

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N :

ONTARIO HEALTH COALITION AND ADVOCACY CENTRE FOR THE ELDERLY

Applicants

- and -

HIS MAJESTY THE KING IN RIGHT OF ONTARIO AS REPRESENTED BY THE
ATTORNEY GENERAL OF ONTARIO, THE MINISTER OF HEALTH, and THE MINISTER
OF LONG-TERM CARE

Respondents

AFFIDAVIT OF GAIL HERRINGTON
(Sworn June 27, 2023)

1. I, Gail Herrington, of the City of Ajax in the Province of Ontario, Make Oath and Say as follows:
2. I am 66 years old and was married to Richard Edward Pinto ("Rick"), who was 63 years old, for 26 ½ years.
3. Rick and I were on a limited income as we were both disabled. We resided together in an apartment in Ajax, Ontario where we were able to manage without any help.
4. Prior to his hospitalization in 2023, Rick had suffered an injury at work where he slipped on the floor and hit his head. He suffered a mild concussion and broke three vertebrae in his back, which were surgically corrected. After that he was unable to work and had mobility issues. Rick

also suffered a stroke in 2018 but recovered sufficiently, although he was somewhat slower moving. I have my own health issues, having had a liver transplant in September 2015. Despite this, we were able to manage together in our apartment.

5. Rick and I volunteered at the Ajax-Pickering Hospital, which is part of Lakeridge Health. Rick loved working as a volunteer in the emergency department. He was so successful he eventually became the person in charge of the volunteers for Ajax-Pickering Hospital. This continued until he had his stroke, which occurred while he was volunteering at the hospital. After that he was unable to continue being in charge of the volunteers, but wished to continue to volunteer. On his first night back volunteering in the emergency department, three patients came in who were subsequently determined to be the hospital's first COVID patients. Following this, the volunteer program was shut down. In September 2022, the volunteer program reopened, and Rick and I continued to volunteer until Rick had his accident.

6. Rick was admitted to Ajax-Pickering Hospital, on or about January 23, 2023, following a fall at home. He stayed in the emergency department for three days before he underwent surgery and received a hip replacement. Rick died in hospital on April 7, 2023.

7. We had fully expected Rick to recover from his hip surgery and return home.

8. Following the surgery, Rick was given numerous strong pain medications, including Dilaudid (hydromorphone), morphine and oxycodone. He was in an unfamiliar environment in a lot of pain and not getting proper sleep. He developed delirium. He could not handle the medications he was being given and on two occasions he was overdosed and NARCAN had to be administered to revive him.

9. Due to Rick having liver issues, he had been previously told by his doctor not take any Tylenol (acetaminophen); however, despite this, while in hospital he was prescribed and given Tylenol for pain on numerous occasions.
10. The incision from his hip surgery became infected and Rick was administered antibiotics.
11. Rick was 6'1" and in my opinion, was not getting enough food in hospital. He was shrinking before my eyes. I began to bring food in for him to get him more nutritious meals and protein.
12. During his time at Ajax-Pickering Hospital, the staff were not getting him out of bed. I am only aware of Rick having two physiotherapy sessions while there. After those sessions I was told that he could not get any more due to his delirium. I felt that he could do the physiotherapy with help; however, they would not continue.
13. Even though the surgeon told him that he could weight bear, they were not doing this. Rick was occasionally toileted, but was not getting up to stand, walk or do anything else. He had no meaningful physiotherapy or rehabilitation.
14. On February 14, a meeting was held at the Ajax-Pickering Hospital with Stephanie Topolnisky, placement co-ordinator from Home and Community Care Support Services ("HCCSS"); Rayna Bryce, social worker for 3 East/4West at Ajax-Pickering Hospital; two physiotherapists from the hospital, and myself. I also had a friend accompany me for support, as it was very stressful for me.

15. At that meeting I was told that that I could not take care of Rick and that I could not take him home. I was also told that Rick could not stay in the hospital and that his only option was to be admitted to a long-term care home.

16. At this time, I was told that because they believed that Rick could not understand and follow instructions, he would not be getting any further rehabilitation or physiotherapy. They told me that because he could not do the exercises on his own, that he was not a candidate for these services.

17. I disagreed with them and advocated for him to get rehabilitation as I felt that if they worked with him he could eventually get up and use a walker, and that I could then take him home and care for him. However, if they just left him, he could not get better.

18. I received an email on February 14, 2023 from Ms Bryce, summarizing their position following our meeting (attached hereto as **EXHIBIT "A"**). I was told that Rick would have to submit a long-term care application, and that I was required to choose two homes that had wait times six months or less. There was no time frame given to submit the application.

19. I was advised that once I had selected the, the social worker would complete an "escalation", where she would make a case to senior management as to why Rick would have to stay in hospital to wait for long-term care. Ms Bryce would have to demonstrate that all other discharge destinations were exhausted and there were no other safe alternatives.

20. I was advised that there would be a daily co-payment at that time, with a daily fee of \$63.73.

21. Ms Bryce indicated that there were several places where Rick might be sent while waiting for admission to a long-term care home. First, he could be transferred to one of the complex continuing care units operated by Lakeridge Health - Ajax-Pickering, Whitby or Bowmanville - which are all hospitals that are part of Lakeridge Health.

22. The email also indicated that Rick would also likely be “transferred” to a “transitional care unit” and attached electronic copies of pamphlets regarding them (attached hereto as **EXHIBIT “B”**). I was advised in that email that co-payments would continue whether I was in complex continuing care or a transitional care unit. I was told by Ms Bryce to explore the following retirement homes which had transitional care units:

- a. Village of Taunton Mills (retirement home side), where I would have to pay \$200 a month for “extras” such as cable, laundry, incontinent products, and medication dispensing fees on top of the co-payment;
- b. The Carriage House (via Bayshore);
- c. Traditions of Durham (via Bayshore);
- d. Abbeylawn Manor (via Bayshore); and
- e. The Winchester Glenn (via Bayshore).

23. Although the email indicated that these units were all in “retirement homes”, I have since been advised by my lawyer Jane E. Meadus and do believe, that while the transitional care units were located within retirement home buildings, they are exempted from the *Retirement Homes Act*, and there is no oversight of those beds by the Retirement Home Regulatory Authority or any

other agency, and there are no care standards that apply to these units. I do not believe that Rick's care needs could have been met in a transitional care unit. I have also been advised and do believe that I would have had to consent to both the application and admission to these units, and that Rick could not have been unilaterally transferred to one of these transitional care units. Further, I have been advised and do believe that if Rick had moved into one these units, Rick's place on the waiting lists for long-term care homes would have been affected. He would not have been guaranteed placement from the crisis list and could have been put on a lower category list for his home choices. Further, even if he had been put on the crisis list, he could have had a lower priority and been "bumped" by higher priority hospital patients. None of this was ever explained to me when I was told about the transitional care units.

24. I was very unhappy with the lack of physiotherapy for Rick, so I contacted the patient advocate at the hospital. She said that she would talk to the social worker and set up a meeting so that I could voice my complaints about the lack of care for Rick.

25. A meeting was held where the patient advocate and social worker attended. They told me that Rick was not being walked, as he was unstable. They had been told by the physiotherapists that he would only walk about 3 or 4 feet with a wheelchair behind him before he fell back in. I said that it was the physiotherapist's job to ensure Rick's safety and get his stamina up. If they did not get him up, he would never walk. I was told that they would assess what was going on. They were going to speak to the physiotherapists and have them call me when they were going to be with Rick so I could go to the hospital and observe them so I could assist Rick do his exercises. I was never contacted.

26. I also told the patient advocate that I had not talked to the doctor in charge of Rick's recovery on the unit and was not aware of his physical situation, his medications or anything. I subsequently did get a call from the doctor who went over everything and who told me that Rick was still not stable, partly due to his being diabetic. Rick also had infections in his incision and he was still using a catheter. This was the only time I talked to a doctor about Rick's care over the two months following Rick's surgery

27. While at Ajax-Pickering Hospital, Rick was suffering from ascites (fluid in the abdomen), related to a pre-existing liver condition. He received treatment where they drained three litres of fluid from his stomach.

28. On March 15, I received an email from Ms Bryce (attached hereto as **EXHIBIT "C"**). I was told that I had to apply to long-term care by March 22, 2023, and that two of my home choices had to be homes that had a wait time of less than one year

29. I was advised that once the application for long-term care was made, an application would also be made to a "transitional care home", referring back to the information contained in the email of February 14, 2023.

30. I was also told in the March 15, 2023 email that Rick would likely be transferred to the Whitby Hospital, 4th floor or the Ajax-Pickering Hospital post-acute unit, and that Rick would be charged the co-payment commencing that day. I was to receive an email separately about this. I am advised by my legal counsel, Jane E. Meadus, and do believe, that under the regulations to the *Health Insurance Act*, the hospital was not entitled to charge Rick the co-payment before he was determined to be eligible for long-term care, which had not yet occurred.

31. I received an email later that day (attached hereto as **EXHIBIT “D”**) stating that Rick would be moving the following morning, March 16, to Whitby Hospital onto the 4th Floor.

32. I also received a document from Lakeridge Health regarding the “Alternate Level of Care for Long-Term Care/Complex Continuing Care [sic] Responsibility for Co-payment Form” with an alternate level of care date of March 15, 2023 (attached hereto as **EXHIBIT “E”**). The form indicated that the hospital was required to charge the complex continuing [sic] care co-payment as of that date. I am advised by my counsel Ms Meadus, and do believe, that the fee is called the “chronic care co-payment”. Further, I am advised by my counsel Ms Meadus, and do believe, that as Rick’s final destination had not yet been determined, no co-payment could be charged. Rick was not at that point determined to be eligible for long-term care. Further, as the hospital was continuing to push for Rick to go to a transitional care unit in the community, I am advised this would have meant that the hospital could not charge the chronic care co-payment as the hospital can only charge a co-payment when the person is either permanently resident in a hospital, or is going from hospital directly to a long-term care home. Finally, the document stated that if we refused a bed in a chosen long-term care home, that Rick would be charged a daily rate of \$1,250. I understand that due to changes in the law under Bill 7 that the maximum charge was \$400 per day.

33. Despite me advocating for Rick to get physiotherapy so he could go home, an application including the choice sheet, was left in Rick’s room, which I took home to complete.

34. I also became aware that Rick had been made incapable for making placement decisions. Attached please find the Rights Information Sheet which was given to Rick following that finding attached hereto as **EXHIBIT “F”**.

35. I also spoke to Ms Topolnisky from HCCSS by telephone about completing the form and the home choices. She said that I should only apply to short-list long-term care homes. She told me which homes had short lists and I put stars besides those homes' names. A copy of that document is attached hereto as **EXHIBIT "G"**. I was told I had until March 22 to choose homes for Rick and submit the form.

36. No information was provided to me about how long-term care home waiting lists worked, such as: the difference between different categories of waiting lists, such as crisis and non-crisis; the difference in average wait times between those cited on the list provided versus crisis admissions from the hospital; the average waiting time for admission of hospital patients, who were all on the crisis list, to these long-term care homes; or transfers to a preferred home once admitted into a long-term home that was a lower choice.

37. At that time, I was unable to visit homes as I had pneumonia. I did virtual tours of homes online to see what the homes were like.

38. Lakeridge Health Ajax LTCH (Lakeridge Gardens) was my number one choice as it is very close to my home and I would be able to visit Rick and attend when necessary. Ballycliffe Lodge - Ajax was my second choice as it is also very close. I advised Ms Topolnisky of this; however, she told me to put the starred homes (short list) at the top of the list, and I did so. Winbourne Park – Ajax and Glen Hill Terrace (Christian) Whitby were put as the first two choices as Ms Topolnisky had told me they were short list homes. She did not explain to me that by putting these two homes in the first and second spots, if Rick was admitted to one of them from hospital he would be taken off the waiting lists for the homes that we really wanted (Lakeridge Gardens and Ballycliffe Lodge) since they were lower choices. I was also not told that if Rick was admitted to

another home, only the home in the first choice spot would have a higher priority. As I had not put Lakeridge Health Ajax LTCH (Lakeridge Gardens) in the top spot, Rick would have lost any priority to transfer to that home if admitted first to one of the other homes on the list, and would in reality have had no hope for such a transfer. The failure of the HCCSS to provide the required information for me to make an informed decision about the choices, Rick's chances of getting admitted to one of the two homes that we really wanted was much less likely, and would have been basically non-existent if he had to transfer from another home. Attached hereto as **EXHIBIT "H"** is the choice sheet that I signed and submitted on March 22.

39. I received a letter from Ms Topolnisky dated March 20, 2023 stating that Rick had been made eligible for admission long-term care home, which is attached hereto as **EXHIBIT "I"**.

40. I continued to ask for Rick to get rehabilitation. However, this was continually denied and I was told that Rick would not get any rehabilitation until he got stronger. However, I did not see how he could get any stronger if he was not eating properly and not getting any type of physiotherapy or rehabilitation while in hospital. By this time, Rick's weight was plummeting

41. During his hospitalization, Rick continued to have a catheter and kept getting urinary tract infections (UTIs) and was non-weight bearing despite having been told he could do so as is normal after a hip replacement. The nursing staff also refused to toilet him at Whitby Hospital, and when he had to have a bowel movement, he was told to go in his diaper and they would clean him later. They only checked his diaper one or two times per day because he was not urinating as he was still catheterized. On one occasion it was clear to me that he had been left in a very soiled diaper for hours as he had faeces all up and down his body and I had to force staff to clean him.

42. It was my view that the staff on the unit at Whitby Hospital provided little care. This type of hospital does not do any real treatments other than providing medications. There were no doctors in the hospital: I was told that doctors only attended once a week to see their patients on rounds. Although I asked on numerous occasions, I did not see or speak to Rick's physician while he was in the Whitby Hospital despite being his substitute decision-maker and being responsible for making any treatment decisions for him.

43. Because no exercise was being provided to Rick, I brought in some small weights and would work with Rick while he was in bed to help him regain some strength. Rick would ask for his walker so that he could get up. Unfortunately, they were doing nothing at the hospital to get him stronger. When they took him out of bed, they would use a Hoyer lift to transfer him, not allowing him to put his feet on the ground. This was the opposite of what I understood he required, which was trying to put weight on his leg and increase his stamina so that he could get better. It was my opinion that the hospital staff had simply given up on him, as it was too much work to provide him with physiotherapy or rehabilitation.

44. Rick was to have had an appointment with the surgeon in 6 weeks. I believed he should remain in the hospital for that time so that he could get stronger. I was still hoping he would improve enough so he could go home.

45. On the weekend of April 1, I noticed that Rick's stomach was distended. I pointed this out to staff and indicated I thought he was suffering from ascites again, and that he might require more draining. To my knowledge, the staff did nothing about this.

46. I was finally able to get him up, dressed, and took him to an exercise class on the floor on the week of April 3.

47. I went to see Rick on April 4 and was very concerned about him as he was not doing well and his stomach was very distended, likely. He had not had a bowel movement for at least 4 days. He was brought a hot lunch but could not eat it and complained that he had a lot of pain and pressure in his stomach. I had not seen or spoken with a doctor despite him being at the Lakeridge Whitby Hospital since March 16. I asked the nurses to send Rick to Ajax-Pickering Hospital because of his stomach but they did not do so. During this time, pain was being managed by giving Rick Tylenol, which he was not supposed to take due to his liver problems.

48. I had not been able to get a list of medications for Rick, nor talk to a doctor. Following meeting with our lawyer on April 5, we both went to the nursing station and asked when the doctor would be in again and were told the following day. We made sure that they noted that I wished to speak with the doctor about Rick's ongoing care and long-term care. They said the doctor would be in on rounds the following day and I could speak to the doctor then. They also produced a copy of the medications which they had previously failed to do despite my having made requests.

49. Because of information provided by Ms Meadus about how the waiting lists worked, I also intended to change Rick's long-term care home choices to put Lakeridge Gardens and Ballycliffe into the first and second choice spots on Rick's home choice list.

50. At approximately 2:15 a.m. on April 6, I received a call from an emergency department doctor at Ajax-Pickering Hospital telling me that Rick had been taken there. The emergency room doctor told me that Rick was in very bad shape, and that I had to make a decision about what they

were to do. The doctor asked whether they should just let Rick go or put him on life support. I said I could not make that decision without knowing more about his medical situation and that I would be over at the hospital within about 15 minutes.

51. When I arrived Rick was still in the emergency department. It took about three hours for them to get him stabilized. When they finally had him intubated and hooked up to all the machines I was told it would take them about 1 ½ hours to transfer him to the Intensive Care Unit ("ICU") as he had so many tubes connected to him and that I should come back.

52. At that point, I drove to Whitby Hospital and collected all his things. I told the staff that Rick was now on life support and being admitted to the ICU.

53. On Friday, April 7, Rick died. I was told that Rick's stomach was full of blood and that he had sepsis. I was advised by legal counsel to call the Coroner, which I did.

54. The Coroner who attended was Dr. Howard Burke. He investigated but did not order an autopsy as he felt it was not necessary, as the cause of death was clear. My understanding from him was that Rick's body was not able to handle all the drugs from the surgery and he went into delirium. Hospital staff had not gotten him up and had continuously been on a catheter. They were letting him poop in his diaper. They should have noticed that he was deteriorating. The Coroner said that following his surgery he should have been assisted to get out of bed and done at least a bit of walking. He said that Rick's body just disintegrated from shock. His abdomen filled with blood and his kidneys failed.

55. I obtained a copy of the Coroner's Investigation Statement completed by Dr. Burke, which is attached hereto as **EXHIBIT "J"**. It stated that he had ascites and gastrointestinal bleeding, as

well as cirrhosis of the liver. The report says he died of sepsis relating to infection from either his catheter, his ascites or pneumonia.

56. During his entire time at Whitby Hospital, I never spoke to a doctor and no one indicated to me that he was as sick as he was. He was not treated for his ascites, despite his previous treatment at Ajax-Pickering Hospital where three litres of fluid were drained, and my having brought it to their attention and requesting action. They also continued to give him Tylenol for pain three times a day despite his having been told by his doctor that he was not to take Tylenol due to his cirrhosis. The entire focus of his time at Whitby Hospital was to have him discharged, not to treat any illness or conditions. I do not understand how he could get so sick in a hospital and not only not be treated, but instead have the entire focus on him to be discharged to a nursing home when in fact he was dying.

57. Despite Rick having died in hospital under these conditions, Lakeridge Health sent me the co-payment bill for his stay. I contacted the hospital and told them that he had died while in hospital. They agreed to reverse the charges.

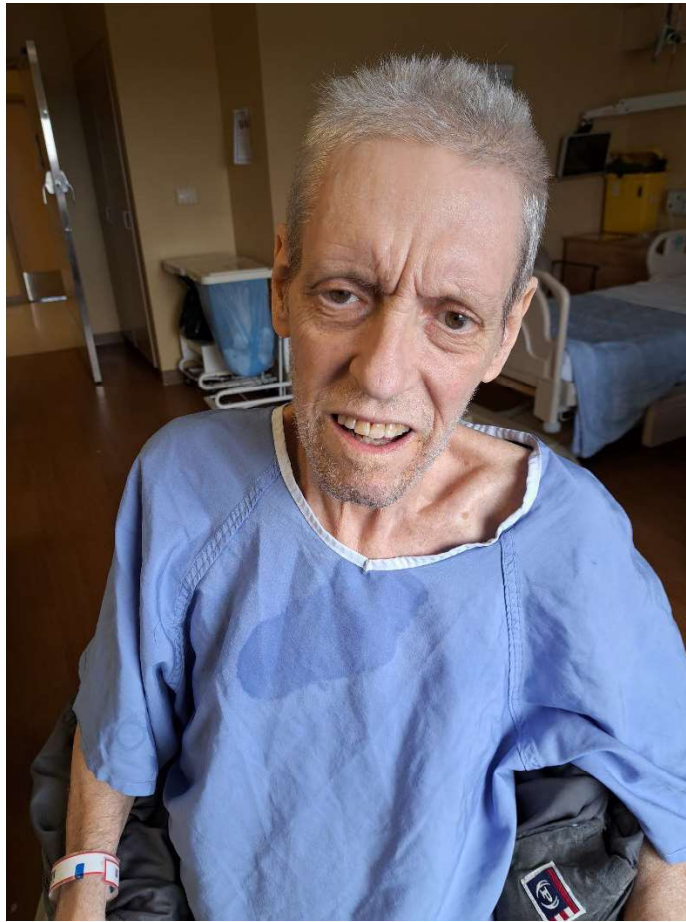
58. During his entire hospitalization, there was a constant push to get Rick out of hospital and into a long-term care home or transitional care unit. It was made clear that Rick was not to stay in hospital and that they were not going to provide any assistance to help him improve and go home.

59. Rick was doing well prior to his fall as can be seen in this photo taken in the year before his hospitalization.



60. This is in stark contrast as to how he looked while in hospital as seen below on a day I was able to get him into his wheelchair.

61.



His physical state deteriorated at the end and he looked much worse.

62. It is my belief that from early on in his stay in hospital they gave up on Rick, and the focus was entirely on having Rick discharged from hospital to long-term care or a transitional care unit. Due to this singular goal, Rick was transferred to a hospital unit that could not provide proper care and simply warehoused him, leading to his death.

SWORN BEFORE ME by Gail Herrington of the
City of Ajax, in the Province of Ontario on
June 27 2023 in accordance with O. Reg. 431/20
Administering Oath or Declaration Remotely.



Commissioner for taking affidavits

Amanda Marie O'Brien, a Commissioner etc.
Province of Ontario, for Goldblatt Partners
LLP, Barristers & Solicitors
Expires November 15, 2024

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Gail Herrington

This is **Exhibit “A”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'A. O'Brien', written over a horizontal line.

A Commissioner for taking Affidavits etc. (*or as may be*) (pursuant to O. Reg 431/20)

Amanda Marie O'Brien, a Commissioner etc.

Province of Ontario, for Goldblatt Partners

LLP, Barristers & Solicitors

Expires November 15, 2024

From: Bryce, Rayna

Sent: Tuesday, February 14, 2023 2:27 PM

To: gail_herrington@hotmail.com <gail_herrington@hotmail.com>

Subject: process and next step

Below are the steps discussed regarding having Mr. Pinto go to long-term care from hospital:

- 1) Long Term Care application: Submit long term care Application, ensuring that 2 of the selected homes have a wait time of 6 months and less. Deadline for choices: TBD
- 2) Once Long Term Care choices are selected, Social worker completes an escalation (Social Worker makes a case to Senior Management Staff as to why Mr. Pinto's only option is to wait for Long Term Care placement from an acute care setting. Demonstrating that all other discharge destinations have been exhausted, with no other safe alternative available)
- 3) Mr. Pinto will be responsible for a daily co-pay fee. Rayna will provide the forms on the day the co-pay commences. The daily rate is \$63.73. See the link below for information as prepared by the Ministry of Health and Long Term Care.

Where does Mr. Pinto wait for a Long Term Care bed offer? Mr. Pinto, will either be transferred to a Complex Continuing Care Unit at the Lakeridge Health Ajax, or Lakeridge Health Whitby or Lakeridge Health Bowmanville Site (The care team will inform you before a transfer happens) It is also likely that Mr. Pinto will be transferred to a Transitional Care Unit (see attached word document and brochures for information on Transitional Care Units) co-pay fees will continue to apply while at Complex Continuing Care or at Transitional Care. When you have a chance please explore the Retirement Homes listed below:

Retirement Homes offering TCU

- The Village of Taunton Mills (Retirement Home side) this home charges fees for cable, phone, laundry, incontinent products, medication dispensing fee (approx. 200/month for the extras)
- The Carriage House (via Bayshore)
- Traditions of Durham (via Bayshore)
- Abbeylawn Manor (via Bayshore)
- The Winchester Glenn (Via Bayshore)

<https://www.health.gov.on.ca/en/public/publications/chronic/chronic.aspx>
(google ale co-pay and the link above should appear)

Rayna Bryce B.S.W., M.S.W., R.S.W. (3EAST & 4WEST)

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Lakeridge Health - Ajax/ Pickering

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This is **Exhibit “B”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'A. O'Brien', written over a horizontal line.

A Commissioner for taking Affidavits etc. (*or as may be*) (pursuant to O. Reg 431/20)

Amanda Marie O'Brien, a Commissioner etc.
Province of Ontario, for Goldblatt Partners
LLP, Barristers & Solicitors
Expires November 15, 2024

Bayshore's Integrated Care Transitions Program (Long-Term Care)

What is the Bayshore Integrated Care Transitions Program for Long-Term Care?

Welcome! In partnership with Lakeridge Health, Bayshore operates an Integrated Care Transitions Program (TCU) for Long-Term Care in local retirement communities throughout the region of Durham. This program focuses on clients who no longer need to be in the hospital, but still require 24/7 interdisciplinary care and support while they prepare for a move into a long term care residence or another community location. This program is a congregate setting led by an experienced Nurses with clinical education and training in supporting geriatric care. The Bayshore and Lakeridge Health partnership offers seamless transitions and individualized care plans for all clients.

What services are offered in this Program?

Nursing/Personal Support

This Program provides 24/7 nursing and personal support care services. Nursing staff are responsible for daily assessments, implementation of the medical care plan, administration of medications, and ensuring the specific goals for the client are met. The personal support care services include assistance with companionship, bathing, dressing and activities of daily living.

Therapies (Recreational/Physiotherapy/Occupational Care Services)

A variety of recreational programs and activities are offered to meet the needs of all clients. These programs are created with varying interests and abilities in mind. Calendars are posted and shared with our clients and includes both group as well as individual activities. On a referral basis, you may be seen by other care team members to support your care needs, including Physiotherapy and Occupational Therapy. This care plan may change throughout your stay, as you progress and care needs change.

Other Services

Bayshore provides other services that the clients may require, such as:

- Speech-Language Pathology
- Social Work
- Dietitian
- Behavioral Support Personnel

Medications

During your stay, a designated Pharmacy will be supplying all medications as prescribed. The Pharmacy will connect with you directly with information for medication payment and will provide an itemized invoice and receipt. Please do not bring in any medications from home unless directed by the nursing team.

Meals

Meals are served for breakfast, lunch and dinner. A variety of snack foods, coffee and tea are provided each day.

All meals are provided in the dining room located on the TCU. Tray service may be provided in your room as needed/required, based on nursing directions.

Showers, Laundry and Cleaning

Clients who require assistance bathing will receive an assisted shower two (2) times per week, on designated days. On these days, linens are changed and client laundry is also completed by the care team.

Please note we only provide basic laundry services (washing and drying) at no cost. Labelling of clothing prior to admission is recommended.

Electronics

Televisions, cable services and phones that send and receive calls are available in client rooms.

There is WIFI available.

What is the role of the client during their stay in the Program?

The client's role is to:

- participate as a team member in development of a customized care plan and work towards their daily goals
- work with all staff as a team member, to ensure their care needs are met and goals are achieved
- sign out and back in with staff when leaving the unit

- follow any IPAC requirements as directed by the team
- follow Bayshore's Code of Ethics and Zero Tolerance Policy for any form of Bayshore staff mistreatment including verbal, physical and/or sexual abuse.

What are some of the other important things to know?

Personal Aids

Please let the Bayshore staff know if you are bringing any personal aids with you (All these items should be labeled with your name), such as:

- Glasses
- Mobility aids (cane, walker etc.)
- Hearing aids
- Dentures

Personal Care Items

Bayshore does not supply personal care items, such as:

- Toiletries (soap, tooth paste/brush, shampoo, deodorant, creams, etc.)
- Clothing (daytime or nighttime)

Electric razors are suggested.

Items not permitted within rooms

The following items are not permitted within the rooms:

- Microwave ovens
- Coffee makers
- Extension cords (power bars only please)
- Hot plates
- Toasters
- Heaters/heat fans
- Electric fireplaces
- Weapons of any kind
- Rugs or scatter mats
- Sharps (including, but not limited to scissors and knives etc.)
- Alcohol and/or recreational drugs
- Cigarettes and lighters (will be kept in the medication carts)

- Pets on a permanent basis (visits can be arranged)
- Food in their original packaging (all food items must be kept in containers with tight fitting lids)

Please leave your valuables at home. Bayshore is not responsible for any lost or stolen items.

Smoking policy

Smoking is permitted only in designated areas. Clients must be able to go to the designated smoking areas independently; Bayshore is unable to provide assistance for smoking.

Please ask staff members where these designated areas are located. Please note that smoking is strictly prohibited outside of the designated areas and inside of the building.

Sign-out policy

Bayshore follows a strict sign-out policy to ensure the safety of all clients and staff. If you leave the building for any reason you must verbally report to the on-duty nurse and sign-out on the designated form. You are required to sign back in again upon your return.

Pre-planned overnight and weekend passes requires discussion with the care team to ensure the client is stable and safe enough to leave the unit for a short durations. Please submit the leave request 72 hours in advance (if possible), to ensure supports are in place.

Appointments and transportation

Please inform your care team about appointments. All transportation must be pre-arranged by the client and/or family/caregiver in consultation with the care team. The client is responsible for all costs related to transportation.

Visiting information

Visiting hours vary, so please speak with the care team and/or Manager. Quiet time is between 9:00pm and 7:00am and the retirement home doors are locked during this time. Please call the TCU for access during lock times as required.

All visitors are asked to sign in at the front desk under the Bayshore sign in book. COVID screening and testing is required. Children must be supervised by an adult other than the client.

How to stay safe while in the Program

- Use the hand sanitizers in your room every time you enter and exit.
- Keep the area around your bed clutter free.
- Do not take any medications that have been brought from home unless you have spoken to the nurse first.
- Call for help before getting out of the bed or going to the washroom, if needed.
- Use the call bell – you are not disturbing anyone!

Where is the Program located?

The Integrated Care Transitions Program for Long-Term Care operates within:

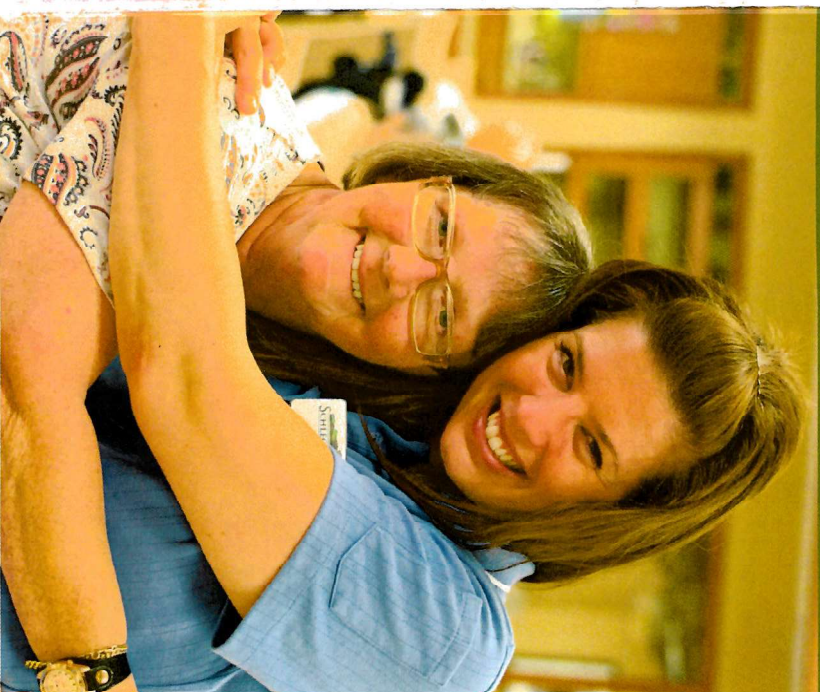
The Winchester Glen Retirement Community, 4th floor – 2501 Thoroughbred ST., Oshawa ON
Abbeylawn Manor Retirement Community, - 534 Rodd Avenue, Pickering, Ontario
Carriage House Retirement Community – 4th Floor- 60 Bond Street East, Oshawa
Traditions of Durham Retirement Community – 1255 Bloor Street East, Oshawa

If you wish to speak to us about anything, please contact the
Integrated Care Solutions Team at **1-866-697-4523**.



The Village of TAUNTON MILLS

Understanding
Bridges to Care



For more information
or to book a tour
905-666-3156
Tours available
Tuesday at 10:30 a.m.
or
Thursday at 2:30 p.m.
Weekends and evenings
by appointment only.



The Village of TAUNTON MILLS

3790 Brock Street North, Whitby
schlegelvillages.com





Program services

These are the services you will receive in the Bridges to Care program after leaving the hospital and entering The Village of Taunton Mills.

This program focuses on providing short-term, enhanced supports in the community for a safer and smoother patient transition from hospital to home or to a long-term care home.

Patients can safely move from the hospital to a home-like setting in the community. Here, they can enjoy the benefits of a safe, comfortable environment, while making important decisions about their next steps.

What we offer

Access to a dedicated care team of inter-professional providers.

- Nurses and Med Cert PCAs providing services such as medication administration, catheter care and health monitoring.
- 24/7 personal support worker services including assistance with bathing, dressing, and companionship services.
- Recreation programs.

What we provide

- Room/suite and board
- Linens
- Towels
- Laundry service for linens and towels (personal laundry is available for a fee)
- Three meals a day

Cost

The care and support provided through this program is partially funded by the Ontario Ministry of Health and Long Term Care.

You will be responsible to pay a portion of the monthly cost for this program, comparable to what you would pay in Long-Term Care.

Note: the cost of all personal, hygiene and medical products, including incontinence supplies, are the responsibility of the patient. Other health and social services are available for purchase through The Village of Taunton Mills.



This is **Exhibit “C”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'A. O'Brien', written over a horizontal line.

A Commissioner for taking Affidavits etc. (*or as may be*) (pursuant to O. Reg 431/20)

Amanda Marie O'Brien, a Commissioner etc.

Province of Ontario, for Goldblatt Partners

LLP, Barristers & Solicitors

Expires November 15, 2024

From: Bryce, Rayna
Sent: Wednesday, March 15, 2023 12:39 PM
To: gail_herrington@hotmail.com
Subject: Re: process and next step

Hi Gail,

step 1 - apply to long term care by March 22 2023, ensuring that 2 of the selected choices have a wait time of less than 1 year

step 2 - once we have the long term care application, we can apply on his behalf to transitional care home (see below email for information)

He will likely be transferred to lakeridge health Whitby or the 4th floor at Lakeridge ajax to a post-acute unit.

as of today, his co-pay starts, I will send a separate email on this.

Rayna Bryce B.S.W., M.S.W., R.S.W. (3EAST & 4WEST)

Pager: (416)790-4928

Phone: (905)683-2320 x 14688

e-mail: rbryce@lh.ca

Lakeridge Health - Ajax / Pickering

This is **Exhibit “D”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.



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Amanda Marie O'Brien, a Commissioner etc.

Province of Ontario, for Goldblatt Partners

LLP, Barristers & Solicitors

Expires November 15, 2024

From: Bryce, Rayna
Sent: Wednesday, March 15, 2023 2:25 PM
To: gail_herrington@hotmail.com
Subject: TRANSFER TO LHW

Hi Gail, we have a bed offer for tomorrow at Whitby

transfer date: March 16 2023

destination: Lakeridge Whitby (300 Gordon Street,
Whitby)

mode of transport: private ambulance

pick up time: 8:30 am

unit: 4 East – Room 4 - bed C

contact: (905)668-6831

Rayna Bryce B.S.W., M.S.W., R.S.W. (3EAST & 4WEST)

Pager: (416)790-4928


Phone: (905)683-2320 x 14688

e-mail: rbryce@lh.ca

Lakeridge Health - Ajax / Pickering

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

This is **Exhibit “E”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

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A Commissioner for taking Affidavits etc. (*or as may be*) (pursuant to O. Reg 431/20)

Amanda Marie O'Brien, a Commissioner etc.

Province of Ontario, for Goldblatt Partners

LLP, Barristers & Solicitors

Expires November 15, 2024



**Lakeridge
Health**

**Alternate Level of Care for Long Term
Care / Complex Continuing Care
Responsibility for Copayment Form**

Pinto, Richard
DOB 4/2/1960
MRN 10092334

Site: ☐ Ajax/Pickering ☐ Oshawa ☐ Bowmanville ☐ Port Perry ☐ Whitby

In Ontario, the Health Insurance Act and the Ministry of Health and Long-Term Care requires any patient of a hospital or other health facility who is in need of Long-Term Care or Complex Continuing Care to contribute to the costs of meals and accommodation. This daily charge is called the **Complex Continuing Care Copayment**.

Lakeridge Health is required to charge the daily Complex Continuing Care Copayment Fee set by the Ministry of Health and Long-Term Care once a patient has been designated Alternate Level of Care. Alternate Level of Care begins on the **first** day patients are designated by the Most Responsible Practitioner as no longer requiring the services of an acute care bed.

The Ontario Ministry of Health and Long-Term Care determine this fee on an annual basis and full or partial exemptions from this fee are possible. In order to be assessed for any exemption status, a Copayment Form must be completed through the Lakeridge Health Finance Department. Please refer to Ministry of Health website <http://health.gov.on.ca/en/public/publications/chronic/chronic.aspx> for more information on Copayment Fees.

The patient will be charged the full copayment fee unless s/he qualifies for a full or partial exemption as per the Ministry of Health Copayment Form, to be further discussed with Lakeridge Health Finance Department at the patient's or designates request.

This letter confirms that the patient listed above and/or the Substitute Decision Maker have been made aware of and understands that the patient will be moved within to the first available and appropriate Complex Continuing Care bed within Lakeridge Health Whitby or Bowmanville site while waiting for Long Term Care. The copayment fee continues while Complex Continuing Care is provided in hospital or until the patient is discharged to a Long-Term Care bed. If a Transitional Care Unit (TCU) bed is planned, the copayment process remains the same.

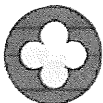
If a patient and/or the Substitute Decision Maker does not accept a bed offer from a chosen Long Term Care facility, Lakeridge Health is required to charge the daily rate as outlined in the Lakeridge Health Alternate Level of Care Policy. The daily rate of \$1,250 is determined by a calculation by the Lakeridge Health Finance Department.

Should patients care needs change, an assessment with you and your team will take place to determine the most appropriate setting required to continue to manage your care.

Lakeridge Health Finance Department will be contacting you to assist in the completion of all paperwork and to further answer your questions. You can also email ALCCo-Pay@lh.ca with any questions or concerns.

Alternate Level of Care (ALC) Date: March 15 2023





Lakeridge
Health

Pinto, Richard
DOB 4/2/1962
MRN V0092334

March 23 2023

Lakeridge Health Social Worker / or Designate signature

Lakeridge Health Site Contact Information:

Name	Email	Ext
Rayna Bryce	rbryce@lh.ca	14688

Program Information: To be filled out by LH Site Contact

Program Name	Program Director Name & Email	Program Manager/s Name & Email
SURE		Angella Williamson awilliamson@lh.ca

Date Patient and/or Substitute Decision Maker made aware of need to pay copayment: March 15/23

Patient or Substitute Decision Maker/Power of Attorney Contact Information (Social Worker or designate to complete):

Name (print): Gail Herrington	
Relationship to Patient: Spouse	
Address: 411-77 Fairby Court Ajax ON L1S 4G7	
Phone Number: (905) 409-1132	Alternate Phone Number:

Hospital staff please scan completed forms to ALCCo-pay@LH.ca



This is **Exhibit “F”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

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Amanda Marie O'Brien, a Commissioner etc.
Province of Ontario, for Goldblatt Partners
LLP, Barristers & Solicitors

Expires November 15, 2024

Rights Information Sheet

An evaluator has decided that you are not capable of making a decision about admission to a Long Term Care Home. This means that the Home and Community Care Support Services Central East will require another person to make a decision about admission on your behalf.

If you do not agree with the evaluator's finding, you have the right to ask the Consent and Capacity Board to review the finding or to appoint a representative to make admission decisions for you. As well, a person who would like to be appointed as your representative may apply to the Consent and Capacity Board. To apply for a review call:

In Toronto: 416-327-4142

Toll Free: 1-866-777-7391

If you have a guardian or power of attorney for personal care, this is the person who would make the admission decisions for you.

If you would like further information or require assistance, please call your local Home and Community Care Support Services Central East Branch or Placement/Care Coordinator:

☒ Whitby Branch
905-430-3308

☐ Scarborough Branch
416-750-2444

☐ Peterborough Branch
705-743-2212


☐ Lindsay Branch
705-324-9165

☐ Port Hope Branch
905-885-6600

☐ Campbellford Branch
705-653-1005

☐ Haliburton Branch
705-457-1600

This is **Exhibit “G”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

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Amanda Marie O'Brien, a Commissioner etc.
Province of Ontario, for Goldblatt Partners
LLP, Barristers & Solicitors

Expires November 15, 2024

HOME AND COMMUNITY CARE SUPPORT SERVICES

Central East

Choices by March 22


Male Estimated Wait Times Updated July 2022

Whitby Branch

Long-Term Care Home	Details
<p>B: 4yrs SP: 0-3months P:3-4yrs+</p> <p>Ballycliffe Lodge</p> <p>70 Station Street Ajax ON L1S 1R9 905-683-7321 www.chartwellreit.ca</p>	<ul style="list-style-type: none"> • 100 beds: 14 private, 68 semi-private, and 18 basic (3 bedded rooms) in this multi-level home • Gentle Care model of care • Palliative care programs • Fully air-conditioned • Features include inner courtyard and therapeutic garden
<p>B: 5yrs SP: N/A P:5yrs</p> <p>Bay Ridges</p> <p>900 Sandy Beach Road Pickering ON L1W 1Z4 905-837-8745 www.reveraliving.com</p>	<ul style="list-style-type: none"> • 124 beds: 100 private and 24 basic in this multi-level home • Four resident areas - each with own dining room, kitchen, living room, den, sunroom and spa • Psychogeriatric care • Fully air-conditioned • Features include music therapy, outdoor gardens and secure walking paths • No longer accepting patients with motorized scooters or wheelchairs
<p>B: 2-3yrs SP: 0-3months P: 3yrs+</p> <p>Chartwell Bon Air Residence</p> <p>131 Laidlaw Street South Cannington ON L0E 1E0 705-432-2385 www.chartwellreit.ca</p>	<ul style="list-style-type: none"> • 55 beds: 4 private, 16 semi-private, and 35 basic (4 bedded & 3 bedded rooms) • Retirement home attached • Main lounge is air-conditioned • Features include walkways through landscaped grounds • Short-stay respite: 1 female basic bed
<p>B: 2-4months SP: anytime P: 3-4yrs</p> <p>Orchard Villa</p> <p>1955 Valley Farm Road Pickering ON L1V 3R6 905-831-2522 www.orchardvillaltc.ca</p>	<ul style="list-style-type: none"> • 233 beds: 83 private, 110 semi-private, and 40 basic (4 bedded rooms) • Retirement home attached • The Eden Alternative model of care • Complex care and dementia care • Residents may bring room air conditioner • Live-in pets allowed

HOME AND COMMUNITY CARE SUPPORT SERVICES

Central East

Long-Term Care Home	Details
 <p>B: 3yrs SP: Anytime P: 4-5yrs</p> <p>Port Perry Place 15941 Simcoe Street Port Perry ON L9L 1N5 905-985-3205 www.portperryplace.ca</p>	<ul style="list-style-type: none"> • 107 beds: 30 private, 36 semi-private, and 41 basic (4 bedded rooms) in this multi-level home • Specialized complex care area, dementia care and hemodialysis • Retirement home next door • Features include music therapy, outdoor gardens with secure walking paths, and frequent off-site outings
<p>B: 3yrs SP: 3-6 months P: filled internally</p> <p>Extendicare-Oshawa 82 Park Road North Oshawa ON L1J 4L1 905-579-0011 www.extendicare.ca</p>	<ul style="list-style-type: none"> • 175 beds: 7 private, 142 semi-private, and 8 basic (4 bedded & 2 bedded rooms) in this multi-level home • Eden Alternative model of care • Permanently assigned caregivers • Hemodialysis • Air conditioning in the main areas • Features include recreational and therapeutic programs seven days week • Short-stay respite: 1 female semi-private bed • Convalescent Care beds
<p>B: 9yrs+ SP: 6yrs P: 8yrs+</p> <p>Fairview Lodge 632 Dundas Street West Whitby ON L1N 5S3 905-668-5851 www.durham.ca</p>	<ul style="list-style-type: none"> • 198 beds: 18 private and 180 semi-private in this multi-level home • Dialysis, psychogeriatric, and wound and skin care • Secure unit • Fully air-conditioned <p>Features include protected courtyard and therapeutic garden</p>

HOME AND COMMUNITY CARE SUPPORT SERVICES

Central East

Long-Term Care Home	Details
<p>B: 3yrs SP: 1-1.5yrs P: filled internally Fosterbrooke LTC Facility 330 King Street West Newcastle ON L1B 1G9 905-987-4702 www.reveralliving.com</p>	<ul style="list-style-type: none"> • 88 beds: 6 private, 18 semi-private, and 64 basic (4 bedded rooms) in this multi-level home • Features include an outdoor therapeutic garden • Short-stay respite: 1 male bed in a 4 bed room
<p>B: 3-4yrs SP: 0-3 months P: filled internally Glen Hill Strathaven 264 King Street East Bowmanville ON L1C 1Pg 905-623-2553 www.dchomes.ca</p>	<ul style="list-style-type: none"> • 199 beds: 14 private, 50 semi-private, and 123 basic (4 bedded & 3 bedded rooms) in this multi-level home • Air conditioning in the main area • 11 Short Stay Interim Beds • 15 Convalescent Care beds • Primarily serves residents of a Christian denomination
<p>B: 3yrs P: 1.5 - 2yrs Glen Hill Terrace 80 Glen Hill Drive South Whitby ON L1N 0M7 905-430-1666 www.dchomes.ca</p>	<ul style="list-style-type: none"> • 160 beds: 96 private and 64 basic (2 bedded rooms) • A wandering resident alert system in place • Fully air-conditioned • Air-conditioned areas • Gated outdoor garden with pergola • Gated patio with walking path
<p>B: 8-9 years+ P: 5yrs+ Hillsdale Estates 590 Oshawa Boulevard North Oshawa ON L1G 5T9 905-579-1777 www.durham.ca</p>	<ul style="list-style-type: none"> • 300 beds: 180 private and 120 basic in this multi-level home • Peritoneal and hemodialysis • Secure unit • Fully air-conditioned • Features include family dining, environmental and recreation activities, and secure therapeutic garden • Priority access beds for veterans



HOME AND COMMUNITY CARE SUPPORT SERVICES

Central East

Long-Term Care Home	Details
<p>B: 7-8yrs SP: 4-6yrs P: 4yrs+</p> <p>Hillsdale Terraces 600 Oshawa Boulevard North Oshawa ON L1G 5T9 905-579-3313 www.durham.ca</p>	<ul style="list-style-type: none"> • 200 beds: 56 private, 72 semi-private, and 72 basic in this multi-level home • Hemodialysis • Fully air-conditioned • Features include family dining, environmental and recreation activities, and secure therapeutic garden • Priority access beds for veterans
<p>B: 1-5yrs SP: N/A P: 1-5yrs</p> <p>Lakeridge Gardens 680 Harwood Ave. S Ajax ON L1S 0H5 905-428-5201 www.lakeridgehealth.on.ca/en/ourservices/lakeridge-gardens.asp</p>	<ul style="list-style-type: none"> • 320 beds: 240 private, 80 basic beds, 10 bariatric basic beds in this six-level home • 24-hour nursing and personal care • Access to a doctor and other health professionals • A nine-station hemodialysis unit • Air conditioned rooms • Landscaped courtyard • Each residential home area has its own kitchen, 2 dining areas, 2 resident lounges, 2 covered terraces, and 2 sunrooms • Second floor secure unit with access to a secure rooftop terrace • Basic rooms are private bedrooms with shared bathrooms

HOME AND COMMUNITY CARE SUPPORT SERVICES

Central East


Long-Term Care Home	Details
 <p>B: 4-5yrs SP: 3.5-4yrs P: 3.5-5yrs Lakeview Manor 133 Main Street West Beaverton ON L0K 1A0 705-426-7388 www.durham.ca</p>	<ul style="list-style-type: none"> • 149 beds: 35 private, 54 semi-private, and 60 basic in this multi-level home • Secure unit • Fully air-conditioned • Short-stay respite: 1 private secure bed and 1 private non secure bed (male or female)
 <p>B: 2yrs SP: 3-6months P: filled internally ReachView Village 130 Reach Street Uxbridge ON L9P 1L3 905-852-5191 www.reveraliving.com</p>	<ul style="list-style-type: none"> • 100 beds: 3 private, 24 semi-private, and 73 basic (4 bedded rooms) • Air conditioning in the activity areas • Residents may bring room air conditioner • Features include two courtyards
<p>Only placing crisis at this time The Village of Taunton Mills 3800 Brock Street North Whitby ON L1R 3A5 905-666-3156 www.oakwoodretirement.com</p>	<ul style="list-style-type: none"> • 120 beds: 72 private and 48 basic in this multi-level home • Dementia care • Functional Abilities Program • On-site wound care nurse • Features include music and horticulture therapies, and main street neighbourhood design
<p>Only placing crisis at this time Chartwell Wynfield LTC Residence 451 Woodmount Drive Oshawa ON L1G 8E3 905-571-0065 www.chartwellreit.ca</p>	<ul style="list-style-type: none"> • 172 beds: 103 private and 69 basic in this multi-level home • Medical services on site • Complex care and secure units • Our Living Tapestry philosophy involves pets, plants, birds and children • Features include intimate dining, bedroom décor and outdoor courtyard

HOME AND COMMUNITY CARE SUPPORT SERVICES

Central East

Long-Term Care Home	Details
<p>B: Only placing crisis at this time; (4A) 5yrs+ SP: 9-12 months P: Only placing crisis at this time</p> <p>ThorntonView 186 Thornton Road South Oshawa ON L1J 5Y2 905-576-5181 www.reveraliving.com</p>	<ul style="list-style-type: none">• 154 beds: 34 private, 54 semi-private, and 66 basic (4 bedded rooms) in this multi-level home• Dementia and younger adult units, which are climate-controlled• Air-conditioned main area• Features include enclosed outdoor garden
<p>Only placing crisis at this time</p> <p>Winbourne Park LTC Centre 1020 Westney Road Ajax ON L1T 4K6 905-426-6296 www.reveraliving.com</p>	<ul style="list-style-type: none">• 110 beds: 90 private and 20 basic in this multi-level home• Divided into four resident areas, each with own dining room, kitchen, living room, den sunroom and shower area.• Dementia Care and Complex Care resident areas.• Fully air-conditioned• Features include outdoor gardens, secure walking paths, café and a range of recreation/therapeutic programs <p>Short-stay respite: 1 private bed (male or female)</p>

This is **Exhibit “H”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

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Amanda Marie O'Brien, a Commissioner etc.
Province of Ontario, for Goldblatt Partners
LLP, Barristers & Solicitors

Expires November 15, 2024

Placement Services Home Choice Form

Whitby Branch
920 Champlain Court
Whitby ON L1N 6K9

Pinto, Richard
HCN 8623967810 WM
Long Term Placement BRN 611154843
Clt# 13568214
DOB 04-Feb-1960

Applicant's Name: Rick Pinto
Health Card Number: 8623-967-

4, 1960
WM

Please return the completed form as soon as possible. The applicant's name will not be added to a Long-Term Care (LTC) Home waitlist until the form is completed, signed by the appropriate person(s) and received by the Home and Community Care Support Services Central East.

- When completing this form: Indicate the homes of your choice, to a maximum of five (5), ranked in order of preference. Individuals with a "crisis designation" are encouraged to select as many choices as possible (may be greater than 5).
- Select the type of accommodation for each home that is affordable.
It is recommended that you visit the home before making your choice. Please contact the home directly for an appointment.
- Sign and date this form as of the date you make your selections.

Homes with Maximum Charge for Preferred Accommodation	Order of Choices (1,2,3,4,5)	Type of Accommodation			
		Basic	Semi-Private	Private	Short Stay Respite
Bay Ridges – Pickering		2 beds/room			
Fairview Lodge – Whitby	5	2 beds/room			
Fairview Lodge BSU – Whitby*		1 bed/room			
Glen Hill Terrace – (Christian) – Whitby	2	2 beds/room			
Hillsdale Estates – Oshawa		2 beds/room			
Hillsdale Terraces – Oshawa		2 beds/room			
Lakeview Manor – Beaverton		2 beds/room			
Lakeridge Health Ajax LTCH <i>Lakeridge Gardens</i>	4	2 beds/room			
The Village of Taunton Mills – Whitby		2 beds/room			
Winbourne Park – Ajax	1	2 beds/room			
The Wynfield – Oshawa		2 beds/room			
Homes with Minimum Charge for Preferred Accommodation		Type of Accommodation			
		Basic	Semi-Private	Private	Short Stay Respite
Ballycliffe Lodge – Ajax	3	3 beds/room			
Bon Air Nursing Home – Cannington		4 beds/room 3 beds/room			
Extendicare Oshawa		4 beds/room 2 beds/room			
Fosterbrooke LTCH – Newcastle		4 beds/room			
Reachview Village – Uxbridge		4 beds/room			

Glen Hill Strathaven – Bowmanville (Christian)		4 beds/room 3 beds/room			
Sunnycrest – Whitby		4 beds/room			
Homes with Mixed Charges for Preferred Accommodation		Type of Accommodation			
		Basic	Semi-Private	Private	Short Stay Respite
Orchard Villa - Pickering		4 beds/room 2 beds/room			
Port Perry Place – Port Perry		4 beds/room			
Thornton View – Oshawa		4 beds/room 2 beds/room			
Out of Area Choices/HOME AND COMMUNITY CARE SUPPORT SERVICES CENTRAL EAST		Please check your accommodation preference			
		Basic	Semi-Private	Private	Short Stay Respite

* The Behavioural Specialized Unit (BSU) beds are designed to provide time-limited, specialized support to residents who have a primary diagnosis of dementia and significant responsive behaviours. The length of stay varies and is dependent on progression in the program. The appropriate discharge destination will be determined in consultation with the LTC home interdisciplinary care team. BSU Application Agreement must be completed at the time of adding the choice. A patient who is placed on a waiting list for both the specialized unit and another unit in the same home will have all of the waiting lists counted as one choice.

ACCOMMODATION RATES (increase annually)

The Cost for "Preferred Accommodation" (Semi-Private or Private) in a LTC Home varies according to whether the bed is within a newly built home (Maximum Charge) or an older home or unit (Minimum Charge). For LTC Homes with both new and old units, you need to be prepared to pay the higher rate when you receive the bed offer.

Current Rates (July 1, 2019)

Basic: \$1,891.31/Month

Semi-Private Maximum Charge: \$2,280.04/Month

Semi-Private Minimum Charge: \$2,150.46/Month

Private Maximum Charge: \$2,701.61/Month

Private Minimum Charge: \$2,474.40/Month

Short Stay (\$40.24/Day)

- Can the applicant afford the basic accommodation monthly rate? ☐ Yes ☒ No

LTC Home residents, who do not have sufficient income to pay the full co-payment rate (i.e., have income less than the maximum basic accommodation charge and the comfort allowance) may be eligible to have their co-payment amount reduced. This is known as rate reduction and is available only to residents in basic accommodation. Home and Community Care Support Services Central East will provide a Rate Reduction application package if required.

If semi-private or private accommodation is selected, the LTC Home resident and/or their lawful representative will be required to pay the applicable accommodation charges for the resident's length of stay within the preferred accommodation at the LTC Home. Residents residing in semi-private or private accommodation are not eligible for a rate reduction.

- I confirm that I have been informed of the different accommodation costs and I have identified the LTC Home(s) and the type(s) of accommodation(s) I prefer and have ranked them in order of preference.

CHOICES AND BED OFFER

- I have been informed that I can add or remove choices (an updated Choice Form will be required).
- I have been informed of the 24 hour time period to respond to a bed offer and that the admission must occur within 5 days.
- I have been informed and understand the legislated consequences of declining a bed offer for any of identified LTC Home choices.

CONSENT FOR PLACEMENT

Home and Community Care Support Services Central East, as the designated Placement Coordinator, will collect all necessary personal and medical information to determine eligibility for admission to a long-term care home; arrange for appropriate assessments; maintain this information on file, and subsequently disclose information to the long-term care homes of my choice.

- I understand that the Home and Community Care Support Services Central East will update and share this information with other Home and Community Care Support Services and the LTC Homes of my choice, if necessary.
- I understand that I may withdraw my consent at any time.

I am applying to reunite with a spouse or partner: _____
(print name of spouse/partner)

Name of Applicant OR
Substitute Decision Maker: Gail Herrington
(Please Print)

Signature of Applicant OR
Substitute Decision Maker: _____ Date: March 20/2023
(Please Sign)

This is **Exhibit "I"** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'A. O'Brien', written over a horizontal line.

A Commissioner for taking Affidavits etc. (*or as may be*) (pursuant to O. Reg 431/20)

Amanda Marie O'Brien, a Commissioner etc.
Province of Ontario, for Goldblatt Partners
LLP, Barristers & Solicitors

Expires November 15, 2024

920 Champlain Court,
Whitby, ON L1N 6K9
Tel: 905-430-3308
Toll Free: 1-800-263-3877
TTY: 1-877-743-7939
Fax: 1-855-352-2555
Fax: 905-430-8682 (Executive Office)
www.healthcareathome.ca/centraleast
www.centraleasthealthline.ca
310-2222 (Area code not required)

920 Champlain Court,
Whitby (Ontario) L1N 6K9
Téléphone : 905 430-3308
Sans frais : 1 800 263-3877
ATS: 1 877 743-7939
Télécopieur : 1 855 352-2555
Télécopieur : 905 430-8682
(bureau administratif)
www.healthcareathome.ca/centraleast
www.centraleasthealthline.ca
310-2272 (indicatif régional non requis)

March 20, 2023

77 Falby Crt, #411
Ajax, ON
L1S 4G7

Dear Gail,

Re: Eligibility for Admission to Long-Term Care
Pinto, Richard - HCN: 8623967810 WM

This letter is to confirm that the above named patient has been determined eligible for admission to a Long-Term Care Home.

Please be advised that we have forwarded the application to the choice(s) listed on the attached Long-Term Care Home Choice List for review. The Long-Term Care Home will review your application and advise you if you have been accepted onto the waitlist.

If you have any questions, concerns please contact me at 905 576 8711 x54265, or if calling long distance 1 800 263 3877.

Sincerely,

Stephanie Topolnisky

Enclosure(s)



Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

This is **Exhibit “J”** referred to in the Affidavit of **Gail Herrington**, sworn this 27th day of June 2023, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'A. O'Brien', written over a horizontal line.

A Commissioner for taking Affidavits etc. (*or as may be*) (pursuant to O. Reg 431/20)

Amanda Marie O'Brien, a Commissioner etc.

Province of Ontario, for Goldblatt Partners

LLP, Barristers & Solicitors

Expires November 15, 2024

File Number: 2023-09360

Coroner: Dr. Howard Burke

Personal Details of the Deceased Person

Name: Richard Pinto
Date of Birth: February 04, 1960

Investigation Details

Status: Closed
Cause of Death: Complications of Right Hip fracture
due to Mechanical Fall from same level

Other Significant Conditions: Cirrhosis
Manner of Death: Accident
Death Pronounced: April 07, 2023, 04:00 AM
Location of Death: 580 Harwood Avenue South AJAX L1S 2J4 ON

This case was accepted for investigation under section 10 of the Coroners Act. The coroner was first notified of this death by dispatch at 06:15 PM, and arrived at 580 Harwood Avenue South AJAX L1S 2J4 ON, at 09:00 PM on April 07, 2023. Death had been pronounced at 04:00 AM, on April 07, 2023. The coroner issued a Warrant to Take Possession of the Body of a Deceased Person.

The identification of the decedent was confirmed by: Health Care Facility Tag. Mr. Richard Pinto was a 63 year old male who lived at 77 Falby Court AJAX ON, L1S 4G7.

I was contacted by Central Dispatch at 1815 on April 7, 2023 regarding a man who had recently died in hospital. There were family concerns about the care he had received. The following information was obtained from a discussion with his wife and a review of the medical chart.

He was a profession soccer player for many years. He lived with his wife but suffered with some chronic back pain and had three surgeries for his degenerative back, diabetes, high cholesterol, hypertension and had an ischemic stroke about 3 years ago. He did have a weak right leg and a slight right foot drop from his chronic nerve damage from his back degeneration and usually wore special sandals to help relieve the foot drop. He also had cirrhosis of the liver, although the etiology was unclear and was attributed to a combination of NASH and alcohol use in the past.

He got up to go to the washroom at about 0400 on January 24, 2023 and tripped over his foot on the way back to bed. He did not wear his special sandals for the middle of the night washroom visit. He could not ambulate after the fall, and he was diagnosed with a right hip fracture at the local hospital. His surgery was done just before midnight that night, but he went on to develop complications post operatively. He was confused after surgery and could not focus enough to benefit from physiotherapy. He could not eat well and lost weight. There was decompensating liver function and he developed some

ascites. He was to the Whitby Chronic care facility while awaiting a nursing home bed. He went on to develop more ascites and then was found to have a decreased level of consciousness on April 6, 2023 and was transferred to the hospital at about 0230h. He was diagnosed with sepsis from either his indwelling catheter, his ascites or possibly pneumonia. He had gastrointestinal bleeding, and his kidneys were noted to be in failure and the wife agreed to keep him comfortable and he passed away peacefully at 1600 on April 7, 2023.

The coroner attended the scene.

Death occurred at the hospital. The body was examined and is described as normal build. .

Body Position:	Supine
Body Temperature:	Cold
Body Lividity:	Fixed
Body Rigor:	Present: Rigor mortis was consistent with the position of the body as found.
Decomposition changes were:	Not Present
Petechial hemorrhages were:	Not Present

After a complete death investigation, the immediate cause of death is determined to be complications of right hip fracture, due to mechanical fall from same level. Other significant conditions included cirrhosis. The manner of death was accident. The death certificate was completed and forwarded to the Registrar General.

ONTARIO HEALTH COALITION AND
ADVOCACY CENTRE FOR THE ELDERLY

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HIS MAJESTY THE KING IN RIGHT OF ONTARIO AS
REPRESENTED BY THE ATTORNEY GENERAL OF ONTARIO,
THE MINISTER OF HEALTH, and THE MINISTER OF LONG-
TERM CARE

Applicants

Respondents

Court File No. CV-23-00698007-0000

<i>ONTARIO</i> <i>SUPERIOR COURT OF JUSTICE</i>	
Proceeding commenced in Toronto	
AFFIDAVIT OF GAIL HERRINGTON (Sworn June 27, 2023)	
GOLDBLATT PARTNERS LLP 20 Dundas Street West, Suite 1039 Toronto, ON M5G 2C2 Fax: 416-591-7333 Steven Shrybman (20774B) Telephone: 613-858-6842 Email: sshrybman@goldblattpartners.com	
GOLDBLATT PARTNERS LLP 270 Albert Street, Suite 1400 Ottawa, Ontario K1P 5G8 Fax: 613-235-3041 Benjamin Piper (58122B) Telephone: 613-482-2464 Email: bpiper@goldblattpartners.com	
Counsel for the Applicants	