Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System

The Honourable Eileen E. Gillese
Commissioner

Ontario

Commission d'enquête publique sur la sécurité des résidents des foyers de soins de longue durée

L'honorable Eileen E. Gillese
Commissaire

In the matter of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System, pursuant to the Order in Council 1549/2017 and the *Public Inquiries Act, 2009*

AFFIDAVIT OF LAURA LONG

I, Laura Long, of the Town of Springford, in the County of South-West Oxford MAKE OATH AND SAY:

1. I am a witness to the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System (the "Long-Term Care Homes Inquiry"). I have firsthand knowledge of the matters discussed in this affidavit, except where it is stated to be on information and belief, in which case I have identified the source and believe it to be true.

2. I am a Registered Practical Nurse. I graduated in 1994 from Fanshawe College. I commenced working as a community nurse with the Victorian Order of Nurses ("VON"). Then the VON lost the contract. I stayed on doing an Adult Day program. I got back into shiftwork.

3. I worked at Norvilla in Norwich. Caressant Care bought Norvilla Nursing Home out and the beds were transferred to Woodstock. We moved 40 people in one day. I came to Caressant Care in or about May, 2004. I first worked at Caressant Care as a Registered Practical Nurse.

4. I was a Wound Care and Foot Care Consultant at Caressant Care for 7 years and then I became the RAI coordinator on July 25, 2016.

MY DUTIES AS AN RPN

5. As an RPN, I was physically exhausted. I did the same work as the Registered Nurses. Managing medications, doing treatments, break, lunch medications, charting RAI/MDS, 2 o'clock medications, visits with the doctor. You are working the same floor, the same way, the same behaviours. The time just goes by. It is go-go go.

6. The workload in long-term care has changed significantly over the years, Ministry standards have changed. They are almost unrealistic in some ways. More computer work/ paper work... Residents' care has increased due to people living longer. They now come to long-term care in wheelchairs and are complete care. Very rarely do they walk in.

7. For the RAI/MDS system, the Registered Practical Nurses and the Registered Nurses do the assessments. We do assessments that address memory, hearing, sight, pain, dental, how the resident transfers. The PSWs chart when the resident has a bowel movement, when they urinate, how much they eat, their behaviours etc.

8. The charting is all done on computers. In addition to RAI/MDS charting, the nurses are getting a new admission almost every day. Admissions take a long time to do as we are starting from scratch. The Registered Nurses and Registered Practical Nurses do the new admissions. One nurse does the admission/assessments with the family and resident. The other does the medication reconciliation, speaks to Doctor about orders

and vital signs. On section A in the past a Resident Care Coordinator would do the admission and the Registered Nurse would do the medication etc.

9. We also had to do three-month medication reviews for each resident. In terms of the three-month medication review, you take the resident's old quarterly medication list and the new one and review them. They are printed off from Point Click Care. You would have them all set up in Dr. Reddick's book and then he goes through it and puts it in the resident's chart. You go over it with him. Sometimes it matches, sometimes it doesn't. If it doesn't, 9 times out of 10, it's probably because there's been a change in medications part way through the three months. You have to go through the new medication list, sign and date it and then another nurse has to go through and do the same thing. Both signatures are from a registered staff member. Usually I would go through with a red check mark and the other staff member would do it with a blue one so that the two can be distinguished.

MY DUTIES AS RAI COORDINATOR

10. Once I became the RAI Coordinator, I would input the information that was gathered on the resident's admission. The nurse would do the initial care plan. I would then receive seven days of observation and tweak it.

11. I would review the information inputted by the nurses and PSWs and code it into the Canadian Institute for Health Information ("CIHI") system. That information would translate into the Home's Case Mix Index and our funding would then be based on that.

12. As RAI Coordinator I would coordinate quarterly assessments for every resident. Residents are assessed cognitively, physically, mood/ behaviors/ medications/ pain. The information is coded in RAI/ MDS and sent to CIHI. This allows the Ministry of Health and Long-term Care to see improvement and decline in residents.

ORIENTATION AND EDUCATION

13. I did receive orientation when I started at Caressant Care. I had completed orientation while at Norvilla Nursing Home. Then I came to Caressant Care and they did a basic run of where things were and then I had orientation. That orientation would have included the medication management policies. There was also on the floor orientation. It was one orientation per shift. Our shifts were 6 - 2, 2-10 and 12-8 back then. The orientation on shift was just the medication pass and treatments.

14. We did receive education related to medication policies and procedures. Now it's all on computer, back then it was on paper. We do get education related to prevention of abuse, whistle blowing protection, mandatory reporting, the home's complaints process, the residents' Bill of Rights, etc. every spring. It was all set up in the auditorium. For instance, in 2016 Sandra Fluttert did it and made it really fun and interesting to learn it. We had to go from station to station to station.

15. Education is also provided at Registered staff meetings. The pharmacy comes in and does training on things. We had one on all the different types of puffers. Anything new medication wise we would get training on from the pharmacy. Anything new otherwise, management would provide and we had to sign a paper that we came in and listened.

16. Medical Pharmacies has done insulin education as well. I remember some staff going to a big insulin in-service in London. Medical Pharmacies provides education on average 3 times a year and if something's new, they provide education on that.

17. My performance appraisal was usually done every year by Mrs. Crombez.

MEDICATION MANAGEMENT

18. The pharmacy delivers medications. The Registered Nurse or the Registered Practical Nurse inputs the medications when we get new resident admissions. We fax the orders to the pharmacy and now the pharmacy inputs them all into the computer. It used to be the Registered staff doing all that and the pharmacy just delivering the new resident's medications.

19. When ordering controlled drugs, everything is scanned and faxed to the pharmacy. For non-controlled it just gets scanned into the computer, it gets sent to the pharmacy automatically on line.

20. Narcotics and other medications will come in on the north wing on Friday nights. When the narcotics come in, we send a fax to pharmacy confirming that they have been received and we lock up the narcotics in a locked box in the medication room, which is also locked. Over the weekend, the Registered Nurse will scan it all the medications through the whole system, including the narcotics.

21. On Sunday night the nurse on staff will take the narcotics out of the locked box because on Sunday night the medication cart will be empty of narcotics, so then we have to restock, clean out the cart and start all over again for the following week.

22. For shift counts of narcotics, the person coming off and the person coming on count together, looking back and forth. We both fill out the sheet and sign. Everything's got to add up. It's always 2 people counting. The one that's doing the counting is the one that's coming on and the one that's signing the paper is the one that's going off.

23. If there is a discrepancy in the count then it's a medication error. All medication errors (at the time Elizabeth Wettlaufer was there) were put under risk management in the computer. We would complete a risk management report. I would photocopy the whole narcotic card and hand that to Helen Crombez.

24. For non-narcotic medication errors, such as if you are starting the afternoon shift and the lunch time pills are still in the medication strip, I would rip off the strip package, photocopy it (some people staple it right to the paper) to give to Hélen Crombez and then again do a risk management report in the computer.

25. Medication errors are now done with medical pharmacy. I am unsure of this process.

26. Helen Crombez checks to make sure if any of the medications are expired and will throw them out. She orders all of the government stock. The Registered staff have access to the government stock and bring it up to stock the floors.

27. We do have an emergency drug box that has antibiotics, puffers, but emergency narcotics are locked up in the south med cart.

28. The pharmacy does audits on medications. Helen Crombez does the audits on the government stock.

29. Usually the girls are pretty good on watching for what has expired. They have to date the eye drops, date the insulins. Rarely do they ever expire, they're used up before the dates.

30. Expired or discontinued non-controlled medications go into a box under the sink in each medication room. Then Medical Pharmacies comes in and disposes of them. The pharmacist come in and destroys it and then it all goes downstairs and someone comes in with a big box and takes it all away.

31. In terms of the destruction of controlled substances, there is a locked box in section B medication room. If there are 3 pills left in a package because a resident passed away, we will have a sheet with the resident's name, prescription number, name of the drug, quantity on it. Two registered staff sign off on how many pills are there. Then we fold the sheet around the narcotic card and slide it in the destruction box. Then when Medical Pharmacies comes, they open the box, go through each item, check it off and make sure it all adds up. The pharmacist pops all the pills out and a registered staff member has to watch her pop them all out and then she puts water and solution on them and the registered staff member has to watch her. The pharmacist wants you to see that she's destroyed it. The staff member then has to sign that she watched the pharmacist destroy the pills. Controlled substances for destruction are all put in the locked box, including used fentanyl patches.

ELIZABETH WETTLAUFER

32. I had quite a bit of interaction with Elizabeth Wettlaufer in the beginning when I worked on Section B. I even did some orientation with Elizabeth Wettlaufer.

33. In section B on afternoons there is one Registered Nurse and two RPNs. As of 2007 there were only 2 nurses in the evening in Section B. It changed at some time to one Registered Nurse and two RPNs.

34. Sometimes Elizabeth Wettlaufer made bizarre remarks. I remember Elizabeth Wettlaufer was sexually inappropriate and hitting on students. These kids were quite uncomfortable with it.

35. Sometimes there were bizarre actions with residents. One time, I wrote Elizabeth Wettlaufer up because she was yelling at a resident. But as far as the residents go, other than the incident with that resident, Elizabeth Wettlaufer was kind to the residents, she would bring in her dog, she brought in cookies, she would come in dressed up for Halloween. One year she came dressed as the Grim Reaper. One year as a pumpkin. One year as a witch. She would bring in food for residents. Nobody was suspicious.

36. She would look after your house and your dog when you went on holidays, for some people who didn't have the money, she took their kids to Wonderland for a day and paid for everything. She was a huge part of the church in town.

37. Everybody has their issues but she was really good to the residents. She still came in after she left to bring in her dog for the residents. She brought in food for the staff on night shift, Kentucky fried chicken, cakes when it was their birthday. She was passionate with the families too.

38. I didn't really have issues with Elizabeth Wettlaufer about her care. She knew she had to be very good with these people because if she wasn't, I would write her up. I wouldn't tolerate anything.

39. Elizabeth Wettlaufer was just different. She would carry on about her lesbian ways and made it quite vocal. I really don't want to hear it. Elizabeth Wettlaufer would talk mostly staff about her girlfriends and things.

40. Elizabeth Wettlaufer did tell me that she had OCD. She said that her dad's a minister and her brother's a minister, and she repeats bible verses going over and over in her head. She said she was on Seroquel because of the repetition going in her head. Elizabeth Wettlaufer was sloppy in one sense but OCD about the way her dirty cups had to be stacked and stuff like that.

41. Complaints from other staff were pretty much the same, the disgusting talk.

42. I did have issues with Elizabeth Wettlaufer work ethics. She would also always have a messy desk. She would not follow through on things like doctor's orders. Further, when you start an assessment on somebody you need to do it from start to finish. On assessments Elizabeth Wettlaufer didn't finish, she just left.

43. The staff sensed she worked full-time afternoons and nights because days was too busy.

44. I would never in a million years believe that Elizabeth Wettlaufer was an alcoholic or into drugs. There was nothing from my interaction with Elizabeth Wettlaufer that would give any indication of same.

45. Elizabeth Wettlaufer said she was on Seroquel which is a psychotropic drug. Once she said she was taking a lot of it, up to 400 mg. Management knew about Elizabeth Wettlaufer changes in medications. Helen Crombez was worried about her on one occasion and sent police to go check on her because she hadn't come in because of the changes in her medications. I can't remember when that was. After Ms. Crombez sent someone, Elizabeth Wettlaufer came to work. She was okay. I didn't talk to her about it.

46. I have no recollection of any petition being circulated regarding Elizabeth Wettlaufer.

INCIDENTS

April 1, 2013

47. I wrote a note about an incident on April 1, 2013. I was on east wing and I could hear Elizabeth Wettlaufer yelling at a resident up by the desk. The male resident was always upset because the female resident would sit at the desk and she would laugh and laugh and it can be irritating. The male resident would be in his room and he would hear her laughing at 6 o'clock in the morning, every morning.

48. The male resident came out, and said "ha ha ha" to the female resident. Elizabeth Wettlaufer was yelling at him. There was some back and forth and he ended up calling his son and his son came in.

49. I could hear it all happening, but by the time I got up there, it pretty much had resolved and Elizabeth Wettlaufer was gone on her way.

50. The resident's son came in, so management dealt with that. I know that they did move the female resident. They had her go into the other room and watch tv. They had her medications changed as well. That seemed to resolve it. Elizabeth Wettlaufer continued to care for the male resident.

51. I wrote it up because the family called and spoke to Helen Crombez and Helen said that she wanted the full detail. I handed it to Helen Crombez. I don't know what came of it. I didn't hear back about it. Attached hereto and marked as Exhibit "A" to this my Affidavit is a copy of my note of April 1, 2013.

January 2012

52. I am aware of the incident where Elizabeth Wettlaufer punctured a hematoma on a resident. I was directly involved in the wound care follow-up for the resident. It did not become infected. It healed nicely. Mrs. Crombez asked me to show it to her and we assessed it together.

53. The resident's lower left leg did develop a stasis ulcer. Stasis ulcers are not really an infection, they are to do with circulation. It is treated with a special dressing, to kill bacteria and heal. Stasis ulcers cause pain and burning and this is probably why the resident would remove the dressing. It did eventually heal. The stasis ulcer had nothing to do with Elizabeth Wettlaufer's care. It was to do with injury and circulation.

MRS. PICKERING

54. I do remember Maureen Pickering. Karen Routledge had been looking after Ms. Pickering when she went to hospital.

55. Karen Routledge said she was stumped. She was saying "it doesn't make sense, it doesn't make sense, her blood sugar's low, the doctor's saying it doesn't make sense". Karen said ""it just makes no sense. She was up and walking around and motoring around the day before. This makes no sense".

56. It was just Karen Routledge's demeanor, the whole day there was a look on her face, like "what the hell?"

57. The doctors had said that if Maureen Pickering came back from the hospital there needed to be an autopsy. Then I believe the doctor was called and said it was not necessary because her death was not unexpected.

ELIZABETH WETTLAUFER'S CRIMES

58. Elizabeth Wettlaufer's crimes created confusion, a lot of tears, disbelief, anger, sadness, and anxiety to think that someone would do this to these innocent people. People who I have always considered family.

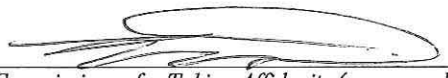
59. I swear this affidavit for no improper purpose.

SWORN BEFORE ME at the Town of Springford in the County of Oxford on June 11, 2018

Commissioner for Taking Affidavits
(or as may be)

Laura Long

This is Exhibit "A" referred to in the Affidavit of Laura Long, sworn June 11, 2018



Commissioner for Taking Affidavits (or as may be)

Dear Management

On Mon April 1/13 writer heard D.S. laughing loudly, some mumbled talk, then Beth W saying very loudly to D.W. do you need a haldol injection?? Do you a psychiatric evaluation? She said this 2 or 3 times. I did not see anything I only heard mumble. I was at the east desk starting med pass because staff had already gotten up the first few rooms, and were working on my residents this was around 0630. I usually start at L's room.

This is not the first time she has said this. A few weeks ago she did not know I was in the med room, and I only heard her ask if D.W. needed Haldol. She told me that she asked him if he needed Haldol because he was mocking D.S. I totally understand what D.W. is going thru it is irritating to a lot of residents. It is difficult in the day time to talk on the phone. I can see with him having a UTI things esculating. Beth and him have had many arguments in the past, and this is the latest of how she's been dealing with it. I do not intervene or say anything for this is Beth and she is the RN. The next time I will ask can I help, and see what I can do to smooth things over, and I promise to report, if my help is not welcomed.

Before report in the diningroom before it started she said something along the line of him being an ignorant old man, and I asked him if he needed a psyc consult. This is not the exact wording. She stated he was bully. I remember thinking, that this isn't everything I heard but anyways.

As far as working afternoon shift with her. It not that I can say she doesn't manage her time, she does nothing but meds. She was on second floor for an unknown amount of time (I do remember staff asking me when I came back from break where's Beth?) visiting with R.S. R.S. s daughter. She dilly dally's round sitting with residents, talking to people/ staff etc. Taking forever to do meds. There is so much more work that can be done. You can talk to residents as you do there meds. Staff don't have time to socialize. I don't even know where to start on this subject.

When I came in one morning she said there was no straws and nothing in storage. I told her yes there is and made her walk over and get them, for I had put them away recently with maintance. Or one time she said oh Suzies on nights tomorrow she will restock. She has said this to PSW's along with other things and I have asked them to write it up and they say whats the sense she's still here, nothing ever happens.

I swear on my Uncles grave this statement is true. I cannot believe she down and out right lied. She could have at least said yes things got heated, I lost control, what is my punishment. I am not a perfect person but will always admit my mistakes, because we all have those days.

Yours truly

Laura Long RPN

Rec'd April 3/13
HC