

Long Term Care Covid-19 Commission Mtg.

Steve Yamada/Sunnycrest Nursing Home
on Thursday, January 14, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 14th day of January, 2021,
6:00 p.m. to 8:55 p.m.

BEFORE:

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

1 PRESENTERS:

2 Diane Pereira

3 Candy Henderson

4 Richard Burtch

5 Phyllis Babineau

6 Tina Difebo

7 Deborah Kay

8 Heather Locke

9 Lisa Locke

10 Doug Boyd

11 Steven McGough

12 Wendy Stevens

13 Paula Santos

14 Paytair Bereczki

15 Beverley Kelly

16 Julia Ratnayake

17 Chand Ratnayake

18 Diane Anderson Campbell

19

20 PARTICIPANTS:

21

22 Alison Drummond, Assistant Deputy Minister

23 Long-Term Care Commission Secretariat

24

25 Ida Bianchi, Senior Legal Counsel Long-Term Care

1 Commission Secretariat

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3 Kate McGrann, Co-Lead Commission Counsel Long-Term

4 Care Commission Secretariat

5

6 Derek Lett, Policy Director Long-Term Care

7 Commission Secretariat

8

9 Dawn Palin Rokosh, Director, Operations Long-Term

10 Care Commission Secretariat

11

12 Jessica Franklin, Policy Lead Long-Term Care

13 Commission Secretariat

14 Alain Daoust, Team Lead Long-Term Care Commission

15 Secretariat

16

17 Adriana Diaz Choconta, Senior Policy Analyst

18 Long-Term Care Commission Secretariat

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20 Angeline Hawthorn, Senior Policy Analyst Long-Term

21 Care Commission Secretariat

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23 Rose Bianchini, Senior Policy Analyst Long-Term

24 Care Commission Secretariat

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1 Angela Walwyn, Senior Policy Analyst Long-Term Care
2 Commission Secretariat

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4 Jennifer King, Gowling WLG

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6 Michael Finley, Gowling WLG

7

8 John Callaghan, Co-Lead Commission Counsel
9 Gowling WLG

10

11 Lynn Mahoney, Counsel Gowling WLG

12

13 ALSO PRESENT:

14

15 Janet Belma, Stenographer/Transcriptionist

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1 -- Upon commencing at 6:00 p.m.

2 LYNN MAHONEY: So I believe what we're
3 going to do is, just so everybody knows, everybody
4 is going to be on mute. And I know my family would
5 like me to be on mute, but I'm not on mute for this
6 meeting. And I have met you all the other night.
7 So thank you very much for taking the time, again,
8 to join us.

9 And this evening, we have the three
10 Commissioners with us as well, Commissioner Frank
11 Marrocco, Commissioner Angela Coke, and
12 Commissioner Dr. Jack Kitts as well. So all three
13 of them are here.

14 And just as we went over the other
15 night, what we're going to do is we're going to
16 give everybody an opportunity to answer the
17 questions that I asked you to think about the other
18 night, and I'm sure you've -- I'm sure you have and
19 to share your thoughts with the Commissioners.
20 They're very eager to hear from you.

21 So as we -- as we spoke about, we
22 would -- we would like, if possible, to give
23 everybody an opportunity. And given the size of
24 the group, we'd like to try to keep your comments,
25 if you can, to between four and five minutes just

1 so that we can move along and give everybody an
2 opportunity to speak.

3 So I've been given the list of
4 participants, so I'm going to call you each by
5 name, and then we'll unmute it.

6 And as you know, we have Janet, our
7 reporter here with us, and Janet is going to be
8 transcribing what is said here tonight, and then we
9 are going to post a transcript on the Commission
10 website of the -- what is said here tonight.

11 And I can assure you that the great
12 courage you have all shown in coming here tonight
13 and the stories and the information that you're
14 going to share and your thoughts that you're going
15 to share with the Commissioners will be very
16 powerful and will be -- will be read by many, many
17 people, so thank you for that. Thank you for
18 coming and sharing this information with us.

19 So with that, I -- and I'll remind you
20 right now of the questions that you're going to
21 answer, and the question -- the question is to
22 describe for us your experience during the outbreak
23 at Sunnycrest and how it's impacted you and your
24 family.

25 And then the -- and then we would like

1 you to also, then, if you could, give some
2 recommendations and thoughts to the Commissioners
3 as to what can be improved and how the system can
4 change so that this does not happen again, to try
5 to prevent it from happening again. So if we
6 can -- if you can focus on those two areas, that
7 would be -- that would be terrific.

8 So before we begin, I would like to
9 call on Commissioner Marrocco to make some opening
10 remarks.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Before I do that, I wonder if we could take one
13 minute of silence to remember everybody and just to
14 reflect on what we're about to do.

15 Well, I -- going by the clock on the
16 computer, I think it's a minute. It's funny how
17 long a minute is when you actually stop and think
18 about it.

19 Let me -- let me start by saying that
20 my name's Frank Marrocco. I was formerly the
21 Associate Chief Justice of the Superior Court until
22 I retired a couple of months ago.

23 The other two Commissioners are
24 Dr. Jack Kitts who was, until he retired a short
25 time ago, the CEO of Ottawa General Hospital.

1 And third Commissioner is Ms. Angela
2 Coke who, until she retired a little while ago, was
3 a Deputy Minister and a senior member of the Public
4 Service.

5 None of us are beholding to anybody.
6 We've been asked to find out what happened, and
7 we're going to find out what happened, and we're
8 going to write it down so that it's there, and
9 we're going to give it to the Minister. And I
10 think you can almost take it as a guarantee it will
11 be made public because if not, there will be such a
12 storm. It will be made public.

13 So our job is to -- and finally, of
14 course, most importantly, is to make
15 recommendations to prevent -- hopefully prevent
16 this kind of thing from ever happening again.

17 So thank you.

18 And, Ms. Mahoney, with those few
19 introductory remarks, we're ready to go.

20 LYNN MAHONEY: Thank you, Commissioner.

21 So if I can start with -- I'm going to
22 open my list here, Diane -- Diane Pereira, could
23 you -- could you start us off? I remember meeting
24 you the other night, and I think it would be a good
25 place to start. So if you could share your

1 thoughts with the Commissioners on the questions
2 that we've asked you to speak to, that would be
3 helpful. Thank you.

4 DIANE PEREIRA: Okay. I was notified
5 on the 26th of November that there was a COVID
6 outbreak. I had to do a COVID test and wait, so I
7 didn't get to see dad until November 30th.

8 When I went in there, there was -- they
9 were short-staffed. Dad was hardly eating, but
10 then I went on the 1st and the 2nd, and that's
11 where I started seeing the decline in staff, the
12 garbage in the hallways. The garbage inside the
13 rooms were not up to par.

14 Then agencies started coming in, and
15 it -- they didn't know which direction to go to.
16 They just seemed like headless chickens.

17 And I mean, I was there with Dad until
18 the end, but it was just deplorable, unacceptable
19 for the condition of the home. And I was never
20 asked once to show proof of my COVID test.

21 Sometimes there was no one at the door
22 to check my temperature. Luckily for me, I had my
23 own PPE equipment to take in. One nurse from an
24 agency was giving Dad end-of-care injections with
25 no gloves on, and that, to me, was the icing on the

1 cake.

2 So pretty much what I've said before in
3 my interview, it's just -- it was just horrible.
4 It was -- it's -- I mean, I was focused on my dad,
5 and -- but he had a roommate, and they weren't
6 getting medications on time. They weren't getting
7 food on time.

8 At that point, my dad had stopped
9 eating, so I saw his roommate waiting for his food
10 an hour late, sometimes two hours late.

11 Medications an hour late, sometimes two hours late.

12 If I wasn't there to get to instruct
13 the nurse to give my dad his injections on time, he
14 would have been getting that also late. And he was
15 at the end of his life, so like I said, I was there
16 24/7 for three days. And, sorry, yeah. That
17 was --

18 LYNN MAHONEY: No. It's
19 understandable.

20 DIANE PEREIRA: That was hard to watch.

21 LYNN MAHONEY: Yes, I'm sure. So,
22 Diane, can you -- can you think of some ideas or
23 thoughts you might have on things that could be
24 changed so that this doesn't happen?

25 DIANE PEREIRA: I have made a list.

1 LYNN MAHONEY: Oh, that's good.

2 DIANE PEREIRA: I would like more
3 competent staff in all homes, proper training for
4 crisis situations, medical supplies, PPE supplies,
5 more doctors available, more cleaners. You can't
6 have one cleaner per floor.

7 LYNN MAHONEY: No.

8 DIANE PEREIRA: Like, proper -- the
9 protocol being enforced, better communication with
10 families of residents, consequences when so many
11 warnings have been given by inspections, and why
12 are they forewarned that there's going to be an
13 inspection? And there needs to be more inspections
14 done. And that's about it.

15 LYNN MAHONEY: Those are great
16 suggestions, Diane.

17 DIANE PEREIRA: Yes.

18 LYNN MAHONEY: Thank you. Thank you
19 very much. Thank you for taking the time to
20 prepare and share those thoughts.

21 DIANE PEREIRA: Thank you.

22 LYNN MAHONEY: If I can ask
23 Candy Henderson.

24 CANDY HENDERSON: Sorry. Yes, I'm
25 here.

1 LYNN MAHONEY: Thank you, Candy.

2 CANDY HENDERSON: Okay.

3 LYNN MAHONEY: So are you able to share
4 your -- the experiences during the --

5 CANDY HENDERSON: Yes.

6 LYNN MAHONEY: -- pandemic --

7 CANDY HENDERSON: Yes.

8 LYNN MAHONEY: -- and also your
9 thoughts with -- of recommendations, please.

10 CANDY HENDERSON: Okay. My mom was --
11 her name was Jacqueline Young (phonetic), and she
12 passed away on November 30th. I had actually been
13 going in that week before she passed 'cause I'd had
14 a COVID test, so I was going in as a caregiver and
15 had been there the Monday, Tuesday, Wednesday of
16 that week, noticed the decline in her. She
17 wasn't -- my mom did speak, and -- but she wasn't
18 engaging as much. Also noticed when I went in --
19 'cause you would have to go right to your -- her
20 room because you weren't allowed to wander the
21 halls, so I wasn't really aware other than there
22 was no staff. I couldn't find staff.

23 So for those three days that I was
24 going in, there was no water, ever a water or a cup
25 or a jug. They -- and I would call the call bell.

1 Nobody would come. On the third day that I was
2 there, I was told they had five cases of COVID, and
3 I could not come back in to see her because I was
4 not -- my mom could eat on her own. In normal
5 circumstances, she could, but at that point, no,
6 she couldn't. The tray wasn't even close to her,
7 and she was bedridden by that -- after those three
8 days, so I was told I couldn't come back in.

9 On -- so the next three days, we went
10 from my family calling constantly getting either no
11 answer, or someone would answer, and we'd ask for
12 the condition of my mom, and someone would say they
13 would get back to me. Never ever did.

14 So we couldn't get updates on my mom's
15 condition for three days, and then on the Friday,
16 the 27th, they told us that she tested positive.

17 On the Sunday, the 29th, the doctor
18 called in the morning and said my mom wasn't going
19 to make it, so my family went in. My -- I have six
20 sisters, so a few of the sisters went in. And she
21 had been -- by this time, she had been moved from
22 her room into another room where another lady
23 had test -- a resident had tested positive.

24 Unbeknown to me or any of us, her
25 actual roommate had already passed away, but we

1 didn't know that. We weren't informed that.

2 When one of my sisters went in there on
3 the Sunday night, they were given PPE. Nobody took
4 her temperature. There was no one to take her
5 temperature. No one signed her in. No one got her
6 to fill out the questionnaire. She walked in, so
7 there's really no record of her even being in
8 there.

9 There was no call bell hooked up for my
10 mom's bed when they had moved her into the room.
11 Same thing, no water. There was no water to be
12 found or cup or jug, and on her chair in her room
13 was a meal sitting there for her. I guess the
14 dietician just did their job and put the meal
15 there. But at this point, she wasn't even eating.
16 She hadn't even been awake for four days.

17 My mom passed away on the Monday
18 afternoon at 2:00 p.m. in the afternoon. My sister
19 was there with her and took her last breath with my
20 sister sitting with her. My sister called the call
21 bell. Of course, nobody came. My sister screamed
22 down the hall for help. There was a group of staff
23 standing in the hallway. Not one person came to
24 help. They all looked at her, but nobody came to
25 help.

1 After about 15 minutes, finally Chris
2 (phonetic) from -- the floor supervisor came,
3 looked at my mom, said he had to go find a
4 stethoscope which took him 15, 20 minutes, came
5 back, listened to my mom, and then turned to my
6 sister and said, we need a name of a funeral home.

7 There was no compassion. There was no
8 nothing. Mom passed away in her arms. There was
9 no one there to support her, to help her, and I
10 think we are left with that.

11 My -- I think my question at the end of
12 all this is, I know my mom died of COVID. She was
13 positive, but did she go a week without any food or
14 drink? Did she die of dehydration did -- and
15 neglect? Like, that's my question. I know it was
16 COVID, but I know what dehydration can do, and she
17 had symptoms of that.

18 Going forward for suggestions and
19 recommendations, yes, I agree with all the other
20 points. We need all that, and competent staff.

21 Honestly, that Chris, that was the
22 floor supervisor, he's worked there for years and
23 years and years. His manner with my sister was
24 disgusting. He shouldn't even be working there.

25 And the same with the management.

1 There was no communication. It was impossible to
2 get updates on my mom. We were sick with worry and
3 rightly so 'cause she passed.

4 But -- and I know that as far as
5 recommendations, I know that we're not supposed to
6 go in there when they're in outbreak even though we
7 all were testing, and I had a negative test, and I
8 was in there. I was not allowed to go back in to
9 be with my mom, and I think that in itself is
10 wrong.

11 We need to be with our families when
12 they're dying, when they're sick. They need us.
13 When they're in isolation, they get depressed.
14 They have no one to talk to. There's no one
15 checking on them.

16 I don't know how it can be done, but
17 that is my recommendation. We should be able to be
18 with our loved ones when they are sick like that
19 and in isolation. I mean, I would have done
20 anything to be able to get back in there to be with
21 her. And, you know, it was just the timing and
22 whatever.

23 But I also think they should have -- in
24 outbreaks or something like this happens, well,
25 they should have been prepared, and they weren't,

1 but why can't they have -- it doesn't even have --
2 it doesn't have to be a nurse. Why can't they hire
3 someone that acts as a liaison that can answer the
4 calls, listen to the messages, and get back to the
5 families and update you on your -- on what's going
6 on with your family member?

7 Like, the worst part was not knowing
8 and worrying. I don't know why that's not possible
9 for them to have one staff member to control the
10 calls and update you on the condition of your
11 family member.

12 I think, I mean, I go along with all
13 the other things that we should have in place.
14 They should have had all kinds of things in place.
15 I don't know the reason why this happened, and it
16 was inexcusable to me. But to have to go through
17 that and watch my mom die like that was -- was
18 horrible, was horrible.

19 LYNN MAHONEY: Thank you very much for
20 sharing that with us, Candy.

21 CANDY HENDERSON: Okay.

22 LYNN MAHONEY: I appreciate it.

23 If I can ask Richard, Richard Burtch.
24 Candy, would you --

25 CANDY HENDERSON: Oh, yeah, I have to

1 mute.

2 LYNN MAHONEY: Thank you very much. It
3 just helps with the audio for everybody.

4 So Richard.

5 RICHARD BURTCH: Yeah, I've been
6 listening to all this stuff that's been going on.
7 I was going to just say that for the last nine
8 months, it's been a terrible ordeal for all the
9 families, I'm sure, with all of the hassles of even
10 getting in to see people, getting in to see your
11 mother.

12 I'm an only child. I was an only
13 child. I was the only one who went in to see her.
14 And I couldn't until -- like, March through May, we
15 were pretty well shut out. And then we were
16 allowed outside visits, and then we had to have
17 the -- a COVID test every 14 days to get into the
18 home.

19 But the COVID test was only valid at
20 the second that you had the swab up your nose. The
21 minute you walk out of that building, you could get
22 COVID. So I think that was just rather useless.

23 If you're going to have a COVID test,
24 it should be done by the people in the long-term
25 care home when you come in or when you leave, one

1 or the other.

2 Anyways, I -- my mother was probably
3 the first one to pass from the latest thing. She
4 was Jackie's (phonetic) roommate, the lady that was
5 on just ahead of me.

6 And so I missed all of this stuff
7 inside the building because I never got in to see
8 my mother after the week before they announced the
9 outbreak on the 26th. I hadn't been able to get in
10 to get a COVID test, so I wasn't -- I wouldn't even
11 attempt to go into the building without it.

12 We got a phone call on the 26th telling
13 us of the outbreak. The next phone call I got was
14 the morning of the 28th of November telling me that
15 my mother was found in bed with vital signs absent
16 and what funeral home did I want them to call? And
17 that was the extent of the communication from
18 Sunnycrest about anything.

19 They never bothered to call me back. I
20 found out that my mother was COVID positive from
21 the funeral director. What's up with that?

22 He also told me -- and I haven't
23 mentioned this before because I don't -- I, quite
24 frankly, had forgot about it -- he told me that the
25 staff doctor wasn't available at Sunnycrest that

1 weekend, that she was in Ottawa, and there was
2 nobody there to sign the death certificate. And he
3 was getting a little bit concerned that he had my
4 mother there and a death certificate that didn't
5 have a signature on it. That sounded strange to me
6 too. That should never happen. I didn't think you
7 were allowed to transport a body without a signed
8 death certificate.

9 So given all of that, and listening to
10 everybody else, the conditions in Sunnycrest since
11 my mother went in there were deplorable at the best
12 of times. Every time that you went in there, the
13 smell of urine through the building was
14 unmistakable and bad. I wasn't sure that she was
15 being fed other than the times that we were there
16 to feed her.

17 She was in end-stage dementia. She had
18 Afib, congestive heart failure, a lot of other
19 things wrong with her, so I'm not sure that COVID
20 was the primary reason for her death, but I'm sure
21 it was a contributing factor.

22 But the fact of communication, nobody
23 from Sunnycrest has called me yet to explain
24 anything. I did get a phone call last week to go
25 and pick up her belongings because apparently the

1 outbreak was over, so we get over there on Monday
2 to pick them up. The only thing that I got that
3 was hers was her walker and one nightgown. The
4 other stuff that I got in a bag, I think, belonged
5 to Jacqueline. They weren't hers.

6 UNIDENTIFIED SPEAKER: A white coat.

7 RICHARD BURTCH: A white coat and a
8 back brace. I think they belonged to the lady who
9 was in the room with her. My mother's purse,
10 pictures, clock radio, I have no idea where it is.
11 And they don't know where it is. They said they'd
12 call me back this week and make arrangements to
13 pick it up, but I haven't heard a thing.

14 So I don't know whether it's because
15 it's a for-profit facility or because it's so old
16 that it's just run down and wore out, but we have
17 to do something about the communication end of
18 things.

19 Our elderly people shouldn't be treated
20 this way. If I had an animal that was, like,
21 treated like that, I'd be charged with animal
22 cruelty. There is no -- there's no excuse for it.
23 And I feel bad that I even had to put my mother in
24 there, but I didn't have a choice, and I didn't
25 have a choice of homes either. And that's --

1 that's what I'll have to live with the rest of my
2 life, that I had to put her in a place that I
3 wouldn't go in myself, but I didn't have a choice.
4 It was -- it was the LHIN, the local health people
5 that make this -- made those decisions.

6 And then not allowing us in when you're
7 in a middle of a pandemic just doesn't make any
8 sense if you're the only caregiver, just doesn't
9 make any sense at all.

10 That's about what I have to say.
11 It's -- it's a deplorable condition. I'm sure it's
12 repeated in a number of other old-age homes and
13 long-term care homes, facilities in Ontario,
14 probably in Canada. And I don't know what the
15 answer is.

16 But there has to be a better way to
17 treat the people who have contributed to this
18 country and paid their taxes over the years and
19 would expect to be in dignity for the end of their
20 life.

21 LYNN MAHONEY: Thank you, Richard.

22 So Phyllis, Phyllis Babineau. Thank
23 you, Phyllis.

24 PHYLLIS BABINEAU: Hi.

25 LYNN MAHONEY: So if you could share

1 your thoughts with the Commissioners, it would be
2 appreciated.

3 PHYLLIS BABINEAU: Okay. I kind of
4 wrote everything out, so, all right. Overall, I
5 had a -- I had a really good experience. Mom was
6 fun-loving and challenging, very challenging. But
7 I defended the -- I defended Mom and the staff.

8 Mom was loved by the staff. They
9 absolutely adored her. We FaceTimed a lot and
10 sometimes for a long period of time. They -- they
11 allowed that. They didn't have a problem with
12 that. And Mom was always well taken care of when I
13 went in there, and I went in there at various
14 times.

15 When I came in to visit, I had to ring
16 the doorbell. They wouldn't allow me in. You
17 couldn't get in. They made me ring the doorbell.
18 I rang the doorbell, and they brought me out a
19 package that had all the PPE in it and papers that
20 I needed to sign. They took my temperature there.
21 I had to put my PPE on, and then I was allowed to
22 enter in. That was the only way I was allowed to
23 enter in.

24 Let me see here. And then, anyways,
25 once the chaos started to break out, I found it

1 very challenging, like, finding out things about
2 Mom, like, you know, what was going on and stuff.
3 I was really worried. I mean really worried
4 because -- but then I realized, like, the girls
5 were busy. Like, they were busy. They had -- that
6 building was so full of COVID, they had no time
7 to -- they had to take care of the residents.

8 Then the doctor called me and told me
9 mom was positive. It took -- the doctor asked me
10 what the directives [sic] was, what I wanted; did I
11 want her sent to the hospital or keep her there?

12 Well, she already was positive. She
13 was in an environment where everybody knew her.
14 Everybody loved her. Instead of sending her to the
15 hospital where it's a cold atmosphere, there's no
16 connection to Mom, I kept her there.

17 I told them that I needed her to stay
18 comfortable and let me know what was going on,
19 just -- just keep me informed, and then
20 Lakeridge Health was taking over, and Lakeridge
21 Health connected me through so that I could keep in
22 touch with them so I knew Mom's condition.

23 Then the doctor -- on the 6th, the
24 doctor called me, Dr. Kennedy (phonetic), I believe
25 it was, called me, and he said, Phyllis, you need

1 to come in and see your mom. So I was, like, okay.
2 What about my work 'cause I'm a PSW? What about my
3 work, you know? And he said, right now, forget
4 about your work. Go see your mom before you regret
5 it.

6 So I just kind of packed up everything,
7 and I left, and I went to Sunnycrest. And they
8 made me put all my PPE on. They -- at the door and
9 everything, they took my temp. They done the whole
10 nine yards.

11 And then I went up to see my mom, and I
12 sat with her for three hours in her room by her
13 bedside rubbing her hand and telling her everybody
14 loved her. The nurses were good. They were --
15 they came into the room multiple, multiple times.
16 Some of them were crying. They were upset. They
17 were generally upset.

18 And I -- being a -- they were worked
19 off their butts. The whole place was so full of
20 COVID, there was no time. They were half-staff.
21 How do you not expect people to get things done
22 when they need things done right there on the spot?
23 You can't do it. You can't. Some things are going
24 to fall behind, and it's sad to say, but they
25 needed to be where those residents were that were

1 sick and needed help.

2 And anyways, Mom -- they had an IV drip
3 on Mom because Mom was dehydrated. They tried the
4 interferon, to give her the interferon to help her
5 body fight the COVID. They tried so hard. They
6 gave her Hydromorph to keep her comfortable, and
7 after the three hours, I -- like, I asked
8 Dr. Kennedy if I was safe, and he told me yes,
9 'cause you got your full PPE on; you're safe. Just
10 be very, very careful when you're taking it off.

11 So I had help getting it off, and I
12 knew the procedure and how to get it off properly.
13 And then I -- when I left, I had new PPE put on
14 before I exited the building and everything, and I
15 had my temperature taken before I left the
16 building.

17 Yeah. I don't know -- I never had the
18 problem that everybody else has had. I don't know.
19 Everybody's different. Everybody's different, I
20 guess. And after -- after that, after I'd left, I
21 had Sunnycrest send me, like, a beautiful
22 condolence card. And, like, I was told multiple,
23 multiple times by everybody, they're sorry.
24 They -- they -- condolences and everything. And
25 some of the staff, I know personally, and I know a

1 couple that were actually positive that was on
2 isolation. And the one that was on isolation, she
3 was just, like, dying to get back there. She just
4 wanted to fight this thing to the ground so that
5 she could save her residents.

6 Like, I'm sorry, but I found the staff
7 cared. They cared deeply. And anyway -- okay. So
8 I heard allegations -- and I'm not even going to
9 say if it's true or not -- I heard allegations that
10 PPE was locked up in a room in a -- at the
11 beginning at a DOC's room. If that was true,
12 that's wrong. I feel that's wrong. Staff should
13 have had it.

14 The working short, like, they were --
15 as I said again, they were short. Like, they were
16 short so many staff. How in the hell -- my
17 language -- how do they cope? How do they manage?
18 Every frickin' resident was positive except for
19 one. And, I mean, I'm glad she was negative, but
20 still, something's got to give. If meals are a
21 little late, what comes first? The meal or the
22 residents that are sick?

23 They're working short. They have no
24 staff hardly. Something's got to give. Some
25 things just -- it's -- the staff was overworked

1 majorly. Like, as a PSW myself, normally, I have,
2 like, nine residents. If I work one short, my 9
3 residents are now 11. If I work two short staff,
4 my residents now are 13 to 14 residents. How can I
5 be with 13, 14 residents all at the same time?
6 Something's going to happen. It's wrong.

7 We need more staff, and nobody wants to
8 work as a PSW anymore. Doug Ford's saying he wants
9 to hire staff. It won't happen. I guarantee it
10 because staff are scared. Staff don't want to do
11 the job. The ones that are there are so devoted,
12 in my eyes. In my home, we care. We try so hard.

13 What I will tell you is we need rapid
14 testing so friggen bad. We need rapid testing like
15 no tomorrow, and a lot of it could be -- a lot of
16 this -- these outbreaks could be eliminated by
17 that.

18 For an example, I was positive myself.
19 I worked all week with my residents. I didn't know
20 I was positive. I had been tested on the 4th of
21 November, worked all week with my residents. I --
22 I checked the Ministry of Health's thing to find
23 out whether or not I was negative or positive from
24 my result test [sic]. It wasn't in yet. I didn't
25 get notified 'til the Sunday. When I got notified

1 on the Sunday, I'd already been around my husband,
2 my grandson, my daughter. I was freaking. I was
3 so upset.

4 Thank God, they all tested negative
5 around me. All my residents tested negative. My
6 staff tested negative. I was jumping for joy, but
7 it could have been a totally different -- totally
8 different outcome. It could have been Sunnycrest.

9 LYNN MAHONEY: Thank you, Phyllis.

10 PHYLLIS BABINEAU: And that's why I say
11 rapid testing needs to be done.

12 LYNN MAHONEY: Yeah, that's a great
13 suggestion, and thank you for all of that, and
14 thank you for sharing with us your experiences,
15 your own work experience, Phyllis. Thank you.
16 Thank you for that, and I'm very sorry for your
17 loss.

18 PHYLLIS BABINEAU: Thank you.

19 LYNN MAHONEY: So if I can call on
20 Tina.

21 TINA DIFEBO: Am I on mute now?

22 LYNN MAHONEY: No. You're good now,
23 Tina. Thank you.

24 TINA DIFEBO: Okay. Thanks. I want to
25 say something as well. Like, in the beginning,

1 when we brought my mom there, the PSWs were really
2 great with my mom, especially two of them, and only
3 one of them had reached out to me when she found
4 out that my mom passed away. But I have a totally
5 different outlook and story that -- comparing to
6 that PSW who spoke, and my heart goes out to her as
7 a PSW, and I know she's trying her best.

8 Okay. So I didn't know that there was
9 COVID in the building. They must have called me,
10 but I have two jobs, and I was busy, and so was my
11 brother.

12 So on the -- November 29th, I called
13 'cause it was my mom's birthday, and there was no
14 answer. I called. So did my brother. On the
15 30th, I was working, and a friend of mine who is
16 friends with Candy's grandson calls me and said to
17 me that there's COVID at Sunnycrest. Did you get a
18 phone call? And I said, no, I never did -- I
19 didn't get a phone call. So I said, I will call.
20 She goes, you need to call because the
21 grandmother -- his grandmother passed away, and I
22 said, okay, I'll call.

23 So I called, and I spoke to Chris. And
24 Chris said, oh, no, your mom is fine. Your mom is
25 a negative. And I said, are you sure? And he

1 says, absolutely. And I said, well, is it true
2 there's about 80 residents that have COVID? And he
3 says, yes, it is. And I said, why wasn't I
4 informed? He said, I don't know why you weren't
5 informed, but now you know that there's COVID. I
6 said, okay, fine. He sounded like he was really
7 busy. He just needed me to get off the phone. He
8 got off the phone.

9 I contacted my brother, and I told him
10 that there was COVID, and I said Mom is negative.
11 The following morning my brother decides to call
12 the nursing home. They wouldn't give my brother
13 any information because, apparently, somebody else
14 had answered the call, and -- somebody from
15 Lakeridge Health, and on the papers, it just says
16 my name. But my -- they all know my brother, the
17 staff.

18 So he insisted, and so then they passed
19 the phone on to Denise (phonetic), and Denise said,
20 your mom is positive. So he calls me, and he says,
21 I don't know who you talked to last night, but Mom
22 is positive. I go, how can she be positive this
23 morning when last night, I called at 8 o'clock, she
24 was negative. So in the morning, she was positive.

25 So then I called, and then Denise

1 started crying on the phone to me, and she said,
2 I'm so, so, so sorry. I'm so, so sorry because she
3 had a soft spot for my mom. And I said, okay, what
4 do I need to do? She says, well, your mom's -- is
5 in the room now, and they're not coming out of the
6 room. And she told me that they were going to
7 monitor her and everything. So that just went out.

8 So I was working on Friday which was
9 November the 4th. I get a phone call from the
10 doctor at approximately 5 o'clock. And she says to
11 me, your mom is extremely dehydrated. What do you
12 want us to do? I said, what do you mean what do
13 you want -- what do you want to do? Take care of
14 my mother. Like, what do you want me to do?

15 And she says to me, well, do you want
16 me to make her comfortable? You know, she's not
17 going to make it over the night. And I said, no,
18 you're taking her to the hospital. So they called
19 an ambulance, and she went over to
20 Lakeridge Health. When she got to Lakeridge
21 Health, they called me, and they said that my mom
22 was ill, and they had a drip on her because she was
23 extremely dehydrated, they said. So they said,
24 well, we'll call you back, and we'll let you know
25 what else goes on.

1 So then he calls me around 10 o'clock
2 at night. This is another doctor that came on
3 call, and he says, we did tests on your mom. Her
4 heart is fine. She's just has a bit of difficulty
5 breathing, but she has the oxygen, right? And I
6 said, okay. And then he goes, everything, her
7 liver, everything is fine. He goes, she's a really
8 tough cookie. This is what he said to me.

9 He said, but we -- unfortunately, we're
10 going to send her back to Sunnycrest. I said,
11 you're going to do what? You're sending her back
12 to Sunnycrest where it's full of COVID? He goes,
13 well, what she's going to -- she only needs the
14 oxygen, he says to me. So we argued on the phone,
15 and they insisted that my mother had to go back.

16 So my mother ended up going back. I
17 paid for an ambulance to take her back in the
18 middle of the night around 3 o'clock in the
19 morning.

20 In the morning of Saturday at about
21 11 o'clock, I get a phone call from Lakeridge
22 Health, and they tell me that my mother's at the
23 hospital again. And I said, what's going on? Your
24 mother has a fever of 40. I said, my mother has a
25 fever of 40? I was told from the doctor yesterday

1 that my mom was fine to go back to Lakeridge Health
2 [sic]. Then the nurse tells me that my mom had
3 sores on her butt, full of sores, and she had sores
4 on her feet. They were taking care of her sores as
5 well.

6 So then he talks to my brother and me.
7 This is Sunday. And then he said to us, your mom
8 is not going to make it. I guarantee -- about two
9 hours, he said, and she'll be gone. I said, what?
10 No. And he goes, yeah. He goes, we're going to
11 just make her comfortable because it says here not
12 to resuscitate and all this.

13 So my brother and I were crying,
14 obviously. We weren't expecting this. My mom only
15 had dementia. My mom was fine. My mom -- like,
16 she had no other problems. Her heart was fine,
17 everything.

18 So then the nurse calls me, and this
19 was now -- is Monday, and she says to me at the
20 hospital, she says, would you like me to bring the
21 phone into your mom's room so you guys -- so you
22 can talk to your mother? And I said, that would be
23 nice.

24 So on Monday, we all spoke. They put
25 the phone by my mom's ear, and they spoke with --

1 we all got to talk to my mom and everything. And
2 then we heard my mom going hmmm, hmmm, like this.
3 So then I asked the nurse, is it possible that you
4 could have your phone, or do you have a Tablet or
5 something? Can we see my mom? So she said, yes, I
6 could do that for you.

7 So she brings the Tablet into the room,
8 and the Tablet wasn't working, so then she used her
9 own phone. She goes, okay, I'm going to put a
10 plastic cover over my phone, right? And she had
11 her full PPEs on, everything. She put the phone to
12 my mother, and we were able to see my mom on video.
13 And we literally watched our mother, like, dying.
14 Like, we couldn't be with her. We were crying. We
15 were calling out her name. She was responding to
16 us.

17 Apparently, the nurse said that she
18 made no noise until she heard my brother and my
19 voice. She was making these noises like hmmm,
20 hmmm, hmmm, like this. And my kids were there,
21 too, and my kids were saying good-bye to their
22 grandmother. It was the hardest thing that I ever
23 had to do.

24 And then that night at about
25 10 o'clock, 10:20, my son wasn't able to say

1 good-bye to her, so he -- we called again at night,
2 and we put the phone to her ear, and my son said,
3 okay, Nona, I love you, he said to her in Italian.
4 We're Italian. And then he cried. And then I
5 grabbed the phone, and I said to her, Mom, it's
6 okay. If you want to go, you can go. Papa, is
7 waiting for you.

8 And two hours after I got the phone
9 call from the nurse, and she told me that my mom
10 passed away. And then no phone call from
11 Sunnycrest, nothing, nothing. Not even to say I'm
12 sorry, nothing. The only phone call I got was on
13 the day of the funeral. My mom -- we had the
14 funeral, like, on the 15th, so she passed away on
15 the 8th. And then on the 15 of December, I get a
16 phone call while I was at the funeral by Heather,
17 the receptionist -- I don't know -- the
18 administration, and I know Heather from growing up
19 in Toronto.

20 And she says, Tina, I'm so sorry. I
21 found out about your mom. Now, I was totally out
22 of it. I wasn't really thinking. And I said, oh,
23 Heather, I said, do you know what was going on in
24 the nursing home? And she goes, well, I'm working
25 from home. She said, I've already put my

1 retirement in. I'm retiring in January. And I
2 said, well, are you aware that there was no PPEs;
3 it was locked up in your office, in administration?
4 And she goes, that's not true. That's not true. I
5 said Heather, I'm not here to argue with you. I'm
6 at my mom's funeral. I can't talk right now. And
7 then that was it.

8 And then another person from -- a PSW
9 messaged me on Facebook, and she had COVID, and she
10 told me that she was so sorry, that she heard about
11 my mom. And she said, too, like, the situation in
12 there, was -- like, they were working with only 50%
13 of the staff. So -- and I'm telling -- it was the
14 hardest thing that I had to --

15 LYNN MAHONEY: I bet --

16 TINA DIFEBO: -- experience.

17 LYNN MAHONEY: Yes.

18 TINA DIFEBO: And my recommendations
19 that I wrote -- I wrote things down. I wrote it on
20 my computer here. So I said they need to be
21 trained regularly on infections control measures.
22 They need to be monitored by quality assurance
23 infection control specialists like a nurse who
24 knows about all of this. And they need to stand
25 outside the door and to watch what they're doing

1 and to make sure that they do the right things,
2 right?

3 And my thing is the rooms as well, they
4 should not be four people to a room. They should
5 be two people to a room. And they need to have,
6 like, better care for the residents and hire more
7 staff for this. Like, they need to. I know
8 what the other -- the other lady was saying that
9 nobody wants to be a PSW. But, you know, there are
10 a lot of them out there, that, you know, that would
11 want to work full time. Hire them full time,
12 right? And have more people working there.

13 Those are my recommendations, and this
14 not to happen. I just want to be the voice of all
15 the other people out there that -- for the future.
16 I don't want this to happen again.

17 And another thing, I think they should
18 shut down Sunnycrest completely because to me,
19 Sunnycrest is old, run down. It smells. It's got
20 garbage. I -- I don't -- the cleaning, everything.
21 I can go on and on, and I don't -- and I don't want
22 to waste anybody's time, more time, but I think
23 they should knock that down and rebuild it all over
24 again, the same way they did to Fairview Lodge.
25 But Fairview Lodge was burnt down, and that's why

1 they did this. But this, in my opinion, they need
2 to knock that place down. Thank you very much.

3 LYNN MAHONEY: Tina, thank you very
4 much for sharing with us and trusting us to share
5 those experiences. Thank you very much, and I --

6 TINA DIFEBO: Thank you very much for
7 having us.

8 LYNN MAHONEY: Well, thank you, and I'm
9 very sorry for your loss.

10 TINA DIFEBO: Thank you.

11 LYNN MAHONEY: Deborah, can I ask you
12 to speak next, please?

13 DEBROAH KAY: Can you hear me?

14 LYNN MAHONEY: Yes, we can. Thank you.

15 DEBROAH KAY: Okay. My observation,
16 Friday November the 27th, between 5 and 6 p.m.,
17 entering Sunnycrest, the gal did not have full PP
18 [sic] on, standing very close to me while taking my
19 temperature. She tried seven times in my ear, no
20 luck. She told me what temperature to write down.
21 When I left, she took my temperature by forehead,
22 of course, a different temperature.

23 While visiting Dad to feed him, he had
24 a cough, and dinner was 45 minutes late. I had a
25 very eerie feeling at this time he had COVID. He

1 was slouched down in the bed, not with it, so very,
2 very tired. He did eat most of his dinner, and
3 this was Friday. I was going to visit again
4 Saturday. We are -- my husband and I are from out
5 of town, but I had such an --

6 LYNN MAHONEY: Deborah --

7 DEBORAH KAY: -- eerie feeling.

8 LYNN MAHONEY: Deborah, it seems to be
9 a bit --

10 Is everybody else having difficulty
11 hearing a bit? Okay.

12 Deborah, your -- the audio is a little
13 bit crackly. I'm just wondering if you could
14 just -- we could hear what you said up to there,
15 but --

16 DEBORAH KAY: So what would I do?

17 LYNN MAHONEY: No. That's better.
18 That's better what you're doing right now.

19 DEBROAH KAY: Is that? Okay. I'm not
20 talking straight ahead 'cause of the light, I
21 guess. Okay. So where am I now?

22 Okay. So this is Friday, and I was
23 going to visit again Saturday, but did not have a
24 good feeling about the surroundings. Sunday
25 morning, we got a call from -- let me see -- Sunday

1 morning we got a call Dad was tested positive, so
2 then I had to go and isolate for two weeks when I
3 got home.

4 The doctor informed us on Monday he had
5 a cough. Well, little did she know, Dad had the
6 cough Friday when I was visiting him.

7 Four-and-a-half days went by with no callbacks from
8 Sunnycrest or Lakeridge to find out Dad's health
9 situation in between these four-and-a-half days
10 only to learn Dad had a fever and was on oxygen and
11 then suddenly palliative, unacceptable and
12 inhumane. Just again, not enough staff. It's just
13 ridiculous.

14 December the 9th in the morning, call
15 from the doctor. They didn't think Dad was going
16 to last the day. We were promised Dad -- we --
17 they promised us there would be someone with him
18 until he passed, around-the-clock care in his
19 private room. There was somebody with him all day,
20 but no way there was at night. Everyone in the
21 family spoke to Dad by speakerphone to say our
22 good-byes.

23 Well, we just feel it was a full-blown
24 lie. Our hearts were broken. Dad did not have
25 someone with him. I can't see -- 24 -- I phoned

1 his room 10 p.m., and no one answered. Heather, my
2 sister called at 11:00 p.m., and nobody answered.
3 My aunt and cousin from Wales, they called at
4 3 a.m., and nobody answered. And Heather called at
5 6 a.m., December the 10th, the night nurse
6 answered. And she said, he woke up, said hello,
7 and had a few sips of water, and passed
8 approximately half an hour later.

9 I also observed over the past six years
10 with Dad living at Sunnycrest some of his
11 belongings were missing. Some were found. Others
12 never to be found. Unacceptable as well.

13 When it was mandatory to show proof of
14 a negative COVID test, Sunnycrest never asked for
15 it. Shame, shame on Sunnycrest, and shame, shame
16 on Doug Ford, and shame, shame on the Government.

17 My recommendations for future nursing
18 care homes: Do away with private-owned homes, and
19 do not let the homes know when there will be an
20 inspection. Surprise the friggen hell out of them;
21 and more health infection -- inspections a year, of
22 course, and more extensive training for employees,
23 all staff. And thank you very much for listening.

24 LYNN MAHONEY: Thank you, Deborah, and
25 my condolences to you on your loss, and thank you

1 very much for sharing your thoughts.

2 Heather, if I can call on you, Heather
3 Locke. Sorry, it says Heather Locke, but it says
4 Lisa Locke, I think. Yeah. Let's go with -- oh,
5 no. There's two. There's Lisa Locke and Heather
6 Locke.

7 HEATHER LOCKE: Yeah.

8 LYNN MAHONEY: Okay. Thanks, Heather.
9 Thank you.

10 HEATHER LOCKE: Okay. So Heather goes
11 first?

12 LYNN MAHONEY: Yes, please.

13 HEATHER LOCKE: When Lakeridge was
14 finally brought into Sunnycrest to take over the
15 running of the nursing home, it was four-and-a-half
16 days before I was able to get any information on my
17 dad. We were told not to call Sunnycrest and that
18 an email was being set up to communicate with
19 families. It was frustrating and an emotional
20 four-and-a-half days of not knowing how my dad was
21 doing.

22 I had called. I got a call from
23 Dr. Newall (phonetic) from Sunnycrest that my dad
24 was in palliative, and they didn't expect him to
25 make it through the day. My sisters and myself

1 were able to say our good-byes by phone. Staff
2 said that someone would be there with my dad until
3 he passed. Not true.

4 My sister and I phoned from his room,
5 his private room, but there was never an answer. I
6 would have -- it would have been less painful
7 knowing that someone would be there with my dad and
8 he was not alone during his last days here. But
9 with the COVID, it was not going to happen.

10 My recommendations is that I also agree
11 that we have -- not to have any more private-run
12 nursing homes, and staff is to be better trained on
13 how to use proper protective equipment, and that's
14 it. Thank you.

15 LYNN MAHONEY: Thank you, Heather, very
16 much. Thank you for sharing your experiences with
17 us.

18 Lisa, if I could call on you next.
19 Yeah, perfect.

20 LISA LOCKE: Okay. On the onset of
21 COVID-19 in March, before that, his -- my dad was
22 in good spirits. He was walking around with his
23 walker. And then I -- then the -- where did I put
24 it? Then the nursing home had to shut down, so
25 health and safety was priority. I was glad that

1 he -- you know, at that time, he was safe, but it
2 went on for a month, and he was -- what he must
3 have been going through -- like, when I phoned him
4 during that time, and he was fine. He was in good
5 spirits.

6 But as time went on, the isolation and
7 not being able to leave his room as often and the
8 daily routine was changed. He could not walk
9 around as usual because of -- they had to keep them
10 isolated to prevent the COVID spread.

11 But what gets me is that from March
12 'til November, I guess it was, that there was no
13 COVID, so I don't know what the whole mask scene
14 for them in there and myself, you know, all the
15 masks everywhere scene, what with the anxiety and
16 the isolating, the feelings, and just hoping and
17 praying every day everything's going to be okay.

18 And then the COVID test every 14 days,
19 and to get to go see him. Like, I'm glad I had
20 that visits, but when I seen him, he wasn't the
21 same. And when I finally could see him after those
22 months of lockdown, he wasn't the same. He was --
23 he was smiling, but he wasn't as talkative because
24 maybe the mask thing, you know, this -- the whole
25 scene is just devastating, I think, on a lot of

1 people.

2 And his dementia declined. He had less
3 movement. He was -- he was more comfortable in the
4 chair that we had to get him, the wheelchair. He
5 just declined right when we could start to see him.

6 But I just wish that my visits with
7 him, like, when I was COVID negative and he was
8 COVID negative and we were 6 feet apart, I just
9 wish, that, you know, we could, just no mask and
10 just 6 feet apart and just talk freely and smile,
11 and, you know, have a snack, drink.

12 But the masks it just was a -- so much
13 anxiety and isolation that -- that the whole time
14 that there was no COVID in the place, and I know
15 the staff did their best with him. I know it
16 during that time, but then -- then -- yeah, it
17 just -- it was hard for me to go see him decline
18 every day from March until up until his passing.
19 It was hard that this -- what this thing is -- this
20 COVID has done.

21 I think he'd still be here for sure if
22 the COVID didn't hit, and then why -- why from the
23 first wave to in March when there was no COVID and
24 up until the outbreak, why didn't -- why was there
25 no more preparation from the Government, from

1 the -- from the long-term? Just what were they
2 doing all that time from the first wave to the
3 second wave? What -- I don't understand. And --

4 LYNN MAHONEY: Do you have some
5 thoughts, Lisa, on some changes --

6 LISA LOCKE: Yes.

7 LYNN MAHONEY: -- that could be made?

8 LISA LOCKE: Yeah. Yeah. More
9 preparation and planning before an outbreak, make
10 sure this doesn't happen again. I don't -- I think
11 universal, like, everywhere, every long-term care,
12 every healthcare facility, every place, you know,
13 company, or whatever, should have universal expert
14 supervision for proper infection control.

15 PPE, there was PPE shortage. There was
16 faulty PPE that I was aware of that I had to change
17 a few times 'cause it ripped on me, and I reported
18 it. And universal quality control of PPE, maybe
19 even new experimental oxygen helmets. I mean, what
20 needs to be done, you know, to -- for this -- when
21 they're -- to get this -- to find a solution once
22 this ever happens again or right now.

23 And N95s, masks that are tight-fitting
24 when you're -- with close contact with COVID, I
25 know when I was in -- I worked in SARS as a PSW,

1 and we had the N95s -- we had to get mask fittings.
2 We had to wear the goggles and the gown, and then
3 we had the little things we had to wear on our
4 shoes.

5 Yeah, it -- just need universal proper
6 PPE, quality control all the time, universal -- it
7 should be, you know, checked quite often in
8 these -- everywhere, like, a professional infection
9 control team everywhere; more inspections, ongoing
10 inspections all the time in every place.

11 And then -- and then there was the
12 emotional, physical, draining burnout of residents
13 and everyone. I think there should be universal
14 mental health teams in -- everywhere of these
15 buildings, long-term or healthcare. There
16 should -- you know, for the residents and
17 healthcare teams, doctors, nurses, PSW.

18 There's staff shortage, very much staff
19 shortage, and I feel that this -- there should be
20 more trained staff, healthcare teams,
21 government-paid training, perhaps. Yeah.

22 LYNN MAHONEY: Those are great
23 suggestions.

24 LISA LOCKE: Thank you.

25 LYNN MAHONEY: They're really good.

1 It's very -- it's very thorough. Thank you very
2 much, Lisa. That's very thoughtful. Thank you.

3 LISA LOCKE: Okay. Thank you.

4 LYNN MAHONEY: That is very helpful.
5 Can I ask Doug, Doug Boyd.

6 DOUG BOYD: Hi there.

7 LYNN MAHONEY: Hi, Doug.

8 DOUG BOYD: So my grandmother was one
9 of the lucky ones. She did get COVID, but she did
10 survive. We did not get no information from them.
11 They told us on the same day as many of -- many as
12 you when they received the phone call that they got
13 COVID. We asked her how she is, how she's doing.
14 All they would say is stable. We asked them to
15 expand on that. They refused 'cause stable can
16 mean so many different things.

17 So they would not tell us. We asked to
18 see her on video. They said no. That -- then all
19 of a sudden, a couple of days later, we got a phone
20 call and saying, does she have a DNR? We said,
21 what's going on? They wouldn't explain to us. So
22 later on, we went down to Sunnycrest. We saw her
23 through the window. She looked weak. We couldn't
24 even -- she couldn't even really recognize who we
25 were. And all she was asking is, get me out of

1 here; I'm scared; I want to come home.

2 So going back to the -- then that was
3 recent. And going back to summertime, outdoor
4 visits, all the PSWs, all the thing they were
5 wearing is masks. There was no gowns, no face
6 shields, no nothing. When we're doing video chats
7 through the summer before the outbreak happened,
8 all they had was face -- no face shields, just
9 masks on only.

10 I witness outside face shields, gloves
11 thrown everywhere in the parking lot not picked up.
12 I have witnessed -- I've dropped stuff off there
13 recently for my grandmother to eat. I didn't have
14 to ring the doorbell. I could have walked right
15 in. The security guard there said, you want to
16 come in? I said, how far can I go? He said you
17 can go anywhere you want to see your grandma if you
18 want. They didn't ask me for a COVID form. They
19 didn't ask me if I had COVID or tested for COVID or
20 anything like that.

21 I have witnessed in there some nurse --
22 some workers in there just have the regular three
23 paled (phonetic) face masks on only. It's a shame
24 what's going on there. So that's what I
25 witnessed -- my -- personally.

1 LYNN MAHONEY: M-hm.

2 DOUG BOYD: I don't have stories as
3 like many others here, but my recommendations --

4 LYNN MAHONEY: But those observations
5 are very helpful.

6 DOUG BOYD: Yeah.

7 LYNN MAHONEY: Thank you. Yeah, your
8 recommendations would be --

9 STEVEN MCGOUGH: So -- yeah, is to shut
10 down Sunnycrest. We have to get rid of
11 not-for-profit immediately. This facility has
12 failed us, failed the community, and has failed
13 everyone. There's no words in to explain it. This
14 has to close down. That report is damaging that
15 came out. This has to be legal issues here.
16 Criminal charges have to happen against Sunnycrest
17 against the last report. There's no ifs, ands, or
18 buts. If we did what they did, we will be up on
19 charges immediately.

20 They have to be held reliable,
21 responsible, and they have to be criminal charges
22 that -- laid against either the ownership, the
23 administrator; or someone in that facility has to
24 be criminally charged. Those are my
25 recommendations.

1 LYNN MAHONEY: Thank you very much,
2 Doug. Thank you for sharing that with us.

3 Steven, can we call on you next? There
4 you are.

5 STEVEN MCGOUGH: Hi. Evening. Good
6 evening, everybody, and thank you. I hope
7 everybody can hear me okay.

8 LYNN MAHONEY: Yes. Perfect.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Can hear you, yeah.

11 STEVEN MCGOUGH: Yes. Thank you. So
12 my mom was Sharon McGough, and she was a resident
13 at Sunnycrest since January 2013. And my family
14 and I thought that she was really awesome, and we
15 are going to miss her a lot. Those of you who
16 visited your loved ones at Sunnycrest no doubt
17 would have seen her by the entrance, and she was
18 very friendly and talkative and would smile and
19 wave and say hello and talk to anybody who passed
20 by.

21 So if you happened to smile back at her
22 and say hello to her, I'm here to tell you right
23 now, you made her day when you did that, and God
24 bless you for that.

25 And so anyway, my experience is in

1 March, when the outbreak started, I got a call from
2 Sunnycrest March 12th, to be exact. They had told
3 me on the phone that because of the outbreak -- or
4 because of -- it was declared to be a global
5 pandemic that we wouldn't be allowed to visit, and
6 that was good news and bad news at the time because
7 it was good news because I was certainly concerned
8 about my mom's health and the health and safety of
9 all the other residents at Sunnycrest; it was bad
10 news because my mom was accustomed to me and my
11 family visiting her at least five times a week.

12 So -- but, you know, the circumstances,
13 so I was at least relieved at the time that
14 precautions were going to be taken to safeguard
15 everybody at -- at Sunnycrest. So as the days and
16 weeks passed by, in April of 2020, I certainly
17 became aware by watching the news and -- that
18 COVID-19 taking its toll on long-term care --
19 long-term care homes throughout the GTA, and that,
20 you know, circumstances were really bad.

21 I would -- in communication with my mom
22 every day on the phone. She had a cellphone, and
23 she would call us, and we would call her. And we
24 had lots of opportunities to talk. And she was
25 doing fine, and she was really wondering what all

1 the fuss was about. We were doing our best to keep
2 her informed on what's going on.

3 Early May 2020, I got the phone call
4 from Sunnycrest staff that she had -- that she had
5 tested positive at that time for COVID-19, so my
6 response to the -- who else was -- who else was
7 tested? And the reply I got to that was that all
8 residents and all staff were tested, and out of
9 everybody, she was the only test positive.

10 So with that, I questioned how -- if
11 nobody had been in or out of the home to visit her
12 in several weeks, how could she possibly be the
13 only person to test positive? They told me, at the
14 time, that it was most likely a false positive, and
15 if I wanted to find out further, I should contact
16 the Ministry of Health, which I did. They did not
17 want to help me.

18 So 14 days later, they got around to
19 testing her again; my mom, that is, and she was
20 negative the whole time. By then, it was the
21 middle of May. The weather was great. She had an
22 opportunity -- my mom had an opportunity to get
23 outside and enjoy the springtime weather which
24 was -- she was an outdoors person, so which was
25 great. We were thrilled for her that she had an

1 opportunity to get outside.

2 We had an opportunity to go and see her
3 July, August, and -- July, August, and September
4 when they had the outdoor visits, which was also
5 great, certainly not -- certainly not as good as,
6 you know, prior to COVID when we had the
7 opportunity to have better visits with her.

8 And I apologize. Something I should
9 have said earlier was everybody here has loved ones
10 that are or were in long-term care. And, you know,
11 they're in long-term care because they require --
12 you know, because they require specialized care.

13 That certainly doesn't mean that
14 they're any less relevant to the community and any
15 less important than anybody else in the community
16 because I'm here to tell you prior to COVID, when
17 there was a special occasion like Mother's Day or
18 my mom's birthday or any other occasion, we would
19 take advantage of the opportunity to go out -- to
20 go out into the community and shop and perhaps dine
21 at restaurants. And my mom, even in the condition
22 that she was in, was very well received at
23 restaurants and shops.

24 You know, the staff at various places
25 that we visited greeted her warmly and kindly, and

1 it -- and made her feel special, and she was
2 special. And it meant a lot to me and my family,
3 and for those of you who have loved ones in
4 long-term care, even if your loved one didn't have
5 the wherewithal to get out in the community the way
6 my mom did does not, by any means, make them any
7 less special or any less relevant because our loved
8 ones, our moms, our dads, our grandparents,
9 whatever they happen to may be are the people who
10 worked hard and built this country and made our
11 country great. And they're all deserving of our
12 compassion and our respect.

13 And so when I -- it was always
14 my intention that when, you know, the outbreak
15 had -- the COVID outbreak, that is, had come to
16 conclusion and, you know, was more or less over,
17 that I would -- my mom, with my family back out
18 into the community, and we would celebrate and have
19 a good time the way that we always did.

20 Unfortunately, I never got -- I'll
21 never have that opportunity, and, you know,
22 unfortunately, I'm not the only one, and my family
23 is not the only one that will miss out on that
24 opportunity. That's very sad.

25 So on -- it was November 22nd when I

1 got a phone call from Sunnycrest. They informed me
2 that my mom was displaying symptoms that were
3 consistent with COVID and that she would be moved
4 to isolation.

5 About two days later, November 24th --
6 yes, November 24th, I got confirmation that she had
7 indeed tested positive for COVID-19. She would
8 remain in isolation. She seemed to be holding her
9 own for close to a week. We were optimistic for a
10 recovery. When I spoke to my mom on the phone, I
11 got the impression that she wasn't doing well on
12 December 1st. I made the decision to have her
13 moved out of Sunnycrest to Lakeridge Health in
14 Oshawa. She passed away at Lakeridge Health on --
15 in Oshawa on December 4th.

16 Yeah, I can tell you, when I took that
17 phone call on December 4th at about 8 a.m., it
18 was -- as you can imagine, it was the news that I
19 didn't want to hear for sure.

20 Just something that I would like to
21 make note of, on a few occasions, while -- after I
22 was informed that my mom had tested positive for
23 COVID, I had -- and while she was still at
24 Sunnycrest, I had called her on -- I would quite
25 frequently call her on her cellphone just to see

1 how she was doing and check in with her. And on
2 two occasions, I was very surprised that a staff
3 member at Sunnycrest would answer her phone. And
4 the only reason why I bring that up is if somebody
5 that you know has tested positive for COVID, would
6 you pick up their phone and put it up against your
7 own phone face and say hello? So that's just a
8 point that I would like to bring up.

9 But so just in conclusion, so my mom
10 passed away on December 4th, and my family and I
11 will certainly miss her tremendously.

12 Recommendations: So I've had an
13 opportunity to do some research online including
14 reading the Interim Reports of the Commission.
15 First thing I would recommend is communication. I
16 find it very hard to believe that -- here in the
17 21st Century, we live in the communication age. We
18 have more means of communication available to us
19 than ever before, and there still seems to be a
20 communication problem.

21 I've read online reports where the
22 Ministry of Long-Term Care has said this, and
23 somehow that report or recommendation has never
24 reached the Ministry of Long-Term Care. So that's
25 what we really need to work on here is

1 communication. So if the Ministry of Long-Term
2 Care comes up with a recommendation or a conclusion
3 or something, it should be instantly available to
4 everybody else, to the -- to all other Ministries
5 and to all the other long-term care homes. And
6 just by my research, I've concluded that I really
7 think that the system in this province, the
8 long-term care system in this province is broken
9 and is in need of urgent repair, and there needs to
10 be a lot of dialogue between a lot of people to
11 come up with solutions to make long-term care in
12 this province better.

13 I did hear something on the news back
14 in the springtime where it was noted that long-term
15 -- that long-term care in this province was far
16 behind that was -- long-term care in this province
17 lagged behind long-term care in other Canadian
18 provinces or was -- long-term care in Ontario was
19 pretty much at the rear or the worst in Canada.
20 And I think that it should be the goal that
21 long-term care in Ontario should move from the back
22 of the pack to the very forefront in this country
23 and, in fact, should be the envy of the world.

24 When people around the world look at
25 long-term care, they should say, wow, you know,

1 those people in Ontario, they have it right, and
2 that's what we should be doing.

3 And so my greatest hope is that some
4 day, we'll be the very best, and that's about it.
5 Thank you very much.

6 LYNN MAHONEY: Thank you very much,
7 Steve. And our condolences to you on the loss
8 of -- on the loss of your mom. That's a wonderful
9 memory that you have, though, of her sitting by the
10 door and smiling and waving at people, and I'm sure
11 she brought a lot of happiness to people. So thank
12 you.

13 STEVEN MCGOUGH: Thank you.

14 LYNN MAHONEY: Okay. I'm going to ask
15 Wendy -- Wendy, could you share with us your
16 thoughts?

17 WENDY STEVENS: Yes. Thank you. I'm
18 going to read. My mom --

19 LYNN MAHONEY: Wendy, we can't hear
20 you. Your -- the audio is not that clear, so I
21 don't know if --

22 WENDY STEVENS: How is that? Is that
23 better?

24 LYNN MAHONEY: A little bit better,
25 yeah.

1 WENDY STEVENS: Okay. So my mom's been
2 in Sunnycrest for four and a half years. She's
3 nearly 97. She did recover from COVID, and I can
4 see from the day she went in there that they were
5 understaffed, so I visited every day to provide
6 essential care. And when that came to be too much
7 because I was also working full time, I hired a
8 retired PSW to come in and share duties with me, so
9 my mom had somebody visit her every day.

10 Between us, we'd wash her hair, take
11 her to the toilet, changes wet diapers, make sure
12 clothes were clean, wipe spilled liquids from the
13 floor, sing with her, read with her, help her to
14 eat and drink, take her to play the piano, and
15 generally tried to keep her engaged.

16 And the other caregiver has a therapy
17 dog, so mom was always delighted to have a visit
18 with her dog.

19 So at the time we were banned from
20 visiting last March, my mother knew who I was. By
21 the time we were allowed outdoor visits in the
22 summer, she had lost the memory of even ever having
23 had children. She doesn't see or hear well enough
24 to know who was behind the mask sitting so far away
25 outside with all the noise and the distractions

1 made it really difficult to visit. When I was
2 finally allowed into her room in September, it was
3 dismal. Personal items including family photos
4 were gone despite them being clearly --

5 LYNN MAHONEY: We've lost you, Wendy.
6 You're on mute. Now -- no, you're on mute again.
7 Now you're good.

8 WENDY STEVENS: Okay. Okay. Not sure
9 I lost you. Anyway. So I was allowed into her
10 room in September. Personal items were missing
11 including photos. Everything was labelled with her
12 name. They just disappeared. The room was filthy.

13 She is given food supplement, Boost and
14 Ensure to drink because she's lost her appetite. I
15 found these all over her walker, the floor, her
16 chair. Somehow, she had spilled Boost into her
17 dresser drawers, and there were clean clothes on
18 top of them. So the laundry people were putting
19 clean clothes on top of the mess, and then the PSWs
20 were taking clothes from there so they could dress
21 her. No one bothered to clean it up. I ended up
22 cleaning it up.

23 One time, I noticed a dirty, sticky
24 area on the floor, and it was eight days from when
25 I notice it was there until it was cleaned. It

1 wasn't a dangerous place on the floor, and I didn't
2 say anything because I was curious just how long it
3 would take for someone to clean it.

4 My mom often falls asleep when she's
5 eating or drinking, so liquids get spilled
6 everywhere. I asked at the front desk in the
7 autumn that she only be given water to drink if
8 there was no one there to assist her and started to
9 time my visits around when the snack cart would
10 come. I asked every person who brought her drinks
11 if they knew about the water request, and they did
12 not.

13 A few of the regular PSWs, RNs, and
14 RPNs helped mom to drink those beverages, but the
15 message didn't get to everyone, and when, again, I
16 enquired about it, I was told the information was
17 in the book.

18 So since September when we were allowed
19 back inside, every time I visited, no matter what
20 time of day, mom needed to have her diaper changed.
21 Sometimes her pants were urine soaked. I wonder
22 how long she sits there now in soiled diapers and
23 clothes before somebody notices. I haven't seen
24 her since November 21st.

25 I worry what's going to happen to the

1 level of care which was already pretty dismal once
2 the Lakeridge Health and the Red Cross people
3 leave.

4 So I believe that many of the people
5 who care for my mom are caring people, but there is
6 never enough time for them to do a proper job.
7 When visiting, I would close my mom's door so I
8 can't hear the other residents calling for help.
9 The call bells ring on and on unanswered. I hear
10 PSWs asking for help to move a resident and then
11 ask again sometimes later. Or I see them walking
12 up and down the hall looking into every room trying
13 to find someone to help them, and I've often done
14 that same walk and can't find anyone to help me.

15 It isn't unusual at Sunnycrest -- and
16 this is right from the very first day she went in
17 there -- it isn't unusual to find nobody at the
18 front desk. Often, the phone goes unanswered, and
19 I certainly worry about the lack of mental and
20 physical stimulation that Mom's received since last
21 March. And she's been confined to her room now and
22 not allowed access to essential caregivers.

23 I have no confidence that Sunnycrest
24 owners, who have never even bothered to install a
25 proper sprinkler system, have the well-being of my

1 mother at the core of their values. Mom's
2 cognitive abilities have declined enormously since
3 the start of the pandemic, and the time that we've
4 been denied together is time that we can never make
5 up, and the memories that she has lost now are gone
6 forever.

7 There needs to be legislation to
8 improve working conditions for the staff in these
9 homes. Sunnycrest needs more and better staff. At
10 the very at least, it needs to be brought up to
11 current standards or closed.

12 I can't help believe that had
13 Sunnycrest been publicly owned and had there be
14 more Government-level scrutiny, conditions would
15 have been much better, and I kind of suspect that
16 they would have avoided, if not the whole outbreak
17 this time around, at least it wouldn't have gotten
18 as bad as it did. That's it for me.

19 LYNN MAHONEY: Thank you, Wendy, very
20 much.

21 Paula, Paula Santos. You're on mute.
22 There you go.

23 PAULA SANTOS: There I go. Hi. Just
24 first of all, I just wanted to express my
25 condolences to all of those who have suffered this

1 loss with their loved ones. And, you know, it's --
2 my heart goes out to all of you. And I also wanted
3 to take a minute just to thank Mr. Marrocco and
4 everybody else that has helped Steve and everybody
5 else who has helped organize this to keep this in
6 the forefront.

7 My sister, Tina, her story's quite a
8 bit different than everything that I've heard. I'm
9 not surprised at all by anything that I've heard.
10 My sister is the resident that tested negative and
11 has tested negative since March. We're not really
12 sure why. Dr. Kennedy said it could have something
13 to do with her meds cocktail, or she may have
14 already had it, a slew of things; however, she was
15 the -- is the resident that tested negative.

16 Having said that, you know, as grateful
17 as we are and as fortunate as we are that she has
18 remained negative, I can certainly attest that that
19 didn't give -- make her situation any better.

20 Since -- she's be there for almost --
21 well, oh, just over three years now. She suffered
22 a massive stroke. She's paralyzed in a wheelchair,
23 suffered some cognitive loss of function, some
24 aphasia, several different things, on a long list
25 of medications, so she really needed to have the

1 specialized care.

2 And as another gentleman mentioned
3 earlier, we were left with no choice. Sunnycrest,
4 she was to leave hospital, and Sunnycrest was not
5 even on my list, but we were told that she couldn't
6 stay in hospital any longer, and she was basically
7 forced out. And we needed to pick one with a short
8 waitlist. I had visited several different homes
9 including Sunnycrest. It's -- was not one that I
10 even put on the list, but that's where we had to
11 go.

12 And since she's been there over three
13 years, it's been despicable. And I have probably,
14 over the last three years, registered upwards of
15 20 complaints, not even to get one response from
16 anybody. I have gone so far as two summers ago
17 when I walked in there one day because my sister
18 also has a cellphone, so we're able to connect that
19 way through texting and through phoning, expressed
20 to me how hot it was in there. And as we all know,
21 there's -- it's an older building. There's no air
22 conditioning.

23 So when I went to visit to see, really,
24 how bad it was, as soon as you walked in the door,
25 the stench was -- it was just unbelievable. So I

1 actually went so far as to have a meeting with
2 Candace (phonetic), the owner, and I invited her to
3 come with me, and we were going to take the
4 stairwell up to the third floor. And I wanted her
5 to stop for a minute and just smell that and answer
6 me how she thought that these conditions were safe,
7 not to mention the heat and the heat stroke and
8 everything else. But I'm talking more about
9 C. difficile, the smell of faeces, the evidence of
10 faeces on the -- on the wall near the laundry where
11 they -- in the hallway where they put the laundry
12 in. I've taken photos.

13 You know, let's -- we'll get to COVID,
14 but this place has been breaking the rules since
15 day 1 that we've been there. I can't speak from
16 before that, but the infectious disease control is
17 non-existent. And I'm not sure why. I'd have to
18 dig a little deeper to find out who's exactly in
19 charge of that and what their credentials are, but
20 it's just awful.

21 Another -- I mean, I could go on and
22 on, but just one last little thing before I get to
23 the COVID, but another time, she called me in to
24 say that the woman -- one of the women in her room
25 had fallen and was bleeding. And this happened on

1 a Friday, and she called me on a Sunday to say that
2 the maintenance guy wasn't in on the weekend, and
3 there was dry blood running from the bathroom over
4 to this woman's bed. And she asked me if I could
5 come in and clean it up.

6 So I went down there, called in a PSW
7 or whoever was available because at that time,
8 there was only one nurse on the second floor,
9 nobody monitoring the third floor, and one PSW who
10 went on to tell me that they're short-staffed
11 because it's a long weekend, and this is a common
12 occurrence here. People call in sick because it's
13 a long weekend and that she had family at home that
14 was sick, but she still came to work. So I give
15 them that. There are some who are dedicated and
16 who just can't -- they can't manage it.

17 So anyway, the PSW came in. The
18 bathroom was disgusting. No toilet paper, face
19 cloths everywhere. She took a face cloth off the
20 floor, wet it with her foot, wiped up the blood
21 from the bathroom to the woman's bed, went back
22 into the bathroom, folded the face cloth, and put
23 it back on the counter. I lost my mind literally.
24 I filed another complaint. Again, nothing was
25 done. It was a weekend. I was given this

1 800-number to call because there was nobody
2 available to take my complaint. When I called the
3 800-number, which is the Ministry of Health, they
4 were completely and utterly useless.

5 So let's just move forward to COVID.
6 On November 20th -- actually, on November 23rd,
7 which is a Monday, I got a call left on my
8 voicemail from a woman named Liz (phonetic), who I
9 don't know who that is, from Sunnycrest telling me
10 she'd like me to call her back in regard to an
11 outbreak.

12 So in the meantime, I texted and talked
13 to my sister who told me that -- I said, well,
14 what's going on? Like, do you know what's
15 happening? Is it COVID, or what is it? She said,
16 I don't know. But one of her roommates was
17 experiencing COVID symptoms on Friday which would
18 have been November 20th, and it was mentioned to
19 the staff. It was also mentioned on Saturday, and
20 nothing was done Friday; nothing was done Saturday.
21 They went about their day. They went to the
22 food -- they went to the dining room. They went to
23 the place where they -- downstairs where they do
24 the puzzles, watched TV together.

25 But then on Sunday, she told me that,

1 yet, this person in her room that was symptomatic,
2 hadn't been tested, hadn't been isolated.

3 So when I finally got through to this
4 Liz person on the Monday, she refused to speak to
5 me because -- I guess, because I was angry, and she
6 passed me through to Cathy McGinn who -- Director
7 of Care.

8 So my conversation with Cathy was very
9 short. I asked her a simple question: Why, if
10 somebody was symptomatic on Friday, were they left
11 and not isolated and not tested then again on
12 Saturday and then again on Sunday? She flipped
13 through a couple papers and said that nothing was
14 documented. So it wasn't even documented.

15 Then she proceeded -- I asked her if my
16 sister had been tested or this resident in the room
17 had been tested. No, they hadn't. Well, first,
18 she said they had, but then I texted my sister
19 while we were talking, and she said she hadn't been
20 tested since last March.

21 So further to the gentleman who said
22 people -- that he was told people were tested in
23 May, not my sister. I can't speak for anybody
24 else, but she hadn't been tested since last March.
25 And I know that had to do with that false positive

1 case 'cause we talked about that.

2 Any -- in any case, they were left for
3 three days to wander. I finally got hold of --
4 well, then Cathy proceeded to tell me that they do
5 not test residents or staff on the weekends because
6 LifeLabs does not pick up tests on the weekends,
7 and it would be a waste of their time.

8 Then I got really angry and asked who
9 was in charge, who was -- who's going to be held
10 accountable for this? And she said to me, well, I
11 know; it doesn't make sense to me either. It's
12 really not my problem because I didn't work on the
13 weekend, and I don't know who you're going to talk
14 to, but I don't think it's right either. And I
15 said, well, then if you don't think it's right and
16 you're the Director of Care, why are you not
17 advocating? I'm sorry. She's the administrator.
18 She passed me to Luna (phonetic) who's the Director
19 of Care. I had basically the same conversation
20 with Luna. Luna said, we get directives from the
21 Ministry of Health. It's not our problem if they
22 tell us not to test on the weekends. By this time,
23 I'm losing my mind. It's now Monday, the 23rd.

24 By Wednesday of that week, I called
25 back to Luna. I couldn't get through to anybody on

1 Tuesday. I called back on Wednesday. By that
2 time, Luna told me there was 11 staff and 79
3 residents who had tested positive. And that was on
4 the 25th. By the following -- or by the Friday, it
5 was over 90, and I think what she told me was 16
6 staff. And then it just blew up from there.

7 So first of all, they knew about this
8 from November 20th, and nobody did anything because
9 the full-time people don't work on the weekends, so
10 really, to them, it's not their responsibility,
11 which is -- I mean, to say that it's -- it should
12 be illegal is completely an understatement.
13 There -- it's criminal. Seriously, these
14 residents -- the people in orange jumpsuits get
15 treated better.

16 So following that, then my sister was
17 calling me daily about her medications. She's on
18 an a long list of heart medications, and Lakeridge
19 had arrived by that point. And one day, she was
20 waiting -- I don't know -- a couple -- maybe three,
21 four hours for her medication and her breakfast.
22 It was probably 2 o'clock in the afternoon before
23 she'd called me to say that nobody had brought her
24 food and nobody had brought her any medication
25 except for her nicotine patch. So when I finally

1 got through to somebody, which took me several
2 hours to get through to somebody, the nurse that I
3 spoke to told me that her nicotine patch is the
4 only patch -- the only medication listed on her
5 chart, and that she was assuring me that if there
6 were any other medications, she would know about
7 it; it would have been bagged and on the cart when
8 the nurses weren't around.

9 So I asked her, I said, well, why don't
10 you take a minute and open up the file and send me
11 a photo of her list of medications because I can
12 assure you that she has a list of over
13 22 medications that she takes. Of course, I never
14 heard back. Three hours later, my sister got her
15 meds. We're talking about medications that could
16 have killed her. This doesn't even have anything
17 to do with COVID.

18 I mean, the mere fact that even
19 Lakeridge Health is answering these types of
20 questions and not feeding people, not showering her
21 for well over a month -- I had to beg them to --
22 for her to -- even to get a bed bath. It was over
23 a month. You know, it's just heart breaking, and
24 it's -- it makes me mad that this is still allowed
25 to happen and that Sunnycrest is still open. And

1 it also upsets me that the Minister of Long-Term
2 Care has not once had the courtesy of even
3 returning one of my phone calls, one of my messages
4 or one of my emails in three years, but she can
5 stand up on the TV and say how they got this, and
6 it's -- don't worry; we have it under control.

7 As far as recommendations, first and
8 foremost, I think that they should just shut it
9 down. It needs too much repair. I don't think
10 that they would even be able to bring it up to
11 code, and I'm sure that it's not. I think that
12 they need some sort of credentials. People need to
13 be able to go in there and do these inspections and
14 do these infectious control inspections without
15 notice.

16 And those people, in my opinion, need
17 to be completely separated from anybody who works
18 in a long-term care or who has worked in a
19 long-term care -- can't be a PSW. They need to be
20 somebody completely separate that are qualified to
21 go in there and do a proper report because I know
22 that a lot of these reports and a lot of these
23 long-term cares are done by people who have -- who
24 have loved ones in there, who are ex-PSWs or
25 doctors or nurses or director of cares.

1 I think that it needs to be people
2 completely different that are fully trained, and I
3 also think that anybody working in a long-term care
4 need to be properly qualified in infectious disease
5 because we're naive to think that -- you know, they
6 obviously didn't learn anything from the first
7 wave. Complacency set in. They thought, okay,
8 we're good; we're good to go. You know, we know
9 what we're doing. We'll just lock up our PPE
10 'cause we don't really need it, and we -- there is
11 a shortage of it. It's all over the news, so why
12 don't we keep what we have just in case. But the
13 just in case came a little bit too late. And I
14 know for a fact that the PPE was locked up because
15 I saw it locked up.

16 And, you know, recommendations can only
17 go so far unless this whole -- you know,
18 Minister Fullerton saying that they're only giving
19 the Commission until the end of April? I mean,
20 clearly, she's afraid of either what she's going to
21 see, afraid somebody might once again call for her
22 resignation, but if she wants to be -- she needs to
23 be held accountable. The owners need to be held
24 accountable for the roles that they took on and
25 stop looking at these residents like dollar signs.

1 They took on this responsibility. She
2 needs to open this up and let the Commission take
3 however long it takes to make changes; otherwise,
4 she's saying we don't care. We don't care how many
5 people die. And honestly, that's what I think.

6 So I think that I don't know what it's
7 going to take to get this Commission to be able to
8 continue on and do their work that they need to be
9 done, but it has to. It has to because nothing
10 will change because we're only in the second wave.
11 We're naive to think that this might not happen
12 again, and maybe it won't be COVID. Maybe it will
13 be the flu, or maybe it will be some other strain
14 of virus that they're not prepared for because
15 they're not prepared.

16 And the Minister of Long-Term Care is
17 not prepared to let this go any further because she
18 doesn't want to take the responsibility and make
19 the changes that need to be changed. But honestly,
20 I believe -- I'm a hundred percent with the
21 gentleman that spoke earlier and said first and
22 foremost, shut it down and put these people in a
23 safe environment.

24 They tell me that the waitlist for my
25 sister to go to the next choice on our list is 20

1 years long, and you know what their reason is?
2 Because they say that now she's not in a crisis
3 situation which is what put her into the stroke
4 situation. Now, she's in a safe environment. As
5 long as she's in a safe environment, she doesn't --
6 she goes to the bottom of the list every time,
7 every time, every time. It's sickening.

8 So I'm sorry. I know that my story's
9 not the same as the other stories. But, you know,
10 being able to speak and listen to my sister tell me
11 what's going on in there. She sees it every day.
12 She watched the lady beside her pass away in front
13 of her. She had to buzz the nurses to tell her
14 that she thought that the lady had passed away. I
15 don't know the lady's name because my sister's
16 memory is not that great as far as names, but
17 anybody who -- I won't say her room number here,
18 but she watched this woman pass away, and nobody
19 came to help her. So she's traumatized simply just
20 from that. Like, it's insane.

21 So anyway, I won't take up any more of
22 your time, but I do appreciate, you know, being
23 able to speak even though my situation is
24 different, very different. And I'm willing to do
25 whatever it takes to have changes made.

1 LYNN MAHONEY: Thank you, Paula, very
2 much. Thank you for sharing with us your
3 experiences and your -- and your sister's as well
4 and for your recommendations. We appreciate it.

5 PAULA SANTOS: Thank you.

6 LYNN MAHONEY: Can I call on -- is it
7 Paytair or Paytair? Thanks, Peter. Yeah.
8 We're -- you're still on mute. Thank you.

9 PAYTAIR BERECZKI: Yeah. I should be
10 okay now.

11 LYNN MAHONEY: There you go. Yes,
12 you're good now.

13 PAYTAIR BERECZKI: Thank you. First of
14 all, I thank you for the ears that are open, and
15 hopefully, these ears will make recommendations,
16 and there will be changes made for it.

17 My condolences for everybody that has
18 been affected like I have, and it's just not a --
19 it's the -- easy experience.

20 I guess my story started off many years
21 ago when my father passed away, and I had to look
22 after my mom. My mom was 93 when she passed away
23 on December 18th at Sunnycrest. She barely spoke
24 any English, so it always was a challenge.

25 On October 17th of 2017, she took a

1 fall. And then from there, it was -- it's been a
2 very rough time. She went to Lakeridge. She had a
3 minor hip incident, and it looked like everything
4 was okay, but then something happened at Lakeridge
5 hospital in Oshawa that it turned out to be a
6 pelvis, and then it was from one hospital to
7 another hospital.

8 And I was informed that, you know, I
9 should be looking at long-term care, and I looked
10 at long-term care, and I noticed the big difference
11 between paying 5 or \$6,000 a month to paying \$2,000
12 a month. And I'm just curious on what the stats
13 are on the long care [sic] term homes and COVID and
14 what the long-term stats are for Sunnycrest and all
15 the other ones.

16 But apparently, we don't even have a
17 choice anymore. It's what comes available because
18 when you talk a five-year, a seven-year wait,
19 that's just out of -- it's just not in the realm of
20 possibilities.

21 So fortunately, we got into Sunnycare
22 [sic]. When I first took a look at Sunnycare and
23 looked around, the staff was friendly, and that
24 meant a lot to me, and the reception was welcoming,
25 and that meant a lot to me.

1 However, the building itself, the
2 unpainted walls, the -- that bothered me, but that
3 was something that I thought I could make a change
4 and get involved with and do something positive for
5 Sunnycrest.

6 When she originally went in there,
7 COVID had hit, but it wasn't at Sunnycrest, and it
8 was a learning curve, and it was a learning curve
9 for all of society, the entire world; they -- a
10 brand-new virus nobody knows about and a challenge,
11 to say, at the least.

12 When she was in there, she was in her
13 own room for the first, actually, about three or
14 four weeks just to make sure that she wasn't
15 self-isolated, and then she managed to get a room
16 with someone else.

17 COVID hit, difficult times for -- to
18 see her, had to see her through the glass, made
19 attempts to talk to her. The staff was nice and
20 helped me because my mom couldn't handle a
21 cellphone, so I would phone the desk, and they
22 would put me -- and I'd be chatting with her, and
23 she seemed to be fine and pleasant. I mean, it was
24 difficult not seeing her.

25 Like I say, when she lived above my

1 store, I had cameras there. I looked after her.
2 In the later part, I ended up staying there, and I
3 knew she was safe. So anyway, had my choice
4 between two places, and the waitlist was long,
5 longer at the one in Oshawa, so we took Sunnycrest.

6 Initially, everything was fine. COVID
7 was fine. They were being responsible. Sign --
8 heat temperature, sign in, sign out. And then
9 every other place seems to be getting -- got hit,
10 but Sunnycrest, not; they seemed to be beating
11 the -- beating the situation.

12 Then it started to lax up a little bit,
13 and we could do patio visits, so did our patio
14 visits, short and sweet, but it's starting to get
15 cool, so patio visits. So it was difficult to go
16 in and see her.

17 Testing -- outside testing was not yet
18 available, and it was -- the only communication I
19 had was talking and phoning of -- phoning the
20 second floor, and they'd put me on with her, and
21 the staff loved her, and she generally loved
22 everybody else.

23 Later on, I noticed that every time I
24 call, I wasn't getting through to the second floor
25 and leaving messages, and I wasn't getting return

1 calls back. Sometimes I was. Sometimes I wasn't.
2 And then COVID hit. She was tested negative, and
3 everybody else was tested -- more or less everybody
4 else was getting tested positive, and I had a
5 decision to make whether I should take her out of
6 there, or they were going to isolate her.

7 Well, I found out that she was not in
8 isolation. She was in a room with someone that did
9 have COVID. So from one week, she didn't, and the
10 next week, then she did. And it was only a few
11 days after that she passed away.

12 She doesn't deserve it. None of our
13 moms deserve it, you know what I mean? It's
14 been -- let's say it is difficult. There's a high
15 demand for nursing homes, and the ones that have --
16 are limited to a budget, you can definitely tell
17 that they're lacking in some of the essential needs
18 that need to be done. I would have paid the extra
19 2 or \$3,000 a month.

20 Anyway, recommendations: First of all,
21 I applaud all the PSWs that do work hard there, and
22 they are put in a challenging [sic]; however, I
23 find that it seemed like anybody and everybody
24 could be a PSW without the proper training, and I
25 think what needs to be placed is a training for all

1 the long-term -- long care term personnel in how do
2 we handle a pandemic?

3 And one of the considerations I'd say
4 is that you cannot just isolate it from the room.
5 You have to isolate at least the bed their living
6 on, so if they could have like a tent, isotent
7 around the bed so that it doesn't spread.
8 Containing it to a room can be transferred easily
9 by staff.

10 The PSWs, and I do appreciate all the
11 work they do; however, as we heard before from the
12 other PSW, we don't know when they come out whether
13 they're going -- we -- in the community and also
14 spreading it. So rapid testing before a shift and
15 after a shift, we need to know that they're safe
16 and the community is safe. We have to isolate it
17 to the bed and not -- not just to the home that we
18 think we have it isolated to the home because we
19 don't know how much of it has been spread by PSW,
20 inadvertently, and God love 'em for what they do,
21 but there is that aspect of it.

22 There must be an emergency backup team
23 of PSWs. Someone's not in, they must have at least
24 twice the amount of staff to be able to call in and
25 [sic] resources, and they have to be organized.

1 Training, not only for them but also for the
2 public, the public needs to know what to do with a
3 PSW. If you come across someone that has PSW, how
4 are we educated? We need to be educated on what
5 our protocol is.

6 I just had an incident about three
7 weeks ago that one of my tenants had COVID, and
8 then next thing I know, okay, what, do I do? You
9 know what I mean? Who do I check up on?

10 Immediately, I had to set up protocol,
11 the exits from one end to the other could not
12 cross-contaminate another tenant because the other
13 tenant had -- she has immune -- her immune system
14 isn't as strong as ours, so immediately to do that.

15 Both of the tenants have had their
16 test. I had my test, and now they're both
17 negative, but I still have a lot of questions --
18 our -- how long does it really last on a surface?
19 And can they get it again? Can it be spread again?
20 There's still a lot of questions that need to be
21 answered to the public, and like I say, educate us.

22 What are we -- what are we supposed to
23 do? What's our protocol, you know what I mean?
24 Someone is -- someone has it, what do we do? It
25 might not affect the 28-year-old, but us older

1 people, you know what? It could be a life or death
2 situation.

3 My experiences with Sunnycrest in the
4 later days is that I couldn't get to see her, and
5 then all of a sudden, she says, okay, well, if you
6 get a COVID test and you come in, then it proves
7 negative, then you can end up coming in. But like
8 mentioned before, you know what I mean, a COVID
9 test is only a test at that particular moment. I
10 don't know if I'm carrying anything in, and I can't
11 carry anything out.

12 I could have got to see my mom. I wish
13 I could have; however, what is the likelihood of me
14 carrying in the infection, and what's the
15 likelihood of me carrying out the infection? And
16 for that, I applaud all the people that went in
17 there, but for that, I couldn't jeopardize my
18 family as well.

19 Also, my recommendations would be
20 emergency response team. Innovate, we must
21 innovate during these times or whatever. These are
22 the years of robotics. We can have robotic nurses,
23 robotic attendants to go in there and check on
24 them, like the isolation in the tents, isolating
25 them to the -- to the beds, okay?

1 And one of the other things is if we
2 take a look at the -- in the macro scale, the
3 demographics show that, you know what, this could
4 be us there later on. Who is going to help us? If
5 this doesn't get fixed, shame on us. Thank you.
6 Sorry.

7 LYNN MAHONEY: Thank you, Paytair. No.
8 It's -- it's very difficult, and I appreciate your
9 courage in coming forward and sharing this with us.
10 Thank you, and your recommendations are very
11 thoughtful, and they're -- I can tell that you have
12 thought about this a lot, so thank you. This -- it
13 will really help us.

14 Bev, if I could ask you to speak next?

15 BEVERLEY KELLY: Hi.

16 LYNN MAHONEY: Hi.

17 BEVERLEY KELLY: Can you hear me?

18 LYNN MAHONEY: Yes, we can.

19 BEVERLEY KELLY: Hi. My name is Bev
20 Kelly. My mom was Bessie Marshall. Bessie was a
21 beautiful woman. Everybody loved her. She loved
22 everybody. Amazing, amazing woman. We adored her.
23 It's been very difficult to sit here and listen to
24 all these stories.

25 And I'm sitting here on my bed with

1 papers all over the place with all my thoughts and
2 everything I had written down, and I don't know
3 really where to start or what to say that's going
4 to make an impact here.

5 I cared for my mom. She lived with me
6 for 30 years, helped raise my children. I have --
7 an adult daughter now with -- that has autism. She
8 helped me through many, many hard times in my life,
9 and we helped each other. And I cared for her in
10 my home until I couldn't care for her anymore, and
11 it was the hardest thing for me to ever do to have
12 to sit and say I couldn't look after her anymore.

13 But my hand was forced from a hospital,
14 and we had to -- she had to go to Sunnycrest. We
15 didn't get the choice of the nice place. We had to
16 take the worst place.

17 So going in there, I knew I was going
18 to have to have my eyes on her all the time and my
19 eyes on the facility. My first experience of her
20 getting there was not good. We had some
21 challenging times, but one of my first observations
22 were -- and I mentioned it the other day, and it
23 may seem like a small thing, but there was, like,
24 five toothbrushes in a bath. And it sounds like a
25 small thing, but it's a big thing --

1 LYNN MAHONEY: Yeah.

2 BEVERLEY KELLY: -- because it sets off
3 all these waves in your head because you're
4 thinking, if the small things aren't being looked
5 after, what happens when the big things happen?
6 And so what, you know, five toothbrushes in a
7 bathroom in a semiprivate room with a shared
8 bathroom with two people on the other side, who
9 knows whose toothbrush that is? Who knows all
10 these things.

11 It was very -- really set me off on a
12 bad space, so I knew I had to be there, and I had
13 to watch her. And so that started our journey
14 there. And I went through many directors of care,
15 many people in management that seemed to turn over
16 a lot, which, again, makes you not think
17 something's wrong, right, when people don't stay in
18 those positions.

19 It was -- I had papers above my mom's
20 bed for hearing aids, you know, red, right ear;
21 blue, left ear. This is a universal thing. I
22 would come in, and the hearing aids would be in
23 opposite ears. There would be no batteries in her
24 ears, her hearing aids.

25 Another sign up that her wheelchair,

1 the legs had to come off so she'd be transferred
2 properly, right, without banging. They would be
3 left on. She was to have stockings on so her legs
4 wouldn't rip or tear. I'd come in; the stockings
5 wouldn't be on.

6 So there was this constant kind of, you
7 know, to the desk, this constant, come on, guys,
8 like, right? This is basic -- basic care. So I
9 had lots of run-ins with them in my mom's time
10 there.

11 So when the -- when the shutdown
12 happened in March, my immediate thing was, oh, my
13 God, I don't have eyes on her anymore. And that
14 was very, very difficult. And so, you know, it was
15 the constant phoning and back and forth. And then,
16 you know, finally in the summer, we got to have the
17 visits outside, and, you know, they were at 6 feet
18 away. I had to have the mask. She was there. She
19 had deteriorated. Like, I didn't think she knew me
20 anymore, you know? And it was very heart
21 wrenching, and her and I had this bond. We were
22 together -- I -- lived together our whole lives,
23 and, like, I came home one day, and I said to my
24 husband, I think she forgot me, and it broke my
25 heart.

1 But I continued to go and to try to
2 engage her, and she was just the sweetest thing,
3 but she came down one day, and she had her sweater
4 and pulled it back, and there was a huge bruise on
5 her arm. And I'm, like, what? I get on my
6 cellphone, phone up; charge nurse comes down. What
7 is this? Somebody lift her -- 'cause I can't touch
8 her. She's 6 feet away.

9 And so that was, again, another, you
10 know, first time I'd kind of seen her in all these
11 months, and I'm, like, they didn't call me about
12 it. You know, they're supposed to call you when
13 these things happen. So, you know, your -- the
14 antennae's up. You know, it's scary, right?
15 You're --

16 So finally we're allowed in now in
17 September, and it was very sad and eerie going in.
18 The place was very depressed, and I would get in to
19 see my mom, and she'd be just in bed and the
20 curtain drawn and the curtain around her, and she's
21 in this little enclosed area in -- like, in the
22 middle of the day. I'm like, this -- all they were
23 doing was getting them up to feed them, putting
24 them back to bed, curtain around, 24 hours a day,
25 seven days a week, months, months, and months.

1 I witnessed in those times staff with
2 masks down, very inconsistent measures at the door.
3 I would come home and say to my husband, I protect
4 myself going in. I know. I worked in a hospital
5 40 years. I have some knowledge of infection
6 control, care. It was a very, very stressful time
7 for us and our family.

8 A little back story, May, my -- I lost
9 my brother in a nursing home in Port Hope. I was
10 my brother's caregiver, too, and his daughter. And
11 I was not allowed to be with my brother when he
12 died. So this year, I've lost two family members
13 very important to me in a nursing home.

14 I'm at a loss for words to -- for a lot
15 that happened. There's been no communication from
16 Sunnycrest, and I feel this from everybody's who's
17 talked. We all experienced the same thing. And my
18 mom, I got a notice on the 26th there was an
19 outbreak. You know, then you're frantically
20 phoning, how's things going? Oh, no. She's okay.
21 She's okay.

22 Then on -- the weekend came along, and
23 all of a sudden, I am following numbers online, and
24 the number's jumping up. And all of a sudden, they
25 jumped up horribly. I'm frantic. I get a call

1 from a friend. Like, the numbers were up to 85.
2 It's a Sunday. I've been calling for the whole
3 weekend. Nobody answers the phone. I drove over
4 there 8 o'clock Sunday night, and there was nine
5 cars in the parking lot. I sat, and I stared at my
6 mom's room. I wanted to get in there so bad. I
7 was hoping somebody would come out and just tell me
8 what's going on in there.

9 The Monday morning, I phoned
10 frantically. I get -- finally somebody answers the
11 phone, and the girl starts crying. She -- there's
12 no information. They won't give me any
13 information. I don't know if my mom's sick. I
14 don't know what's going on.

15 Finally, by, I guess it's the
16 Wednesday, I get a call from the doctor to -- yeah,
17 just assume your mom is -- will test positive. We
18 don't have it back, but assume. That's it. That's
19 the last I ever heard from any of them until I
20 phoned frantically days on days and days and days
21 to get no response. Once, I think I got a nurse
22 who told me no news is good news.

23 And then I got a call on a Sunday from
24 the doctor saying my mom was at end of life. I was
25 like, what happened? On the Monday, I spent the

1 whole day phoning. I phoned Lakeridge. Lakeridge
2 is apparently in to save the day. They don't
3 return my call. Finally, 4 o'clock, a doctor
4 answers on the floor, says, yeah, you can come in.
5 I tore over there. Oh, man. It was something. It
6 was like a war zone in there when I got in there.
7 And there was all agency staff, all new staff, very
8 chaotic. They didn't still seem to know what to do
9 at the door, told me I didn't even need a gown to
10 go up to the second floor, that this was deemed
11 clean. Up there would be where I would gown. I'm
12 like, yeah, but I'm getting on the elevator with
13 staff. I'm -- you know, it was -- it was crazy.

14 I got up there. I ran to her room. I
15 could hear her moaning. I'm sure it was her. It
16 was chaos. They were all agency staff. And I
17 opened the door, and the smell of urine was
18 sickening. She was slumped in the bed, and she had
19 a top on, not a gown, now Lakeridge had been in
20 there apparently a week, but she had a top on.

21 Now, I don't know. I would have
22 thought she would have been in a gown, and I
23 straightened her out as best I could. And the poor
24 lady in with her was so sick in the adjoining --
25 the bathroom that adjoins to the other room, there

1 was faeces on the floor, and that poor woman was
2 half out of the bed. And I was like, what? It
3 was -- it was like a nightmare. It was like a
4 movie, you know, like a movie. It was -- some of
5 the staff had, like, big respirators on, and I
6 thought -- I felt so unsafe. I thought, I have to
7 get out of here.

8 And I straightened my mom out, and --
9 oh, and I couldn't -- her bedside was -- a picture
10 was broken. There was no hearing aids to be found.
11 There was -- so I did the best I could, and I --
12 and I ran out of there, and I disrobed, and I got
13 in the car, and I cried, and I cried. And then I
14 came home.

15 I was hysterical, I think, when I got
16 home, and then a few hours later in that night, a
17 nurse called me that she had checked her at
18 midnight and then again at 2, and she was
19 labouring, so I went over, and I saw her take her
20 last breath.

21 I'm horrified to think that she was in
22 that bed with no liquid, that nobody fed her, that
23 nobody changed her. I don't know what went on in
24 there. Lakeridge never ever did return my calls.
25 Sunnycrest, of course, like everybody else, I had

1 not heard from, not heard from anyone there from
2 management to anybody who cared for my mom.

3 I don't think I'll ever recover. She
4 didn't deserve it. None of our families deserved
5 it.

6 I don't know. I've contacted so many
7 people, so many Ministries to get nothing in
8 return. I even phoned to lodge a complaint like
9 Paula, was -- and to be told that the case was
10 closed. So my complaint, I guess, didn't mean
11 anything.

12 I was there today to pick up my mom's
13 belongings, and they had a huge dumpster out back
14 with all the furniture that we've all sat on dumped
15 in a dumpster back there and wheelchairs just
16 strown [sic] all over the place. It -- the place
17 needs to be shut down.

18 Inspections for these homes need to be
19 carried out on a regular basis with no notice
20 given, and infection control training, more time
21 for our loved ones, more time given to them, and
22 that our caregivers were not locked out like we
23 were.

24 If we don't have eyes on them, how can
25 we advocate? I've advocated for my daughter for 40

1 years. I've advocated for my mom, my brother, my
2 sister who died the year before. I've lost my
3 whole family in two years. And I have to live with
4 this. I have to live with the fact that I couldn't
5 care for my mom anymore and she had to go in there
6 and she had to spend the last ten months of her
7 life. My heart breaks for everybody.

8 LYNN MAHONEY: Thank you, Bev. Thank
9 you very much. And my condolences to you on the
10 loss of your mom and your brother and your sister
11 as well. I'm very -- I'm very sorry. That's an
12 awful lot of grief and loss.

13 Can I call on Julia? Perfect.

14 JULIA RATNAYAKE: Okay. Hi, everybody.
15 My mom --

16 LYNN MAHONEY: Hi there.

17 JULIA RATNAYAKE: My mom,
18 Edelvena Semelova, and she was resident in
19 Sunnycrest from February 2016. And in the
20 beginning, we didn't have big concerns. There was
21 some hiccups, and sometimes she was not ready for
22 the doctors' appointments even though we'd been
23 informed -- informing in advance. There was a
24 couple of falls, but we also understand people who
25 work there, they're also human beings, and some

1 errors happens. We tried to be understanding. We
2 were very happy when the -- we passed the first
3 wave outbreak with no big issues, though my mom
4 was -- lost weight, and -- but we got the special
5 permission to feed her. She was very accustomed to
6 her own food, Russian food, and she really craved
7 it and had difficulty with other foods. So we got
8 the special permission, and before second wave, she
9 was, again, very strong. She was doing exercises
10 with the physiotherapists and very in good spirits,
11 so we were visiting her every other day usually,
12 and we had our tests on time always.

13 Then we always walk in with a test. We
14 were being provided with all the PPE, but the last
15 two months, I'm sure that the mask was not to
16 standard because the fixture on the nose was
17 supposed to make it tight, was very loose. It was
18 plastic. It was not flexible. So we assured that
19 was not something what is proper.

20 And we sometimes witnessed some people
21 entering the facilities without the mask, without
22 anything, just going in, so we assume it's the
23 staff, but that was not right also everything.

24 So on the -- on the 24th November, we
25 received a call about one staff being tested

1 positive, and it's considered to be the outbreak.
2 We asked, can we -- even though we have still
3 tests, can we visit the mom? We've been -- they
4 went, no, no -- any visitation would be sent to us
5 because my mom was -- can feed herself, so we are
6 not allowed in.

7 We tried to get more information who,
8 what. It was not possible. It's considered to be
9 privacy issue, so we cannot get any information;
10 however, we had some friends in there, and we got
11 information that they'd been tested -- they'd been
12 tested on the 18 and 19th and only got results on
13 23rd about that one person who was dietician who
14 did tested positive.

15 And they're not going to test the
16 citizens until 26th, so that was very, very
17 concerning to us, and so we tried to contact, and
18 it was not possible. There was no phone answer and
19 nothing until on the 29th, we received a call --
20 oh, no, actually we called on the 29th. We finally
21 got through, and nurses from the station said to us
22 that my mom is negative. That was at 10:30 in the
23 morning.

24 And then at 11:30, we received the call
25 from somebody from the office --

1 CHAND RATNAYAKE: From Heather.

2 JULIA RATNAYAKE: From Heather, and she
3 said that my mom was positive. We were -- we were
4 shocked, and said, what should we believe? And she
5 said, okay, I'm going to call you shortly. We
6 waited. Then we tried to contact and call. There
7 was no response, nothing.

8 On the 30th of November, the people
9 said that she is on the vacation leave. So we
10 could not contact anybody. We talked with Mom on
11 the FaceTime, though. We were lucky. We talk with
12 her on the FaceTime. At that time, she was being
13 able to hold the phone. She -- left side
14 paralyzed, but she was holding the phone and was
15 able to contact us, and we talk, and -- but she was
16 being on the good spirits, and she says she's going
17 to fight it. She had no symptoms at that time.

18 So on 30th, we got through finally. We
19 talk with the second-floor station, and they said
20 that she asymptomatic, and she doing everything
21 fine, and -- but with it -- like, what's going on?
22 And the nurse was very friendly to us. She said
23 it's everyone's on. We have eight right now just
24 went home. We have no cleaning staff on the second
25 floor, and we have only two PSWs when we're

1 supposed to have minimum none [sic].

2 CHAND RATNAYAKE: Nine.

3 JULIA RATNAYAKE: Nine, sorry. So the
4 time, it was Sunday. So on Monday morning, my
5 husband start to contact Ministry --

6 CHAND RATNAYAKE: Long-term care.

7 JULIA RATNAYAKE: -- long-term care.

8 When we got through, they listened to us, and then
9 they said we will get back to you in three days.
10 When my husband said, in three days, how many
11 people going to be infected or sick or dying, they
12 hang up on us.

13 Then my husband contacted Ford, the
14 Minister of Health, and PP in Whitby, and I also
15 contact Reka Szekely is in the -- news person --

16 CHAND RATNAYAKE: Yeah, Reka.

17 JULIA RATNAYAKE: -- in Durham region.

18 We actually got more information from her news than
19 from Sunny --

20 CHAND RATNAYAKE: That's right.

21 JULIA RATNAYAKE: -- Sunnycrest. We
22 could not get anything there. So after that on
23 December 1st or 2nd, we got call after from the
24 long-term care, and they said that they're going to
25 send investigator to the long-term care --

1 CHAND RATNAYAKE: Inspection.

2 JULIA RATNAYAKE: -- inspection, yeah,
3 and it's to get the inspector. So we heard then on
4 December 3rd, I think, the Lakeridge took charge,
5 so we kind of feel a little bit more comfortable
6 about that. And my -- then after that was almost
7 impossible to get any communication. Then we got
8 lucky to get through. We always said mom still
9 don't have fever. Mom still have no symptoms. She
10 is doing great until on December 9th, we got
11 FaceTime. The nurse hold the phone in front of
12 her, and we thought she's passing away because she
13 was so dehydrated. And that's what they report to
14 us that she extremely dehydrated, that she's not
15 eating.

16 Before when we talk, we said, can we
17 come? Can we come? We have our test. We
18 constantly went and tested so we are negative so we
19 can go if it's possible. They said no. Their
20 response to us all the time, no. I don't know
21 how -- I'm now sitting, and I feel so guilty and
22 sad and upset because some of you who's been able
23 to go, I been told constantly, no, that's what
24 response to me.

25 So on December 9, she was highly

1 dehydrated, and I was -- start to asking what
2 they're going to do. They don't -- and I requested
3 the intravenous, but they say they don't do
4 intravenous in nursing home. They only do
5 in-tissue hydration, what is extremely slow and not
6 very effective, and -- but they said that she don't
7 want to drink the Boost.

8 CHAND RATNAYAKE: She doesn't want it.

9 JULIA RATNAYAKE: She doesn't want to
10 drink the Boost, but she does -- but we remembered
11 that she very much like coconut water. So we said,
12 can you order? We will pay for whole nursing
13 home -- nursing home if you want because it's
14 very -- very hydrated and nutritious also the same
15 time. They said, no, that cannot be done. Then
16 say, can we bring it? No.

17 Then on the next day, we call and talk
18 with the doctor, and somebody said, okay, bring the
19 water. We ran --

20 CHAND RATNAYAKE: Coconut water.

21 JULIA RATNAYAKE: Coconut water, we ran
22 and brought it, and they refused to take it at the
23 door. They said, no, you cannot get it, but then
24 next day, because she was so dehydrated, they got
25 the permission from Lakeridge, and we supply for

1 her coconut water, and she improved.

2 So all the time, she was -- after that,
3 she was being considered to be clear because she
4 did not have any symptoms except that dehydration.
5 And she -- we continuously talk on 15, on 23rd, on
6 the 25th, on the 1st, and --

7 CHAND RATNAYAKE: Christmas.

8 JULIA RATNAYAKE: -- and so she was
9 getting better and better, and she start to sit in
10 the chair; they start to put her back to sit in the
11 chair, and she was really improving.

12 On January 4th, when I was talking to
13 her, she was eating a very good lunch, and she was
14 very good spirits, and we thought we went over the
15 hump.

16 On the 5th, we got the call in the
17 evening late that she is throwing up, and so we --
18 and the nurse said that they're going to do the
19 Gravol, and we said, yes, please do the Gravol.
20 And after that, her vomiting stop.

21 On the 6th in the morning, she start to
22 vomiting again, and I -- and then they gave her
23 Gravol, and apparently, it's came down. I talked
24 with the doctor on the 6th, and I talk on -- with
25 the nurses on the 6th, and I asked the doctor what

1 do she thinks is the best. But she said, okay, we
2 order X-Ray [indecipherable] right now here, so
3 we're going to do stomach X-ray to see if there's
4 something wrong. In meantime, we're going to give
5 her Gravol. I don't think she need to go to the
6 hospital. That was her response. But I gave him a
7 [indecipherable]. I said, please write it down;
8 that was my words to the doctor and to the nurse
9 after that with whom I talk with; please write it
10 down if she will continue vomiting after Gravol or
11 if she's going to show any signs of decline health,
12 please send her to -- call us any time immediately
13 and send --

14 CHAND RATNAYAKE: Night or day.

15 JULIA RATNAYAKE: -- and send her to
16 hospital. We did not hear anything in the night.
17 In the morning after the shift, the nurse call us
18 and said, I think your mom going to pass away.
19 She's still breathing, but she's not responsive.
20 Come immediately. That was at 9:15. When we
21 arrive, she was been pronounced dead at 9:35.

22 And the thing is what makes me feel
23 like she survived the COVID. She did not have
24 the -- any --

25 CHAND RATNAYAKE: Symptoms.

1 JULIA RATNAYAKE: -- symptoms, but she
2 died the way -- from dehydration because -- and
3 constant through all this history, we say -- we say
4 to her -- them, please, can you do the intravenous?
5 Please, can you bring the intravenous? No, we're
6 not allowed to do intravenous in the nursing home.
7 That was their response.

8 Then I said, can I come and feed her?
9 Can I come because Mom, I know all her last time
10 she was asking when are you coming, and can you
11 bring my food? Can you bring me food? She was
12 hungry. It's not that she would not like to eat or
13 cannot eat. She was hungry. She was drinking
14 coconut water. This is why she got better, but
15 also, when we came to say the last good-bye to her,
16 the last coconut water was supply -- we -- they
17 were not open, a single can.

18 And nurse sometime told me that she
19 come in the morning, and from the yesterday's
20 evening, there were no can open, so that means they
21 did not bother to open it and put it for her in the
22 cup. She could not open it by herself because
23 she --

24 CHAND RATNAYAKE: It's a can.

25 JULIA RATNAYAKE: It's a can, and she

1 is paralyzed with one hand, so somebody had to --
2 and but it's all been written, so my mother
3 surviving second World War and a lot of other
4 things coming from communist country for the better
5 life here, and I feel so guilty I could not fulfill
6 her last wishes to be beside her, to give her food.

7 She had a huge family who really love
8 her, but she died alone. She died alone, and no
9 one been there because -- and she was not alone.
10 And at that day, when we were sitting in the office
11 of head nurse office, she was reporting to the
12 coroner when we sit there for three people with the
13 same outlook: Dehydration as a cause of COVID
14 complication. At that day when we were there,
15 there was three passed away with that.

16 Yes, it is COVID. Yes, we understand.

17 CHAND RATNAYAKE: [Indecipherable].

18 JULIA RATNAYAKE: There must be
19 something, but to die in Canada from dehydration,
20 we are not a Third World country. There's
21 something -- something's wrong. And the thing that
22 we have not been contact, maybe at least could say
23 good-bye to her. She was alone here only with us.
24 She did not have anybody, and she had my sister in
25 French (phonetic) who could not make it here and

1 still cannot make it here.

2 Now, what my recommendation: Because
3 all this long testing and everything, the priority,
4 frequent testing for the staff of the long-term
5 care and with the very rapid and --

6 CHAND RATNAYAKE: Results.

7 JULIA RATNAYAKE: -- results, with
8 immediate results, and send immediate priority
9 testing with immediate result for the -- for the --

10 CHAND RATNAYAKE: Residents.

11 JULIA RATNAYAKE: -- residents of the
12 long-term care. They're not supposed to wait from
13 the 23rd to 26th to test them if they know that
14 already somebody sick.

15 CHAND RATNAYAKE: [Indecipherable] if
16 there is results --

17 JULIA RATNAYAKE: [Indecipherable] 28,
18 yes. Now, I think they have to build a strict
19 standards provide -- satisfied by healthcare for
20 the PPEs for the long-term cares.

21 CHAND RATNAYAKE: Proper standard.

22 JULIA RATNAYAKE: So they all have the
23 proper standard provided PPEs so no one wonder, is
24 that safe, or is it not safe? Or who spends how
25 much money so that will be available for some and

1 not available for others.

2 And another is more dedicated
3 management and doctors who have to be, in the case
4 of outbreak, 24/7 maybe on rotation and take
5 responsibility for all of this what's happening. I
6 think this is really lacking because if somebody
7 went on vacation, and now three of them retired.

8 Now, another one is continuous
9 communication with the loved ones and maybe also
10 trying to provide the better way of our parents to
11 communicate with us because, yes, having two
12 computers when they was bringing them before for
13 the Skype chat for the nursing home of 136 people,
14 this is ridiculous, so maybe they have to look at
15 this too.

16 And permission, if you are -- have a
17 test and you willing to risk yourself, then -- and
18 isolate yourself, to give permission for the loved
19 ones to come and care for their -- because I
20 don't -- if I would be able to come, I -- I doubt
21 my mom would died from the dehydration and
22 malnutrition because she was not eating.

23 And I think there have to be some
24 program with the immediate support available in
25 case of the outbreak from the hospitals and another

1 groups, immediate support. So if you hear that
2 this nursing home getting several cases, then you
3 have to anticipate that everybody or more people
4 going to get sick. So they have to be ready.
5 They're not -- they're not supposed to wait until
6 they don't have anybody and somebody hoping they
7 were going to call and ask for them. They have the
8 program to be ready on the standby. That's what my
9 recommendation would be.

10 LYNN MAHONEY: Thank you, Julia.

11 JULIA RATNAYAKE: Thank you.

12 LYNN MAHONEY: And our condolences on
13 the loss of your -- of your mom, and thank you very
14 much for putting the thought into developing those
15 recommendations. Thank you.

16 I don't -- I don't see Paula
17 Wilbrand -- Wilband on the screen. I don't know if
18 Paula is still on the meeting or not.

19 Paula, are you still here and I just
20 can't see you? No. I haven't seen her for a
21 while, so she may have signed off.

22 If she does come back on in the next
23 few minutes, we can -- we can hear from her. But
24 I'll move on to Diane.

25 DIANE ANDERSON CAMPBELL: Yes, I saw

1 Paula leave. She must have been at her -- at her
2 employer's because they made an announcement that
3 she had to leave the building at 8 o'clock.

4 LYNN MAHONEY: Okay.

5 DIANE ANDERSON CAMPBELL: So thank you
6 very much for the opportunity to speak with the
7 Commission. I'm the daughter of Lorraine Anderson
8 (phonetic). I last visited my mother in person in
9 her private room wearing full PPE on Saturday
10 November 21st. She was in good health and spirits
11 and very happy to see me. Her only underlying
12 condition was dementia, but she still knew us, was
13 able to carry on a conversation, able to dress
14 herself, toilet herself, feed herself, and walk
15 unaided. Medications had helped dispel all of her
16 paranoia that had led to her being at Sunnycrest in
17 the first place.

18 Five days later, she tested positive,
19 and a mere four days after that, we received the
20 first call that she would likely pass within days.
21 On a regimen of dexamethasone, oxygen, and
22 hydromorphone, she was able to rally five times
23 from the brink of death, the last being on
24 Christmas morning.

25 Over a span of five weeks, COVID-19

1 robbed my mother of the ability to understand what
2 was happening to her, to recognize me on video
3 messages that we were able to have, to talk with
4 any of our family on the phone without gasping for
5 breath, and eventually, to not be able to speak at
6 all, only to become so anxious and afraid they had
7 to medicate her. And ultimately, I stopped these
8 video conversations when the Red Cross volunteers
9 said she was becoming distressed.

10 With our voices no longer calming our
11 mother, our family made the most difficult decision
12 to stop calling her on a daily basis, to help her
13 be comfortable and calm, to allow her to breathe
14 easier, not be afraid, and pass peacefully.

15 We were not there on the phone, on
16 video, or in person when she passed. No one was in
17 the room with her as promised by the Red Cross
18 volunteers. We did not know if it was peaceful,
19 and her obituary has reflected that fact -- from
20 the COVID-19 on December 30th, but has yet to be
21 registered as a COVID death on the Ontario
22 Government's database shown to the public.

23 Coroner, Dr. Chan, said he didn't know
24 there was a COVID outbreak at Sunnycrest. He asked
25 me if she was still positive because her records

1 didn't indicate so, and he needed to know to be
2 able to tell the funeral home before he sent her
3 there so that they could take extra precautions.

4 The policy at Sunnycrest was not to
5 retest. I had asked. They deemed everyone to be
6 negative after 10 to 14 days from the onset of
7 symptoms or testing positive.

8 I cannot begin to speak about what
9 actually went on during all this time as I was not
10 there. We were at the mercy of the time
11 constraints and the ability of the healthcare team
12 to contact us.

13 The Lakeridge Health Oshawa patient
14 experience office became the Sunnycrest family
15 hotline, and I relied on them almost daily to give
16 me the personal news of my mother's condition which
17 was very comforting.

18 Sunnycrest's life enrichment team in
19 coordination with the Red Cross volunteers were
20 crucial to enabling us to speak with our mother
21 directly and in providing comfort measures in our
22 absence for which we were also very grateful.

23 But what you really want from this is
24 our recommendations as what we would like to see
25 changed. So I will start with March.

1 After three months of no indoor private
2 visiting, we were allowed to meet outdoors masked
3 and 6 feet apart. She hated it. She said life was
4 not worth living like this, not being able to have
5 friends and family come and visit her in her room.

6 When I told her I would be back again
7 the following Sunday, she said, don't bother; if
8 I'm lucky, I'll be dead by then. She repeated it
9 many times until we were finally allowed to enter
10 as essential caregivers. And I was able to take
11 her out, masked, for a haircut, and a porch visit
12 with other family.

13 By November, with Durham Region in the
14 red and then the grey, I was to be denied access
15 again as essential caregivers who were there just
16 for visiting would no longer be allowed.

17 My recommendations: Taking all
18 precautions, caregiver visitations must continue in
19 some form, live video messaging using proper
20 technology with proper assistance, dedicated
21 visitation space for those that do not have private
22 rooms, and the ability to leave the facility safely
23 for outings for mental health.

24 Restrictions and practices were a
25 moving target right from March onward, and it

1 was -- it was not only difficult for us to keep up
2 as the public, but it was also the same for the
3 Sunnycrest staff. They were unlikely to get the
4 same response twice to any question. Do I need to
5 show my two-week old negative COVID test results?
6 Yes, I will take that copy. No, I just have to see
7 it. No, I don't need to see it; you just have to
8 sign that you have it. Regardless, it was old and
9 useless anyway.

10 My recommendation: Not a single
11 person, visitor, staff, delivery person, health
12 professional, should step across the threshold of
13 any long-term care home unless they take a rapid
14 test on the spot; current protocol should be
15 updated and posted daily for visitors and staff
16 with clear and concise written information.

17 The inspection report of November 29th
18 did not surprise me as they were five days in from
19 the first staff member testing positive with many
20 very sick residents and lots of staff ill
21 themselves or self-isolating.

22 There is no doubt in my mind that the
23 staff team was not intentional in their lack of
24 ability to stop the virus, most being very caring
25 in their profession, but certainly overwhelmed, and

1 the right call was made to have Long-Term Health
2 Oshawa take over the management.

3 On my visit of November 21st, I, too,
4 had noted and forwarded a few days later to the
5 administrator some concerns with the lack of
6 adherence to protocols and practices which included
7 staff not wearing masks properly and no hand
8 washing between interactions with residents. I
9 believe COVID fatigue crept into the staff the same
10 way it has crept into the public.

11 My recommendation: An effective and
12 responsive communication tool for staff and family
13 is needed to facilitate immediate proactive
14 remediation issues as they arise.

15 What did surprise me about the
16 inspection report of November 29th was the page 4
17 note regarding compliance history. And I quote,
18 "multiple WNs and VPCs were issued to the home
19 related to different subsections of the legislation
20 in the past 36 months." How does that happen
21 without families being notified? I once had a
22 doctor who was on reprimand from the College of
23 Physicians and Surgeons, and he had to post a big
24 sign on the front door of his office which included
25 his infraction, the remediation that was being

1 taken, when and how he had to comply.

2 My recommendation for long-term care,
3 the result of any inspection report should be
4 communicated immediately and directly to the
5 families of residents via email or mail, whatever
6 it takes, posted on every entrance door with who,
7 what, when, where, and how they are resolving the
8 issue, similar to restaurants on the green, yellow,
9 and red status.

10 Likewise, it should be noted on every
11 long-term care home application with the home's
12 current status and/or some kind of rating system
13 would benefit those who are choosing to come to a
14 particular home.

15 Thank you very much for allowing me
16 this time. I really appreciate it. It's been a
17 long night, and I also extend all my condolences to
18 the -- all of the rest of my fellow family members
19 here from Sunnycrest families who have lost loved
20 ones.

21 LYNN MAHONEY: Thank you, Diane.

22 So with that, I'll ask Steve Yamada who
23 was instrumental in organizing this group to get
24 together and did a terrific job at outreach and
25 organizing it. I'd ask Steve -- he has a, sort of,

1 few remarks to make to the Commissioners.

2 STEVEN YAMADA: Thank you. This
3 evening's been an important step forward toward
4 reforming long-term care in the Province of
5 Ontario. According to Ontario's action plan for
6 seniors by 2041, it's projected that 25% of
7 Ontario's population will be 65 years or older,
8 almost doubling from 3 million seniors in 2016 to
9 4.6 million seniors. These statistics illustrate
10 why this Commission and the recommendations that
11 will be released are so vital to our community.

12 As a society, we owe it to our seniors
13 and all those who rely on long-term care to ensure
14 that they enjoy a high quality of life right until
15 the end of life. That means producing meaningful
16 reform that will alter the quality of long-term
17 care for the better. And tonight, we've heard so
18 many great recommendations.

19 But one that I'd like to stress is that
20 there should be an appointment of a Provincial
21 Ombudsman attached to the Ministry of Long-Term
22 Care to receive and review all complaints and
23 investigations from long-term care residents, their
24 families, and long-term care staff to oversee
25 strict, new long-term care standards related to

1 ensuring humane care and residents' rights,
2 staffing and pay levels, building designs, and
3 usage of funds provided by the government.

4 From the stories you've heard this
5 evening, Sunnycrest failed their residents and
6 their families. Throughout this tragedy, mothers,
7 fathers, aunts, uncles, brothers, sisters, and
8 grandparents were lost. With all that we've
9 learned from the first wave, we know that this
10 devastation from this outbreak did not need to
11 happen.

12 It's our hope that meaningful
13 recommendations are made and that the Government of
14 Ontario acts upon them immediately. Anything less
15 would be a failure to our society and a dishonour
16 to all those in our long-term care homes that
17 passed of COVID-19. Thank you very much.

18 LYNN MAHONEY: Thank you very much,
19 Steve, for that.

20 And I just would like to -- before I
21 hand it back to Commissioner Marrocco, I'd just
22 like to thank you all for the time that you took
23 and for trusting us. We had our meeting the other
24 night, and after that meeting, I was hoping you
25 would all come back tonight, and you did. So thank

1 you very much for spending the time with us, and we
2 know it's been difficult, but we really appreciate
3 it, and it's very valuable. And I believe when
4 you -- while I think your thoughts and your words
5 and your sentiments will be -- will definitely be
6 reflected upon by the Commissioners and will be --
7 hopefully, when you see the report at the end of
8 April, you'll be pleased that you did step up and
9 participate with us, so thank you very much for
10 that, and I'll hand it over to
11 Commissioner Marrocco.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Well, this has been extremely informative. Just
14 one detail, I think it was Ms. Wilbrand [sic],
15 please tell her --

16 LYNN MAHONEY: Yes.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 -- Ms. Mahoney, you contact her and tell her if
19 she wants to submit something in writing because
20 she was, I guess, unable to continue, that you'll
21 bring it to our attention, and we'll put it
22 together with what we've heard tonight.

23 LYNN MAHONEY: Yes, I will do that.

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Mr. Yamada, thank you very much for reaching out to

1 us. This kind of experience is really valuable for
2 us because it makes it real. You know, we had a
3 presentation on inspections, and we -- they -- we
4 talked about the -- we were told about the number
5 of inspections and what the plans were for
6 inspections and this and that and the other. But
7 this makes it real, and it helps us a great deal
8 with what we have to think about.

9 So, please, don't think that your time
10 wasn't well spent, and hopefully, when you see the
11 report, you will understand that we tried to listen
12 and respond.

13 Unfortunately, we can't implement our
14 recommendations, but we can add our voice. We can
15 add our voice to them and add our voice to your
16 voice and continue to work towards some kind of
17 meaningful reform.

18 I'm sure I speak for Dr. Kitts and
19 Commissioner Coke when I thank you for sharing what
20 I know -- I could see with my eyes were very, very
21 difficult personal details. It's very important
22 for us to be brought back to reality, and you've
23 done that. So thank you very much. And we will
24 continue our work.

25 -- Adjourned at 8:55 p.m.

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REPORTER'S CERTIFICATE

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

That the foregoing proceedings were
taken before me at the time and place therein set
forth;

That all remarks made at the time
were recorded stenographically by me and were
thereafter transcribed;

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

Dated this 15th day of January, 2021.



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