

# Long Term Care Covid-19 Commission Mtg.

Meeting with Current and Past Members of  
Management and Family Council, Villa Colombo  
Toronto  
on Thursday, January 14, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom Videoconferencing, with all  
participants attending remotely, on the 14th day of  
January, 2021, 2:30 p.m. to 3:30 p.m.

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1 BEFORE :

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3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

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7

8 PRESENTERS :

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10 MEETING WITH CURRENT AND PAST MEMBERS OF MANAGEMENT

11 AND FAMILY COUNCIL, VILLA COLOMBO TORONTO :

12 Tracey Comeau, Former Executive Director

13 MaryLynn Pride, Director, Nursing Unit and Risk

14 Management

15 Julie Perl, Chair, Family Council

16 Marijane Huliganga, IPAC Lead and Clinical Educator from (Sept

17 2020 to Jan 15, 2021) and Director, Nursing Unit and IPAC Lead

18 (previously until September 2020)

19

20 PARTICIPANTS :

21 Lynn Mahoney, Counsel, Gowling WLG

22 Kavi Sivasothy, Counsel, Gowling WLG

23 Alison Drummond, Assistant Deputy Minister,

24 Long-Term Care Commission Secretariat

25 Rose Bianchini, Senior Policy Analyst, Long-Term

1 Care Commission Secretariat  
2 Jessica Franklin, Policy Lead, Long-Term Care  
3 Commission Secretariat  
4 Angela Walwyn, Senior Policy Analyst, Long-Term  
5 Care Commission Secretariat  
6 Alain Daoust, Team Lead, Long-Term Care Commission  
7 Secretariat

8  
9 ALSO PRESENT:  
10 Deana Santedicola, Stenographer/Transcriptionist

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1 -- Upon commencing at 2:30 p.m.

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3 LYNN MAHONEY: So, Commissioner

4 Marrocco, we have today a team of people who have  
5 at various points in time been involved with Villa  
6 Colombo.

7 So they have spent quite a bit of time  
8 actually with us as a Commission team giving us  
9 information and sharing their thoughts with us.

10 So we thought it important that they  
11 meet with you, and they will -- they have a very  
12 detailed presentation to make to you that I think  
13 will assist all three of you in the work that you  
14 are doing, and as they proceed with it, I will  
15 interject, but their presentation is very well  
16 organized, not surprisingly, and they have got --  
17 they have covered all the topics that I think are  
18 important.

19 I'll interject periodically, and Kavi  
20 and I will be bringing up some documents that I  
21 want to discuss with them.

22 So other than that, maybe I'll just  
23 hand it over to you, Commissioner Marrocco, if you  
24 want to start it off.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Well, thank you for coming. We do keep  
2 a transcript, as you probably know, and we will  
3 post it on our website so that people who are  
4 interested can follow along with what we are doing.

5 We have had to follow a somewhat unique  
6 procedure because we are acting in the middle of  
7 the outbreak as opposed to after it is all over,  
8 and we have a deadline of April 30th to produce our  
9 report, and we will do that.

10 But we have, as a result -- our  
11 procedures have become a little different from what  
12 you would traditionally expect.

13 But we will -- in addition,  
14 Ms. Mahoney, we may have questions as we go along.  
15 So with your permission, we'll just interject as it  
16 comes up, not because we are rude but because it is  
17 hard to go back. It is just easier to stop you and  
18 ask you a question than to try to go back and  
19 figure out where somebody was and so on.

20 So thank you, and we are ready to  
21 proceed when you are.

22 LYNN MAHONEY: Tracey, do you have the  
23 PowerPoint? Are you able to share it?

24 TRACEY COMEAU: I am looking at it on  
25 the screen, actually. Is that --

1 LYNN MAHONEY: Can you share your  
2 screen?

3 TRACEY COMEAU: Let's see if I can.  
4 Hold on. I have too many things open. Hold on one  
5 second.

6 LYNN MAHONEY: At the bottom of the  
7 Zoom screen, there is a share screen.

8 TRACEY COMEAU: There we go.

9 LYNN MAHONEY: Awesome. It is coming  
10 up.

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 We can see it.

13 TRACEY COMEAU: There you go. Great.  
14 Do you just want us to start, Lynn?

15 LYNN MAHONEY: Yes, please, Tracey.

16 TRACEY COMEAU: Good afternoon. My  
17 name is Tracey Comeau, and I am joined by two  
18 former colleagues and as well by the Chair of our  
19 Family Council at Villa Colombo.

20 My role was Executive Director at Villa  
21 Colombo. I was there from July of 2014 until July  
22 of 2020, and I left July 10th of 2020.

23 I am joined by Marijane Huliganga, who  
24 is the Director -- one of the Directors on a  
25 resident home area, fourth floor, and also the IPAC

1           Lead for Villa Colombo. I'm also joined by  
2           MaryLynn Pride, who is the Director on a Nursing  
3           Unit home area, fifth floor, and holds a portfolio  
4           of risk management as well, and Julie Perl, who is  
5           our Family Council Chair.

6                       I'll give you a bit of background about  
7           Villa Colombo. It is a not-for-profit charitable  
8           organization that is ethno-specific for  
9           Italian-Canadians. It opened its doors in 1976,  
10          and over the years, it has grown in size.

11                      Up until April, it was 391 beds, and in  
12          April we agreed with the LHIN to take an additional  
13          four emergency licences during the pandemic, so  
14          that brought our total up to 395 beds.

15                      LYNN MAHONEY: Could I just ask you a  
16          question about that, please, Tracey. Those four  
17          beds that you took, was that when the hospitals  
18          were decanting the ALC beds into the homes?

19                      TRACEY COMEAU: That is exactly what it  
20          was.

21                      LYNN MAHONEY: Okay.

22                      TRACEY COMEAU: So we had agreed -- up  
23          until that time, as well, we had also taken around  
24          22 admissions in about a three and a half week  
25          period while hospitals were decanting, and our

1 partner hospital was Humber River Hospital at that  
2 time, and we were a member of their Ontario Health  
3 Team, Northwestern Toronto Health Team.

4 So we did agree to take the four  
5 emergency licences. Villa Colombo consists of two  
6 buildings really that are joined together, so one  
7 is known as the Fusco Wing, which is the oldest  
8 wing, and it has 266 beds at the time, and then  
9 there were the four additional licences that went  
10 there, and that is comprised of Category B and  
11 Category C beds. The original building is the  
12 Category C that opened in 1976. They put an  
13 addition, a north wing on, in 1989. That is what  
14 brought it to the 266.

15 And then in the year 2000, they opened  
16 the Fidani Wing, which has 125 beds, and it is a  
17 Class A, a Category A bed.

18 So like most long-term care homes, the  
19 building was having, you know, aging  
20 infrastructure, particularly HVAC concerns in the  
21 Fusco Wing. It has narrow halls, small dining  
22 rooms that are only able to handle a capacity of 64  
23 to 68 residents at a time in a dining room because  
24 most of them primarily have some form of mobility  
25 aid with them.

1                   The tub rooms or spa rooms as they call  
2                   them, they are newer, but they are in the hallway,  
3                   and those are communal. They are shared for all  
4                   residents who are taken there, one bath at a time,  
5                   so that increases your risk of cross-contamination.

6                   And as I just mentioned earlier, Villa  
7                   Colombo is also part of the Ontario Health team,  
8                   northwestern Toronto Health Team, that was led by  
9                   Humber River Hospital, and we were one of the only  
10                  nursing homes that were at the table for that --  
11                  the beginning of the Health Team. We had been  
12                  there from day one. We thought it was very  
13                  important to have the opportunity to be part of a  
14                  new Ontario Health team, and we were very proud to  
15                  be there.

16                  LYNN MAHONEY: Can I ask you a  
17                  question, Tracey. You raise it here with the Fusco  
18                  Wing, and maybe you are going to address it later  
19                  in your presentation, but maybe you can just talk  
20                  about it now in terms of the ventilation system and  
21                  where the majority of your COVID-positive cases  
22                  were.

23                  TRACEY COMEAU: Right. So the majority  
24                  of our COVID-positive were in Fusco Wing, and they  
25                  started predominantly in what we call the south

1 corridor. So the south corridor and the west  
2 corridor were the original part of the building.  
3 The north was the addition that was put on in 1989.  
4 So the south and the west have recirculated air,  
5 and the north side has less recirculated, more  
6 fresh air return.

7 Fidani Wing, where we had very few  
8 cases at all, has a hundred percent fresh air  
9 return because that is the class A beds.

10 LYNN MAHONEY: Okay. Thank you very  
11 much.

12 TRACEY COMEAU: You are welcome. In  
13 May of 2019, we received a funding notice, as many  
14 nursing homes did, that there were going to be  
15 funding changes, as they were called at the time,  
16 which really meant funding reductions to our home,  
17 and that was based on the high wage transition  
18 funding that was being eliminated and the  
19 structural compliance funding.

20 And because of the age of our home, we  
21 received both of those funding streams and a  
22 significant amount because of the size of our home  
23 based on the per diem.

24 We also were then notified that we -- I  
25 think it was the next day, that there was a CMI

1 reduction that we were going to be receiving, and  
2 then of course there was the change to the per diem  
3 funding that was going to a one percent global  
4 structure.

5 So that was hitting us --

6 LYNN MAHONEY: Can I just interject for  
7 a moment. I think, if I'm correct, that it fits in  
8 chronologically. I believe you told me about a  
9 meeting that you had with Minister Fullerton around  
10 the time of this -- the funding announcements, and  
11 could you please tell the Commissioners about that  
12 meeting and what you said to the Minister?

13 TRACEY COMEAU: Certainly. We received  
14 the notice of funding changes in May of 2019. Were  
15 very concerned because everything combined was  
16 going to hit us at around a \$700,000 funding change  
17 for us, which is a significant amount of money.

18 So Family Council became very involved.  
19 We partnered heavily with Family Council, and  
20 Family Council was also very good at lobbying  
21 government when they needed to. And they were  
22 writing to their MPP. We brought MPP Robin Martin  
23 to the home for a family information session to  
24 discuss this at the time.

25 And by then, I think we were up to the

1 end of June, probably like the first day that  
2 Minister Fullerton was put into the position of  
3 Minister of Long-Term Care, and Robin Martin came  
4 to attend a meeting, MPP Martin came, and she  
5 promised at that meeting that she would arrange a  
6 meeting with the new Minister of Long-Term Care,  
7 which she did fulfil that promise.

8 And I was able to go -- I believe it  
9 was the 8th of August, around that time -- to  
10 Minister Fullerton's office, accompanied by our  
11 Assistant Vice President of Finance, Mr. Paul Pass,  
12 and we went prepared to discuss with Minister  
13 Fullerton how these changes were going to impact  
14 our home specifically.

15 While we were there, we talked about  
16 many streams of funding. We talked about  
17 antiquated streams of funding. We talked about  
18 limited funding, and how these were impacting care.

19 And at the time, one of the comments  
20 that I made to Minister Fullerton was that  
21 long-term care is a house of cards, and if one of  
22 these cards come out, it is going to crumble. It  
23 would only take one major disaster for everything  
24 to fall apart , and that if we continued to have  
25 all of these funding changes, we were never going

1 to be able to survive.

2 So she did understand that. She agreed  
3 to look at it, and as I said, she had only been in  
4 her position for a number of weeks at that point.  
5 And she agreed that they were trying to understand  
6 what was happening with these funding changes.

7 What followed after that was an  
8 announcement that they were deferring some of these  
9 funding changes. They weren't stopping them, but  
10 they were deferring them. And I believe ultimately  
11 what happened was the structural compliance funding  
12 is now part of the infrastructure funding, and the  
13 transition funding, highway transition funding, was  
14 ultimately removed.

15 LYNN MAHONEY: Thank you.

16 TRACEY COMEAU: So we did say that day  
17 that this is a house of cards.

18 Many of the things we talked about with  
19 her were the things that we talked about with  
20 Family Council quite regularly, which were the  
21 daily shortages of staff that every nursing home  
22 across the sector was facing.

23 We had a rapidly aging work force, high  
24 percentage of casual and part-time employees that  
25 were working multiple jobs, not just one other job

1 but sometimes two and three other jobs.

2 There was wage disparity across the  
3 sector, which continues, and our major concern with  
4 that is PSWs particularly. We can't compete with  
5 municipal homes. We can't compete. When there is  
6 such a shortage and people are vying for these  
7 employees, you can't compete with those increased  
8 wages that other homes are paying.

9 Now, Villa Colombo does have a HOOPP  
10 pension plan, which is a very lucrative pension  
11 plan, and that was always a drawing force to  
12 attract staff, but in today's world, it is not.  
13 You know, younger people coming out, maybe they are  
14 not -- you remember yourself being young, and you  
15 weren't worried about a pension plan. So it  
16 doesn't have the draw that it used to have if a  
17 Metro home is paying \$6 more an hour. That is what  
18 they are interested in at the time.

19 We never felt that there was an  
20 adequate staff mix ratio. There is -- we  
21 appreciate every bit of work that the PSW does and  
22 there will always be a need for the PSW, but we  
23 required more registered staff; particularly on the  
24 heels of the inquest that was done and the 92  
25 recommendations that had come forward, many of

1 those things put forward what you would need more  
2 registered staff to do.

3 We knew that our daily hours of care  
4 per resident day were around 2.39 hours a day. So  
5 many of our PSWs were caring for one to nine,  
6 upwards of one to twelve, on a day shift, and  
7 higher throughout evenings and nights.

8 And we had a heavy reliance on families  
9 and volunteers and private companions to meet the  
10 needs of residents, particularly with assistance  
11 with feeding because some residents can take  
12 anywhere from 45 minutes and longer to assist with  
13 their meals.

14 And a major concern as well, not just  
15 with frontline, but is with management staff.  
16 Directors of Care and other Nursing Unit Directors  
17 have large portfolios. So the primary example is  
18 infection control. This was carried by Marijane,  
19 who is on the line, but she is also the Director  
20 for the fourth floor, which has almost 90 residents  
21 between the Fusco and Fidani Wing, 67 on one side,  
22 26 on the other, and almost a hundred staff that  
23 you would be responsible for.

24 And on top of that, you are responsible  
25 for infection prevention and control. MaryLynn

1 would be facing the same situation on her floor  
2 with numbers, but be responsible for a portfolio of  
3 risk management and also falls and restraints and  
4 so on.

5 And this took away as well from direct  
6 oversight that you would require on the units.

7 We knew that there was ongoing issues  
8 with complex care needs of residents. People are  
9 being admitted to long-term care with a life  
10 expectancy of 18 months with multiple  
11 co-morbidities and higher needs of care that you  
12 just are not able to manage.

13 A low ratio of registered staff  
14 compared to these complexity of needs, and as I  
15 have already mentioned, that many residents  
16 required enhanced pain management, palliative care,  
17 up to 60 minutes for feeding and responsive  
18 behaviours requiring one-on-one care.

19 And the current legislation actually  
20 requires one Registered Nurse in the building. So  
21 it doesn't even break that down into size.

22 So one Registered Nurse in a building  
23 with a hundred beds or one Registered Nurse in a  
24 building with 400 beds. One Registered Nurse  
25 cannot manage to be there by herself. We did not

1 have one. We had nine Registered Nurses over a  
2 24-hour period was our staffing mix that we did  
3 have.

4 And also a big concern is inadequate  
5 information technology. So frontline workers in  
6 long-term care, many long-term care homes and at  
7 Villa Colombo, do not have something as basic as  
8 email because there is a cost factor associated  
9 with that. So managers and supervisors have email,  
10 but to try and do broadcast messaging, to try and  
11 contact people individually on shift, it becomes,  
12 you know -- it is a paper chase. You are posting  
13 memos all the time.

14 LYNN MAHONEY: Can I ask you about that  
15 and maybe you'll get to it later in the  
16 presentation, but the inadequate information  
17 technology, did that -- was that a factor with  
18 these lab results coming back by fax machine? Is  
19 that one of the factors with inadequate information  
20 technology?

21 TRACEY COMEAU: Yes, and that is  
22 actually on the end of Public Health because every  
23 single swab that you do and every single result  
24 that comes back, comes back via fax machine.

25 And when you have 395 residents and 500

1 staff members being tested, each individual result  
2 comes back on a fax machine with a cover page. So  
3 you are looking at, you know, 1,000 sheets of paper  
4 times 2 coming back, then you have to sort them all  
5 into floors and into categories. It was extremely  
6 time-consuming. It also creates an area -- you  
7 know, a margin for error, and somebody not being at  
8 the fax machine when they are coming any time of  
9 day or night. And I can tell you that myself and  
10 Marijane and MaryLynn -- and I will speak on their  
11 behalf because we have all had this conversation, I  
12 only have to hear a fax machine to make my blood  
13 run cold now.

14 When you are sitting there at 11  
15 o'clock at night waiting for lab results to come  
16 back, and you are hearing a fax machine for an hour  
17 printing these off, seeing positive, positive, it  
18 is enough to make your blood run cold any time you  
19 hear that.

20 LYNN MAHONEY: Okay. Thank you.

21 TRACEY COMEAU: You are welcome.

22 So skilled and -- and I am going to let  
23 Marijane speak about this, but we were -- one of  
24 the strengths that we had at Villa Colombo is that  
25 we had a skilled and experienced IPAC nurse, who

1 was Marijane Huliganga and still is until this  
2 Friday at Villa Colombo, but also she was the  
3 Nursing Unit Director on the fourth floor. So  
4 Marijane, can you just speak a little bit about  
5 that?

6 MARIJANE HULIGANGA: Yes, absolutely.  
7 Thank you, Tracey.

8 The infection prevention and control  
9 portfolio had always been part of the mandatory  
10 programs that fall under -- or is being assigned  
11 under a Director of a nursing unit. So what Tracey  
12 had mentioned, that I have approximately 94  
13 residents and family members, you know, that I care  
14 for and our staff. Having the infection prevention  
15 and control portfolio under one person this size of  
16 a home is actually a challenge.

17 So I had been the IPAC practitioner for  
18 Villa Colombo since 2016. I used to be a Unit  
19 Director from a different floor, and the portfolios  
20 under me would be medication management,  
21 incontinence care and bowel -- improving  
22 incontinence care and bowel management programs.  
23 So these are programs that are mandatory for  
24 long-term cares.

25 So IPAC will always fall under a

1 portfolio of a Director of nursing unit, and from  
2 2016, that had been under mine -- my portfolio.

3 The challenges that I saw was, when  
4 this was assigned to me, I did not have any  
5 background with epidemiology or infection  
6 prevention and control. Yes, there were  
7 recommendations from Public Health Ontario that,  
8 you know, a long-term care home this size will have  
9 an infection control practitioner.

10 So I took it upon myself. I wanted to  
11 learn, and I wanted to, you know, understand what  
12 this role means. I went and enrolled -- in 2017, I  
13 enrolled into a two-week, you know, very  
14 intensive -- it is a course that Centennial College  
15 had provided. And I did tell myself, you know, as  
16 a Registered Nurse and as a professional, I wanted  
17 to become a Certified Infection Control  
18 Practitioner.

19 So I gave myself five years because I  
20 need to learn. I need the experience before I can  
21 take CIC and become a CIC.

22 LYNN MAHONEY: Marijane, can I ask you  
23 a question.

24 MARIJANE HULIGANGA: Sure.

25 LYNN MAHONEY: So this program, it is a

1 certification that you get?

2 MARIJANE HULIGANGA: So the program  
3 would cover all of the areas on infection  
4 prevention and control. So it is not just  
5 surveillance, outbreak management, but also  
6 buildings and renovations and, you know, antibiotic  
7 resistant organisms. So all the areas that would  
8 be covered by infection control.

9 It is not a certification, meaning you  
10 become a CIC, which is through APIC. So through,  
11 you know, the Canadian certification board. For  
12 myself, I took that course. Once I passed the  
13 course, it will just show that, yes, I had taken  
14 the course.

15 There are a lot of other courses at  
16 Public Health Ontario. There were communities of  
17 practice that were provided by Public Health  
18 Ontario, an IPAC GTA, which I had attended most of  
19 them, but the certification itself, it comes with,  
20 you know, understanding the experience. I didn't  
21 want to write the exam and be certified without  
22 that experience. I was novice, and in the  
23 legislation, I think a lot of us are RNs who had  
24 been placed into the IPAC role, were grandfathered.  
25 So we were given five years, or, you know, up to a

1 certain point where you can get your certification.

2 So for me, my goal was to get certified

3 between 2020 and 2021, and the pandemic happened.

4 But during my years between 2016 until 2020, I was

5 able to, you know, get that experience, gain the

6 knowledge, was able to -- usually the main area

7 where an IPAC person is really required is outbreak

8 management. So of course, we know that every flu

9 season we usually will have an influenza outbreak

10 happening in long-term care homes, and, you know,

11 it is just the setting. You know, yes, the program

12 is there. Yes, we do have controls in place. We

13 are able to stop risks, but sometimes it is just --

14 like the infectious diseases are just hard to

15 contain in congregate settings similar -- like, you

16 know, long-term care homes or retirement homes.

17 And that is why most of the time would

18 be -- my role as an IPAC person would be to meet

19 what is required by legislation, which would be,

20 you know, leading an infection control committee.

21 There is, you know, a whole committee of, you know,

22 the physician. Our Medical Director is the

23 co-chair of the IPAC committee. We discuss hand

24 hygiene, for sure, audits. Personal protective

25 equipment is something else, but most of that we

1 liaise with Toronto Public Health.

2 So if we really need to have a program  
3 that is for the long-term care home, you need the  
4 experience, you need the qualifications, you need  
5 to be certified, and also focus on infection  
6 prevention and control, and it cannot be, like,  
7 juggling your hours and your time whether to  
8 address a performance issue of your staff or making  
9 sure that you are able to contain an outbreak on a  
10 particular unit.

11 So that was where we were -- or I was.  
12 That was where I was between 2016 until 2020.

13 LYNN MAHONEY: Thank you.

14 MARIJANE HULIGANGA: Thank you.

15 TRACEY COMEAU: So if we talk about the  
16 strengths at Villa Colombo, Marijane obviously was  
17 one of them from an infection prevention and  
18 control perspective, and we had also invested a  
19 great deal of time in pandemic planning.

20 We also had a very strong, skilled  
21 leadership team. Marijane is an example; MaryLynn  
22 who is also a certified risk manager and a member  
23 of the risk management society. We did have a  
24 full-time clinical educator on staff, who is also a  
25 clinical educator at George Brown College teaching

1 nursing students and international nursing  
2 students.

3 We had a strong palliative care plan in  
4 place. We had a partnership with Temmy Latner  
5 Palliative Care Centre at Mount Sinai and  
6 Dr. Russell Goldman. We were one of the only  
7 long-term care homes I'm aware of -- there may be  
8 more, but I wasn't aware of them, where the  
9 palliative care team from Temmy Latner was coming  
10 into our long-term care home to assist with  
11 palliative care -- end of life care for our  
12 residents, and they worked very closely with the  
13 clinical educator. We had ongoing education. We  
14 had end of life order sets in place.

15 When we knew that the pandemic was here  
16 and just prior to us being in outbreak, the  
17 clinical educator had arranged with Temmy Latner  
18 Centre and our ethicist Bob Parkes and myself and  
19 our medical director to discuss what end of life  
20 care would look like during COVID-19 and made sure  
21 that we had the measures in place, we had the  
22 medication on-site, we had the orders in place, all  
23 of the stock medication and the training were there  
24 as well, because we knew that end of life could  
25 look very different from COVID-19 than it did from

1 some of our other end of life experience.

2 We had a strong working relationship  
3 with the Registered Nurses' Association of Ontario  
4 and VIANurse that was in place at the time, so that  
5 enabled us to secure extra registered staff, and we  
6 had onsite physiotherapy, a contracted company who  
7 was there, and they were able also to work with our  
8 positive residents.

9 Villa Colombo is a registered nursing  
10 association, best practice spotlight organization.  
11 We were in year three of that.

12 And just in February, so just less than  
13 one month prior to the pandemic, Villa Colombo had  
14 been accredited with exemplary standing from  
15 Accreditation Canada.

16 LYNN MAHONEY: Can I ask you about  
17 that, Tracey. So Accreditation Canada, I  
18 understand one of their -- I think they call it  
19 their swim lanes that they look at is IPAC.

20 TRACEY COMEAU: Yes, and we had  
21 received one hundred percent on all of the required  
22 organizational practices.

23 LYNN MAHONEY: So would they have given  
24 you a report? Did you get a report from them in  
25 February, and they ranked you, and they did a

1 review of your IPAC practices?

2 TRACEY COMEAU: Yeah, in order to  
3 achieve exemplary standing, which is the highest  
4 standing that Accreditation Canada has, you have to  
5 receive one hundred percent in meeting all of your  
6 required organizational practices, which we did.

7 And that wasn't the first year that we  
8 received exemplary standing. We had received full  
9 accreditation -- I believe since the '80s they had  
10 been accredited with Accreditation Canada, and also  
11 I'm a surveyor for Accreditation Canada, so I  
12 understand how difficult it is to achieve exemplary  
13 standing.

14 So we were very proud of that.

15 LYNN MAHONEY: Okay.

16 TRACEY COMEAU: And it --

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 Can I just stop you for a minute.

19 TRACEY COMEAU: Sure.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Was there a plan to deal with an  
22 outbreak as infectious as -- a very infectious  
23 outbreak? I don't want to use the word "pandemic"  
24 because I think that might be hindsight, but was  
25 there a plan?

1                   TRACEY COMEAU: Yes, the pandemic plan  
2                   that they have in place and also a business  
3                   continuity plan, but the pandemic plan addressed  
4                   areas of infection prevention and control, and I  
5                   think the best thing -- probably the closest that  
6                   they would have been looking at would have been  
7                   H1N1, and SARS, of course, would have been the  
8                   areas when pandemic plans certainly came to  
9                   fruition.

10                   And that was something that we reviewed  
11                   constantly, was our pandemic plan, because just  
12                   going into accreditation, that is something that  
13                   they want to look at when the surveyors come, is  
14                   your pandemic plan, and do you have one in place,  
15                   and what does it look like.

16                   And that talks about everything from  
17                   how you are going to manage staffing to how you are  
18                   going to manage supplies in your pandemic plan. So  
19                   certainly when we saw what was happening around the  
20                   world, we were definitely -- although we had just  
21                   finished reviewing our pandemic plan for  
22                   accreditation, we were also looking closely at the  
23                   pandemic plan and that involved as well an incident  
24                   management system that had defined roles for  
25                   various people within the organization.

1                   One of those areas was certainly  
2                   procurement of supplies, and we were --

3                   COMMISSIONER FRANK MARROCCO (CHAIR):

4                   And what did the plan say about  
5                   procurement of supply?

6                   TRACEY COMEAU: It talked about the  
7                   amount because it identifies your burn rate that  
8                   you could potentially be going through, and it  
9                   talks about the amount of supplies.

10                  So when we were seeing what was  
11                  happening in Italy when we look at this pandemic,  
12                  because we had 395 Italian residents living there,  
13                  the first concern that we had was do we have any of  
14                  our families going back and forth to Italy on  
15                  vacation right now and did that put us at risk?

16                  So our Procurement, who is a  
17                  Supervisor, and Finance Department started saying,  
18                  along with the Clinical Educator, I think we better  
19                  top up our pandemic supplies. So we refer to it as  
20                  the "pandemic cage". It is an area in the basement  
21                  where we separate our pandemic supplies from our  
22                  regular supplies. So we would always have gowns,  
23                  gloves and masks available, but we have what we  
24                  call the pandemic supply. And we use that  
25                  supply -- it is that first in/first out is how you

1 use that.

2 So we were always managing that. We  
3 have this amount of supplies in here. They might  
4 be getting close to expiry, so they go into the  
5 regular supply, and then you re-fill the pandemic  
6 supply.

7 So that they are never expired.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 What was the supply?

10 TRACEY COMEAU: I don't know the exact  
11 numbers. I do have them --

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 But in terms of one month, two months,  
14 one week?

15 TRACEY COMEAU: Oh, at least -- when we  
16 were looking at the pandemic approaching, we had a  
17 minimum of three months' supply in there, and in  
18 things like gloves, it would have been more. We  
19 had a very good supply of N95 masks as well, and we  
20 had -- 80 percent of our staff were already  
21 mask-fit tested and knew what size, and we had a  
22 supply of all of those in our pandemic supply.  
23 They weren't utilized until -- you know, if there  
24 were staff who had asked for an N95, as long as  
25 they were mask fit-tested, we did provide that.

1           You know any reasonable request was met because  
2           some people just felt better having that.

3                       But we were not short of supplies at  
4           all at Villa Colombo.

5                       COMMISSIONER FRANK MARROCCO (CHAIR):

6                       And you acquired those supplies  
7           yourself?

8                       TRACEY COMEAU: We acquired them before  
9           they became hard to get, yes. We --

10                      COMMISSIONER FRANK MARROCCO (CHAIR):

11                      No, I understand, but you took care of  
12           that yourself as Villa Colombo?

13                      TRACEY COMEAU: Yes.

14                      COMMISSIONER FRANK MARROCCO (CHAIR):

15                      You went out into the marketplace and  
16           purchased a stockpile of supplies.

17                      TRACEY COMEAU: Yes, predominantly --

18                      COMMISSIONER FRANK MARROCCO (CHAIR):

19                      Or maintained a stockpile of supplies.

20                      TRACEY COMEAU: We maintained it, and  
21           our supplier was -- generally Cardinal Health was  
22           the supplier that we used for the majority of our  
23           medical supplies, so our Procurement person was  
24           always ordering them through Cardinal to make sure  
25           that --

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 And if I can just -- when did the light  
3 go on for you that you had to re-examine your  
4 pandemic supplies and your pandemic plan? Can you  
5 fix that approximately when that was?

6 TRACEY COMEAU: We would say January.  
7 I think MaryLynn would probably -- MaryLynn and  
8 Marijane would agree with that. We were looking at  
9 it in January because we were having an Influenza B  
10 outbreak at the time. It had been confirmed  
11 Influenza B.

12 We also saw what was going on in the  
13 world. Our Clinical Educator was keeping an eye on  
14 that and coming back saying, I think we better  
15 start getting prepared, something is going to  
16 happen worldwide, and the closer we saw it coming,  
17 we knew that we better be ready.

18 Something that we hadn't mentioned in  
19 the beginning when we were talking about Villa  
20 Colombo, it is actually a home managed by  
21 Extendicare Assist Canada, and it had been managed  
22 by Extendicare since 2012 -- or had a management  
23 contract. They handled all of the back office for  
24 Villa Colombo, and they provided consultants where  
25 needed. So there was a nurse consultant and a

1 regional consultant, and then Extendicare Assist  
2 has regional people for infection control, for  
3 dietary, for housekeeping, for a variety of things.

4 We had actually asked them in February,  
5 toward the end of February, are you going to start  
6 having pandemic meetings in preparation for the  
7 pandemic? The following week, they did start to  
8 have meetings, and their recommendation was that  
9 every home try to get in at least two weeks of  
10 pandemic supplies.

11 And we knew that two weeks of pandemic  
12 supplies would certainly not be enough in a home  
13 the size of Villa Colombo, and we already had --  
14 way ahead of that. We had at least three months of  
15 supplies on hand.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 And in the middle of February or  
18 whenever is too late, I assume.

19 TRACEY COMEAU: Yeah, people were  
20 finding it difficult to get supplies at that point.  
21 So we already had them in-house, and we felt  
22 comfortable with the amount of supplies that we  
23 had.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 All right. Commissioner Kitts?

1                   COMMISSIONER JACK KITTS: So I gather  
2                   then that you were able to provide the  
3                   precautionary principle to your staff, what they  
4                   felt comfortable with protection, and are you  
5                   saying that throughout the pandemic, the first  
6                   wave, you did not have a shortage of PPE for your  
7                   staff?

8                   TRACEY COMEAU: No, we were never  
9                   without any PPE. We did start -- when we were in  
10                  the height of our outbreak, we did start to run low  
11                  on isolation gowns. And when you say "run low",  
12                  for a home the size of Villa Colombo, with a burn  
13                  rate that we would have with the entire home in  
14                  isolation, we were getting down to around 10,000  
15                  isolation gowns and that made us nervous because we  
16                  could potentially go through 3,000 a day.

17                  So that's when we started reaching --  
18                  and then of course you couldn't get any through  
19                  your supplier, so we did reach out through the  
20                  channels through the Ministry to obtain additional  
21                  isolation gowns, which was a very -- a bit of a  
22                  tedious process because it is a three-step process.

23                  When we did receive the okay that they  
24                  were going to deliver 10,000 gowns to us, the  
25                  Procurement Supervisor came to me with a waiver

1 that came from the --

2 LYNN MAHONEY: Tracey, could I just  
3 interject for a moment? And, Commissioners, it is  
4 a good point. I actually have the documents to  
5 assist.

6 So, Tracey, if you could just hold that  
7 thought for a minute while Kavi pulls up the  
8 documents. There is actually an email from you,  
9 Tracey, to -- I am going to get it wrong here.  
10 Hold on. There is an email from you on April 24th,  
11 and then that follows -- there is a letter from  
12 your Board Chair on April 25th with the attached  
13 waiver.

14 So maybe what we can do, Kavi, is we  
15 could pull up document 2, the April 24th email.

16 KAVI SIVASOTHY: Sure. Tracey, do you  
17 mind stopping sharing the screen for a second and  
18 then I can take over?

19 TRACEY COMEAU: Oh, sure. I need to  
20 see if I can get myself out of it. Hold on now.  
21 What do I do to stop that?

22 Stop share. There we go.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 Thank you.

25 LYNN MAHONEY: See, Tracey, you are an

1 expert at this now. See? You just go through it  
2 once. So Kavi is going to show you -- and maybe  
3 you can go back to your thought about the issue of  
4 the gowns and your ability to get gowns and maybe  
5 you can walk the Commissioners through this -- your  
6 email and then the following letter and the waiver.

7 TRACEY COMEAU: I have written many  
8 emails throughout the course of the -- actually  
9 starting before outbreak and before the pandemic,  
10 starting with funding cuts, I started to write  
11 emails.

12 But this one was written on April 24th,  
13 and I was concerned about the waiver that was sent  
14 for us to sign as an organization, and when I say  
15 "us", I mean me as the Administrator of the home at  
16 the time was required to sign a waiver that  
17 indemnified the Ministry for anything that might  
18 happen for providing potentially expired PPE.

19 So the concern that we had -- as you  
20 can see, I talk about --

21 LYNN MAHONEY: So you requested gowns  
22 and then you were told -- so you request -- maybe  
23 you can just elaborate on the story a bit. You  
24 requested them and --

25 TRACEY COMEAU: Yeah, we requested the

1 gown. We knew that we were getting down lower in  
2 our isolation gowns. The Procurement Department  
3 was working through all three steps of the PPE  
4 provincial procurement that you had to go through.

5 As this escalated, we were contacted by  
6 the LHIN, and they said that they would deliver  
7 9,000 gowns, but before the delivery, we were  
8 required to -- we were required that the isolation  
9 gowns on hand at Ontario Health are aged.

10 So we inquired about what does that  
11 mean, they are aged? Not only was it concerning, I  
12 was advised that I had to sign the attached  
13 agreement for expired PPEs to indemnify the  
14 Ministry.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 So just stop for a second. So you  
17 asked for some help because you were concerned you  
18 could run out.

19 TRACEY COMEAU: Yes.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 They are prepared to provide you with  
22 aged gowns?

23 TRACEY COMEAU: Yes.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 And then they ask you for a waiver from

1 any -- they ask you really to indemnify them  
2 against any losses or court costs, damages,  
3 anything like that, flowing from the fact that they  
4 gave you aged gowns?

5 TRACEY COMEAU: Yes, correct.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 All right.

8 TRACEY COMEAU: And every nursing home,  
9 other Administrators that I had spoken to through  
10 AdvantAge Ontario, weekly meetings that we were  
11 having with AdvantAge Ontario, I put the question  
12 forward and said, Has anybody else received this,  
13 or is it just me? And many of them said, Oh, yes,  
14 that comes with any of the stock supply that you  
15 are getting, you have to sign this waiver.

16 I did take it to the Board Chair, and  
17 we also took it --

18 LYNN MAHONEY: Yeah, Kavi, could you go  
19 to the next document, which is the Board Chair's  
20 letter. So is this the letter that you are talking  
21 about?

22 TRACEY COMEAU: Yes.

23 LYNN MAHONEY: So this is the letter  
24 that your Board Chair wrote to the Premier of  
25 Ontario about these expired gowns and the waiver

1 that had to be signed; is that right?

2 TRACEY COMEAU: Yes. He also was very  
3 concerned about it, but as an organization, you  
4 know, the accountability and -- the words that I  
5 had used was that the accountability was being  
6 downloaded on to already overburdened  
7 administration, that, you know, we were very  
8 worried about this, but at the same time, we ended  
9 up signing it because I had to look at the two  
10 evils and say which is worse, if I run out, and I  
11 don't have them, or will I take them and take my  
12 chance hoping that -- you know, what could really  
13 be expired on a gown? Maybe it might be the  
14 elastic or something in the wrist, but we needed  
15 the gowns, and we didn't want to run out. We  
16 weren't able to at that time obtain any re-useable  
17 gowns, the washable gowns. They were very hard to  
18 come by.

19 So I went to legal, and I said, What  
20 should I do? And they said, Well, if you need the  
21 gowns, you need the gowns. And I believe we  
22 crossed a couple of things out on it, on the  
23 indemnification, and then signed my name and sent  
24 it back, and they did deliver the gowns.

25 And on a go-forward basis, we continued

1 to receive anything that we needed from them, and  
2 it was usually just gowns that we needed to keep up  
3 with. So they did continue to provide them, and we  
4 continued to sign the waiver.

5 LYNN MAHONEY: Can I --

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Can I just for a second, Ms. Mahoney,  
8 before -- this is in April.

9 TRACEY COMEAU: Yes.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 And you say in your email, and the  
12 President says in the letter, that you are in  
13 outbreak at the same time as this correspondence is  
14 going on.

15 TRACEY COMEAU: Uhm-hmm.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 But what did "in outbreak" mean in  
18 April for Villa Colombo?

19 TRACEY COMEAU: We had just gone -- had  
20 been declared an outbreak on April 20th or -- 20th,  
21 Marijane? April 20th. We had one staff member who  
22 tested positive, which set the alarm bells off, and  
23 we began testing. And by the 24th, we had  
24 identified that we had nine positive residents and  
25 nine positive staff members. So that was the

1 amount that we had at the time.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Okay.

4 LYNN MAHONEY: So, Commissioner Kitts,  
5 I think that was an answer to try to elaborate on  
6 the PPE issue in answer to your question.

7 COMMISSIONER JACK KITTS: Yes. That is  
8 excellent. Thank you.

9 LYNN MAHONEY: Tracey, could you  
10 continue? I think you have probably covered most  
11 of what is on slide 7. You have talked about the  
12 pandemic plan and how you were sort of ready for  
13 things to come. You have talked about the supplies  
14 that you had and the fit testing that was done.

15 TRACEY COMEAU: Correct.

16 LYNN MAHONEY: And also your pandemic  
17 plan had clear roles and responsibilities, so that  
18 when the pandemic hit, everybody knew what they had  
19 to do and what their role was.

20 TRACEY COMEAU: That's right. Are we  
21 able to get to the --

22 LYNN MAHONEY: Yes. Kavi, can you stop  
23 sharing? Yes. Thanks.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 And can I just follow up before you go

1 back? Were you satisfied that everybody knew what  
2 they were supposed to do when the pandemic hit or  
3 when the outbreak hit?

4 TRACEY COMEAU: Yes, yes. I was very  
5 convinced that, you know, we had the evidence to  
6 support it, that people knew exactly what their  
7 roles were. It wasn't just speculation. They were  
8 written down. People were clear what they were  
9 responsible for, who they were reporting to.

10 And we had daily outbreak meetings, and  
11 we had a very specific template that we used for  
12 outbreak meetings, and we reported on things such  
13 as PPEs, daily ratios for staffing, you know,  
14 anything that was happening, the number of PUIs,  
15 people under investigation, the number of active  
16 cases, where we were moving people.

17 If I just go back. Sorry, I forgot  
18 where I had --

19 LYNN MAHONEY: Slide 7 you were on, I  
20 believe.

21 TRACEY COMEAU: Yes. So that is what I  
22 was saying in here, that we did have clear roles  
23 and responsibility for managers and other  
24 departments.

25 We had actually at that time already

1 implemented active screening, and that was -- we  
2 started active screening, I believe, in February,  
3 Marijane?

4 MARIJANE HULIGANGA: Yes, during the  
5 pandemic. Sorry, during the outbreak.

6 TRACEY COMEAU: We started active  
7 screening then. Nobody had said to do active  
8 screening. Some homes were starting to do passive  
9 screening, just putting the signage up, asking  
10 people if they had any flu-like symptoms.

11 The day that the pandemic was declared  
12 on March 11th, Minister Fullerton was actually at  
13 Villa Colombo. She was coming for another meeting  
14 just to meet with some of the management team, and  
15 we photographed her coming through our active  
16 screening at the front door, having her temperature  
17 checked, and asking her questions, and again, that  
18 goes back to infection control and the Clinical  
19 Educator saying, there is something going on in the  
20 world. There is an influenza outbreak happening  
21 here. Let's see if we can slow this down and see  
22 what is happening, and we are going to screen  
23 people at the front door coming and going every  
24 day.

25 So that had already happened.

1 LYNN MAHONEY: Can I just interject for  
2 another moment to fill in part of the story as  
3 well. Kavi, if you could -- Tracey, could you stop  
4 sharing your screen, and we could give it back to  
5 Kavi, and he can pull up the first document, Kavi,  
6 which is an April 16th, 2020, email from Tracey to  
7 Premier Ford, and this is before -- Commissioners,  
8 Tracey has indicated this is before they had their  
9 first COVID-positive test. She is sending an email  
10 to Premier Ford.

11 And maybe you can speak to the  
12 Commissioners about -- it is a fairly lengthy  
13 email, and you cover a lot of territory. I think  
14 it is safe to say that you are warning the Premier  
15 that steps need to be taken because it is going to  
16 hit and has hit long-term care, and you are  
17 advising him of things that you have done, and you  
18 have told him that thankfully you have been spared  
19 an outbreak up to that point in time.

20 So maybe you can just sort of summarize  
21 probably a little better than I have what the  
22 purpose of this email was and what you said to the  
23 Premier.

24 TRACEY COMEAU: Yes. This was on the  
25 16th of April, so it was just four days shy of when

1 we actually went into outbreak, and I talk about us  
2 being hyper vigilant in the early days.

3 LYNN MAHONEY: Could you blow it up a  
4 little bit, Kavi, please, just a little tiny bit so  
5 that people are able to see it. Is that better,  
6 Commissioners?

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 That is fine.

9 LYNN MAHONEY: Okay.

10 TRACEY COMEAU: Great. And I had said  
11 that we were currently COVID-free, but we all know  
12 that it could change at any moment. We have been  
13 hyper vigilant because we had been experiencing an  
14 influenza outbreak in February that led us to have  
15 heightened surveillance and that included checking  
16 temperatures of people coming and going and  
17 limiting our visiting hours.

18 And we considered ourselves to be very  
19 lucky at that time.

20 We gathered data on staff who had  
21 multiple employers. We entered into single-site  
22 employment before it was a directive as well. We  
23 knew that we had many staff in our home who were  
24 working in a variety of places. We also knew of  
25 some other homes that were already in outbreak, and

1 we wanted to try and spare our home.

2 So we had spent a great deal of time  
3 going to every single employee, finding out where  
4 they worked, and telling them that they needed to  
5 only work at Villa Colombo. So when the directive  
6 came to restrict visitation to essential visitors  
7 only, we stopped that immediately.

8 One of the concerns that we did have  
9 throughout the pandemic -- or throughout outbreak  
10 in long-term care is that these directives that  
11 were coming were recommendations. You know, it  
12 left room for interpretation, and we didn't like  
13 that because we were one of the homes that said,  
14 absolutely nobody in, no visitors, no volunteers,  
15 no private companions. The only people we are  
16 letting through the door are employees and family  
17 members of anyone who is deemed to be at end of  
18 life.

19 We interpreted the essential visitor to  
20 be only end of life, but we knew that we had other  
21 organizations throughout the province -- because  
22 families would call and tell us this, and Julie can  
23 speak to that as a family member on Family Council,  
24 that there is other homes that allowed private  
25 companions or they allowed volunteers.

1                   So I think that there really needs to  
2                   be clear -- if you are giving a directive, that  
3                   directive needs to say "thou shall", not that it  
4                   recommends.

5                   We knew that -- we knew from the onset,  
6                   as you see highlighted, that seniors, specifically  
7                   long-term care homes, would take the highest risk.  
8                   And we had been watching what was happening in  
9                   Washington State as well, and there were reports  
10                  out of Washington State about long-term care homes  
11                  and that 50 percent of the people who had tested  
12                  positive in long-term care homes in Washington  
13                  State were asymptomatic, so we also were aware of  
14                  that.

15                  We knew that hospitals were trying to  
16                  prepare for the surge by decanting, and we had been  
17                  happy to assist in that, but we knew it was really  
18                  risky for a variety of reasons, to be doing  
19                  admissions so quickly in long-term care, because an  
20                  admission in long-term care is not like an  
21                  admission in a hospital. It doesn't happen, you  
22                  know, in 15 minutes and bring that in person in.  
23                  It required all of the people that were coming in  
24                  to be in isolation for 14 days. These were people  
25                  who were living with dementia, many of them, and it

1 was difficult with wandering behaviour. It  
2 increased the need for one-to-one staff. It  
3 increased the demand on PPEs, because anyone who  
4 was in isolation for 14 days, staff had to wear  
5 PPEs. It was, you know, hampering our staff pool  
6 that we had because you had to put someone  
7 one-on-one to keep them in their room.

8 If you could just scroll for me.

9 Sorry.

10 And that -- as I mentioned, it depleted  
11 PPEs, and these residents were arriving to a place  
12 that they had never been before, they hadn't seen.  
13 They couldn't have a family member coming in with  
14 them. They were afraid. They were experiencing  
15 relocation trauma. They couldn't see the face of  
16 anyone who was looking after them.

17 And that increased the responsive  
18 behaviours that many people with dementia had. And  
19 we also agreed to take four extra licences, as we  
20 mentioned in the beginning.

21 And we had taken at that point 20  
22 admissions since March 11th, the day the pandemic  
23 was declared, up until this time of April 16th.  
24 And we were very proactive that we had actively  
25 limited staff working in multiple sites. There was

1 a significant amount of legwork that was put into  
2 that. And we lost 33 PSWs right off the bat, and  
3 we lost dietary aides as well.

4 If you could scroll just a little bit  
5 more.

6 And the following discussion with each  
7 staff member, they were advised that they had to  
8 choose where they were going to work, and the  
9 following are recommendations for consideration.  
10 This is what we were putting forward, that the  
11 directive to work in one location, part of that  
12 directive must state that full-time position is a  
13 primary position, and the employee is required to  
14 work at the primary place of employment. We  
15 personally experienced full-time employees leaving  
16 Villa Colombo to work at their part-time position  
17 in other homes with higher wages.

18 So that takes us back to City of  
19 Toronto. Anyone who has part-time employees, we  
20 might have had them as a full-time employee, and  
21 they were part-time at a City of Toronto home, but  
22 they left the full-time position at Villa Colombo,  
23 went to the part-time position at the City of  
24 Toronto where they would get full-time hours at \$6  
25 more an hour. So we were losing not just part-time

1 and casual, we were losing our full-time employees  
2 that had jobs in other locations.

3 And all part-time employees should be  
4 given full-time hours. They should implement one  
5 wage for PSWs right across the province.

6 So it was lovely that they put in the  
7 \$4 an hour increase for employees, but they needed  
8 to make wage parity right throughout the province  
9 and say every PSW is going to make 'x' amount of  
10 dollars because you can't compete with each other.

11 And that they needed to repeal Bill 124  
12 because how did they expect health care workers to  
13 risk their lives daily for residents during a  
14 pandemic and limit wage increases for all to 1  
15 percent for the next three years.

16 And that they need to implement some  
17 form of method of tracking employees and health  
18 care workers to enable employers at any time to  
19 easily identify risks during an outbreak, and it is  
20 always a concern, and staff are unfortunately not  
21 always forthcoming with information.

22 And that there needs to be the  
23 implementation of a mandatory PSW registry, so that  
24 we would know. If you terminate someone, a PSW,  
25 for example, they can go and get a job somewhere

1 else.

2 That they needed to address the CMI,  
3 that we can't be building budgets around CMIs that  
4 we don't know if they are going to increase or  
5 decrease. Your facility CMI might increase, but  
6 your funded CMI, based on the re-indexing, might  
7 come back lower. So I have always said it is like  
8 taking your money and going to Casino Rama and  
9 trying to figure out how you are going to budget  
10 for the following year.

11 And it is always a year behind, so it  
12 is based on the care needs of the residents last  
13 year, when you get your CMI this year.

14 I felt that infrared thermometers  
15 became our biggest challenge to get. Thermometers  
16 were the biggest problem to source anything, and  
17 that all requests for PPE should be through the  
18 Command Tables because homes were sourcing PPEs  
19 from everywhere.

20 I also felt that if you were going to  
21 use the military to do anything, they are the  
22 people who are experts in logistics. Let them do  
23 the procurement, the distribution, of PPEs  
24 provincially is what we should have been using the  
25 military for.

1                                   And inspectors from long-term care  
2                                   should have been re-deployed to homes to assist in  
3                                   some way, not just to be on telephone calls without  
4                                   ever having been in the home to understand what was  
5                                   happening.

6                                   And then of course we were also  
7                                   lobbying for assisted living, that the employees in  
8                                   assisted living would also have the wage increase.

9                                   COMMISSIONER FRANK MARROCCO (CHAIR):

10                                  Could I stop you for a second. Did you  
11                                  recommend paid sick leave? Did that come up in any  
12                                  of your recommendations?

13                                  TRACEY COMEAU: I don't think I put it  
14                                  in there. We were paying for sick leave, but  
15                                  definitely I didn't put that in writing that I can  
16                                  remember.

17                                  COMMISSIONER FRANK MARROCCO (CHAIR):

18                                  Do you think that that's important or  
19                                  not?

20                                  TRACEY COMEAU: Absolutely it is  
21                                  important, because I think what happens, you know,  
22                                  if people aren't feeling well, and they think they  
23                                  are not going to get paid, they will still come to  
24                                  work sometimes. And if you can pass screening, if  
25                                  you don't have a fever -- that is really the only

1 thing that you can prove one way or the other is if  
2 someone has a fever.

3 We also knew -- you know, we had a lot  
4 of people off with child care issues, so we had  
5 agreed to pay people for that while they were off  
6 until we could get them back to work.

7 The initial money that came, that first  
8 amount of money, \$75,000 that came to all long-term  
9 care homes -- and I know it was something that  
10 happened very quickly, and we were very  
11 appreciative of the \$75,000, but every home in  
12 Ontario got \$75,000. So \$75,000 for a 400-bed home  
13 and \$75,000 for a 60-bed home was a windfall for  
14 one and nothing for the other. And going forward,  
15 that did change. It was based on per diem, so we  
16 were happy about that.

17 And because they needed to understand  
18 as well the additional overtime hours and the  
19 additional cost of agency, and the cost of agency  
20 was at a much higher premium than what it had been.  
21 So an RN, RPN, PSW, from a nursing agency, the  
22 prices were raised significantly, and they still  
23 are at this point. If you are in outbreak, it is  
24 an additional cost to get someone from an agency.

25 And consideration needed to be given to

1 wages of all frontline staff or bonuses for hazard  
2 pay. That came afterward as well. That is when  
3 the \$4.00 an hour came in.

4 And I spoke about us being very  
5 proactive, being hypervigilant in the things that  
6 we had done ahead of time, and thanked him for the  
7 recommendations, and then unfortunately four days  
8 later we were also in outbreak.

9 LYNN MAHONEY: Okay. Thank you.  
10 Thanks, Kavi.

11 Okay. If I can take you back to your  
12 slide presentation, Tracey, if I could. I think we  
13 are probably finished on slide 7, and now you are  
14 moving on to slide 8.

15 COMMISSIONER JACK KITTS: Can I just  
16 ask a question of Tracey. I'm interested in your  
17 chain of command. You have lots of notes to the  
18 Premier. And I am just wondering, if we look at  
19 the Ministry of Long-Term Care, local Public  
20 Health, your local hospitals, you are an Ontario  
21 Health team, Ontario Health and even the Ministry  
22 of Health, can you comment or give me your opinion  
23 on how helpful any of those organizations were and  
24 which ones you went to and how --

25 TRACEY COMEAU: I did email everyone.

1           So as my emails ramped up throughout the outbreak,  
2           I started to include everybody into the emails. So  
3           it would go to Minister Fullerton's office, the  
4           Premier's office, the Minister of Health, Toronto  
5           Public Health, Ontario Health.

6                        I never did receive any response from  
7           anyone other than the form letter that you receive,  
8           Thank you for your email. That is the only  
9           response that I did get.

10                      As far as the Ontario Health team went,  
11           we had a very good and a very strong relationship  
12           with Humber River Hospital. I had Barb Collins  
13           available to us any time we needed her and her  
14           team. She was aware of what was happening there.

15                      And of course, when hubs were created  
16           around the 17th of April, I think it was, we were  
17           assigned to Humber River anyway, along with eight  
18           other nursing homes, and we met with them twice a  
19           week on phone calls. They weren't worried about  
20           Villa Colombo. They knew what our leadership  
21           looked like. They knew what our staffing was like.  
22           They knew how prepared we were because we were at  
23           the table of the Health Team. So they didn't have  
24           to guess what was happening at Villa Colombo.

25                      As time went on and we were in outbreak

1 and the numbers were rising, of course we were in  
2 these daily meetings with Central LHIN, Toronto  
3 Public Health, Humber River Hospital, and the  
4 Ministry, so we were having these daily meetings  
5 day in and day out.

6 Humber River was aware of our  
7 situation, and we were talking back and forth, and  
8 through those conversations, Barb Collins agreed to  
9 send us the team that she had had at Downsview, and  
10 they were now out of outbreak. So for the 1st of  
11 June, she was sending in two nurse practitioners  
12 and ten registered staff members that she had to  
13 come to our organization to help us, along with a  
14 manager.

15 So there was nothing formal. It was  
16 just an agreement between us because we had this  
17 partnership already and we had been working  
18 collaboratively for, you know, about 18 months, a  
19 good year, anyway, at that point, and we all knew  
20 each other. And her team arrived. And the  
21 registered staff -- not that they were there to do  
22 frontline work because we didn't require that. We  
23 had lots of staff through the agencies. And our  
24 daily staffing ratios were showing that we were  
25 running anywhere from 115 percent to 130 percent of

1           our staff, our pre-COVID numbers, from leadership  
2           through to frontline, so we were not short-staffed.  
3           But they were there to provide IPAC education, to  
4           enhance that education, to have -- I'll call them  
5           spotters on the floors. The ten staff were divided  
6           up. They were re-educating staff in the moment.  
7           They were doing audits of PPEs all day long, and  
8           assisting, being mentors and leaders for IPAC on  
9           the units.

10                           And that was working quite well.

11                           COMMISSIONER FRANK MARROCCO (CHAIR):

12                           Did I understand you to say that you  
13           had -- your staff, you had more people --

14                           TRACEY COMEAU: Yes.

15                           COMMISSIONER FRANK MARROCCO (CHAIR):

16                           -- during the pandemic than you had  
17           before the pandemic?

18                           TRACEY COMEAU: Yes.

19                           COMMISSIONER FRANK MARROCCO (CHAIR):

20                           And why do you think that was?

21                           TRACEY COMEAU: Well --

22                           COMMISSIONER FRANK MARROCCO (CHAIR):

23                           Because we have heard an awful lot  
24           about staffing shortages and 80 percent of the  
25           people didn't show up for work and so on, and I

1 don't mean to disparage that. But I am just  
2 curious why your experience was different.

3 TRACEY COMEAU: So, first of all, some  
4 of the people were working overtime. So when you  
5 say you are running at 115 percent, it is not  
6 perhaps that you have more people; it is that many  
7 of those frontline workers were working overtime.

8 We also have a large community services  
9 department. So because community services from the  
10 day programs were closed, and those are housed  
11 right on-site at Villa Colombo, we were able to  
12 re-deploy those PSWs and the recreation aides into  
13 our mix on the frontline at Villa Colombo, as well  
14 as the Supervisor -- the two Supervisors. They  
15 were also added into that mix to help out as well.

16 And we had secured -- we entered very  
17 early into a contract with a nursing agency and  
18 guaranteed full-time hours to the nurses that they  
19 would send to us, and we also reached out -- when  
20 we first went into outbreak on April 20th, around  
21 the 24th, we were starting to see some of what you  
22 spoke about where staff are scared. They don't  
23 want to go to work. So we reached out. I called  
24 Doris Grinspun directly and said, I need registered  
25 staff. She sent a broadcast email out, and within

1 an hour, I had about 15 applicants that called us,  
2 and we hired most of them.

3 LYNN MAHONEY: And Tracey -- sorry, I  
4 just want to clarify. When you said you had that  
5 agreement with the nursing agency -- and I think it  
6 is on your next slide -- it is correct that the  
7 agreement with the agency is that those -- the  
8 commitment was they would only work at Villa  
9 Colombo; is that right?

10 TRACEY COMEAU: Absolutely. We made  
11 them guarantee that they would only work with us,  
12 and that is why we provided them full-time hours to  
13 be doing that.

14 Some of the challenges -- I think one  
15 of the major challenges -- and I am going to let  
16 Marijane speak about it from an IPAC perspective,  
17 but again, some of those that we were seeing early  
18 on was loss of the caregiver support from families,  
19 cost of overtime and supplies that was running  
20 rampant, staff fears, closed day-cares, and all of  
21 the new admissions that we had taken, 22 admissions  
22 that we had taken in three and a half weeks, 22 new  
23 people we didn't even know, you don't even have  
24 time to put a full assessment in of the residents.

25 So, Marijane, if you would like to

1 speak about IPAC challenges that we were seeing  
2 from the time the pandemic was -- or the outbreak  
3 was declared.

4 MARIJANE HULIGANGA: Okay. Thank you,  
5 Tracey.

6 So Villa Colombo, when the pandemic was  
7 declared on March 11th, we had started doing our  
8 nasopharyngeal testing. We had been swabbing any  
9 resident with symptoms. So if a resident is  
10 residing on the Fusco Wing and has a roommate, we  
11 also swabbed the roommate.

12 So we had been testing even from before  
13 April 20th or April 21st, and knowing that we would  
14 use a lot of swabs because of this new directive,  
15 we already had enough, like, you know, swabs  
16 in-home, and there were 130 swabs that were  
17 available at Villa.

18 On April 20th, the first staff case was  
19 reported to us. It was a staff who had called in.  
20 She said that she had symptoms, and she was tested,  
21 and her result was positive.

22 So Villa, we were already organized and  
23 prepared to test all of the staff and residents at  
24 once. We had registered staff who were on-site at  
25 that time, and the requisitions were already

1 prepared and labelled.

2 Unfortunately, we only had 130 swabs  
3 that were available on-site, so we immediately  
4 placed a call to Toronto Public Health, one, to  
5 report that we do have a one positive staff case.  
6 So the requirement was that whether it is a one  
7 positive resident case or one positive staff case,  
8 we needed to notify and report, which I did.

9 When I had tried to reach out to  
10 Toronto Public Health, it went to voicemail. I  
11 actually reached out to one of our Toronto Public  
12 Health liaisons, because she is my go-to person all  
13 through the four years that I was the infection  
14 control person.

15 I didn't get to her. I was notified  
16 through voicemail that I had to send an email, so I  
17 did send an email. It was to lrct@toronto.ca, that  
18 was the email address that was provided, and this  
19 was done immediately. Unfortunately, there was no  
20 response. I tried to call again, and Tracey had  
21 been beside me when I had been sending these emails  
22 or calling Toronto Public Health to report so that  
23 they can, you know, provide us with the next steps  
24 immediately.

25 It took them 26 hours for them to

1           respond, so it was already the following day when  
2           we received a call from Toronto Public Health and  
3           an outbreak number was provided and that was also  
4           the time that an initial outbreak meeting was  
5           booked, so an initial outbreak management team  
6           meeting.

7                         The Toronto Public Health liaison was  
8           over the phone, and the management staff for Villa  
9           Colombo were present so that we are able to assign  
10          and delegate responsibilities immediately. But it  
11          was more than a day already.

12                        So Villa had started testing staff on  
13          the fifth floor, because that was where the  
14          positive staff case was working, and we used up our  
15          130 swabs that were available. So we had  
16          approximately, what, now 94 residents for both  
17          sides, Fusco and Fidani Wing, and we had  
18          approximately 100 staff.

19                        So we needed to prioritize the  
20          residents first, we tested them first, and all of  
21          the staff who were working during those shifts.

22                        Our request for 700 more swabs was  
23          submitted to Toronto Public Health, and this was  
24          declined, stating that we had requested too many  
25          and that the swabs were not available. They had

1           agreed to send 100 more swabs, which we continued  
2           to use to test staff and residents working from the  
3           fifth floor.

4                       Villa Colombo continued to lobby  
5           Toronto Public Health for more swabs. Eventually  
6           on April 22nd, 630 additional swabs were delivered  
7           and used to complete testing.

8                       So I had reached out to Toronto Public  
9           Health as well and had asked, you know, you are  
10          sending us the swabs. Are you able to provide us  
11          with some resources, human resources, to assist us  
12          with testing our approximately now 500 staff and  
13          also our residents, and we have a lot of testing to  
14          do.

15                      What they had said was no, they will  
16          send the swabs. It will be up to Villa Colombo to  
17          do and complete the testing, which we did.

18                      And then of all the tested staff and  
19          residents, the results were nine staff and nine  
20          residents came back COVID-positive, and all of the  
21          18 were asymptomatic.

22                      LYNN MAHONEY: So, Marijane, can I just  
23          emphasize that. So you did all of this testing  
24          when you eventually got all of the swabs, and you  
25          got back the results, and all the people who were

1 positive were all asymptomatic?

2 MARIJANE HULIGANGA: That is correct,  
3 yes. All nine residents and all nine staff were  
4 all asymptomatic and so --

5 LYNN MAHONEY: And what was the  
6 guidance that was -- the testing guidance that was  
7 coming out around this time, if any of you know? I  
8 believe it was that testing was only to be done on  
9 symptomatic?

10 MARIJANE HULIGANGA: That's correct.  
11 So it was only supposed to be done for symptomatic  
12 residents, or symptomatic staff should be excluded  
13 from work immediately and should be advised to get  
14 tested.

15 So at this point in time, us nurses --  
16 and I know Tracey and I had several conversations  
17 about prevalence testing, because for us, it was  
18 important to know who was COVID-positive so that we  
19 can immediately put interventions in place.

20 So as a leadership team, it was decided  
21 that, you know, we had tested all of our staff and  
22 residents in a span of one week based on the  
23 availability of swabs that were provided to us and  
24 based on the information that were provided to us  
25 by Public Health.

1                   And during that time, we were already  
2 notified that the incubation period would be  
3 between five to fourteen days or about two weeks.  
4 So for this one positive staff case or if there was  
5 a positive resident, the viral shedding already had  
6 happened, and the infection probably already had  
7 happened without us knowing because we were unable  
8 to test immediately.

9                   So as all positive cases were  
10 asymptomatic, we felt that it was important to  
11 identify all asymptomatic cases and remove from  
12 home areas to an isolation area. So at Villa  
13 Colombo, we were fortunate that we have an area in  
14 our ground floor which became our COVID unit, and  
15 on that isolation area or the COVID unit, you know,  
16 we had approximately 22 -- we were able to  
17 accommodate 22 residents.

18                   So this was looking at information as  
19 well as what Tracey had shared earlier from  
20 Washington State long-term care outbreak that found  
21 50 percent of all positive residents were also  
22 asymptomatic.

23                   So the concern was many residents  
24 experienced wandering behaviour, and especially  
25 because our fifth floor is our Alzheimer's Unit

1 where there is severe dementia, wandering  
2 behaviours, exit-seeking, and although there was an  
3 attempt to keep all residents in isolation, there  
4 was not sufficient staff -- or not enough staff to  
5 ensure that they remain in their rooms, or if in  
6 their rooms, that these residents did not touch  
7 their roommates. And the Fusco Wings, as we know,  
8 are the areas where there is shared accommodation,  
9 so two residents per room.

10 It was impossible then with the  
11 staffing levels, where our staff are doing  
12 overtime, or if we do get our staff who are coming  
13 in from an agency, we do book one-to-one care for  
14 our wandering residents.

15 All positive residents then were  
16 relocated to that isolation area that we had called  
17 our COVID unit on the ground floor, and they have  
18 dedicated staff. So the COVID unit was led by our  
19 Clinical Educator, who was also leading our  
20 palliative care team at that time, and she did have  
21 a group of dedicated staff from RNs, RPNs, and PSWs  
22 who took care of our COVID-positive residents.

23 We were meeting daily with Toronto  
24 Public Health after that, Humber Hospital, the  
25 Central LHIN, and also the Ministry of Health, so

1           they were advised, and they were notified of what  
2           was going on inside at Villa Colombo.

3                         We were advised prevalence testing  
4           could not be done weekly on staff or residents  
5           because of a shortage of swabs and continued emails  
6           to the Premier, as Tracey had shared, the Central  
7           LHIN, the Minister of Long-Term Care, and the  
8           Ministry of Health requesting testing.

9                         And on Sunday, May 17th, an urgent  
10          email was sent to Toronto Public Health, as well as  
11          the Ministry of Long-Term Care, and Tracey's email  
12          was also sent to Premier Ford, the Ministry of  
13          Health, to advise of rapid spread of disease. So  
14          this was already mid-May. We had seen that Villa  
15          Colombo Toronto had, you know, predicted that --  
16          this spread on the dementia unit due to the  
17          inability to identify asymptomatic residents and  
18          isolate them immediately, as we could not do weekly  
19          testing. So 45 minutes later, 600 swabs arrived  
20          through our front doors. I remember that day when  
21          Tracey and I saw the box of 600 swabs arriving.

22                         And we were able to swab the whole  
23          building again, and this was already the beginning  
24          of a major outbreak that affected most of our Fusco  
25          Wings and --

1 LYNN MAHONEY: Marijane, can I just ask  
2 you, though, but the guidance at the time or the  
3 direction at the time was only test symptomatic.

4 MARIJANE HULIGANGA: That is correct.  
5 We did receive that guidance, and even Toronto  
6 Public Health did tell us to test only symptomatic  
7 residents and their roommates.

8 Unfortunately, though, because knowing  
9 what we were seeing and what we understand from  
10 COVID-19 and the infection that was happening in  
11 other areas or other long-term care homes that were  
12 on outbreak, we felt that we needed to test weekly.  
13 We knew --

14 LYNN MAHONEY: Because of what you saw  
15 and that you saw that there was -- there -- lots of  
16 asymptomatic people were testing positive?

17 MARIJANE HULIGANGA: That is correct,  
18 and the spread was fast, that even though people  
19 were not showing symptoms, when we were testing, we  
20 were seeing more positives coming back.

21 LYNN MAHONEY: Right, and you are  
22 telling -- through emails, you are telling the  
23 Minister of Long-Term Care, Premier Ford, and the  
24 Ministry of Health, you are telling them that you  
25 are seeing that there is, you know, asymptomatic

1 spread, and you need swabs, and that is why you are  
2 asking for the swabs?

3 MARIJANE HULIGANGA: Yes, that was the  
4 reason why we needed to do weekly prevalence  
5 testing because we were seeing a lot of  
6 asymptomatic positives.

7 LYNN MAHONEY: Okay. Thank you.

8 COMMISSIONER FRANK MARROCCO (CHAIR):  
9 When did it change in terms of testing  
10 only symptomatic people?

11 MARIJANE HULIGANGA: I could not really  
12 remember, Commissioner, when the change had  
13 happened because even our Medical Director also  
14 was -- you know, had the same conversation with us  
15 and advised the same, you know, intervention, that  
16 if we were going to continue with prevalence  
17 testing, we will be able to catch asymptomatic  
18 positives, we will be able to isolate them, and do,  
19 you know, the proper interventions.

20 After the rise --

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 I understand that. I am asking you in  
23 terms of the directives that you received from  
24 Public Health, when did the directive to test only  
25 symptomatic people, can you help me with

1 approximately when that changed?

2 MARIJANE HULIGANGA: I believe it was  
3 already June, Commissioner, when we were seeing  
4 this rapid spread, that it seemed like they had  
5 stopped questioning our requests for hundreds of  
6 swabs, because we were able to prove that yes,  
7 there were a lot of asymptomatic positives, but at  
8 that point in time, our COVID unit on the ground  
9 floor, we were not able to accommodate our  
10 residents anymore because our positives went beyond  
11 22.

12 So the rising number surpassed the  
13 capacity of that COVID area, our isolation room,  
14 and we work with Toronto Public Health now using  
15 floor plans to cohort. So we had started creating  
16 isolation wings, and then it became isolation  
17 floors.

18 So I wanted actually to also mention in  
19 bold letters here at the bottom of this page where  
20 it says:

21 "Test results had varied  
22 arrivals in reporting [...]"

23 And it is true what Tracey had said,  
24 that we would -- you know, at night we would listen  
25 to the fax machine or even during daytime we would

1 hear the fax machine go. There are times that test  
2 results came back four days later, five days later,  
3 or seven days later, and some of the results we  
4 actually never saw. We had to call Public Health  
5 lab to locate those results if we were able to  
6 identify who those residents were.

7 So it was a challenge because if we  
8 were able to identify a particular resident, a  
9 symptomatic positive, we were able to isolate them  
10 immediately, but having a result of five days later  
11 or seven days later, the spread already happened.  
12 The viral shredding already happened. We were  
13 unable to place them on droplet contact isolation  
14 because we did not have that information.

15 So when we started doing isolation  
16 wings or isolation units, when Tracey had talked  
17 about burn rate of PPE, especially the gowns, that  
18 was also the time that we were using up so many  
19 gowns already, because when we had created a fifth  
20 floor -- for example, fifth Fusco became our first  
21 isolation unit, that is already 70 residents up  
22 there or 70 -- yeah, 70 beds, that when a staff  
23 would go in, they have to don and doff, or they  
24 have to change their gown before they go in, and  
25 they have to leave -- you know, remove that gown,

1 remove those gloves after they go -- before they go  
2 to the next room.

3 So our test results were really coming  
4 in late. The test results, as what Tracey had  
5 said, each fax was with a cover page. So if we  
6 were expecting 600 results, that is 1200 pages that  
7 we would go through. We had to sort them out. We  
8 had to identify where they are coming from, whether  
9 they are staff or resident, because we did the  
10 testing ourselves in-house at Villa Colombo. We  
11 tested our residents, and we tested our staff.

12 So unfortunately, in total, between  
13 April 21st to August the 7th, we had 173 residents  
14 who tested positive, and we had lost 33 of them  
15 because of COVID-19, and 67 staff tested positive  
16 between April 21st to August 7th as well, and all  
17 except three of the first cases were in Fusco Wing.  
18 So when Tracey had shared that the Fuscos are where  
19 we had the west wing and the south wing, that is  
20 our Fusco building.

21 LYNN MAHONEY: Thank you. And I think  
22 maybe we can -- I know that there is a couple of  
23 charts on the next page, and maybe we can just move  
24 on, Tracey, if that works, to slide 14, the  
25 government response.

1 TRACEY COMEAU: Yes, and we'll let  
2 MaryLynn Pride speak to this.

3 MARYLYNN PRIDE: Thank you, Tracey. I  
4 think Tracey has touched on quite a bit of this in  
5 her --

6 LYNN MAHONEY: Thank you, yes.

7 MARYLYNN PRIDE: -- speech. I think  
8 for us from the government perspective -- and I  
9 will touch specifically with the testing. Myself  
10 and Marijane, as well as the other Nursing  
11 Directors, I sat down with them from a risk  
12 management perspective and looked at the risk that  
13 was involved not just for the organization but for  
14 the staff and for the residents with the testing  
15 challenges that we had and did a risk assessment  
16 where of course our risk ran high to critical on  
17 all three, and that was part of that piece that we  
18 provided to the Ministry as well.

19 I mean, at the end of the day, we  
20 knew -- we knew going in prior to COVID -- and  
21 Tracey has touched base with it, that it did shine  
22 a spotlight on long-term care, and it challenges --  
23 and underlined the challenges that the frontline  
24 staff, management, and physicians not only at Villa  
25 Colombo but throughout long-term care were facing.

1                   We knew that we had -- we were keeping  
2                   an eye to what was happening globally and -- with  
3                   our Procurement Supervisor and with our Nurse  
4                   Educator, and going back to the Ministry in a lot  
5                   of these aspects as to what was happening.

6                   We tended to see a redundancy in  
7                   systems. You know, we were having meetings with  
8                   the hospital and other long-term care homes, and  
9                   the LHIN, with Public Health, on a biweekly -- on a  
10                  twice a week basis, and then daily meetings, and we  
11                  were getting a lot of information, a lot of  
12                  conflicting information, from a lot of different  
13                  sources.

14                  I think that added to, you know, the  
15                  fear for the staff because a lot of this  
16                  information was coming very quickly and a lot of it  
17                  was coming -- different information coming from  
18                  different sources.

19                  One of the things that really struck me  
20                  was even though we were having a lot of these  
21                  meetings, there was still a lack of communication,  
22                  you know, in terms of we were not aware of this  
23                  colour-coded alert system that the government had  
24                  put in place until we reached the red zone and that  
25                  is when we were notified of that.

1 So that --

2 LYNN MAHONEY: MaryLynn, what happened,  
3 because we have heard those, and we have seen those  
4 documents. So this was the survey, I believe, that  
5 each of the homes had to fill in, had to do a  
6 self-assessment of?

7 MARYLYNN PRIDE: Uhm-hmm.

8 LYNN MAHONEY: And you ranked  
9 yourselves sort of red, yellow, or green based on  
10 different factors, and then that was reported up, I  
11 believe, to -- through the LHIN to Ontario Health,  
12 is that right?

13 MARYLYNN PRIDE: Yes, that's correct,  
14 and, you know -- so it was looking at that aspect,  
15 but interestingly, we didn't meet those criteria.  
16 I mean, the criteria were, you know, less than 75  
17 percent staff ratio, less than three days' supply  
18 of PPEs, and management covering frontline work.

19 So those criteria were put in place,  
20 and then we were notified of this alerting system  
21 but not having -- not meeting the criteria.

22 So again, we weren't even sure -- we  
23 did do the survey. We provided the information.  
24 We did have a high disease spread within the home,  
25 but we didn't meet the other criteria. So it put

1 us in the red because of the disease spread and not  
2 meeting the other criteria that was part of the  
3 survey.

4 LYNN MAHONEY: And did you receive --  
5 and this is a question that is still a bit unclear  
6 in our minds. What was the result of all of this?  
7 This information was rolled up. Your response to  
8 the survey was rolled up through the LHIN, I guess,  
9 to the Ontario Health -- the Toronto Region would  
10 it have been?

11 MARYLYNN PRIDE: Uhm-hmm.

12 LYNN MAHONEY: And what happened? Was  
13 there any outreach, or did something -- did it  
14 trigger something happening, the fact that you  
15 were --

16 MARYLYNN PRIDE: So it -- yes. So we  
17 did have the IPAC team that came in from Humber to  
18 look at the -- you know, to do an assessment. I  
19 guess you could call them the SWOT team to do an  
20 assessment.

21 So they were not IPAC. They were from  
22 other departments. So we had the NLOT and GMOT  
23 team that came in. So in terms of that, that I  
24 think was -- and Tracey could probably provide even  
25 more information, that was the beginning of when

1 the hospitals started to make that determination  
2 that they were going to be coming in and supporting  
3 us when we reached that red zone. And, Tracey, am  
4 I correct in saying that?

5 TRACEY COMEAU: Yes. I think it is  
6 important to remember that there is two different  
7 things that occurred at Villa Colombo.

8 One, we were invited them to come and  
9 help us. We asked them for their assistance to  
10 come and help us. It wasn't until July that there  
11 was a formal voluntary management contract or  
12 Voluntary Management Agreement put in place with  
13 Humber River. That happened in July. But from  
14 June 1st, we had asked Humber River to come and  
15 assist us.

16 Prior to that, they had sent out their  
17 SWOT team, and I think that came from the hubs  
18 after they were formed. They were going to homes  
19 and doing baseline assessments of IPAC, and they  
20 didn't have any findings or very minimal findings  
21 when they did the assessment for us. Isn't that  
22 correct, Marijane?

23 MARIJANE HULIGANGA: Yes, that's  
24 correct, Tracey, and they did send reports of those  
25 assessments.

1                   TRACEY COMEAU: Yes, and another point  
2                   that is very important is that although the  
3                   Ministry was on those calls every single day, the  
4                   numbers that were on the website were not accurate.  
5                   We would look at the website ourself because of  
6                   course what you tend to do is look to see what  
7                   other homes are in outbreak and how your colleagues  
8                   are doing.

9                   And when we were at the number 10, it  
10                  still said 10 for quite some time. By then, we had  
11                  already reached our crisis in mid-May, and we were  
12                  up to around 60 cases. And I actually said -- I  
13                  contacted the Ministry and said the numbers are not  
14                  right on the website. So they adjusted the numbers  
15                  that night, and it went from 10 to about 70. So of  
16                  course this caused great alarm with people because  
17                  they thought we went from 10 cases to 70 from April  
18                  to May. It looked like it happened overnight, but  
19                  it happened over a period of a few weeks. And that  
20                  triggered the response of the CEO of Central LHIN  
21                  or Ontario Health, Donna Cripps, to write an email  
22                  to the organization saying that she was very  
23                  concerned about the spread and what could they do  
24                  to help.

25                  But she didn't actually send it to me.

1 She sent it to the CEO of Villa Charities, who is  
2 the parent organization of Villa Colombo and not a  
3 licensed health service provider.

4 So that triggered a chain of events  
5 throughout various boards, because there is five  
6 affiliate boards, to the point at which we were  
7 identified by the CEO of Villa Charities as being  
8 the epicenter of the outbreak in Ontario, which was  
9 very alarming to us and to other people.

10 So that also triggered a board meeting,  
11 and Barb Collins on June 10th agreed to attend our  
12 board meeting to speak to the affiliate  
13 organizations to say, you know, we are already  
14 here. We are working with them. We are tight  
15 partners. We are providing ten staff. We are  
16 providing nurse practitioners. Everything is  
17 working as it should be. We are here to assist  
18 this organization, to curtail the spread of disease  
19 in this home.

20 So it is not that we were wayward  
21 children without asking for help. We had  
22 definitely asked Humber River for help, and they  
23 definitely were providing the help to us at that  
24 time.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1                   But in fact, nothing had changed, if I  
2 understand you correctly. All that happened was  
3 that the numbers that were wrong --

4                   TRACEY COMEAU: That were wrong.

5                   COMMISSIONER FRANK MARROCCO (CHAIR):  
6 Not corrected.

7                   TRACEY COMEAU: No, that's right, and  
8 we were continuing to rise, but it went from 10 to  
9 this astronomical number because they hadn't been  
10 updating it regularly.

11                  COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Yes. You would think, if you just saw  
13 those numbers, that there was something serious  
14 going on here.

15                  TRACEY COMEAU: Yes, that's right.  
16 Sorry, MaryLynn.

17                  COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Well, it was serious. I didn't mean  
19 that it wasn't serious, but, you know, your cases  
20 increased by 600 percent in one day, that would  
21 scare everybody.

22                  TRACEY COMEAU: Yes, exactly. So,  
23 MaryLynn, I'll let you continue. Sorry.  
24 Communications I think you were at.

25                  MARYLYNN PRIDE: Yes. So, you know,

1 one of the things I think what we saw was, again, a  
2 lot of information coming from a lot of different  
3 sources, conflicting information, and that was one  
4 of the things -- when I did a risk assessment on  
5 the testing, one of the things I noted was that,  
6 you know, different Ministry directives had  
7 different information regarding testing. So it  
8 left a lot up to the discretion of individual  
9 homes.

10 I mean, I think for us here at Villa,  
11 we were very fortunate in the fact that we have a  
12 very strong IPAC with Marijane, an RN, with Tracey  
13 as an RN. Myself, I am not a nurse, but my  
14 background was laboratory, so I was able to, you  
15 know, look at it from a different perspective and  
16 make those decisions that we needed to err on the  
17 side of caution. And as much as we would take into  
18 consideration the directives of the Ministry, we  
19 really needed to be more proactive in getting the  
20 testing done and the same applied for staffing  
21 levels. We needed to ensure we had the staffing  
22 complement to ensure that our residents were  
23 getting the hands-on care that they needed  
24 immediately.

25 So when we look to those directives and

1 just that, you know, a different home is taking the  
2 perspective, depending upon how the interpretation  
3 of the directives were. Again, you know, a  
4 directive needs to be more succinct, so that all  
5 the homes are following the same practices, that we  
6 are being able to provide that information and  
7 provide the proper -- the direction to the  
8 frontline staff, because if you can imagine, if the  
9 managers were confused, the frontline staff were  
10 going to be confused in terms of what was  
11 happening, what their support -- what supports that  
12 they were getting as the frontline.

13 You know, even to having our -- and I  
14 don't think Marijane had mentioned this, but even  
15 to having our Public Health person that Marijane  
16 has worked with, her contact for years, being  
17 re-assigned, and Public Health providing us with  
18 another person who didn't have long-term care  
19 experience, that was a risk in itself as well  
20 because it came down to that they were supporting  
21 us, but at often times we were needing and Marijane  
22 was needing to support them and to understand the  
23 long-term care sector, to understand just, you  
24 know, the living -- of communicable living within  
25 long-term care.

1                   So that was another concern that we had  
2                   and that communication piece back to Public Health  
3                   in terms of those types of things.

4                   LYNN MAHONEY: So MaryLynn and team, I  
5                   think, sort of given the time, I want to move  
6                   through, if we can, for the Commissioners -- and I  
7                   want to make sure that we hear from Julie Perl  
8                   regarding the family and resident impact.

9                   The next several slides, Commissioners,  
10                  deal with the chronology of Villa Colombo entering  
11                  into a voluntary -- as Tracey has indicated, Humber  
12                  River was -- she had asked them to come in and to  
13                  assist in June, which they did, and there was a  
14                  good relationship.

15                  And then things changed in July, and it  
16                  seems to have changed, Tracey -- based on the  
17                  chronology that you have set out, it seems to have  
18                  changed based on the assessments that were done and  
19                  the colour coding and the SWOT teams coming in.  
20                  Humber is in a voluntary management capacity with  
21                  Villa Colombo; is that correct?

22                  TRACEY COMEAU: Yes. Originally, it  
23                  was just a voluntary agreement between us.

24                  LYNN MAHONEY: Right.

25                  TRACEY COMEAU: On July 10th, after

1           them having been there for six weeks, I received a  
2           call from the CEO of Humber River, Barb Collins, at  
3           3 o'clock in the afternoon, and she had informed me  
4           that the Ministry was pushing for an MMO.

5                       LYNN MAHONEY: Mandatory Management  
6           Order.

7                       TRACEY COMEAU: Mandatory Management  
8           Order. Our numbers had dropped down to -- I think  
9           it was about eight, and we thought we were going to  
10          be out of outbreak very soon, and the day before, I  
11          think it was around July 8th or 9th, we had done  
12          prevalence testing again, and we had 17 new  
13          positive cases that we hadn't had before on the  
14          floor -- home area that we hadn't had them before.

15                      I received a call from Barb the next  
16          day in the afternoon saying that the Ministry is  
17          pushing for an MMO, and I had questioned why now  
18          and not when we had 90 or 100 cases, but we have 17  
19          cases, plus the eight that were ready to be  
20          resolved.

21                      And she said that I -- she recommended  
22          that it be a voluntary agreement instead of a  
23          mandatory agreement and that they needed an answer  
24          that afternoon and that she would tell them that I  
25          was on leave and that I should leave the home,

1 because if I stayed and an agreement was put in  
2 place, I would be terminated, and she said that is  
3 what had happened at Downsview.

4 And she suggested that I go on a leave,  
5 and I left the building on July 10th, and I have  
6 never been back since.

7 I was never contacted again except by  
8 the Board Chair to see how I was. I'm not sure  
9 what the conversation was and what happened at that  
10 point.

11 LYNN MAHONEY: Okay.

12 TRACEY COMEAU: And ultimately, I don't  
13 work there anymore, but Julie will talk to what  
14 happened after that. It is significant to note,  
15 though, I think it is important to know that -- and  
16 I can't speak to what happened after the hospital  
17 entered into that voluntary agreement, but seven  
18 days later, the Ministry released a press release  
19 saying that the hospital had enacted a mandatory --  
20 the hospital had gone into a Mandatory Management  
21 Order, which was not the case. It was a Voluntary  
22 Management Agreement.

23 The Board did meet with the Ministry  
24 after that and asked them to retract the wrong  
25 press release that went out, and my understanding

1 is they apologized for it but did not change that.  
2 They left it to state -- and, you know, MaryLynn  
3 and Marijane can speak to what happened after that.

4 But it is significant as well to know  
5 that it was July 10th when I was told that the  
6 Ministry is pushing for a mandatory order, and when  
7 they did replace me with an interim ED, he advised  
8 Family Council, which Julie will tell you that he  
9 was asked on July 8th to take on the contract of  
10 Villa Colombo, so that was two days prior to that  
11 conversation.

12 LYNN MAHONEY: Okay. So just to  
13 clarify, there was a Voluntary Management Order,  
14 and was there a Mandatory Management Order?

15 TRACEY COMEAU: I have no idea what  
16 happened after I left. I was advised that it was a  
17 Voluntary Management Agreement.

18 LYNN MAHONEY: Right.

19 TRACEY COMEAU: The Ministry released a  
20 press release saying that it was a Mandatory  
21 Management Agreement, and I believe that the  
22 employees were told that it was voluntary.

23 LYNN MAHONEY: Okay. Thank you.

24 TRACEY COMEAU: I don't know if you  
25 want to skip to Julie, and then you can come back

1 to me to talk about what happened.

2 LYNN MAHONEY: Yes, please. So, Julie,  
3 if we could ask you to speak relating to the family  
4 and the resident impacts, that would be very  
5 helpful.

6 JULIE PERL: Absolutely. Thank you,  
7 and thank you for allowing me to speak. I feel it  
8 is very important to hear on behalf of all families  
9 and residents who don't have families that our  
10 voices are heard with the Commission.

11 So back when the outbreak first  
12 occurred or the pandemic back in March, all the  
13 families were locked out. It caused an incredible  
14 amount of trauma suddenly where families were cut  
15 off from their loved ones and their loved ones were  
16 not sure what was going on.

17 They didn't understand it. They didn't  
18 understand what was going on. A lot of them either  
19 had severe dementia or Alzheimer's. Many of them  
20 are either bedridden or in wheelchairs, some blind,  
21 hard of hearing, and they didn't understand. They  
22 were frustrated. Their behaviours changed. They  
23 didn't want to eat. A lot of them were fed by  
24 their loved ones or were bringing home food from  
25 their son or daughter or granddaughter or grandson.

1                   There was -- after a number of cries  
2                   and complaints and emails and advocating that our  
3                   families be let in, we were allowed one member --  
4                   one essential caregiver or visitor to the home.

5                   I myself personally was allowed back in  
6                   after about six months. My mother had been in her  
7                   room in isolation from April the 10th to  
8                   mid-August, and I could see the deterioration in  
9                   her. You know, she was already deteriorating,  
10                  being a 96 year old, but when I did come and see  
11                  her, she had lost weight. She had lost interest,  
12                  had a really hard time grabbing words. Her  
13                  vocabulary had diminished unbelievably.

14                  It was separation anxiety. They were  
15                  in solitude. Even though staff were there and were  
16                  lovingly caring for our family members, it was  
17                  unbelievable to see the change in all the residents  
18                  when we were finally allowed back into the homes  
19                  after the Directive No. 3 that allowed essential  
20                  caregivers and visitors back into the home.

21                  There were a number of residents that  
22                  were missing on my mother's floor because they had  
23                  unfortunately died of natural causes, not COVID,  
24                  thankfully.

25                  We were unable to see what was going on

1 in the homes until we were able to go back in. So  
2 we went on the trust and hope from Tracey and her  
3 management team that all of our loved ones were  
4 being looked after and taken care of.

5 Tracey was constantly sending photos of  
6 what they had done at Villa in terms of the COVID  
7 unit, the entry and exit areas and doors, you know,  
8 the activation staff in conducting activation  
9 programs with the residents.

10 We couldn't understand what was going  
11 on until we physically got back into the homes. So  
12 there is one thing about having friends or the  
13 staff looking after you, but it is something else  
14 having your actual family there. Being Italian,  
15 family is one of the most important things in  
16 someone's life, especially when they are older in  
17 age. That is all they have left. Most of their  
18 possessions are in one room or half a room if they  
19 are sharing a room, and what they have left is  
20 their families, their children, their  
21 grandchildren, their great grandchildren. They are  
22 not able to see their friends. They are not able  
23 to see their families.

24 As it is now, my mother is one of the  
25 lucky few who has two essential visitors and

1 caregivers that are able to go in. There is four  
2 of us in our family, but only myself and one other  
3 sibling are allowed in.

4 It is a shame that all of our residents  
5 have to go through this during the beginning of the  
6 pandemic and that it continues. We are still  
7 fighting. I am constantly sending emails and  
8 advocating for all the staff. Our Family Council  
9 is a very passionate Family Council.

10 LYNN MAHONEY: Julie, on that note,  
11 maybe I can ask -- and I don't know that I have to  
12 turn it up, but we have an email from you on  
13 October 9th, 2020, and you wrote to various  
14 recipients, including Minister Fullerton, and you  
15 are talking to the Minister, and, Commissioners,  
16 I'm happy to turn it up if you want, but Tracey --  
17 sorry, Julie, I don't know if you recall writing  
18 this email where you are talking about the time it  
19 is taking to get the results of the COVID testing  
20 back, and you say many of the essential  
21 visitors/caregivers are waiting anywhere from  
22 between five to seven days for results. And you  
23 refer to that as they excruciatingly wait five to  
24 seven days for results.

25 Do you remember writing that email to

1 the Minister?

2 JULIE PERL: Absolutely. I have  
3 written many emails. I actually have them almost  
4 on speed dial in a send button. I do remember  
5 that.

6 The reason why I asked the Minister to  
7 look into the results and why it took so long is  
8 because we would be able to go in one day, having  
9 tested negative, and then by the time we got tested  
10 again -- and it was about every two weeks back  
11 then -- we would have to wait five to seven days.

12 So with two caregivers, we were able to  
13 almost get in our visits. We had to sort of  
14 coordinate between myself and my sister on testing  
15 so that we could get our results back.

16 I found one hospital that was able to  
17 get results back a little quicker, so I used to  
18 travel downtown to Mount Sinai to get my COVID  
19 tests done so that I could get them back in a  
20 reasonable amount of time.

21 LYNN MAHONEY: So in October, just this  
22 past fall, so sort of, you know, just at the  
23 beginning of the second wave, you are still  
24 experiencing these excruciating wait times of five  
25 to seven days?

1                   JULIE PERL: Yes. My sister does as  
2 well. So there will be two or three days that my  
3 mother goes without a visitor. In her deteriorated  
4 state, her being blind, in a wheelchair, going one  
5 day without a family member physically there has  
6 caused so much deterioration and damage to her  
7 soul, to her feelings. She -- I mean, I was even  
8 there yesterday, and she just looked so -- like she  
9 wanted to give up.

10                   And I honestly feel that there are a  
11 lot of residents there that just gave up because  
12 they couldn't see their loved ones. My mother's  
13 neighbour across the hall was a beautiful woman.  
14 Sadly, she passed away -- not from COVID -- last  
15 year in June. She was 109, and she was still so  
16 vibrant and still talked about her life growing up  
17 in Milan with her husband and being a nurse in her  
18 younger years.

19                   All of our residents had full lives.  
20 They weren't born old. A difference of six months  
21 in a senior's life -- anyone who is -- at this  
22 point I am going to say over the age of 60, anyone  
23 who goes six months and then sees somebody else --  
24 I always bring it to the analogy, if you look at a  
25 newborn and then look at a newborn six months

1 later, there is a big difference. When you look at  
2 a senior -- my mother who is 97 now, you look at  
3 her in six months, you are going to see a big  
4 difference.

5 So all the families were shocked -- or  
6 most of the families that are able to go in now are  
7 shocked at what they see. Being locked out should  
8 never have happened. It should never, ever, ever  
9 happen again. The government made a mistake. It  
10 was clearly not the families that were bringing in  
11 the virus. It was unfortunately staff, the way the  
12 virus spread and spread so quickly.

13 I look at the Fusco building. It  
14 caused an alarm bell to go off, and we asked for an  
15 air assessment to be done in the Fusco building.  
16 And it was just as Tracey was going on her leave,  
17 quote/unquote, and I was actually on the phone with  
18 Tracey when she was just waiting -- I think Barb  
19 was on hold for her, so I was on the phone with her  
20 on that Friday afternoon setting up a meeting on  
21 the Sunday so that we could talk about the air  
22 assessment, that Family Council wanted one  
23 conducted.

24 So when we had the meeting on the  
25 Sunday with Family Council and management, Tracey

1 wasn't there. I just found it really odd that she  
2 wasn't there. On the Monday, we had the Zoom  
3 meeting, a regular weekly Zoom meeting. That is  
4 where Barb Collins was there as one of the  
5 speakers, and Daniela, who is the Assistant  
6 Executive Director, chaired the meeting, and I just  
7 had a pit in my stomach. I worked in human  
8 resources for many years, that was my past career,  
9 and I knew that something was wrong. Tracey would  
10 not abandon the home and go on a leave. She was a  
11 true champion. I would call her the gold standard  
12 for Executive Director in long-term care homes.  
13 She was always proactive. She is knowledgeable in  
14 what she talks about. She is a strong advocate for  
15 all residents and their families in long-term care.

16 It brought about frustration and the  
17 fear of the unknown with the sudden change in  
18 management. Ruben Rodriguez came in. Our first  
19 Family Council meeting with him --

20 LYNN MAHONEY: He was the Interim  
21 CEO -- Interim ED?

22 JULIE PERL: He was yes, Interim  
23 Executive Director. He boasted about what he did  
24 at Downsview long-term care and how he terminated  
25 all the management staff and hired his own staff.

1 He did his own hiring of staff there. I didn't  
2 feel comfortable with his relationship and his  
3 rapport with Family Council.

4 There was one Family Council meeting  
5 where I had invited the Chair of the Board of  
6 Governors to the meeting because we wanted to  
7 discuss the lack of leadership or permanent leader  
8 in the home, and the Chair of the Board of  
9 Governors did not show up but rather called Ruben  
10 that morning, and they discussed whatever issues  
11 but was not present at the meeting in the  
12 afternoon.

13 It was our meeting, Family Council. I  
14 Chaired the meetings. And I had asked respectfully  
15 that Ruben bring back the calls to me. If there  
16 are any invitees not able to attend, that they  
17 should be directed to me.

18 He was taken aback. He was offended.  
19 He says, Don't tell me what to do. He was -- our  
20 relationship with the management team at Villa  
21 Colombo Toronto went from an interest-based  
22 relationship to an adversarial base. It was -- any  
23 time I would ask a question, I never felt  
24 comfortable calling or picking up the phone. Any  
25 time I had a question, I had to put things in

1 writing, in email, to cover my own words.

2 He kept saying, You are putting words  
3 in my mouth, and I said, No, I am not. All he did  
4 was talk about that he hadn't had lunch that day,  
5 or that it was 6 o'clock, and he was ready to go  
6 home and have dinner, and I am thinking, we have  
7 got residents that haven't seen their families in  
8 over six, seven months, and he is talking about the  
9 meals that he may have missed.

10 I just found it was almost a slap in  
11 the face to our families, more importantly our  
12 residents, about his attitude.

13 LYNN MAHONEY: Julie, can I ask you  
14 what the status is at the home today in terms of  
15 outbreak and how things are right now?

16 JULIE PERL: So that is a good  
17 question, Lynn. So he was the first Acting  
18 Executive Director. After he left, Extendicare  
19 brought in one of their staff, Brad Hall, who was  
20 the Acting Executive Director for a period of two  
21 weeks. I was never able to have a conversation  
22 with him. We tried to set something up, but it  
23 didn't happen.

24 After Brad left that role, Extendicare  
25 brought in another Executive Director, an Interim

1 Executive Director, Josee Goulet-Kack. I had an  
2 in-person meeting with her when I was in the home  
3 one day, and she seemed nice enough, had never  
4 worked in long-term care before, was the National  
5 Director of Quality and Risk. So I wasn't quite  
6 sure how she would feel about dealing with  
7 residents and their families around necessities of  
8 the home and advocating for us.

9 She thought she was going to be there  
10 for a two-week period, and it ended up being quite  
11 longer than that. And I could see that through her  
12 voicemail that never changed from Ruben's name and  
13 her email saying that she was out of office helping  
14 or assisting another home. It didn't show that she  
15 was committed to the home, and as my mother living  
16 now at 42 Playfair, that is her residential  
17 address. That is where she lives. Since Tracey  
18 left, it went from being a home to an institution.  
19 It didn't feel like -- you know, you didn't have  
20 the residents and their families having an espresso  
21 in the piazza area beside the fountain. It didn't  
22 feel like -- you know, they would have a small  
23 picnic in the gardens in the summertime when the  
24 weather was beautiful.

25 You know, we had lost so many people

1           there. Tracey was gone. Family Council was being  
2           lied to. I had a call in to Joe Fusco, who was the  
3           Chair of the Board of Governors, and Barb Collins.  
4           He invited Barb Collins to the call, and she just  
5           reiterated the exact same thing that she talked  
6           about in the Zoom meeting when she reported that  
7           Tracey was on a leave of absence, a very well  
8           deserved R and R. Tracey would never abandon her  
9           family at Villa.

10                         Since Tracey left or was terminated --  
11           and I still find that hard to believe -- there is  
12           very little communication from management. There  
13           has been a number of staff leaving. Marijane, we  
14           are going to miss her expertise and knowledge and  
15           her warmth, her personality. We are going to miss  
16           her. We are going to miss MaryLynn. She is also  
17           very well respected and loved by all the residents  
18           and families.

19                         We had -- the Clinical Educator was  
20           terminated. We had -- we were down to one social  
21           worker in the home for 395 residents. She was on a  
22           leave for awhile, so we had no social workers. It  
23           still feels like an institution now. It feels like  
24           a hospital setting. Frontline staff are  
25           unbelievable, but dealing with management, the

1 Executive Directors that they had in place was -- I  
2 had never had that type of experience.

3 LYNN MAHONEY: Thank you, Julie. I  
4 appreciate your comments, and I think you have  
5 discussed the issues and given a very clear picture  
6 to the Commissioners about your experience and the  
7 experience of your mother during this.

8 I am very conscious of the time,  
9 everybody, and I think we have explored or touched  
10 on a lot of the issues. I do know, Tracey, that  
11 you have recommendations, and these recommendations  
12 as well, now that we have them on the slide before  
13 the Commissioners, we also have them contained, and  
14 you were very good to make a very, very detailed  
15 submission on behalf of your team to the  
16 Commission, which was very helpful to us in  
17 preparing for today as well.

18 So I am wondering, Tracey, if there is  
19 anything sort of that you want to highlight for the  
20 Commissioners in terms of the recommendations and  
21 then if the Commissioners have any sort of final  
22 questions for you.

23 JULIE PERL: Sorry, Lynn, before we go  
24 on to Tracey -- sorry, Tracey -- I just wanted to  
25 make one last note. The first meeting that we had

1 with Ruben, he told us what his mandate was from  
2 Humber River Hospital. One was to get the home out  
3 of outbreak. The home was going to be out of  
4 outbreak just based on the time.

5 And the other mandate he had was to  
6 reduce costs. I went on record, and I said, In the  
7 middle of a pandemic? I said, The whole world is  
8 over-budget and are incurring extra costs. And he  
9 terminated contracts of a number of staff that were  
10 working there, and those people are now long gone  
11 because they were good staff, and we are now having  
12 issues trying to recruit additional staff.

13 So I forgot to mention that as well,  
14 but I do want that.

15 LYNN MAHONEY: Thank you. Thank you  
16 very much for adding that.

17 JULIE PERL: Thank you.

18 LYNN MAHONEY: So, Tracey, over to you  
19 to highlight some recommendations, and then if the  
20 Commissioners have any other questions for you.

21 TRACEY COMEAU: Great. Thank you,  
22 Lynn.

23 Certainly the recommendations that I  
24 have put forward before the Commission are not  
25 recommendations that you probably haven't heard

1 already from numerous people who have presented  
2 before the Commission, and certainly from the  
3 Registered Nursing Association of Ontario, we  
4 strongly lobby for the RNAO basic care guarantee  
5 staffing formula, to have no less than four hours  
6 of direct nursing care per resident day.

7 And we know that the Ministry  
8 themselves have also, from their staffing strategy,  
9 identified four hours of care.

10 I think what is very important, though,  
11 is that it is not just four hours of care. It is  
12 four hours of specific care that has to take place.  
13 As we mentioned earlier, the rising level of acuity  
14 of residents who are being admitted to long-term  
15 care, it is not just having more PSWs. You must  
16 have more PSWs to provide that direct care, but you  
17 also must have a good skill mix. You have to have  
18 a specific amount of Registered Nurses and  
19 Registered Practical Nurses to provide the  
20 assessments and the treatments and the ongoing  
21 leadership as well that is also -- and supervision  
22 that is needed in long-term care.

23 And long-term care can't just be  
24 dependent on hospitals, and it can't become a  
25 hospital. So as wonderful as it is to be part of

1 Ontario Health Teams, I was really hoping to see,  
2 from an Ontario Health team, that they would be  
3 there to augment and enhance leadership and enhance  
4 policies and provide back office to take the  
5 savings of that and put it back toward direct care  
6 on the frontline.

7 So it is important to understand that  
8 nursing homes are not factories, and the people who  
9 work in them are not factory workers, and the  
10 people who live there are not widgets. These are  
11 people with, as Julie said, a lived experience in  
12 their life, and the people who care for them are  
13 experts in what they do. We need to ensure that  
14 PSWs have the appropriate level of education that  
15 they need, and we need to make sure that we are  
16 putting registered staff in there as well to care  
17 for them. We need to treat long-term care like the  
18 area of expertise that it is and enable it to be  
19 self-sustainable.

20 We can partner with hospitals, but it  
21 is not a hospital. It is not an institution. It  
22 is somebody's home. And all of us that enter the  
23 doors of a long-term care are going to work where  
24 people live. It is important to always remember  
25 that. That is their home.

1 I do strongly recommend that there be  
2 some sort of wage parity throughout long-term care  
3 for PSWs as well to remove the competition that  
4 exists between nursing homes.

5 LYNN MAHONEY: Commissioners?

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Yes. I just had one question before we  
8 end. Ms. Perl, I was curious, your views, the  
9 views that you were giving us, that is the views of  
10 the Residents' Council?

11 JULIE PERL: My views are from the  
12 Family Council.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 From the Family Council. I'm sorry.

15 JULIE PERL: Yes. Unfortunately, the  
16 Residents' Council, the Chair --

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 No, no, I misspoke. I wanted to  
19 understand that you were representing -- those were  
20 representative views of the Family Council?

21 JULIE PERL: The Family Council.

22 COMMISSIONER FRANK MARROCCO (CHAIR): I  
23 just misspoke when I said Residents' Council.

24 JULIE PERL: Yes, families.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Thank you.

2 JULIE PERL: You are welcome.

3 LYNN MAHONEY: Well, I don't have any  
4 other questions, and Commissioner Kitts or  
5 Commissioner Coke, I don't know if you do.

6 COMMISSIONER ANGELA COKE: No, that was  
7 very thorough. Thank you.

8 COMMISSIONER JACK KITTS: Yes. No, I  
9 don't have any further questions. Thank you.

10 LYNN MAHONEY: So I would like to thank  
11 all of you very much for the time that you have  
12 taken with the Commission, many hours with me, so  
13 thank you for your patience and thank you for  
14 sharing your thoughts and your experience with the  
15 Commissioners. It has been very valuable. So  
16 thank you very much.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 Well, on behalf of us all, let me -- on  
19 behalf of the Commission, thank you. It is very  
20 important for us to get the views of people who are  
21 actually caring for residents.

22 As you can well understand, there is a  
23 difference between what is written on paper and  
24 what happens in reality, and you have given us a  
25 very thorough reality check, and thank you very

1 much for that. You have given us a great deal to  
2 think about.

3 So thanks for the time and thanks for  
4 the obvious effort that went into the presentation.  
5 And if there is something that you -- that despite  
6 the thoroughness of this presentation you feel you  
7 should have told us, then please contact  
8 Ms. Mahoney, and she'll make sure that it gets in  
9 front of us.

10 TRACEY COMEAU: Thank you very much.  
11 And thank you to all the Commissioners for allowing  
12 us this opportunity to present today. Thank you.

13 COMMISSIONER JACK KITTS: Thank you.

14 COMMISSIONER ANGELA COKE: Thank you.

15 LYNN MAHONEY: Thanks, everybody.

16 Bye-bye.

17  
18 -- Adjourned at 4:34 p.m.

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REPORTER'S CERTIFICATE

I, DEANA SANTEDICOLA, RPR, CRR,  
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That the foregoing proceedings were  
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That all remarks made at the time  
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That the foregoing is a true and  
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Dated this 14th day of January, 2021.



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