  
6 It's Carolin, is it?

7 Yeah, you're on -- there you go.

8 CAROLIN WELLS: Oh, sorry. I was just  
9 going to say, too, then they would blame it on the  
10 nurses. Like, administration would blame it on the  
11 nurses and the PSWs, and they would say "oh, don't  
12 to them," you know? And there was a real -- you  
13 know, it was from top down. That's what I always  
14 say, "top down."

15 CATHY PARKES: There was a real divide  
16 between management and PSW and nursing staff, a  
17 real divide, and lack of communication and lack of  
18 coordination. That was always a problem.

19 CAROLIN WELLS: Yes. Like, when my dad  
20 fell in the shower and she told me that the PSW was  
21 put off work for a week or two without pay, like,  
22 she -- Beverley, the director of care, thought that  
23 I'd be pleased with that.

24 I wasn't pleased with that because  
25 sure, she shouldn't have done that, but they're

1 also almost forced to do it, right? Like I said,  
2 there's a -- like you guys were saying, there's a  
3 climate of fear. Like, they have to get the  
4 showers done. If they don't get the showers done,  
5 they get in trouble.

6 I wasn't happy that that woman lost a  
7 week's pay when she's probably not getting paid  
8 that much. I just wanted my father to be treated  
9 the proper way so he wouldn't get hurt. But there  
10 was a lot of issues.

11 And another thing I was going to say,  
12 this codex -- am I saying it right? Did everybody  
13 find the codex -- was it codex? -- when Lisa was  
14 talking -- because my dad had AFib. He had a whole  
15 bunch of things.

16 And you'd ask about it, and they kept  
17 telling us "oh, they're supposed to read it before  
18 each shift. They're supposed to read that.  
19 They're supposed to know about that."

20 But they didn't. There was tons of  
21 times when they didn't. We'd go for meetings,  
22 yearly meetings. My dad was freezing the whole  
23 time. "Please just put a sweater on him all the  
24 time." "Please give him his hanky that's  
25 comforting for him, and he's got allergies." But

1 they just wouldn't follow through. So that's all.

2 MARIE TRIPP: Sorry, can I jump in for  
3 a minute?

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Sure.

6 MARIE TRIPP: Thank you. Marie Tripp.  
7 My mom was Mary Walsh. As stated, she was in  
8 there, in Orchard Villa, one year.

9 In that one year, there was two  
10 separate investigations. One led to a nurse being  
11 suspended for six months; the DOC, Beverley's  
12 assistant, asked to resign; and retraining of all  
13 staff. That was on one side.

14 Mom got transferred at my demand to  
15 another wing. Over there, there was still the  
16 problems, improper transferring. Mom's getting  
17 bruised.

18 I go to Beverley again. Now, what  
19 Beverley investigates -- and blaming the PSWs and  
20 the nurses.

21 She was having them all retrained once  
22 again and then deemed my mother a three-person  
23 transfer. It was hard enough getting two people,  
24 two PSWs. Now Beverley did this, three.

25 I asked for that to be changed back to

1 two. She would not do it. I stood outside my  
2 mother's room without the people knowing I was  
3 there and saying "we can't get anybody else.  
4 Nobody wants to come in here. All they do is  
5 complain."

6 So it's the management from there down,  
7 as everybody keeps saying. I just had to get that  
8 in there because two investigations in one year  
9 with suspensions, asking to resign, and then a  
10 second one. They just were clearly appeasing  
11 myself. That's all they were doing. Thank you.

12 CATHERINE LEGERE: I just want to say  
13 something too. I think my sister, Lisa, spoke to  
14 three things that have happened with Dad.

15 Also, we found that there was an  
16 overuse of -- well, considered, I guess, chemical  
17 restraints. So Dad didn't always respond in a  
18 positive way when he was getting his personal care,  
19 and we kept trying to tell them how to engage with  
20 him.

21 He was a very chatty, social person.  
22 And if you kind of joked around with him, then you  
23 could get him, you know, to engage. Or if you just  
24 explained to him what you were doing, he would be  
25 fine.

1                   But consistently, we found that that  
2 wasn't happening. And what they would do is they  
3 were more keen to give him some kind of a  
4 tranquilizer or sedative. I'm not sure what it  
5 was, but they would give him a medication just to  
6 calm him down rather than sort of approach him in a  
7 more humane way. That was another problem we had.

8                   CATHY PARKES: If I could just quickly  
9 say -- I'm just getting some messages. For those  
10 of you who joined but weren't sort of speakers  
11 today, yes, please, feel free to speak.

12                   I was being asked if it's okay if  
13 everyone speaks. Anyone can.

14                   So, Pamela, if you have something to  
15 say...

16                   You might be muted.

17                   COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Well, I think --

19                   CATHY PARKES: I guess not.

20                   PAMELA BENDELL: Yeah, I'm there. Is  
21 that okay? Can you hear me now?

22                   CATHY PARKES: Yes.

23                   PAMELA BENDELL: Okay. My name is  
24 Pamela Bendell. My mother, June Bendell, passed  
25 away on May 8th of this year. My parents were in



1 Ottawa, which is a retirement section, 2007 and  
2 2008.

3 My mother was evicted because she ran  
4 away. We put her in another long-term care  
5 facility in Scarborough.

6 My dad passed away there, and I brought  
7 my mom back to Orchard Villa in July 2009. So  
8 she's been there a long time.

9 The adulate, I used to work in the  
10 facility in the '80s. I understand the operation  
11 of a private versus public facility. My mother had  
12 a horrific time. She was nonverbal. To go through  
13 that many years, 11 years, you would be here for  
14 the rest of the night.

15 I will bring it up close to the  
16 pandemic. If you remember the military report of a  
17 woman being fed or a resident being fed lying down  
18 and aspirated, that was my mother.

19 My mother shouldn't have been lying  
20 down. My mother was nonverbal. My mother could  
21 not feed herself. Hasn't been able to for about  
22 four years.

23 I have no idea what happened to her  
24 after March 8th, was my last visit with her. I do  
25 have a resident inside that would send me videos

1 and update me on what was going on.

2 My mother lost a considerable amount of  
3 weight, but yet the nursing home would tell me that  
4 she was eating at 75 percent capacity. I said "she  
5 would eat at 100 percent if she's fed, so where did  
6 you get your 75 percent capacity?"

7 My mother had black eyes. I was in  
8 with Beverley and Jason just before COVID because  
9 they dropped the patient lifter on my mother's knee  
10 and smashed her knee.

11 My mother had UTI infections. You talk  
12 about annual reports with the family. We would  
13 hear that my mother was getting a shower one night  
14 and a bath another night.

15 Someone had changed her reporting. She  
16 had not been in a tub or a shower for four years.

17 MARIE TRIPP: Oh!

18 PAMELA BENDELL: My mother had a broken  
19 toe -- because when she was in a recliner --  
20 because she was rigid -- she had Lewy body dementia  
21 and Parkinson's.

22 Because she was rigid, when they turned  
23 a corner, they broke her toe against a door frame.

24 Also, she had -- I said about her black  
25 eyes; she had a broken toe; she had a shattered

1 knee.

2           When you talk about top down, yes, I  
3 heard someone was going to be disciplined. They  
4 just played one against the other.

5           And I happen to know one of the PSWs  
6 because I used to work with her years ago, and she  
7 was fabulous.

8           We had hired someone for eight years to  
9 go into the facility three times a week to ensure,  
10 when I was working or away, that my mom was being  
11 fed.

12           There was one other thing that -- oh,  
13 well, there's so many things. But at the end, when  
14 my mother died, I was on the phone when she was  
15 dying because she was choking.

16           And I had the doctor on one phone. I  
17 had my brother on my cellphone, and he was  
18 narrating it through.

19           And I was asking "could I come? Is she  
20 going to go to the hospital?"

21           The coroner reached out to me and put  
22 my mother's death was accidental. I since found  
23 out he's changed the report to say that she died of  
24 COVID. My mother didn't have COVID. So there's an  
25 investigation into that. It's been lie after lie

1 after lie after lie.

2 And, Cathy, when you said about the  
3 effect on us, it's unimaginable. Night after  
4 night, I think about my mother lying in a bed,  
5 can't speak, can't eat, can't do anything.

6 And I was getting emails saying she was  
7 eating at 75 percent, 80 -- everything was fine.  
8 She was being bathed.

9 No. Terrible. So that's what I have  
10 to say.

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Well, this is very helpful for us as, as was said.  
13 It helps us stay grounded. And we --

14 Yes, Cathy?

15 CATHY PARKES: Oh, sorry. I didn't  
16 mean to interrupt you. Go ahead.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 No, no. What were you going to say?

19 CATHY PARKES: Well, I was going to say  
20 this term of "they ate 75 percent of their meal,"  
21 we need to encourage that to stop because if we're  
22 looking at half of the sandwich and "they've eaten  
23 75 percent of it," that's not accurate to their  
24 nutritional needs daily.

25 And those terms don't work because that

1 is what was happening especially during April and  
2 May. There wasn't kitchen staff, and they were  
3 being served sandwiches. So eating 75 percent of  
4 the sandwich can't possibly be helping in the way  
5 that it should.

6 And I also want to speak to the point  
7 that I had a real problem myself with not only a  
8 lack of communication but then the communication  
9 that I was getting was absolutely false.

10 The day I saw my father before he died,  
11 he was comatose. I saw him through his window. I  
12 was told he was sitting up and eating 75 percent of  
13 his meal that day, and yet they couldn't get water  
14 into him to give him his medication.

15 So the charting wasn't being done. Old  
16 information was being given. My father's fever was  
17 much higher than they were reporting on April  
18 the 13th, two days before he passed away, but they  
19 didn't have accurate information.

20 They were holding off on swabbing and  
21 testing for COVID until a resident's temperature  
22 reached a certain level. That can't happen. That  
23 was awful. I had to demand that my father have a  
24 COVID test.

25 So what little information we were

1 getting was absolutely false, and that's really  
2 concerning.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Well, thank you very much for sharing this. We  
5 are, you know, accessible through the counsel and  
6 the people you've been dealing with.

7 You know, it's not as if, once this  
8 interview is over, there's no way of getting ahold  
9 of us or, you know, asking us or contacting us if  
10 you feel the need to or if there's something you're  
11 curious about.

12 But I want to thank you for coming, and  
13 I want to thank you for the organized way. I  
14 appreciate this last bit of conversation, which I  
15 generated with that question, but your submission  
16 was so orderly. It's very easy to follow, and we  
17 understand what recommendations you're making.

18 We will probably issue further reports.  
19 We're still working on that and what that will look  
20 like. We're still trying to decide, but we do have  
21 a bit of an idea of what we're going to do next.

22 And I want to thank you all again.

23 CATHY PARKES: Thank you.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 And with that, I'll say good evening, and you know

1 where to find us. If you've got some information  
2 you think would be helpful, please --

3 PAMELA BENDELL: Can I just close by  
4 saying, sorry, I have photographs, if you'd like  
5 photographs. I would be willing to share them to  
6 you, if you'd like to see the proof I have.

7 COMMISSIONER FRANK MARROCCO (CHAIR): I  
8 think that would be helpful. I don't know if it  
9 was Ida or -- whoever you were dealing with that  
10 made the arrangements, that would be the best way  
11 to get them to us.

12 PAMELA BENDELL: Absolutely. But I  
13 just want you to know there's photographs  
14 available, and I'm sure I'm not the only family  
15 member that has --

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Well, you know, we're not prosecuting, but we will  
18 get into this a bit, I think. And that sort of  
19 thing can be quite helpful depending on what people  
20 tell us.

21 CATHY PARKES: Thank you.

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Okay. Good evening, everybody.

24 -- Adjourned at 4:56 p.m.

25

1 REPORTER'S CERTIFICATE

2  
3 I, MCKAYA MCDONALD, CSR, Certified  
4 Shorthand 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  
11 were recorded stenographically by me and were  
12 thereafter transcribed;

13  
14 That the foregoing is a true and  
15 correct transcript of my shorthand notes so taken.

16  
17  
18 Dated this 25th day of October, 2020.

19  
20 

21  
22 \_\_\_\_\_  
23 NEESONS, A VERITEXT COMPANY

24 PER: MCKAYA MCDONALD, CSR

25 CHARTERED SHORTHAND REPORTER



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