

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

The Honourable Eileen E. Gillese
Commissioner



**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 HEATHER NICHOLAS

I, Heather Nicholas, of the Town of Mount Brydges, in the County of Middlesex 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 graduated Fanshawe College School of Nursing in 1988 as a Registered Nurse. I worked at Victoria Hospital for approximately four years. I was then a community health nurse with Oneida of the Thames First Nation and then Health Director at Chippewa of the Thames.
3. Eventually I became Administrator/Director of Care for the Oneida Nation of the Thames Long-term Care Home. It had approximately 64 beds. Prior to opening up the Home I received my qualifications as an Administrator, including my diploma from the Ontario Long-Term Care Association.

4. The Oneida Long-term Care Home was under construction at the time that I was hired. I had to get it opened and I worked there for three years until 2011.
5. I then worked as Health Director for the Chippewa of the Thames. Following that I worked at Oneida Nation of the Thames as the nurse in charge, promoting health education, etc. Then I went back to Chippewa of the Thames as the Health Director
6. I was recruited in 2014 for the position of Director of Care at Meadow Park. I was called by head-hunters. Meadow Park was looking for a Director of Care and I had been at Oneida as the Administrator and Director of Care. I went for interviews and was hired at Meadow Park in March 2014 as Director of Care.
7. Meadow Park is a family owned home, owned by Jarlette Health Services ("Jarlette"). There were one hundred and twenty-six (126) beds at Meadow Park compared to sixty-four (64) beds at Oneida. There was more staff to oversee at Meadow Park than I had at Oneida. There were always problems with keeping staff.
8. At the time that Elizabeth Wettlaufer worked for Meadow Park, only one floor was being used for long-term care. Attached hereto and marked as Exhibit "A" to this my Affidavit is a copy of the floor plan. There were three wings in the long-term care section which were, at the time, named Lambton, Kent-Elgin and Oxford-Elgin. The Elgin hallway was shared between the Kent and the Oxford Wings. Those wings were later renamed to blue, yellow and pink [Doc ID LTCI00072516].
9. From my review of the documents, Mr. Horvath's room was in Kent.

10. When I was hired at Meadow Park, Robert Vanderheyden was the Administrator. The Co-Director of Care was Melanie Smith. Ms. Smith looked after the Registered Nurses, PSWs and the residents. She was the day-to-day person that staff and residents would go to if they had issues and her office was located in the Kent wing opposite the nurse's station.

MY DUTIES AS DIRECTOR OF CARE

11. Attached hereto and marked as Exhibit "B" to this my Affidavit is a copy of Jarlette's job description for the Director of Care.
12. As Director of Care, I was ultimately responsible for the residents and the staff (Registered staff, PSWs, and HSWs (Home Support workers)). My duties included recruiting staff, meeting with the management team every morning to see what was going on, what were the issues of the day. During those meetings we would receive updates in terms of staffing and what was happening on each floor. We often had problems with the electronic system Point Click Care so I would have to troubleshoot.
13. I would follow-up on reports of falls. I would see if there were any Unusual Occurrence Reports from the night before. My duties included dealing with the Ministry of Health and Long-term Care, responding to Critical Incidents and filing those reports. Melanie Smith and Robert VanderHeyden would also do those duties.
14. I had to ensure that the proper data was entered into the RAI/MDS system to make sure we were properly funded. I was in charge of the Nursing and Personal Care Envelope.

Our funding was based on the CMI. If we didn't have the numbers accurate, we would not get 100% funding.

15. At one point we were not getting fully funded so I had the RAI Coordinator go and watch what the PSWs were doing and how they were inputting the information into Point Click Care. Care involves so much more now. Residents coming to the homes are much sicker, needing more medical care, older, needing more assistance, more diseases because living longer, a lot coming in late 80's. There are more people who require lifts, which would involve two persons for safety reasons.
16. I would engage with the residents if they wanted to see me and meet with family members if they had concerns.
17. I would look after the daily budget and ensure that supplies were ordered and received for nursing. I would attend to corrective action with the staff if there were issues that needed to be addressed. I dealt with the union issues as well. There were two unions at Meadow Park with whom I would have to interact. I would have to meet with the unions over grievances etc.

HIRING AND ORIENTATION AND EDUCATION OF REGISTERED STAFF

18. In terms of the hiring process at Meadow Park, a person would make an application. I would set up the interview. There may be five applicants being interviewed at the same time by myself, the Educator and the RAI Coordinator. Jarlette had a hiring program called the "Hiring the Jarlette Way" which included the different types of things we would do. In it there were various scenarios that we would use in interviewing in both group

and individual interviews. Attached hereto and marked as Exhibit "C" to this my Affidavit is a copy of the program [LTCI00072015].

19. During interviews, we had a number of questions to ask the applicants. We would talk about the Jarlette Way etc. Then if the applicant seemed good we would have individual interviews. There would be a second individual interview.
20. The person had to have good references. For Registered Nurses, we would check their College of Nurses' registration.
21. At Meadow Park, the orientation of Registered Staff consisted of in-class orientation. There was a big binder which included policies and procedures that was given to each employee. A copy of the binder was also kept on the floor. Attached hereto and marked collectively as Exhibit "D" to this my Affidavit, as an example, is the General Orientation Plan Day One and Two for Elizabeth Wettlaufer. In theory the different facilitators listed on the form were to do their part of the orientation, but, in practice, as shown by Exhibit A, the Education Coordinator did it. She would go through presentations, policies, videos, etc [Doc ID LTCI00017532, Doc ID LTCI00017519].
22. The new staff member would then be oriented on the floor with another Registered staff member. During that part of the orientation they would job shadow the Registered Nurse. They job shadowed all three shifts. I believe that the Registered Nurse giving the orientation had to check off that it was complete. If the new staff member felt that they needed an extra day then that was given to them.

23. There would be a verbal indication from the nurse who was being job shadowed as to whether the new nurse was okay or not. There would be no written evaluation of the orientation. If there were any issues we would get the new nurse to do something again.
24. In addition to the education received during orientation, there was mandatory education of the staff. While I was there it was done by Lia Dionsokopolous, who I believe was the Director of Care just before I was hired. It was also being done by Valerie Boulton, the Education Coordinator.
25. To the best of my recollection, Jarlette generally conducted education monthly. It was computerized. An example of some monthly Educational Plans are attached hereto and marked collectively as Exhibit "E" to this my Affidavit [Doc ID LTCI00022807, LTCI00022817, LTCI00022819].
26. It was hard to get the staff to do the education on their own. The Educator would bring her laptop up to the floors. The staff would complain that they had duties. The education would consist of 10 to 15 minutes. It consisted of quizzes etc. It was a requirement of the *Long-term Care Homes Act, 2007* (the "LTCHA") that there be mandatory education on certain things. The Registered staff could do it from home. The problem was trying to get them to do it. They wanted to be compensated if they did it at home.

STAFFING AT MEADOW PARK

27. The PSWs and HSWs that work on the floor are the heart of the home - doing a lot of the physical demands of working with the residents. In my view they don't get enough credit for the hard work that they do.

28. Retention and recruitment of Registered Nurses is hard. They have a lot of responsibilities and a lot of electronic paperwork. It takes up a lot of time as do the medication passes, dealing with the residents. The Registered staff didn't have enough time to complete their duties because of all the documentation that they have to do combined with their medication passes. From my perspective there should have been more staff working than was allotted and allowed to work at Meadow Park. There is no staffing ratio mandated by the government. Jarlette would prepare the staffing plan for Meadow Park.
29. Attached hereto and marked as Exhibit "F" to this my Affidavit is a document titled "Meadow Park London – Nursing Staff Levels From April to August 2014. I did not prepare this document but I am advised by Elizabeth Hewitt, Commission Senior Counsel, that it was prepared by Meadow Park for this Inquiry. I have reviewed the document and believe that, in general, it represents the staffing pattern while I was at Meadow Park. In practice, however, it was hard to fully staff given absenteeism, vacations, etc. [Doc ID LTCI00072511].
30. Given the difficulty in scheduling, Meadow Park had a full-time person whose responsibility it was to work on scheduling. If a nurse called in sick during the day, the staff scheduler would look for a replacement. The staff scheduler only works between 8:30 and 4:30. If the call came in after the staff scheduling person was gone, the nurses would be responsible for making the callouts during their shift. Making the staffing callouts to replace staff who had called in could take them more than an hour. They needed to make the calls in accordance with the union agreements that Meadow Park

with the nurses. They needed to get a warm body there. It made it hard to provide service.

MEDICATION MANAGEMENT AT MEADOW PARK

31. Controlled and non-controlled substances were prescribed by the doctor and then the pharmacy would deliver them to the home. The non-controlled substances, pill form, would be in cycle strips with the patient's name, time to take the medication etc. A week's supply would be delivered each week. Controlled substances would be in a narcotic card for each resident.
32. Usually the medications were delivered at suppertime to the front entrance and given to a registered staff member. All the medications [controlled and non-controlled] were put in bags and then just delivered to the entrance. The Registered staff member would sign off on the delivery of the medications. The medications would be in individual bags for each wing. The Registered staff member who received the medications would then deliver the medications to the other nurses' stations or call the other nursing stations to say that the medications had been delivered.
33. If the pharmacy delivered X amount of a particular narcotic but the Registered staff had ordered X plus two (2), the Registered staff would call the pharmacy and say that they were short. The pharmacy would then rectify it with the Registered staff member.
34. Since the medications would be delivered around suppertime, that is a busy time. The Registered staff are giving medications and supervising supper. The nurses are in the dining rooms in case a resident chokes, etc. So, whenever the staff have time they

would get together and count the medications that had been received. In the meantime, they would lock the bags up in the medication room. Once they had time they would process and count the controlled substances with another registered staff member. One nurse counts and another is to witness it.

35. There were three medication rooms in Meadow Park at the time. One in Kent, one in Lambton and one in Oxford. All three were locked, the Registered Nurse or the Registered Practical Nurse had the key. From the best of my recollection, there were no windows into those rooms but I have not been there since 2015 to confirm.
36. There was always a narcotic count of all medications every shift.
37. Classic Care, the pharmacy, would come in monthly. The drug destruction of both controlled and non-controlled medications were done monthly. My recollection is that both the controlled and non-controlled drugs were kept in Kent for destruction. The Registered Nurse or Registered Practical Nurse could destroy the non-controlled medications on their own. For controlled substances they needed two signatures to put the medication in the destruction box and then when actually destroyed the pharmacist would come in and go through it with the nurse.
38. We didn't count anything on a daily basis except the narcotics.
39. There is a medication fridge in each of the locked medication rooms. The insulin would be stored in each of these fridges for the residents in that wing.
40. I do not recall that there were any shortages of insulin while I was at Meadow Park. Double counting of insulin was not required and was not policy.

41. Attached hereto and marked as Exhibit "G" to this my Affidavit is a copy of Jarlette's policy entitled "Diabetic Care" policy. I do not recognize this policy. It indicates that, where practical, two Registered staff shall conduct an "independent double check" of the insulin dose. In my view, the Registered Nurses are too busy trying to do medication passes with their own 30 to 40 residents to follow this practice. It is unrealistic to expect them to have go to find another Registered nurse, who would be in the middle of his or her medication pass, to check the dose. It was not a practice of Meadow Park [Doc ID LTCI00018325].
42. At the time that I was hired at Meadow Park, I had not administered medications for years and I did not do so while at Meadow Park. I had also not administered insulin for years as well. The residents were on the pen and cartridge system. I would make sure that the insulin was stored properly, labelled properly, arranged in the medication cart properly, etc.
43. In terms of handling empty or cartridges I cannot recall the process. If a resident passed away, all of their medications would be removed from the medication cart and the fridge and destroyed. Insulin was a non-controlled drug. I believe that the remaining cartridges, which are glass, would be thrown in the sharps' container. You cannot get into that container after something is placed into it, unless you wanted to get hurt.
44. If a cartridge is empty and the nurse gets a new one from the fridge, they would go to the fridge, get the resident's cartridge, put it in the pen and dial up the dose. They would not have to sign that they had used up a cartridge or inserted a new one. When

cartridges were destroyed, there was no record kept of the number remaining or the number destroyed.

RESPONSIVE BEHAVIOURS AND ABUSE

45. There was zero (0) tolerance for any kind of abuse at Meadow Park. Attached hereto and marked collectively as Exhibit "H" to this my Affidavit is a copy of the following policies that were in place when Elizabeth Wettlaufer was at Meadow Park:
- a. Abuse – Education and Training. Eff. 09/16/13. Version 1 [LTCI00023607]
 - b. Abuse – Prevention. Eff. 09/16/13. Version 1 [Doc ID LTCI00023611]
 - c. Abuse – Evaluation. Eff. 09/16/13. Version 1 [Doc ID LTCI00023609]
 - d. Abuse – Zero Tolerance Policy for Resident Abuse and Neglect – Staff Acknowledgement. Eff. May 2007. Rev. Jan. 13 [Doc ID LTCI00021710]
46. While I was Director of Care, a proper investigation of abuse was always done and if a staff member was found to have abused a resident, they would be disciplined and potentially terminated. All direct care staff were trained on Gentle Persuasion, such as if you go into a room with a resident, you would lower your voice if they were hollering, have your arms open rather than closed so as not to be threatening, be respectful etc. to help to diffuse the situation.
47. I am a Registered Nurse. If I was working on the floor and having problems with a particular resident, for instance if every time I went into a resident's room he or she yelled at me or got physical, I would report it to the Director of Care or Co-Director of Care. The Co-Director of Care may talk with the resident to see what the problem is, why are they so upset at the particular person. It sometimes happens that a resident does not like a particular PSW or the way they looked etc. If it is continuing to be an

irritation then we may remove that particular worker from that area. I have done that. I would just put the staff member in a different wing and tell them to stay away from the resident. We don't want the resident to be irritated.

48. If I was made aware that somebody was purposefully harming a resident I would call the police and I have called the police in the past. I took those allegations very seriously.
49. From a review of the material, I am aware of an incident that occurred with Mr. Horvath in July 2014. The incident appears to have been investigated by the Administrator, Robert VanDerheyden, the Co-Director of Care, Melanie Smith and Stefanie Cardoso, the RIA Coordinator at the time and Dottie Duncan, the Registered Nurse on staff that evening. Attached hereto and marked as Exhibit "I" to this my Affidavit is a copy of the Critical Incident Report [CIR #2643-000011-14] that was filed by the Administrator regarding the incident on July 25, 2014 between Mr. Horvath and a staff member [Doc ID LTCI00019476].
50. In that case it was alleged that Mr. Horvath had hit the staff member in the arm and she slapped him back on the right arm. It was also reported that Mr. Horvath spit at the staff member who spit back at him. The staff member was terminated from her position.
51. In addition, from my review of the records, there is a progress note by Elizabeth Wettlaufer on August 10, 2014 at 17:27 that indicates that when she went to give Mr. Horvath his pills at 16:45 she found that the draw string from his pants was wrapped around the bedrail three times and tied in a tight knot. Mr. Horvath was unable to turn on his left side. I don't recall this incident or having been advised of same but, based on the progress note, in my opinion this does not appear to indicate that there had been

an intentional restraint of Mr. Horvath. Attached hereto and marked as Exhibit "J" to this my Affidavit is a copy of the progress note [Doc ID LTCI00020697, page 8].

ELIZABETH WETTLAUFER'S EMPLOYMENT

52. Elizabeth Wettlaufer applied for employment with Meadow Park on April 13, 2014. It appears I interviewed her on April 14, 2014. Elizabeth Wettlaufer seemed polite and she seemed to know her stuff. She had been working for a long time. She had experience. Attached hereto and marked collectively as Exhibit "K" to this my Affidavit are a copy of her Application for Employment, Resume and References [Doc ID LTCI00017511, LTCI00017513, LTCI00017521]
53. In terms of the interview, the Educator would pick out questions from "Hiring the Jarlette Way" to ask new employees. During my interview with Elizabeth Wettlaufer, I asked her some questions, but do not recollect at this time what the questions were. I wrote her answers down during the interview. Attached hereto and marked as Exhibit "L" to this my Affidavit are my notes of that interview [Doc ID LTCI00017519].
54. At the top of my notes of our interview I have written "Caessant Care put wrong insulin mistake got noticed". From the best of my recollection, Elizabeth Wettlaufer didn't talk a lot about her insulin mistake. But as a Registered Nurse, I have also made mistakes. We all make mistakes. We are all human.
55. During her interview, I asked Elizabeth Wettlaufer why she left Caessant Care. Elizabeth Wettlaufer said she was not getting along with her coworkers, that's why she'd ended up leaving there. Elizabeth Wettlaufer did not disclose that she had been

terminated or reported to the College of Nurses. She was in good standing when we searched.

56. Following my interview of Elizabeth Wettlaufer, I also completed reference checks . Attached hereto and marked as Exhibit "M" to this my Affidavit is a copy of the reference checks I conducted with David Petkau of Christian Horizons, Sandra Fluttert, Caressant Care and Jennifer Hauge, Caressant Care [Doc ID LTCI00017516].
57. The references said that she was fine, no issues.
58. I did not call the Administrator of Caressant Care. Our practice was not to call the person's Administrator. If someone is looking for a job you don't call their boss. That's common practice. I wouldn't call the Director of Care either for the same reason.
59. The Nurse Educator would have completed the Find a Nurse check. Attached hereto and marked as Exhibit "N" is a copy of the search. There were no restrictions on her license [Doc ID LTCI00017528]. We also did a vulnerable sector check which is attached hereto and marked as Exhibit "O" to this my Affidavit [Doc ID LTCI00017523].
60. At the time of her hire, I had Elizabeth Wettlaufer do a medication quiz from the College of Nurses which I recall was as a result of her indicating that she had made medication error. Elizabeth Wettlaufer got 9 out of 9. The medication quiz is a College of Nurses quiz. If while they were employed, a nurse made a couple of medication errors, I would also get that nurse to take the quiz. Attached hereto and marked as Exhibit "P" is a copy of the quiz results [Doc ID LTCI00017562].

61. At some point after Elizabeth Wettlaufer was already working for Meadow Park, she gave us a copy of her reference letter from Caressant Care. Attached hereto and marked as Exhibit "Q" to this my Affidavit is a copy of that letter. She said to me that she wanted to prove that why she had left had been resolved. I just put it in her file [Doc ID LTCI00017569].
62. My recollection is that Elizabeth Wettlaufer was on a probationary period though I cannot recall the length of the probationary period.
63. I went on the floor every day to see how things were going. I never saw anything out of the ordinary with Elizabeth Wettlaufer. She treated the residents nice. She called them "Sir" or "ma'am".
64. When Elizabeth Wettlaufer was working she seemed like she was really good with the residents. Elizabeth Wettlaufer said she loved working in long term care and it was her passion to work with elders.

INCIDENTS

65. Elizabeth Wettlaufer reported on June 20, 2014 that there was an issue between two staff members that she says she mediated. I believe that one of the PSWs had an injury and others were complaining that she could do more than she was doing. In Elizabeth Wettlaufer's note it states that one of the PSWs made the comment that "the level of care the residents were receiving was going downhill" and that the other staff member had commented that the PSW hours had been cut. I do not recall the PSW hours being cut. However, they were working very hard. The ratio of PSWs to residents was very

high. The PSWs always complained about the staffing issues and the work. Attached hereto and marked as Exhibit "R" to this my Affidavit is a copy of the report by Elizabeth Wettlaufer [Doc ID LTCI00017574].

66. I did start having issues with Elizabeth Wettlaufer for missing time. I was concerned with her absenteeism. We relied on our Registered staff and I needed somebody dependable to work. She would call in just before shift started with excuses such as her dog died and she couldn't come to work. She didn't reach the threshold for discipline, but I told her that she was in the absenteeism program. Elizabeth Wettlaufer was given a letter dated August 8, 2014 that indicated that if she missed any more time she would be required to meet with me and set up an attendance plan. Attached hereto and marked as Exhibit "S" is a copy of the letter of August 8, 2014 [Doc ID LTCI00017577].
67. While Elizabeth Wettlaufer was at work, she would miss work and then for a time she wouldn't. There was always room for improvement. I would initially coach staff and hope to see improvement. I can't remember how often Elizabeth Wettlaufer was absent but it was a concern to me, because we were letting our residents down. My thought was that Elizabeth Wettlaufer was in her probationary period and she's was absent so what is she going to be like as a full-time employee? I couldn't tolerate that.
68. On or about September 16, 2014 Felina Cabrera, a Registered Nurse, was complaining about the work that Elizabeth Wettlaufer left when Felina would come in on nights. Felina did not like Elizabeth Wettlaufer. She didn't like the way that Elizabeth Wettlaufer was leaving the workspace. Attached hereto and marked as Exhibit "T" to this my Affidavit is a copy of Felina's note [Doc ID LTCI00017584]. In her letter, Felina Cabrera

was giving a list of things that she was expecting Elizabeth Wettlaufer to do. Elizabeth Wettlaufer was refusing to do it. I never got a chance to deal with that before Elizabeth Wettlaufer resigned.

EW'S RESIGNATION AND THE MISSING NARCOTICS

69. On September 25, 2014, Elizabeth Wettlaufer resigned from Meadow Park. I don't recall how I received the resignation letter. It could have been slipped under my door. Those are my initials showing that I received it on September 25, 2014. Attached hereto and marked as Exhibit "U" to this my Affidavit is a copy of the resignation letter [Doc ID LTCI00017578]. In her letter she indicates that she has an illness that will require long-term treatment and that she would be unable to work during this treatment or as an Registered Nurse after the treatment.
70. In Elizabeth Wettlaufer's file is also an "Offence Declaration" for Elizabeth Wettlaufer which is dated September 25, 2014 I do not know anything about this document. I did not have a discussion with Elizabeth Wettlaufer on September 25, 2014 about either the Offence Declaration or her resignation. Attached hereto and marked as Exhibit "V" to this my Affidavit is a copy of the Offence Declaration [Doc ID LTCI00017522].
71. I was interviewed by the police when the offences regarding Elizabeth Wettlaufer became known. I made a mistake in that interview. It indicates that I brought Elizabeth Wettlaufer in and fired her and then Elizabeth Wettlaufer gave me her letter of resignation, told me that she had an addiction and asked me to give her another chance. That is not what happened. Elizabeth Wettlaufer resigned on September 25, 2014, before she told me that she had an addiction.

72. From my review of the documents, it appears that Elizabeth Wettlaufer's last shift was September 26, 2014. I am not clear on the sequence of events. I do recall having a conversation with her, but I cannot recall at this time whether it was in person or over the phone. She did tell me that she had had a terrible weekend and had been in hospital with an overdose and that she had an alcohol and drug addiction and that she was going for treatment. Prior to her admitting this I never suspected that she was addicted. When Elizabeth Wettlaufer was at work she was good with the residents. Attached hereto and marked as Exhibit "W" to this my Affidavit is a copy of a string of emails that I had with Jennifer Brown, Jarlette's Care Services Coordinator, dealing with missing narcotics, but which identifies my discussion with Elizabeth Wettlaufer.
73. During our conversation, she said that she wanted to rescind her resignation, but I said no. Elizabeth Wettlaufer was upset. She thought that I should give her another chance. I said "No, I'm sorry". From my review of the file, there is a doctor's note dated October 1, 2014. It looks like my writing on the bottom which says that it was received on October 1, 2014 but I did not initial it, which is my standard practice. Attached hereto and marked as Exhibit "X" to this my Affidavit is a copy of the doctor's note [Doc ID LTCI00017579].
74. After Elizabeth Wettlaufer had given her resignation letter, it was determined that there were missing narcotics. The staff discovered they didn't have the medication. Classic Care was asked to deliver another card. Classic Care said wait a minute, we already delivered that. They checked with the Pharmacy to see if it didn't get delivered on their end. Tanya Adams, the pharmacist, was in.

75. We could trace that the missing narcotics came to Meadow Park but we didn't know what happened to it. Elizabeth Wettlaufer had been working the afternoon shift. It was delivered to the front like always. No one ever took responsibility for it.
76. The nurse is not watched when she gets the medications out of the bags. The bags go to each wing. They are put in the medication room. They should be still sealed. They are double counted when pulled out. The registered staff are supposed to do it together.
77. After that incident, I asked that the procedure be changed such that that the pharmacy would drop off at each nurses' station and make sure the medication was given to a Registered nurse.
78. The police couldn't find sufficient evidence, so nothing happened. The police didn't report back after their investigation. The police did not want to follow it.
79. If it had been determined that Elizabeth Wettlaufer took the narcotics, I would have reported the information to the College of Nurses. However, we could not determine that she had taken the drugs and therefore it wasn't reported.
80. The issue of Elizabeth Wettlaufer having an addiction is a mental health issue and she had indicated that she was getting treatment. As a Registered Nurse, the onus is on you to declare that if you have an addiction problem and you can't practice.
81. Elizabeth Wettlaufer had already resigned at the time that we identified the missing narcotics and after a thorough investigation we could not pinpoint where the medications went.

82. Attached hereto and marked as Exhibit "Y" to this my Affidavit is a copy of our investigation file regarding the missing narcotics including a copy of the Critical Incident Report.

MY RESIGNATION

83. The management kept changing at Meadow Park. Mr. VanderHeyden left and then the Co-director of Care, Melanie Smith, became the Administrator. I left Meadow Park in June, 2015, before the offences were known. There were too many management issues, staff were leaving unhappy. At the time that I was hired, I was assured that I would have four (4) nurse managers besides myself running the place and a Co-Director of Care. I thought that that would be really good as I would not be on call so much and wouldn't have to be working every weekend. Instead they only had three nurse managers, being a Co-Director of Care, RAI Coordinator and the Educator. I just couldn't be there and continue that way and be on call all the time and working all the time. For instance, management expected us to help with the move of the residents after the construction downstairs and the renovations of the floors upstairs. Managers had to pack the residents' rooms, pack up the residents' things, and move them to the common area so the floor could be done. Then we had to move everything back.

84. I gave two weeks' notice. I was the Director of Care at Meadow Park from March 17, 2014 until June 12, 2015.

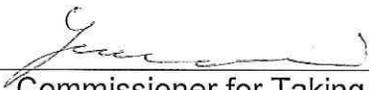
85. In October, 2016 the offences of Elizabeth Wettlaufer became known. I was not working at Meadow Park anymore. I was in shock when I was told. I feel really bad because she

did this. I had entered long-term care because of my love of people and caring for them.

That is why I left Meadow Park.

86. I swear this affidavit for no improper purpose.

SWORN BEFORE ME at Chippewas of
the Thames First Nation, Middlesex
County on June 13, 2018



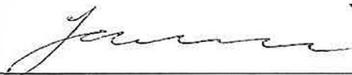
Commissioner for Taking Affidavits
(or as may be)



Heather Nicholas

Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law,
Expires June 20, 2020.

This is Exhibit "A" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018

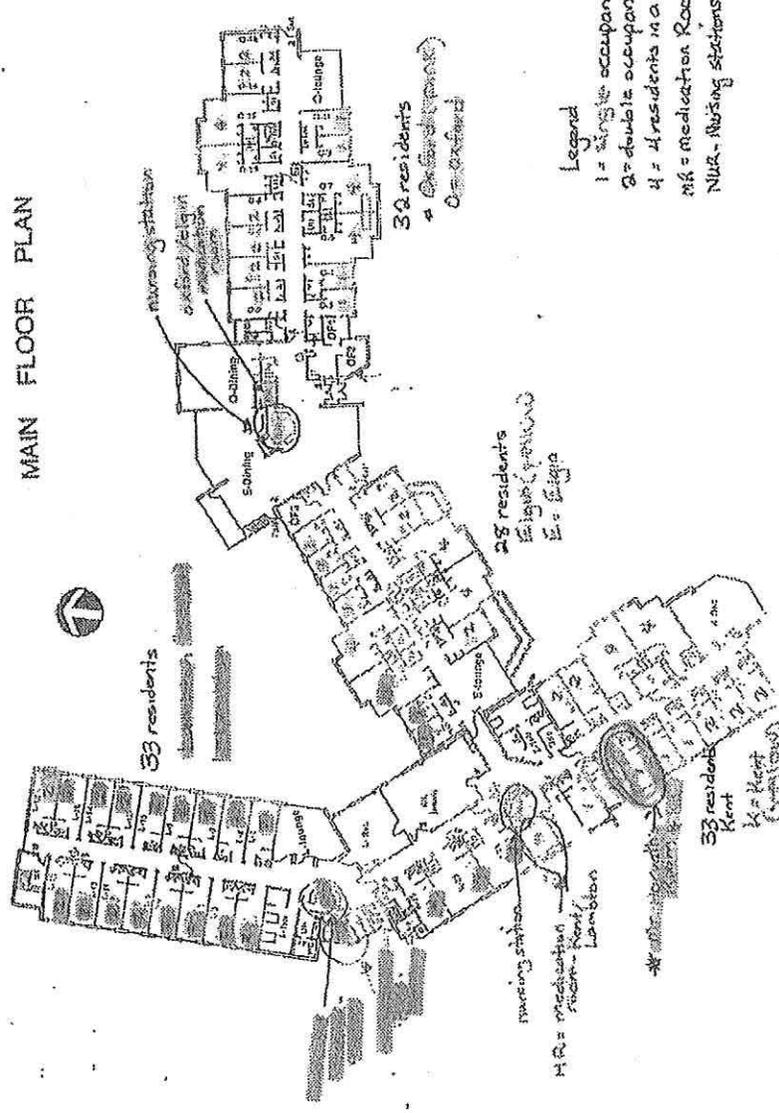


Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

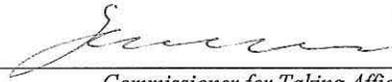
Meadow Park London - 2014
 MAIN FLOOR PLAN

Floor Plan Main Level



- Legend
- 1 = single occupancy
 - 2 = double occupancy
 - 4 = 4 residents in a room
 - MR = medication room
 - NUR = Nursing stations

This is Exhibit "B" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

**Jarlette Health Services
Organization-Wide**

| | | |
|----------------------------------|------------------------------------------------|-------------|
| Title: Director of Resident Care | | Page 1 of 4 |
| Manual: Human Resource Manual | Section: Position Descriptions – Nursing Homes | |
| Owner: Mary Barber | Effective Date: 04/01/2001 | |
| Approver(s): Mary Barber | Revised Date: 12/01/2011 | |

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Director of Resident Care

Position Summary:

Under the direction of the Administrator, the Director of Resident Care is responsible and accountable for the provision of optimum care to promote the well being of each individual resident. Manages and coordinates the delivery of nursing services to meet the assessed needs of the residents. Assumes the role of the Administrator in his/her absence.

Core Competencies:

- Accountability/Dependability
- Adaptability/Flexibility
- Communication
- Continuous Learning
- Customer Service
- Decision Making
- Human Resource Management
- Integrity
- Leadership
- Negotiation
- Computer Literacy/IT Proficiency
- Planning and Organizing
- Problem Solving
- Resource and Fiscal Management
- Results Orientation/Initiative
- Strategic Thinking
- Teamwork
- Technical Credibility
- Accuracy/Attention to Detail
- Analytical Thinking
- Risk Management

Qualifications:

- Must possess a current Certificate of Registration with the College of Nurses of Ontario.
- O. Reg. 79/10, s. 46
- Successful completion of or enrollment in Long Term Care Senior Management Course or equivalent
- Must possess a minimum of one year experience working as Registered Nurse in the long term care sector
- Must possess 3 years experience working in a managerial or supervisory capacity in a health care setting
- Must meet OLTCOA qualifications
- Must demonstrate an active interest in ongoing education
- Must be computer literate
- Prior experience in adult education

Hours of Work:

- Available 7 days per week
- Flexible hours

Main Duties and Responsibilities:

- Responsible for the formulation and maintenance of departmental mission, vision, values, policies and procedures, goals and objectives

Jarlette Health Services
Organization-Wide

| | | |
|----------------------------------|------------------------------------------------|-------------|
| Title: Director of Resident Care | | Page 2 of 4 |
| Manual: Human Resource Manual | Section: Position Descriptions – Nursing Homes | |
| Owner: Mary Barber | Effective Date: 04/01/2001 | |
| Approver(s): Mary Barber | Revised Date: 12/01/2011 | |

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- Develops the philosophy of nursing, statement of purpose and descriptions of the principal functions.
- Sets goals and annual objectives
- Develops, evaluates and communicates goals and objectives, policies and procedures to the nursing staff through mechanisms such as staff meetings, in-services, manuals, memos, nursing orientation and committees
- Develops and revises job descriptions for each classification of staff
- Interview and makes final selection of applicants in consultation with the Administrator and directs their orientation, on-the-job training and work assignments
- Selects, promotes, transfers or terminates staff in consultation with the Administrator
- Promotes and maintains harmonious relationships among personnel and with medical staff, residents and public/community
- Provides nursing staff with an enthusiastic, safe and progressive work environment allowing them the opportunity to grow with the organization
- Sets standards of resident care in accordance with the Home's philosophy
- Communicates with all nursing employees on a regular basis both formally through monthly meetings and on an informal ongoing basis
- Coordinates CQI, risk management, occupational health and safety, infection control activities
- Analyzes and evaluates nursing and related services rendered to improve the quality of resident care and plans better utilization of staff time and activities
- Develops and maintains a staffing plan for nursing services to ensure there is an appropriate mix of professional and non-professional staff to meet the needs of the resident population
- Facilitates in-service training programs in conjunction with the Staff Education Coordinator for professional and non-professional staff
- Attends management meetings and conferences and discusses information regarding new developments and trends
- Participates on various Home and departmental committees as required
- Participates on community committees e.g. Ontario Nursing Home Association, Local Health Integration Network (the "LHIN")
- Keeps informed of the changing concepts and trends in Long Term Care
- Acts a liaison with medical services, other professional services, support services and external agencies and assists in the implementation of the nursing process at resident care conferences and multi-disciplinary meetings
- Acts as liaison with the Community College Nursing Programs and cooperative programs by negotiating placement of students in the clinical area, Promotes preceptorship
- Acts as the Administrator when required
- Participates in decision making at the senior management level
- Provides the administrator with reliable, pertinent information about nursing services
- Delegates clinical and managerial responsibilities to appropriately qualified staff according to the applicable legislation and standards of the College of Nurses of Ontario

Jarlette Health Services
Organization-Wide

| | | |
|----------------------------------|------------------------------------------------|-------------|
| Title: Director of Resident Care | | Page 3 of 4 |
| Manual: Human Resource Manual | Section: Position Descriptions – Nursing Homes | |
| Owner: Mary Barber | Effective Date: 04/01/2001 | |
| Approver(s): Mary Barber | Revised Date: 12/01/2011 | |

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- Prepares and administers the service's budget in consultation with the Administrator
- Provides the nursing department with necessary equipment and supplies, implementing new market trends to improve the quality of life for staff and residents
- Implements a system of record management for residents and nursing staff which include components of collection, access, storage, retention and destruction, meeting legal standards
- Is involved in the pre and post accreditation process
- As employee health nurse, provides employees with assistance and counselling in matters related to Occupational Health and Safety. Ensures appropriate forms are completed in accordance to Workers' Safety Insurance Board and other legislative acts
- Works cooperatively with community agencies to ensure seamless transition for resident admissions and discharges
- Maintains formal linkages with educational bodies to endorse the practice of research and promote the development of nursing and medical services
- Enhances the scope of the department by utilizing volunteer and student placements reinforcing the linkage to community resources and educational bodies
- Provides regular reports on programs and initiatives to the Home Administrator
- Responsible for human resources and labour relations management for nursing dept.
- Ensures adequate resources (human and physical) are available to meet the assessed needs of the residents within the fiscal constraints
- Implements and maintains an organized system for medical records
- Provides educational opportunities for staff, residents, families, volunteers and students related to the services of the department
- Ensures compliance with the provisions of the Occupational Health and Safety Act
- Protects own health and health of others by adopting safe work practices, reporting unsafe conditions immediately and attending all relevant in-services regarding occupational health and safety
- Follows all roles and responsibilities for employees and employers as legislated under the Ontario Occupational Health and Safety Act
- Participates in the orientation process for residents, students, volunteers and staff

Special Demands:

Behavioural:

- Participates as a team player and cooperates with other departments
- Must possess patience and tact dealing with residents needs, families and dealing with multiple demands at one time
- Must be organized and able to set priorities
- Must have a genuine interest in the care of the elderly

Ethical:

- Practices in a professional manner
- Respects the rights of individuals
- Demonstrates honesty and integrity in all work dealings

Jarlette Health Services
Organization-Wide

| | | |
|----------------------------------|-------------------------------------------------|-------------|
| Title: Director of Resident Care | | Page 4 of 4 |
| Manual: Human Resource Manual | Section: Position Descriptions -- Nursing Homes | |
| Owner: Mary Barber | Effective Date: 04/01/2001 | |
| Approver(s): Mary Barber | Revised Date: 12/01/2011 | |

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- Maintains confidentiality

Working Conditions:

Physical Effort:

| | |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Constant standing and walking | Meeting resident needs throughout the Home |
| Pushing, turning, stooping, bending, reaching and lifting | Assisting residents with their care Working with equipment Putting supplies and government stock away |
| Finger/hand dexterity | Using equipment and aides |

Sensory:

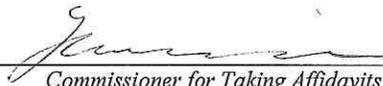
| | |
|---------------------------|---------------------------------------------------------------------------------------------------|
| Visual and hearing acuity | Detecting changes in residents' conditions |
| Smell | Detecting odours in environment |
| Reading | Reports, memos, charting, minutes, manuals |
| Listening | Verbal reports, instructions Resident communication, confering with staff |
| Writing/Concentration | Policies/procedures Statistic Findings Reports, charting, letters Constant interruptions |

Mental Stress:

| | |
|--------------------------------|-------------------------------------------------------------|
| Peacekeeping role | With residents, families and interdisciplinary team members |
| Unpredictability of events | Crisis intervention |
| Expectations | Meeting daily workload within allotted time |
| Public relations | Community students, residents and families |
| Legal and litigious situations | Consult with lawyers and other legislative bodies |

| | |
|--------------------|-----------------------------------|
| Occupational Risks | Exposure to chemicals, infections |
|--------------------|-----------------------------------|

This is Exhibit "C" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law,
Expires June 20, 2020.**

*HIRING
the
JARLETTE WAY*



Revised April 2011

HIRING THE JARLETTE WAY

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Reference Links:

[Recruitment Requests Feb 2013](#)

[DISC Questionnaire](#)

[DISC Questionnaire side 1](#)

[DISC Questionnaire side 2](#)

[Employee Application - Legal Paper](#)

[Employment Contract Request Template](#)

[Employment Reference Check](#)

[Employment Reference Check - Senior Mgmt](#)

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Introduction

One of the most difficult tasks of managers is to make accurate selection decisions. Wrong decisions increase the amount of time spent training employees, documenting performance problems and eventually re-interviewing for the position. This booklet was developed to assist managers in the selection and interview process.

Most untrained managers rely on intuition as a basis for selecting employees. Not only can this approach be questioned on legal grounds, it also generates unreliable information, leading to poor selection decisions.

Research has shown that structured interviews which are based on job requirements and which elicit examples of past behaviour provide evidence regarding the presence or absence of skills and are the best predictor of job performance.

The structured process:

- consistently covers the same material for each candidate;
- is focused on requirements of the job;
- concentrates on the key characteristics (core competencies) required for effective performance in the position; and
- is documented with detailed notes (on which the final decision is made).

Selection conducted in this way is the best predictor of on the job performance. It demonstrates integrity in the interview process and is the most defensible from a legal point of view.

Job Vacancy Advertising – Electronic Job Postings:

The following digital placement process is to be used prior to placing any positions in local newspapers (i.e. use of AdVendors). There is no charge for any of the following digital postings.

1. Internal Job Posting: Contact the Administrative Assistant to the Director of Human Resources and request a posting be created including the following information:
 - (a) Name of Home/Lodge;
 - (b) Name of Contact Person resumes to be sent to;
 - (c) Position to be posted;
 - (d) Particulars of posting including Part Time or Full Time Position (hours involved) or any special requirements;
 - (e) Posting Deadline. The Deadline included in the posting will be a minimum of 1 week; and

- (f) HR Department will track the deadline date and then communicate back to the Home/Lodge regarding the "next steps" for recruitment. At that time if resumes have not been received, more aggressive recruiting will commence and the posting will be placed externally.

Note: Creation of the Job Posting by the HR department confirms consistency in content structure and format. The internal Job Posting is a 3-page posting. Page 1 is the poster including logo (Jarlette and Home/Lodge), applicant qualifications required and the contact information to apply for the position. Pages 2 and 3 are a summary of the Position Description from the Human Resource Manual. The standard format is attached at Appendix "A" herein.

2. Creation of Posting (based on information received in 1. above): The HR department will create the internal posting and distribute internally to:

- (a) All NH Administrators; All RL Managers and All Accounting;
- (b) All Homes/Lodges are requested to ensure that workers and managers receive information regarding positions "now hiring" by placing the posting on staff bulletin boards in lunchrooms and staff lounges or staff high traffic areas.

3. Jarlette Website – Careers Page: Once the internal deadline has passed, the HR department will:

- (a) Amend the deadline date on the posting and upload to the Careers page of the Jarlette website. The maximum time a posting will remain active on the Jarlette website is 30 days. The posting will be removed from the Jarlette website at the expiration of the 30 days or upon notice of hire, whichever occurs first.

4. Electronic Posting:

At this point the recruitment is sent to a number of websites for access by job seekers. Depending on the position, postings will be sent to:

- a) Service Canada Job Bank: Postings are created by the HR department based providing all of the information contained in the Posting and following the Canada Job Bank required format. Job Bank Canada postings run for 30 days and then automatically removed from the site. The postings are tracked routinely over the 30 days to ensure the accuracy of the posting content.
- b) Health Force Ontario: All positions for nursing staff (not PSWs) can be posted on the HFO site. These postings are listed chronologically by LHIN area. The HR department routinely (weekly) monitors the postings to ensure that the Jarlette postings remain on the top of the list for viewing by job seekers. HFO postings automatically link to the Jarlette Health Services website.

- c) Colleges and Universities, Career Centres: A database has been developed that has contact information for Ontario schools, colleges, universities geographical areas (Northern, Central and Southern Ontario). The HR department will determine which campuses the posting will be sent. The following is the current database used to recruit to colleges and universities in Ontario:

Northern Ontario:

- North Bay -- Nipissing University Lianne Gagne lianneg@nipissingu.ca
Huntsville campus -- No Employer posting opportunity
- North Bay -- Canadore College - CONTACT Bob Smith Bob.Smith@canadorec.on.ca
- Sudbury -- Cambrian College Richard Fedec Richard.fedec@cambriancollege.ca
- Sudbury -- Laurentian University jobbank@laurentian.ca
- Sudbury -- College Boreal
- Timmins -- Northern College Anne Parnella parnella@northern.on.ca
www.northern.on.ca

Central Ontario:

- Centennial College - UofT
- Conestoga College
- George Brown College (Activation) 416-416-2000 www.georgebrown.ca
- Georgian College (Barrie, Owen Sound, Orangeville Campus)
Username: Ml.Craig Password: georgian425
Audrey Taylor, Graduate/Workplace Training Consultant ataylor@georgianc.on.ca
- Ryerson University: www.ryerson.ca/career Login: mbarber@jarlette.com
Password:
- York University: Login: mcraig@jarlette.com Password: JHS mbarber@jarlette.com
Password "5v6HXnp9"
- Seneca College (Activation Program): www.senecac.on.ca 416-491-5060
- Uof T; Job Postings (St. George campus -- Nursing) Login: mcraig Password: "jhs"
Link www.employers.careers.utoronto.ca/employers/jobdirectory

Southern Ontario:

- Humber College: Contact: Vicki Reay Employment Advisor
- Mohawk College: Job Centre post@mohawkcollege.ca
- Ryerson University: www.ryerson.ca/career Login: mbarber@jarlette.com
Password:
- Ridgetown College: Guelph
- St. Clair College: Windsor (Activation) 519-966-1656 www.stclaircollege.ca
- Lambton College: Sarnia: (519) 542-8851 www.lambton.on.ca
- Fanshawe College: Login: mcraig@jarlette.com Password: JHS
- University of Western Ontario (London)
- University of Guelph (no nursing program) Recruit Guelph Login: "977c2" Password:
"R8AB9K"
- St. Clair College (Chatham)

- d) **Employment Resource Centres:** A database has been developed that has contact information for the majority of Ontario employment centres by geographical areas (Northern, Far North, Central and Southern Ontario) that Depending on the position hiring, the posting will be provided to local Colleges and Universities, Attn: Career Services contacts . Recruitment through Employment Resource Centres is most successful for dietary and housekeeping positions, personal support workers, resident attendants, and in some cases accounting and administration workers. The following is the current database used to recruit to Employment Resource Centres in Ontario:

Northern Ontario:

- Timmins (705) 268-3033 and Northern Collage mccurdlee@northern.on.ca
- New Liskeard (705) 647-4544 and Northern Collage mccurdlee@northern.on.ca
- Huntsville: 705-787-0349 Attn: Paulus or Nancy huntsvillearc@ymca.ca

- Espanola Employment Resource Centre: Closest to Manitoulin Island
- Sudbury YMCA Employment and Career Services
260 Cedar Street, Sudbury, ON P3B 1M7
Telephone: 674-2324 Fax: 674-3236 marie.lackmanec@sudbury.ymca.ca

Far North:

- Kirkland Lake 705-567-9291 x3686 (North of Sudbury)
- Cochrane (705) 272-2415 (North of Kirkland Lake and Sudbury)
- Iroquois Falls (705) 232-4031 (North of Kirkland Lake and Cochrane)

Central Ontario:

- Collingwood: 101 Pretty River Parkway South, Unit #2, Collingwood, ON, L9Y 4M8
Phone: 705-445-3516, Fax: 705-445-3401 info@careersolutions.ca Contact: Michelle Jeffery
- Barrie: Contacts: Bob Beattie, Barrie Career Centre and Paula Valente
pvalente@barriecareercentre.com and bbeattie@barriecareercentre.com and
www.barriecareercentre.com and info@barriecareercentre.com
- Midland mclanders@ymca.ca
- Orangeville: www.jobrapido.ca.com/Orangeville
- Orillia: orilliaerc@northernlightscanada.ca
Contact: Sandi Terry, Northern Lights Orillia,
sterry@northernlightscanada.ca

Southern Ontario:

- Grey County (Owen Sound) Anne Sinclair asinclair@ymcawensound.on.ca
- Bruce County (Walkerton, Southampton, Saugeen Shores) Bruce VPI in Walkerton
#519-881-4900
- London Employment Sector Council London-Middlesex 141 Dundas Street, 4th
Floor, London ON N6A 1G3 Phone: 519.663.0774 ext. 224 Fax: 519.663.5377
- London - The Skill Centre 141 Dundas Street, Suite 609, London, ON N6A 1G3
Phone: 519-858 4500, Email: etac@atn.on.ca

Chatham Employment Resource Centre: 120 Wellington Street W., 1st Floor

5. On-Line Career Solutions (i.e. Workopolis) Recruiting management positions may require more aggressive advertising. Periodically, all efforts combined do not result in hiring a successful candidate. Management positions may be posted on Workopolis with approval from the Director of Human Resources (Finance, LTC or RL). Jarlette Health Services purchases credits from Workopolis that will allow posting of jobs. For a position that has challenges to fill (location, requirements, etc.). Workopolis postings remain active for a period of 30 days and can be tracked very closely.
6. Association Websites: The following is the current database used to recruit to Employment Resource Centres in Ontario:

- I. RESTORATIVE CARE POSITIONS: *ACTIVITY PROFESSIONALS OF ONTARIO* www.activitypro.ca/drupal/jobs
- II. FOOD SERVICE POSITIONS:
 - CANADIAN ASSOCIATION FOR NUTRITION MANAGEMENT : csnm@csnm.ca to post a Jarlette Food Services job.
 - George Brown College: <http://gbcareers.georgebrown.ca>
 - Ryerson www.ryerson.ca/career Login: mbarber@jarlette.com Password: 5v6HXnp9 careervault@ryerson.ca
 - Humber College canhire@humber.ca
 - Liaison College 1047 Main Street East, Hamilton, ON L8M1N6 Tel: 905-545-CHEF or 1-800-854-0621 Fax: 905-545-1010
 - Liaison College Barrie Campus. 705-812-1869 barrie@liaisoncollege.com Contact Fran Kruse, Admissions, Barrie Liaison info@liaisoncollege.com (Ian Kirkpatrick) www.liaisoncollege.com/forms/jobpost/form_request

Receipt of Applicant Submission

As applicant submissions are received the source of the applicant is to be documented to determine which recruiting initiatives are most successful.

Applicant Screening

Purpose:

To identify applicants who have the knowledge, skills, abilities and experience required to fill the current job vacancy

Process:

Some positive qualities to look for:

- specifics to your job description
- path of professional development including courses, volunteer work
- signs of achievement/results
- profit-mindedness
- stability/career direction
- overall construction and appearance of resume
- career goal is in line with the job being offered
- evidence of progressive upgrading
- evidence of service sector experience

Some qualities to be wary of:

- lengthy descriptions of education
- obvious gaps in work background
- too much personal information
- unfavourable comments about a previous employer
- typographical and grammatical errors
- overqualified for the position
- frequent changes in employment

Once you have reviewed the resumes, it is beneficial to divide them into three groups:

1. Definite
2. Maybe
3. No

The attached spreadsheet (Appendix B) is to be used to track applicant source and rate the resumes based on the organization's set standards.

Examples of Organization Set Standards for Screening:

Must have Grade 12 Diploma (excluding students)

Must have Diploma/License requirements where applicable (i.e. PSW/RPN/RN)

Must be able to understand, read, write and speak (English)

When going through the "Definite" pile, read the experience portion of the resume to determine which candidates have experience relating to your job description and operational needs. The resumes that communicate skills and experience relating directly to your job description and operational needs should be interviewed.

To be fair in your process, you should go back and review some of the resumes you put in your "Maybe" and "No" piles. Occasionally, an applicant may have some great skills that you did not see in your first review.

Do not make notes directly on resumes, i.e. "no", "not enough experience", etc. This type of note should be documented on a separate piece of paper for your information only. Other screeners should not be influenced by your notes.

** In adherence with the Freedom of Information and Protection of Privacy Act all resumes must be kept by the interviewer for one year.*

Interview Guidelines

General Guidelines

- A completed Employment Application (Appendix C) must be on file for all applicants being interviewed.
- Prior to conducting the interview, job barriers, competency requirements, and organizational standards are to be identified with corresponding questions and answers.
- Create an agenda to assist the panel in maintaining the flow of the interview.
- A minimum of two panel members should conduct all interviews. This should include a management representative, a direct supervisor and when possible a peer to the vacant position. In the case of selection for a senior management position, a head office representative must also be present.
- When conducting an interview, remove all distractions and barriers so that all parties can easily communicate with each other.
- Provide name cards, water, napkins, pens and paper to promote a social atmosphere
- Interviewers are to ask the same questions to all applicants so that candidates will not be treated differently during the interviewing process.
- Interviewers are to take notes in pen, describing the candidate's responses (these notes are to be kept for 1 year)
- Candidates should be measured against the following organization minimal standards during all interviews:

Appearance (Initial Impression)

- a. appropriate professional attire (for management this is a suit)
- b. neat and tidy hair
- c. positive body language -- good posture
- d. good eye contact
- e. smiling and friendly manner
- f. firm handshake

Personality

- a. positive attitude
- b. enjoys working with people

- c. enjoys the company of seniors
- d. believes the customer comes first
- e. respectful manner
- f. sense of humour
- g. personable

Communication

- a. ability to understand the question
- b. ability to articulate the answer
- c. legible handwriting
- d. ability to read and understand direction

General Content

- i. are they taking a cut in pay?
- ii. Is this going to be a second job?
- iii. will they be leaving a competitor's employment to work for us?
- iv. must be available for all shifts (if required)
- v. must be able to work weekends (if required)

- Avoid topics that might create discrimination complaints. The following chart helps interviewers to distinguish between acceptable and unacceptable human rights legislation inquiries. Any question not job related may contravene human rights legislation if the information obtained is used in a discriminatory manner.

What May I Ask?

| Subject | Do Not Ask | You May Ask |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Race/Colour | <ul style="list-style-type: none"> • What is your race? • What colour is your hair, eyes or skin? | <ul style="list-style-type: none"> • None |
| Age | <ul style="list-style-type: none"> • What is your date of birth? • How old are you? | <ul style="list-style-type: none"> • Have you reached the legal working age in Ontario? |
| Ancestry/Place of Origin | <ul style="list-style-type: none"> • What is your ancestry or nationality? • What is your native language? • What is the nationality of your parents or spouse? • Are you Canadian born? • Where were you born? | <ul style="list-style-type: none"> • Do you speak or write (languages required) fluently? • Are you legally entitled to work in Canada? |
| Marital or Family Status | <ul style="list-style-type: none"> • What is your marital status? • What is your spouse's | <ul style="list-style-type: none"> • None. (An employer may ask if candidates have any commitments or responsibilities which prevent |

| Subject | Do Not Ask | You May Ask |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • name? • What was your maiden name? • How many children do you have? • Are you pregnant? • Do you plan to have children? • What day-care provisions have you made for your children? | <ul style="list-style-type: none"> • them from meeting attendance requirements) |
| Criminal or Summary Conviction | <ul style="list-style-type: none"> • Have you ever been arrested? • Have you ever been charged with any crime? | <ul style="list-style-type: none"> • If position has bona fide occupational requirement of work in a position of trust, you may ask about criminal record. |
| Religion | <ul style="list-style-type: none"> • What is your religious affiliation or denomination? • What church do you belong to? • What is the name of your pastor, minister, or rabbi? • What religious holidays do you observe? | <ul style="list-style-type: none"> • None. (If you wish to know if an applicant is available to work Saturday or Sunday shifts, ask: "Are you available to work on Saturdays or Sundays if needed?" Make sure you ask this question of all applicants.) |
| Mental or Physical Disability | <ul style="list-style-type: none"> • Are you disabled? • Do you have any health problems? | <ul style="list-style-type: none"> • Are you capable of performing the essential functions of this position, with or without reasonable accommodation? |

Reference: 2002 IBC Human Resources

Mass Interview Techniques

Purpose:

To identify applicants who have beliefs and values consistent with the organizational culture.

Process:

1. Mass Interview Set Up

- i. For greatest effectiveness, Mass Interview Technique should involve a maximum of six (6) participants in the interview group.
- ii. Applicants who have a minimum education of completion of Grade 12 (exceptions apply to hiring students) will be considered for hire within the Jarlette organization
- iii. When contacting the applicants regarding the appointment for the interview, advise them that it will be a mass interview, there may be up to 6 applicants in the interview together and it may take up to 3 hours to complete the interview and skills testing process.
- iv. The table should be set up so that all participants are in view of Panel and name tags are visible as well
- v. Create nametags (first name only) for participants and panel members.
- vi. Provide cups, beverages and napkins on table
- vii. Provide the following documentation and supplies for each participant:
 - * Facility Employment Application
 - * Ice Breaker Question
 - * Survival group exercise and priority sheet
 - * Skills test
 - * DISC Personal Profile Forms
 - * DISC Questionnaire
 - * DISC Questionnaire side 1
 - * DISC Questionnaire side 2
 - * Scrap paper for note taking
 - * Pen
- viii. Provide the following documentation and supplies for each panel member:
 - * Mass Interview Agenda
 - * General Questions to be asked
 - * One set of answers to survival game
 - * Survival follow-up questions
 - * Applicant Score Sheets – general and survival
 - * Guidelines to administer the DISC PPS Form

2. Documentation

- i. The panel will document their observations of the candidates during the interview on the Mass Interview Candidate Score Sheet, using the organizations standards as a benchmark, rating the candidates as follows:
 - * Unsatisfactory (1)

- * Satisfactory (2)
- * Very Good (3)
- ii. During the Group Exercise the panel will document the behaviours observed from the various candidates by entering an "✓" next to the behaviour identified under the candidate's name on the Survival Marking Form.
- iii. Once the Interview is complete, each panel member will independently total the results of the Candidate Score Sheet before any discussion is entertained. The average of the scores determines the candidate's rank.
- iv. The panel members will review ranking together to identify the successful candidates of the Mass Interview. Only those candidates with an average score of 2.5 or higher will be included in the pool of those applicants eligible for a second interview.

Agenda Sample

1. **Completion of application** Each participant must complete and sign an employee application, (Appendix C) if not already on file, prior to participating in the Mass Interview.
2. **Introcution of Panel Members** Each panel mameber will introduce themselves. During this introduction panel members should share some personal and family information about themselves to encourage a warm atmosphere and project our family culture.
3. **Description of our interview process**
 - i. Using a structured interview approach (all applicants get same questions)
 - ii. Explain who will ask questions and that probing for clarification will occur
 - iii. Notes will be taken
 - iv. Applicants should feel free to ask for clarification
4. **Ice Breaker (Appendix D for samples)**
5. **Organizational Profile**
 - i. Operated by Jarlette Health Services
 - ii. Currently operates 12 long term care homes and 5 retirement lodges
 - iii. Business based out of Midland
 - iv. 40 years in the business of caring for seniors
 - v. # of beds 1342 long term care beds and 482 retirement lodge beds
 - vi. Resident/Family Oriented
 - vii. Leading Edge philosophy, active in both OLTCA & ORCA
 - viii. Tradition of Caring
 - ix. Encourage professional development
6. **Group exercise (Appendix E 1-19)**
7. **Discussion Questions re survival games (Appendix F)**
8. **General Questions (Appendix H 1-3)**
9. **Complete skills testing (Appendix I)**

10. Complete DISC Profiling Form (Appendix K)

11. Conclusion

- i. Brief overview of the facility, # of beds, etc.
- ii. Advise Criminal Reference Check is required prior to starting
- iii. Describe the next steps in the interview process
- iv. Describe the time frames for the final decision
- v. Determine if the applicants have any questions
- vi. Thank the applicants for coming

Skills Testing

Purpose:

To determine if the applicant has the basic knowledge and skills required to perform the tasks of the specific job.

Process:

Each candidate must complete a skills test designed for the specific job description. The skills test may be written or computer based depending on the needs of the position.

The JHS library of skill tests will be developed with the assistance of all Homes/Lodges. Skill tests will be forwarded to each Home/Lodge as they are created. Criteria will be developed for each skills test to identify what is considered an acceptable grade or result.

Only those candidates with acceptable results will be included in the pool of those applicants eligible for a second interview.

See Appendix I - examples of basic skill tests Appendix I).

DISC Profile System

Purpose:

The purpose of implementing the use of the DISC software and the Role Behaviour Analysis (RBA) is to:

- Increase Recruitment success in terms of finding the candidates that best fit
- Increase success of developing a new employee relative to what behaviours will be a stretch and what behaviours require a redirect
- Increase retention of key management
- Decrease of costs associated with high turnover

Process:

1. During the Mass Interview, RN and Management candidates will be asked to complete a DISC Response Form. See the attached (Appendix J) "Guidelines for Administering the Personal Profile System" for direction on administration of the form. A photocopy of the form will be provided to the candidates for completion for this purpose. The candidates will enter an ✓ in the oval to document their answer rather than scratching the oval.
2. An original Personal Profile form will be completed and the Personal Profile System Comparison Report generated only for those candidates who have acceptable marks in the Mass Interview and the skills testing.
3. Fax the photocopy of the completed Personal Profile forms for those candidates that obtained acceptable marks in the mass interview and the skills test to the appropriate location to the HR Administrative Assistant at 705-528-0023.
4. The appropriate pilot location will create an original Personal Profile System (PPS), tally it and enter the Personal Profile System tally into the computer program. Once the PPS is entered into the program a Comparison Report is generated for each of the roles identified for the job description. Whenever possible, the PPS/RBA Comparison Report will be returned to the sender within 48 hours for review.
5. The PPS/RBA Comparison Report compares a specific role to the individual's natural behavioural style as determined by the Personal Profile System. The Comparison of the RBA and PERSONAL PROFILE SYSTEM result in a description of three categories of person-role performance matching.
6. "Good Fit": These are the behaviours where the role requires about the same amount of the behaviour as the person has naturally occurring (scores within 20%).
7. "Stretches": These are the behaviours that the role requires more of than is naturally occurring in the person's behavioural style (greater than 20% difference).
8. "Overuses": These are the behaviours that the person has more of naturally occurring than the role requires (greater than 20% difference), which means he/she may overuse these behaviours and may need to re-direct his/her naturally occurring behaviours to those behaviours required by the role.
9. This report then may be used as a tool in conjunction with our other resources to identify those candidates that are the best suited for the position. If a candidate has no "Good Fits", and all "Redirects", this applicant would no longer be considered for the position, as his/her behaviours are not in line

with the requirements of the position. However, if the candidate has many "Good Fits" and a few "Stretches" and "Redirects" you may consider this applicant with some additional training, coaching or mentoring.

10. Rarely will there be a PERSONAL PROFILE SYSTEM/RBA Comparison Report that is all "Good Fits" and no "Redirects" or "Stretches". So do not expect a perfect fit every time. We are looking for a balance of behavioural tendencies that generally fit the job description, which we can then manage, mentor and develop to a "Good Fit".
11. Only those candidates with more "Good Fits" than "Stretches" or "Redirects" will be included in the pool of those applicants eligible for a second interview.
12. See (Appendix M) "Comparison Report" on Paul Persuader as an example.
13. Please note:
There is a cost associated with each Personal Profile processed through the software.

The DISC Personal Profile System uses credits in order to process a report. Each credit is \$4.20

To Process:

Personal Profile System (herein "PPS") General Characteristics (15 credits)

RBA by PPS Comparison Report takes 5 credits for each role (5 credits).

To process DISC profile reports for one candidate will cost \$84.07.

This program can be very effective in improving our retention rates and assisting in reducing turnover costs however, without due diligence it could become a cash grabber. In the interest of cost consciousness please ensure the candidates fit our culture, meet the necessary requirements and pass the skill testing prior to processing.

Second Interview (Individual)

Purpose:

To determine the best candidate for the position available by identifying the candidate whose knowledge, skills, abilities and behaviours are most consistent with organizational standards.

Process:

The Panel will review the results of the Mass Interview, Skills testing and PPS/RBA form to identify those candidates eligible for a second interview. Only those candidates who meet the organizational standards will proceed to the second interview.

A paper trail must be present to justify selection of second interview candidates. This should include, but not limited to:

- Resume
- Employee Application
- Mass Interview score sheets
- Skill test results
- DISC Profile results

Second Interview Agenda Sample

1. Introduction of Panel Members

Each panel member will introduce themselves. During this introduction panel members should share some personal and family information about themselves to encourage a warm atmosphere and project our family culture

2. Organizational Profile (Review)

3. Realistic Job Preview

4. Behavioural Questions (When beginning this section advise the candidate that there are a lot of questions to cover so in an interest of time they may wish to keep their answers brief)

5. Summary Questions (see Appendix O)

Realistic Job Preview

A Realistic Job Preview will entail:

- Responsibilities and capabilities of the job
- Greatest challenges facing the person in this position
- Why this position is open
- Who would they be interacting with the most in this position
- How this position fits in with the structure of the organization
- Wage range

Be forthright when giving the preview. A realistic job preview will be more appealing to the candidate than a show-job. An employee will be better prepared for the position knowing the full picture. It's not just about the first day; it's about the long haul.

Behavioural Interviewing

Purpose:

To identify the important competencies/dimensions of a job and then assessing the job applicant against those competencies/dimensions.

Process:

1. Prior to the interview the panel will determine which of the behavioural interview questions created for that specific job will be asked.
2. Each candidate will be asked the same behavioural interview questions. These questions are tailor made for a specific job to maximize the chances of obtaining information about the competencies required to perform the job
3. During the interview the panel members will independently document the candidate's answers underneath the question being asked. Assess the candidate's responses based on how closely they match the descriptions of the competency. Key words can be used as a guide, however the candidate does not have to specifically mention the key word only the behaviour. Listen to the candidate's stories about his or her relevant experiences and make note of when behaviours appear and use probing questions to clarify the circumstances, outcomes, and results.

4. Immediately after the interview each panel member will independently review, rate, and total the results of the behavioural questions before any discussion is entertained. Points are assigned to the answers according to the rating scale identified on the questionnaire. The total of the scores determines the candidate's rank.
5. The panel members will review ranking together and identify the pool of qualified candidates to move on to the next step of the selection process. The panel should refer back to previous documentation to assist in this decision.

Behavioural Interviewing Background

Basic Principles of Behavioural Interviewing:

- Past performance is the best predictor of future performance
- The more recent the past performance or behaviour, the greater its predictive power

Why use Behavioural Interviewing?

- Significantly improves the employer's chances of selecting the best candidates for the position.
- Overcomes the tendency to assume that if a candidate had performed a task at all, he or she had performed it well.
- This technique requires candidates to give specific examples of how they performed job duties or handled difficult work situations in the past.

Creating Behavioural Interview Questions

Behavioural Interview Questions are developed by identifying the core competencies of a job description. These are the critical skills (rather the ability to apply those skills) that one must possess to produce a successful result. From those competencies questions are developed to measure their skills, knowledge and attitudes/behaviours with regard to those competencies.

The questions are created by identifying:

P = Problem
A = Action
R = Result

Example:

Competency: Customer Focus

Demonstrates an understanding of customer needs, expectations and perceptions. Provides the best possible service within given parameters.

Possible Interview Question might be:

In most jobs, the ultimate goal is to provide quality customer service. Tell me about a situation in the past in which you had to deal with a very upset customer.

What did you say?

How did the customer react?

What was the outcome? Was the customer satisfied?

What their answer will tell me:

Did the person lob off on another employee or on to their supervisor. I want to see if he/she is a problem solver and shows initiative. On the other hand can he/she understand when a situation needs to be referred to a higher up in the company. Does he/she understand that the customer may not always be right, but they do come first and will they demonstrate this on behalf of the company.

Rating the Behavioural Questions

A scale is used to rate the responses for each competency identified. Scoring behavioural answers forces the panel hiring to focus on the job, not the personality of the candidate. It is a much more objective, valid, and accurate basis for making a decision.

The following chart can be used to understand how this works.

| Rate | Criteria | Description |
|------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | Consistent, recent, and repeated demonstration of all the behaviours | <i>Within the behaviours, the candidate will have consistently exhibited all the behavioural aspects. There will be evidence of this in recent work and non-work situations</i> |
| 3 | Recent and repeated demonstration of some of the behaviours | <i>Within the behaviours the candidate will have consistently exhibited some, but not all of the behavioural aspects. There will be evidence of this in recent work and non work situations.</i> |
| 2 | Theoretical and Hypothetical demonstration of the behaviour | <i>The candidate will not have exhibited the behaviour in an actual situation but will have answered in a way that shows understanding of the behaviour and intent to use the behaviour in a theoretical situation.</i> |
| 1 | No evidence of the behaviour or understanding of the behaviour | <i>The candidate has never exhibited the behaviour. The candidate does not show any signs of understanding the behaviour or exhibiting it even theoretically.</i> |

By totaling the responses related to each competency, one can see how closely the candidate matches the competencies and behaviors of the job. For many interviewers the totaling of a candidate's score can be a surprise and a revelation. Most interviewers are unaware of how little we focus on a candidate's competencies and to what degree our judgments are subjective.

Telephone Reference Check

Purpose:

A reference check is conducted as a follow-up after an interview in order to confirm the interviewer's impression of the candidate, either positive or negative.

Process:

- The candidate must have given his/her consent to call references by signing the appropriate Applicant Reference Form (Appendix P-1 or P-2) during the second interview.
- The appropriate Applicant Reference form is copied three times. The one form will be completed for each of the three references provided.
- Three positive references must be obtained for a candidate prior to making a job offer.
- One of the references must be a direct supervisor from the present or most recent job. If the candidate is reluctant to provide this information, check all other references first. If this applicant is identified as the most qualified candidate, advise him/her that a job offer is pending but a reference from the current supervisor is mandatory prior to making a job offer. This will allow the applicant time to determine if he/she is truly serious about the position and to advise their current supervisor of the pending telephone reference.
- During the reference check, verify what the candidate said in terms of title, length of service, responsibilities, salary and accomplishments.
- Press for a "yes" or "no" answer to the question of whether or not the previous employer would re-hire. If the response is "no", remove the applicant from the pool of candidates.
- Information gathered from a reference check is strictly confidential.
- When checking for a supervisor position ask for references from a direct supervisor, co-worker and a supervised employee
- Some positive qualities to look for:
 - stability and career direction
 - evidence of progressive upgrading
 - signs of achievement/results
 - positive interpersonal relationships

- Some qualities to be wary of:
 - attendance issues
 - applicant who takes a cut in pay
 - applicant who is taking this job as a supplement (second job)
 - an applicant who is overqualified for the position

** In adherence with the Freedom of Information and Protection of Privacy Act all information acquired to arrive at selection of successful applicant must be kept by the interviewer for one year.*

Third Interview

A third interview may be required should more than one applicant meet qualifications, skills and abilities.

Specific questions should be tailored to essential competencies for this interview. Contact the Human Resource Manager for additional questions if necessary.

The Selection Decision

Purpose:

To ensure all essential information is obtained to make the best selection possible for the position available.

Process:

1. The panel must avoid making a decision based on gut feel or personality. The decision needs to take into account in a convincing outline the candidates overall qualifications by stressing the qualities/competencies that impact most on the job.
2. The panel has two sources of information for doing this, notes from the behavioural interview and the rating of the candidates answers. This must be complemented by the candidate's entire package: knowledge, experiences, credentials, DISC profile, skills assessment, references and salary expectations.
3. Since all candidates have shortcomings, it will be important to outline what these are and to develop an appropriate plan to eliminate the potential shortcomings. Beginning such a plan will accelerate the candidate's development within the position.

Note: Never make an offer until all outstanding questions about the candidate have been answered.

Employment Contract Request

Purpose:

To ensure that all non-union successful candidates receive a written contract of employment to outline compensation and conditions of employment abiding by all legislative and legal requirements.

Process:

1. A successful non-union job candidate will be provided with a written offer of employment by the Administrator or designate in person, outlining compensation, start date and conditions of employment. This offer of employment will be accompanied by an outline of benefits offered and a copy of the job description.
2. Initial requests for employment contracts must be made in writing by the Administrator. To request an employment contract the Administrator is to complete the Contract Request Form (Appendix Q) and forward to the HR Department at Head Office at least 48 hours prior to the planned meeting with the successful candidate, whenever possible.
3. The Employment Contract request will identify the successful applicants name, job description, status of employment, time frames, conditions of employment, compensation and source of applicant.
4. The HR department at head office will create the employment contract and forward it, via email to the Administrator prior to the scheduled meeting time. In addition to the Employment Contract all managers will also receive a Non Disclosure Agreement for execution. (Appendix R)

Employment Letter

Purpose:

To ensure each successful candidate who falls under the scope of the bargaining unit receive a written letter confirming employment.

Process:

1. The successful candidate will be contacted via telephone and offered the bargaining unit position
2. A "Union Hire Letter" (Appendix S) will be sent to the successful candidate via post or fax to confirm employment, status, and start date.

Presentation of Job Offer

Purpose:

Job satisfaction has more to do with work styles, organizational values, vision and culture than salary. A winning job offer will sell that complete package to a top ranked candidate. The candidate who has gone through a behavioural interview will be ready to listen.

The hiring decision and the conversation about the offer will have a tremendous impact on the organization's talent edge. When making an offer, have a story to tell the candidate about the values of the organization. "Selling Stories" are anecdotes of the organization's key critical incidents. They will contain situations, outcomes, and behaviours, which demonstrate the organization's culture, values and vision. They are the most dramatic and effective way to make your candidate see what it will be like to be a part of the team.

What goes into a selling story?

- Demonstrating the organization's values through actual employee experiences
- Sharing the vision and how each member of the organization makes a contribution to the vision
- Explaining the challenges the organization faces in order to achieve its business plan
- Naming your competition and defining your significant competitive advantages
- Expressing your cultural differentiating factors – why the organization is a good match for the candidate

Process:

1. The Administrator or designate will meet with the successful applicant in person to deliver the job offer in writing.
2. The offer will entail:
 - Selling Story
 - Written Employment Contract
 - Written Non-Disclosure Agreement
 - Written Job Description
 - Written Benefit Outline or Booklet
 - Closing statement (ie questions)

3. In order for the employment contract to be valid it must be the only employment offer made. A verbal offer over the phone prior to the meeting deems the employment contract invalid.
4. The successful applicant must be given at least 24 hours to either accept the job offer or decline the offer.

Applicant acceptance of job offer

1. To execute the Employment Contract the successful applicant must sign the final statement on the contract, in duplicate, acknowledging acceptance of the offer of employment under the terms identified.
2. The agreement must be signed by both the Administrator and successful candidate, dated prior to the employment start date in order to be valid.
3. Upon receiving the executed agreement the following will occur:
 - i Welcome the new employee aboard and provide them with a copy of the Home's/Lodge's brochures for their review along with a small welcome gift
 - ii One original executed Employment Agreement and one original Non Disclosure Agreement (where applicable) is given to the employee for their records
 - iii Remind the new employee that a Criminal Reference Check is required on file prior to start of employment.
4. The remaining document will be distributed as follows:
 - i The second set of originals is forwarded to the Human Resources Manager at Head Office
 - ii A copy of the Employment Agreement and Non Disclosure Agreement will be forwarded to the Home's Administration Office and held on file in the employee's personal folder
 - iii A second copy of the signed agreement will be filed in the employee's departmental file.

Announcement of New Team Member

An announcement via email is to be sent to all Homes/Lodges and Head Office to announce the addition of the new team member.

Informing Unsuccessful Candidates

Now that the position is filled the unsuccessful candidates need to be informed that they were not selected.

An "Unsuccessful Candidate Letter" (Appendix T) is to be mailed to all candidates who received a second interview.

*If you follow this process you will be hiring the person
with the best fit while providing a fair, equal, safe
and trustworthy opportunity.*

References: The Talent Edge D.S. Cohen, UBC Human Resources

Appendices

Job Posting Sample -- Appendix A



Jarlette Health Services has 40 years of experience in senior's care and currently cares for more than 1600 residents at 18 Retirement and Long Term Care Homes throughout Ontario. Jarlette Health Services is a family-owned company that offers competitive salaries, benefits and pensions.

Jarlette has built a reputation as a respected organization in the care of seniors throughout Ontario; offers opportunities for personal growth, education and training; and is a fun place to work. We currently have an immediate opening for an individual with strong work ethic as the

Personal Support Workers - PSWs
For a number of Full Time/Part-Time Positions

at **TEMISKAMING LODGE**, an 82 bed long term care home located in Halleybury, (near New Liskeard) Ontario

The successful candidate must:

- Possess a HCA/PSW Certificate from an accredited educational institution
- Demonstrate good communication skills
- Demonstrate an active interest in ongoing education
- Prior experience in Long Term Care (gerontology)



If you enjoy working in a fast-paced environment as part of a team, then this may be the opportunity for you.

We look forward to hearing from you and welcome you to apply to:

FRANCINE GOSSELIN, ADMINISTRATOR
at fgosselin@jarlette.com by September 23, 2011.

100 Bruce Street, Halleybury, ON P0J 1K0
P: (705) 672-2123
F: (705) 672-5734

Application For Employment - Appendix C
 Application For Employment - Jarlette Health Services

The Human Rights Code prohibits discrimination in employment because of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, record of offences including an offence in respect of any provincial statute, handicap, disability, language (Province of Quebec)

PERSONAL Date: _____

Name _____

Present Address _____

Telephone No. () _____

Job(s) applied for _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? Advertisement Referral Publication Radio Internet

Do you want to work Full-Time or Part-Time Specify days and hours if part-time _____

Have you worked for us before? _____ If yes, when? _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with us? Please include activities which would indicate any prohibited grounds of discrimination listed above _____

EDUCATION BACKGROUND

Years Completed High School 3 4 11 12 13 College/University 3 2 1-4

Diploma / Degree _____

Describe Course of Study (do not give year of school) _____

Describe any specialized training, apprenticeship skills and extra-curricular activities: _____

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

| DATE | | NAME AND ADDRESS OF EMPLOYER | RATE OF PAY | | SUPERVISOR'S NAME | REASON FOR LEAVING |
|---------------------------------|----|------------------------------|-------------|--------|-------------------|--------------------|
| FROM | TO | | YEAR | PERIOD | | |
| | | | | | | |
| Describe the work you did _____ | | | | | | |
| DATE | | NAME AND ADDRESS OF EMPLOYER | RATE OF PAY | | SUPERVISOR'S NAME | REASON FOR LEAVING |
| FROM | TO | | START | FINISH | | |
| | | | | | | |
| Describe the work you did _____ | | | | | | |
| DATE | | NAME AND ADDRESS OF EMPLOYER | RATE OF PAY | | SUPERVISOR'S NAME | REASON FOR LEAVING |
| FROM | TO | | START | FINISH | | |
| | | | | | | |
| Describe the work you did _____ | | | | | | |

May we contact the employer listed? _____ If not, indicate below which month you do not wish us to contact _____

Application For Employment (page 2)- Appendix C

PERSONAL REFERENCES

Give the names of at least 3 persons who can supply information pertinent to your job performance (excluding relatives.)

Table with 3 columns: NAME AND OCCUPATION, ADDRESS, PHONE NUMBER. Rows 1, 2, 3.

Should there not be suitable employment for you with this facility, may this application be forwarded to one of our other associated facilities for consideration. Yes No

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and not on other considerations.

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

APPLICANT - COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED

The information requested below is needed for Benefit Programs, and other legally permissible reasons (income tax deductions, etc)

Form fields: Date of Birth, Sex (Female, Male), Marital Status, Number of dependents?, Social Insurance #

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
Name, Phone, Address

FOR PERSONNEL DEPARTMENT USE ONLY

Interview? No Yes Date: Time

Result of Interview

Interviewed by

Accepted for Employment? Starting Rate Starting Date Shift

Occupation Dept Emp #

Appointed by Date

If this application is approved, may this application be shared with another associated facility for consideration, if so which one

Form 100-04-01

Ice Breaker Samples – Appendix D

(group to work together) Put yourself in order of birthdates without using words.

The three words that I hope people would use to describe me are:

- 1.
- 2.
- 3.

The animal that best describes my personality is a _____

because _____

The age that I would most like to be is _____

because _____

If you were to make a time capsule for relatives to open in 100 years what would you put in it:

The colour that best describes my personality is _____

because _____

If I could be any famous person it would be _____

because:

If I won the Lottery I would:

Survival Exercise -- Winter in Manitoba -- Appendix E-1

Instructions

It is the middle of January in Manitoba and you are traveling by air. Your plane has just crash landed and both the pilot and the co-pilot have been killed. You are eighty miles from the nearest known town.

Below is a list of 15 items that are intact and undamaged during the landing. Your task is to rank the 15 items below in terms of importance to you and your fellow passengers in order to survive until rescued. Place the number 1 by the most important item, the number 2 by the second most important item and so on.

| Own | Diff. | Item | Group | Diff. | Key |
|-----|-------|-------------------------------------------|-------|-------|-----|
| | | Compress kit (with 28 ft, 2-in gauze) | | | |
| | | Ball of Steel wool | | | |
| | | Cigarette Lighter (without fluid) | | | |
| | | Loaded .45 Caliber Pistol | | | |
| | | Newspaper (one per person) | | | |
| | | Compass | | | |
| | | 2 Ski Poles | | | |
| | | Knife | | | |
| | | Sectional Air Map Made of Plastic | | | |
| | | 30 Feet of Rope | | | |
| | | Family-size Hershey Bar (one per person) | | | |
| | | Flashlight with batteries | | | |
| | | Quart of 85 Proof Whiskey | | | |
| | | Extra Shirt and Pants for each Survivor | | | |
| | | Can of Shortening | | | |
| | | ← My difference Group's difference → | | | |

Survival Exercise -- Winter in Manitoba - Appendix E-1

Background Information

None of the information here should be given to participants until after they have completed the decision-making parts of the exercise. Mid-January is the coldest time of the year in Minnesota and Manitoba. The first problem the survivors face, therefore, is to preserve their body heat and protect themselves against its loss. This problem can be met by building a fire, minimizing movement and exertion and using as much insulation as possible.

The participants have just crash-landed. Many individuals tend to overlook the enormous shock reaction this has upon the human body and the death of the pilot and copilot increases the shock. Decision making under such conditions is extremely difficult. Such a situation requires a strong emphasis upon the use of reasoning not only to make decisions, but also to resist the fear and panic every person would naturally feel. Along with fear, shock reaction is manifested in the feelings of helplessness, loneliness, and hopelessness. These feelings have brought about more fatalities than perhaps any other case in survival situations. Through the use of reasoning, hope for survival and the will to live can be generated. Certainly the state of shock means that movement of individuals should be at a minimum and that an attempt to calm them should be made.

Before taking off a pilot always has to file a flight plan. The flight plan contains the vital information regarding the flight, such as the course, speed, estimated time of arrival, type of aircraft, number of people on board and so on. Search and rescue operations would begin shortly after the plane failed to reach its destination at its estimated time of arrival.

The eighty miles to the nearest known town is a very long walk even under ideal conditions, particularly if one is not used to walking such distances. Under the circumstances of being in shock, dressed in city clothes, having deep snow in the woods and a variety of water barriers to cross, to attempt to walk out would mean almost certain death from freezing and exhaustion. At the temperatures given, the loss of body heat through exertion is a very serious matter.

Once the survivors have found ways in which to keep warm, their most immediate problem is to provide signaling methods to attract the attention of search planes and search parties. Thus, all the items the group has must be assessed according to their value in signaling the group's whereabouts.

Winter Survival Exercise Scoring Key

The correct ranking of the survivor's items was made on the basis of information provided by Mark Wanig and supplemented from Rutstrum (1973). Wanig was an instructor for three years in survival training in the reconnaissance school in the 101st Division of the U.S. Army and later an instructor on wilderness survival four years at the Twin City Institute for Talented Youth. He is now conducting wilderness-survival programs for Minneapolis teachers.

Survival Exercise — Winter in Manitoba

Answers and Rationale

1. *Cigarette lighter (without fluid).* The gravest danger facing the group is exposure to the cold. The greatest need is for a source of warmth and the second greatest need is for signaling devices. This makes building a fire the first order of business. Without matches something is needed to produce sparks to start a fire. Even without fluid the cigarette lighter can be used to produce sparks. The fire will not only provide warmth, it will also provide smoke for daytime signaling and firelight for nighttime signaling.
2. *Ball of steel wool.* To make a fire, a means of catching the sparks made by the cigarette lighter is needed. Steel wool is the best substance with which to catch a spark and support a flame, even if it is a little bit wet.
3. *Extra shirt and pants for each survivor.* Clothes are probably the most versatile items one can have in a situation like this. Besides adding warmth to the body they can be used for shelter, signaling, bedding, bandages, string when unraveled, and tinder to make fires. Even maps can be drawn on them. The versatility of clothes and the need for fires, signaling devices and warmth make this item number three in importance.
4. *Family-Size Hershey bar (one per person).* To gather wood for the fire and to set up signals, energy is needed. The Hershey bars would supply the energy to sustain the survivors for quite some time. Because they contain basically carbohydrates, they would supply energy without making digestive demands upon the body.
5. *Can of shortening.* This item has many uses—the most important being a mirror-like signaling device can be made from the lid. After shining the lid with the steel wool, the survivors can use it to produce an effective reflector of sunlight. A mirror is the most powerful tool they have for communicating their presence. In sunlight a simple mirror can generate 5 to 7 million candlepower. The reflected sunbeam can be seen beyond the horizon. Its effectiveness is somewhat limited by the trees but one member of the group could climb a tree and use the mirror to signal search planes. If the survivors have no other means of signaling, they would still have better than 80 per cent chance of being rescued within the first twenty-four hours.

Other uses for the item are as follows: The shortening can be rubbed on the body to protect exposed areas, such as the face, lips and hands from the cold. In desperation it could be eaten in small amounts. When melted into an oil the shortening is helpful in starting fires. Melted shortening, when soaked into a piece of cloth will produce an effective candlewick. The can is useful in melting snow to produce drinking water. Even in the wintertime water is important as the body loses water in many ways such as through perspiration, respiration, shock reactions and so on. This water must be replenished because dehydration affects the ability to make clear decisions. The can is also useful as a cup.

Survival Exercise -- Winter in Manitoba

6. *Flashlight.* Inasmuch as the group has little hope of survival if it decides to walk out, its major hope is to catch the attention of search planes. During the day the lid-mirror, smoke and flags made from clothing represent the best devices. During the night the flashlight is the best signaling device. It is the only effective night-signaling device beside the fire. In the cold, however, a flashlight loses the power in its battery very quickly. It must therefore, be kept warm if it is to work, which means that it must be kept close to someone's body. The value of the flashlight lies in the fact that if the fire burns low or inadvertently goes out, the flashlight could be immediately turned on the moment a plane is heard.
7. *Place of rope.* The rope is another versatile piece of equipment. It could be used to pull dead limbs off trees for firewood. When cut into pieces, the rope will help in constructing shelters. It can be burned. When frayed it can be used as tinder to start fires. When unraveled it will make good insulation from the cold if it is stuffed inside clothing.
8. *Newspaper (One per person).* The newspaper could be used for starting a fire much the same as the rope. It will also serve as an insulator; when rolled up and placed under the clothes around a person's legs or arms, it provides dead-air space for extra protection from the cold. The paper can be used for recreation by reading it, memorizing it, folding it, or tearing it. It could be rolled into a cone and yelled through as a signal device. It could also be spread around an area to help signal a rescue party.
9. *.45 caliber pistol.* This pistol provides a sound-signaling device. (The international distress signal is three shots fired in rapid succession). There have been numerous cases of survivors going undetected because by the time the rescue party arrived in the area the survivors were too weak to make a loud enough noise to attract attention. The butt of the pistol could be used as a hammer. The powder from the shells will assist in fire building. By placing a small bit of cloth in a cartridge, emptied of its bullet, a fire can be started by firing the gun at dry wood on the ground. At night the muzzle blast of the gun is visible, which also makes it useful as a signaling device.

The pistol's advantages are counterbalanced by its dangerous disadvantages. Anger, frustration, impatience, irritability and lapses of rationality may increase as the group waits to be rescued. The availability of a lethal weapon is a real danger to the group under these conditions. Although it could be used for hunting, it would take a highly skilled marksman to kill an animal and then the animal would have to be transported through the snow to the crash area, probably taking more energy than would be advisable.
10. *Knife.* A knife is a versatile tool, but it is not too important in the winter setting. It could be used for cutting the rope into desired lengths, making shavings from pieces of wood for tinder, and any other uses could be thought up.

Survival Exercise - Winter in Manitoba, Continued...

11. *Compress kit (with gauze)*. The best use of this item is to wrap the gauze around exposed areas of the body for insulation. Feet and hands are probably the most vulnerable to frostbite, and the gauze can be used to keep them warm. The gauze can be used as a candlewick when dipped into melted shortening. It would also make effective tinder. The small supply of gauze is the reason this item is ranked so low.
12. *Ski Poles*. Although they are not very important, the poles are useful as a flagpole or staff for signaling. They can be used to stabilize a person walking through the snow to collect wood, and to test the thickness of the ice on a lakeshore or stream. Probably their most useful function would be a support for a shelter by the fire as a heat reflector.
13. *Quart of 85 proof whiskey*. The only useful function of the whiskey is to aid in fire building or as a fuel. A torch could be made from a piece of clothing soaked in the whiskey and attached to an upright ski pole. The danger of the whiskey is that someone might try to drink it when it is cold. Whiskey takes on the temperature it is exposed to and a drink of it at minus thirty-degrees would freeze a person's esophagus and stomach and do considerable damage to the mouth. Drinking it warm will cause dehydration. The bottle, kept warm, would be useful for storing drinking water.
14. *Sectional air map made of plastic*. This item is dangerous because it will encourage individuals to attempt to walk to the nearest town—thereby condemning them to almost certain death.
15. *Compass*. Because the compass may also encourage some survivors to try to walk to the nearest town it too is a dangerous item. The only redeeming feature of the compass is the possible use of its glass top as a reflector of sunlight to signal search planes, but it is the least effective of the potential signaling devices available. That it might tempt survivors to walk away from the crash site makes it the least desirable of the fifteen items.

Winter Survival Exercises: Key - The correct ranking is as follows:

| | |
|------------------------------------------|----|
| Compress kit (with 28 ft, 2 in gauze) | 11 |
| Ball of Steel wool | 2 |
| Cigarette lighter (without fluid) | 1 |
| Loaded .45-caliber pistol | 9 |
| Newspaper (one per person) | 8 |
| Compass | 15 |
| 2 Ski Poles | 12 |
| Knife | 10 |
| Sectional air map made of plastic | 14 |
| 30 feet of rope | 7 |
| Family size Hershey bar (one per person) | 4 |
| Flashlight with batteries | 6 |
| Quart of 85 proof whiskey | 13 |
| Extra shirt and pants for each survivor | 3 |
| Can of shortening | 5 |

Survival Exercise -- Moon Rescue -- Appendix E-5

Instructions

You are a member of a space crew originally scheduled to rendezvous with a mother ship on the lighted surface of the moon. Due to mechanical difficulties, however, your ship was forced to land at a spot some 200 miles from the rendezvous point. During landing, much of the equipment on board was damaged and since survival depends on reaching the mother ship, the most critical items available must be chosen for the 200 mile trip.

Below is a list of 15 items that are intact and undamaged after the landing. Your task is to rank the 15 items below in terms of their importance to your crew in allowing them to reach the rendezvous point.

Place the number 1 by the most important item, the number 2 by the second most important item and so on through number 15, and the least important item. Put your rankings in the column labeled "Own."

| Own | Diff. | Item | Group | Diff. | Key |
|-----|-------|-----------------------------------------------------------|-------|-------|-----|
| | | Box of Matches | | | |
| | | Food Concentrate | | | |
| | | 50 Feet of Nylon Rope | | | |
| | | Parachute silk | | | |
| | | Portable Heating Unit | | | |
| | | Two .45 Caliber Pistols | | | |
| | | One Case Dehydrated Milk | | | |
| | | Two 100 Pound Tanks of Oxygen | | | |
| | | Stellar Map (of the Moon's Constellation) | | | |
| | | Life Raft (Self-Inflating) | | | |
| | | Magnetic Compass | | | |
| | | 5 Gallons of Water | | | |
| | | Signal Flares | | | |
| | | First Aid Kit Containing Injection Needles | | | |
| | | Solar-Powered FM Receiver/Transmitter | | | |
| | | ← My difference Group's difference → | | | |

Survival Exercise - Moon Rescue

Answers to "Moon Rescue":

A brief rationale is provided for the ranking of each item. These brief explanations obviously do not represent all the potential uses for the specific items, but rather the primary importance of each.

The correct ranking of the survivors' fifteen items is as follows:

- 1 *Two 100 Pound Tanks of Oxygen.* Most pressing survival need
- 2 *Five Gallons of Water.* Replacement for tremendous liquid loss on lighted surface of moon.
- 3 *Stellar Maps.* Primary means of navigation.
- 4 *Food Concentrate.* Efficient means of supplying energy requirements.
- 5 *Solar Powered FM Receiver/Transmitter.* For communication with another ship, but FM has very short range and requires direct transmission
- 6 *50 feet of Nylon rope.* Useful in scaling cliffs and tying injured together.
- 7 *First Aid Kit with Injection Needles.* Needles for vitamins, medicine, etc; will fit special hole in space suit.
- 8 *Parachute Silk.* Protection from the sun's rays.

Self-inflating Liferaft. Co2 bottle in raft may be used for propulsion.

Signal Flares. Distress signal when mother ship is sighted.

Two .45 Calibre Pistols. Possible means of self-propulsion

One Case of Dehydrated Milk. Bulkier duplication of food concentrate

Solar-powered Heating Unit. Not needed on lighted side of the moon.

Magnetic Compass. Magnetic field on the moon is not polarized. a magnetic compass is worthless for navigation.

Box of Matches. Since there is no oxygen on the moon to sustain a flame, matches are virtually useless.

NASA ranked the 15 items and provided the correct solution to the task.

Survival Exercise -- Lost at Sea -- Appendix E-7

The Situation:

- You and your team have chartered a yacht
- None of you have any previous sailing experience and you have hired an experienced skipper and two-person crew
- As you sail through the Southern Pacific Ocean a fire breaks out and much of the yacht and its contents are destroyed
- The yacht is slowly sinking
- Your location is unclear because vital navigational and radio equipment has been damaged
- The yacht skipper and crew have been lost while trying to fight the fire
- Your best guesstimate is that you are approximately 1000 miles South West of the nearest landfall
- You and your friends have managed to save the following 15 items, undamaged and intact after the fire
 1. A sextant
 2. A shaving mirror
 3. A quantity of mosquito netting
 4. A 5 gallon can of water
 5. Case of army rations
 6. Maps of the Pacific Ocean
 7. Seat Cushion (floatation device approved by the Coast Guard)
 8. 2 gallon can of oil/gasoline mixture
 9. Small transistor radio
 10. 20' square feet of opaque plastic sheeting
 11. Shark repellent
 12. 1 quart of 160 proof Puerto Rican rum
 13. 15 feet of nylon rope
 14. 2 boxes of chocolate bars
 15. 1 fishing kit

In addition to the above, you have salvaged a four man rubber life craft. The total contents of your combined pockets amounts to a packet of cigarettes, three boxes of matches and 3 - \$5.00 bills.

Survival Exercise -- Lost At Sea

Your Task

During this task do not communicate with anyone. Your task is to rank the following fifteen items, which were salvaged and brought aboard the raft. Place the number "1" by the item you believe to be the most important to your survival and the number "2" by the second most important. Rank the entire list so that number "15" represents the item that you believe is the least important to your survival. You will have ten minutes to complete this task and the facilitator will give you a two-minute warning. Leave the "Scoring" side blank until the facilitator gives you scoring instructions

| #1 Your Decision Rank | #2 Group Decision Rank | ITEM | #3 Experts Decision | #4 Difference Between #1 & #3 | #5 Difference Between #2 & #3 |
|--------------------------------|---------------------------------|--------------------------------------------------------------|---------------------------|----------------------------------------|----------------------------------------|
| | | Fifteen feet of nylon rope | | | |
| | | Fishing kit | | | |
| | | Five-gallon can of water | | | |
| | | Maps of the Pacific Ocean | | | |
| | | Mosquito netting | | | |
| | | One Case of Army rations | | | |
| | | One Quart of 100 proof Puerto Rican rum | | | |
| | | Seat Cushion (floatation device approved by the Coast Guard) | | | |
| | | Sextant | | | |
| | | Shark Repellent | | | |
| | | Shaving Mirror | | | |
| | | Small Transistor radio | | | |
| | | Twenty Square feet of opaque plastic sheepling | | | |
| | | Two boxes of chocolate bars | | | |
| | | Two gallon can of oil gasoline mixture | | | |
| Total | | | | Your Score | Teent Score |

Survival Exercise – Lost At Sea

Answers and Rationale

According to the "experts" the basic supplies needed when a person is stranded in mid-ocean are articles to attract attention and articles to aid survival until rescuers arrive. Articles for navigation are of little importance. Even if a small life raft were capable of reaching land, it would be impossible to store enough food and water to subsist until land was reached. Therefore, of primary importance are the shaving mirror and the two-gallon can of oil-gasoline mixture. These items could be used for signaling air-sea rescue. Of secondary importance are items such as water and food (e.g. the case of C rations)

A brief rationale is provided for the ranking of each item. These brief explanations obviously do not represent all the potential users for the specified items, but they give the primary importance of each.

1. **Shaving Mirror** This item is critical for signaling air-sea rescue. If the first attempt fails, the shaving mirror can be used an infinite number of times.
2. **Two-gallon can of oil-gasoline mixture.** This also is critical for signaling. The mixture will float on the water and can be ignited with a dollar bill and a match (obviously outside the raft) as long as the mixture, matches and dollar bills are available.
3. **Five-gallon can of Water.** Water is necessary to replenish loss by perspiring, etc.
4. **One case of U.S. Army C rations.** C rations provide basic food intake
5. **Twenty square feet of opaque plastic.** This item can be utilized to collect rain water (if present) and provide shelter from the elements.
6. **Two boxes of chocolate bars.** These are a reserve food supply
7. **Fishing kit.** This is ranked lower than candy because a bird in the hand is worth two in the bush. There is no assurance that any fish would be caught with the kit.
8. **Fifteen feet of nylon rope.** This can be used to lash items together to prevent them from falling overboard.
9. **Floating seat cushion.** If someone falls overboard, it can function as a life preserver.
10. **Shark repellent.** Shark repellent is not as important as a life preserver because falling overboard is more likely than a shark attack. Furthermore, repellents dissipate so rapidly in the ocean that they have not been very effective.
11. **One Quart of 160 proof Puerto Rican rum.** This is 80 percent alcohol, high enough to use as an antiseptic for potential injuries. It is of little value otherwise and would be dangerous to drink because it would cause dehydration.
12. **Small Transistor Radio:** Of no use without a transmitter. You would also be out of range of any radio station.
13. **Maps of the Pacific Ocean:** Worthless without navigation equipment. It does not matter where you are but where the rescuers are!
14. **Mosquito netting:** There are NO mosquitos in the mid-pacific ocean. As for fishing with? – stick to the fishing kit.
15. **Sextant:** Useless without the relevant tables and a chronometer.

Survival Exercise -- Adventure In the Amazon -- Appendix E-10

Adventure in the Amazon

You are a volunteer on an expedition to South America to study the tropical flora. Your base camp is a small village near the city of Manaus, Brazil, which is on the Rio Negro, seven miles from its junction with the Amazon. Today is a free day and you and a few other expedition members have decided to visit, unannounced, a mutual friend who is working as a medical assistant in a remote village in the Amazon jungle. Because there is no road, you have hired a small plane to fly over the rain forest to reach your destination and to return. Before you left the airport in Manaus, the pilot filed details of your flight plan with local authorities, as required. The plane had taken off as soon as the rain stopped early this morning.

You have been in the air for more than an hour when the plane begins to experience severe electrical problems--both the engine and radio shut down. As the engine sputters and stalls, you clutch the seat in terror as the pilot frantically searches for a clearing in which to make an emergency landing. You point out a small area in the jungle where the trees appear to be less dense and the pilot turns the aircraft in that direction. As the plane breaks through the trees, the wings hit the profuse tangle of leaves and vines.

Nevertheless, the pilot is able to land the plane safely on the ground and it skids to a stop in a thicket of bamboo and coconut palms. Fortunately, no one has been injured seriously.

You cautiously climb down from the plane and survey your surroundings. A layer of fog is turning the scene into a fantastic landscape of intertwining vegetation and other extraordinary flora. You know that the jungle reaches to the city limits of Manaus, nearly 100 miles (160 km) away and that there are no roads in that direction. Due to the electrical problems and the emergency landing, everyone has lost his or her bearings, but the pilot estimates that you are still at least 80 miles (130 km) from the village you intended to visit and that the Amazon River is approximately 8 miles (13 km) southeast of your present location.

The group has among its personal possessions two handkerchiefs, a pocket watch, and several boxes of safety matches. You start to search the aircraft for anything else that might aid your chances for survival.

Survival Exercise – Adventure In the Amazon

Your Task

Do not communicate with anyone else. Your task is to rank the following fifteen items that were aboard the airplane and that are available for your use. Place the number "1" next to the item you believe to be the most important to your survival in the jungle, then place a "2" by the second most important item. Rank the entire list, so that number "15" represents the item that you believe is the least important to your survival. You will have fifteen minutes to complete this task and the facilitator will give you a two-minute warning. Leave the scoring section blank until the facilitator gives you the instructions.

| #1 Your Decision Rank | #2 Group Rank | ITEM | #3 Expert Rank | #4 Difference Between #1 & #3 | #5 Difference Between #2 & #3 |
|--------------------------------|---------------------|--------------------|-------------------|----------------------------------------|----------------------------------------|
| | | Aluminum Pan | | | |
| | | Can of Insecticide | | | |
| | | Canteen with water | | | |
| | | Compass | | | |
| | | First Aid Kit | | | |
| | | Large Knife | | | |
| | | Mosquito netting | | | |
| | | Pack of cigarettes | | | |
| | | Parachutes | | | |
| | | Revolver | | | |
| | | Sack of coconuts | | | |
| | | Safari hats | | | |
| | | Small Shovel | | | |
| | | Tallow candles | | | |
| | | Vinyl jackets | | | |

Goals

According to the "experts" your goal should be to reach the river, where there is a much better chance of meeting other people. The river will also provide a clearing in which you can signal passing planes and see the sun and stars overhead. However, cutting your own trail through the jungle would be hard work and progress would average only one to two miles per day. This means that the trip to the river, which is about eight miles away, would take a minimum of four days. Your most immediate needs are to cut through the underbrush in the right direction, obtain food and drink (readily available in the jungle) and protect yourself from the ever present danger of insects, leeches, snakes and bacteria.

Survival Exercise - Adventure in the Amazon

Answers and Rationale

A brief rationale is provided for the ranking of each item. These brief explanations obviously do not represent all the potential uses for the specified items, but they give the primary importance of each.

1. **Large Knife.** This is essential! The lower layer of the jungle is composed of various shrubs, which are sometimes so dense that they are impenetrable. Because of the tangled vegetation, you cannot travel on foot without a machete or large knife. It can also be used as a weapon to kill snakes and to cut vines and bamboo, dig holes, open coconuts and so on.
2. **Compass.** It is very difficult to find your bearings without a compass because the sun and stars are hidden by the canopy of vegetation and the high humidity causes frequent fog. Because your goal is to reach the river, a compass is a critical item.
3. **Mosquito Netting.** The jungle is heavily infested with both mosquitoes and flies and it is very important to protect yourself from these insects, many of which carry disease. Fine mesh netting is the most effective way to keep insects off.
4. **First Aid Kit.** It is very important to clean out any cuts or sores because they could easily become infected in the warm, humid climate of the jungle. Damp socks and shoes can easily lead to fungal infections and infection of small sores.
5. **Parachutes.** A parachute has a multitude of uses, but the most important is that it provides shelter. It can be used as either a tent or a hammock. Because of torrential rains, insects, snakes and other crawling animals, it is necessary to sleep above the ground for protection.
6. **Canteen with Water.** Because you will perspire so much due to the high humidity and total lack of wind, you will need to drink a lot of water. Water is immediately accessible in the jungle due to heavy precipitation as well as rivers, springs, streams and ponds and the canteen provides an easy way to store and transport additional water. (The best sources of uncontaminated water are such plants as lianas, which are woody vines and bamboo stalks, which provide a ready-made cooler to carry a water supply).
7. **Small Shovel.** The most common use for the shovel would be to dig a hole near a stream to allow water to seep in. After the sand and mud settle, the water will clear. (Alternatives to this would be to dig with the knife or to cut a piece of bamboo on an angle to use as a tool.) The shovel also could be used for prying things, clearing vegetation and as a weapon.
8. **Safari Hats.** Solar radiation is twice as high in the jungle as in temperate zones, but it affects only the upper layer of the forest (the canopy). At ground level, only 10 per cent of the radiation penetrates, so you do not need to protect yourself from solar radiation. However, that hat would be very useful in protecting yourself from insects. Mosquitoes are attracted to carbon dioxide and therefore will gravitate to your face. By placing mosquito netting on a hat to surround your face, you can keep mosquitoes, gnats and flies away.
9. **Can of Insecticide.** This is less effective way of repelling insects than the mosquito netting because it evaporates over time. However, insecticides contain organo chlorines that can be used to kill snakes, a minimal amount is enough to make a snake contract, suffocate and die within a few seconds.
10. **Aluminum Pan.** The pan can be used to catch a supply of rainwater and may be handy for cooking purposes. It can also be used to reflect the sun in order to

- signal passing planes, but you first must find a clearing.
11. **Revolver.** Many large mammals, including jaguars, ocelots, wild boar, deer and monkeys as well as large amphibians and reptiles such as alligators, boa constrictors and anacondas live in the jungle. Nonetheless, a gun would be of low importance because the chance of encountering wild animals in the jungle is low and hunting is fairly difficult, especially with a revolver. If you needed to kill a snake, the insecticide previously mentioned could be used. A gun could be used as a signal, but someone must be in the area to hear it.
 12. **Pack of Cigarettes.** The glowing tip of a lit cigarette is ideal for burning off ticks and leeches, which are constantly present on the ground as well as on leaves and branches. Lit cigarettes can also be used to destroy the heat-sensitive venom of bees, wasps and ants.
 13. **Sack of Coconuts.** Although coconuts are a source of both food and liquid, they may have a laxative effect. Also, you would not need to carry them with you because coconut palms are abundant in the jungle. Additionally, there are numerous other trees that serve as sources of food, such as mangoes, bananas, guavas, cashews and breadfruit.
 14. **Vinyl Jackets.** Because of the heat, very high humidity and lack of wind, waterproof clothing would cause you to sweat more profusely, leading to faster dehydration. The jackets could be used to catch rainwater to drink immediately, but you would need to transfer the water to the canteen or pan to travel with it.
 15. **Tallow Candles.** This particular type of candle is made from processed animal fat. It would be virtually worthless in the jungle because without proper storage it would putrefy in the heat and extreme humidity.

Survival Exercise – Discussion Questions – Appendix F

1. When you were trying to reach a group decision on the order of the list, what behavior was helpful and what behavior hindered the process?
2. Think of someone in the group who influenced you and tell us how the person was able to do that.
3. How were decisions made?
4. Why is it important to be an active participant in a group decision-making process? What is the value of being an active listener?
5. What do you think is the purpose of this exercise?

Mass Interview Candidate Score Sheet (General) -- Appendix G-1

Scoring
 1 - Unsatisfactory
 2 - Satisfactory
 3 - Very Good

| Category | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------------------------|---|---|---|---|---|---|
| Name: | | | | | | |
| Initial Impression (dress) | | | | | | |
| Professionalism | | | | | | |
| Energy Level (engaged, unengaged) | | | | | | |
| Self-Directed vs. Other Directed | | | | | | |
| Polliteness | | | | | | |
| Communication | | | | | | |
| Self-Confidence | | | | | | |
| Service-Oriented | | | | | | |
| Team-Oriented | | | | | | |
| Attitude | | | | | | |
| Average Score | | | | | | |

Acceptable Minimum Average Score of 2.5 or higher

Survival Exercise Marking Form – Appendix G-2

Enter ✓ next to observed Behaviour

| Category | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------|----------|----------|----------|----------|----------|----------|
| Name: | | | | | | |
| Contributing | | | | | | |
| Clarifying | | | | | | |
| Supporting | | | | | | |
| Mediating | | | | | | |
| Dominating | | | | | | |
| Blocking | | | | | | |
| Nit-Picking | | | | | | |
| Joking | | | | | | |
| Withdrawing | | | | | | |
| Attitude | | | | | | |

Mass Interview Questions -- Appendix H

Mass Interview Questions

General Questions (This is a sample list of questions. Select the questions to ask prior to the interview. Ensure all applicants are asked the same questions.)

1. Why did you apply for this position?
2. What are your long range career goals/objectives and what steps are you taking to achieve them?
3. How would other people describe you?
4. What have you achieved that has given you the most satisfaction?
5. What motivates you?
6. What are your favourite hobbies?
7. How can your boss bring out the best in you?
8. What did you like best about your last job and what did you like least?
9. Describe the best experience you had at another job that you remember?
10. What experience do you have working with the elderly?
11. What do you enjoy an average day in this job to be?
12. What avenues do you use to deal with stress?
13. Are you available to work on Weekends, Evenings, Nights?
14. Are you capable of performing the essential functions of this position, with or without reasonable accommodation?
15. Describe for me a personal characteristic that you are most proud of and give me an example of an experience that you have used this characteristic in the work environment.
16. Could you give an example of a time you had to make a decision in an emergency situation or a problem dealing with a resident which you dealt with.
17. Tell me about a time when you were disappointed with the way you handled a situation. How would you handle it differently now?
18. What knowledge/training do you have in fire procedures?

* Always ask these questions

Administrative Assistant Written Skills Test -- Appendix I-1

Appendix I-1

Administrative Assistant Written Skills Test

1. Please describe the extent of your payroll experience.
Manual or Computer Programs?
of Employees?
Was this a unionized setting?
of year of experience?
2. What computer programs have you had extensive experience with?
3. What is your experience with Microsoft Word, Internet, Microsoft Outlook?
4. What should you be looking for on an Aged Receivable List?
5. What items would you look at to ensure your Accounts Receivables balance for the month?
6. What items need to be checked on an Accounts Payable invoice?
7. If you had to process a manual cheque for an employee, what deductions must be taken off?
8. What other deductions may show on a paystub?

Administrative Assistant Written Skills Test Page 2 -- Appendix 1-2

Appendix 1-2

9. What are some benefits that a company may offer?
10. What would be an example of a taxable benefit?
11. What information would you see on a seniority list?
12. How would you orientate a person to answer the phone?

Skills - Excel Exercise – Appendix 1-3

Appendix 1.3

Excel Exercise

Create the attached budget form using formulas to total the columns. Print the document out and save the file under my documents as "budgetname" (replace the "name" portion with your last name).

Skills - Excel Exercise - Appendix 1-4

Bi-Weekly

Department Head Payroll Budget Form

Department ADMINISTRATION

PAY PERIOD:

3 2002

| | Administrases | Admin Assistant | | | | | TOTAL |
|--------------------|---------------|--------------------|--|--|--|--|-------|
| Budget | 45 | 65 | | | | | 110 |
| Regular Hours | 45 | 65 | | | | | 110 |
| Light Duties- WSIB | | | | | | | |
| Overtime Hours | | | | | | | |
| | | | | | | | |
| TOTAL HOURS | 45 | 65 | | | | | 110 |
| VARIANCE | 0 | 0 | | | | | 0 |
| | | | | | | | |
| Paid Slots | | | | | | | 0 |
| Sick Hours | | | | | | | 0 |
| Meetings | | | | | | | 0 |
| Orientation | | | | | | | 0 |
| | | | | | | | |
| TOTALS | 45 | 65 | | | | | 110 |

Comments

No variance

Dept Head:

Administrator:

Brenda Okon

Action to Adjust:

Date: *Jan 30/02*

Skills - Word Table Exercise -- Appendix I-6

Word Table Exercise:

You have been asked to include the attached table in a memo to the Director of Care. The purpose of this memo is to instruct her to use this chart on a monthly basis to keep track of hours.

Please create the memo in word, including the table. Print the document out and save it in my documents as memoname (replace the "name" portion with your last name).

Skills - Word Table Exercise – Appendix I-6

APPENDIX I-6

| APPROPRIATION CLASS | PAID HOURS HOURS | MONTH | | |
|------------------------|---------------------|---------|---------|---------|
| | | PP # | PP # | PP # |
| 001A DCC | 75 | | | |
| 001A CO-DOC | 75 | | | |
| 001C ADMISSIONS CO-ORD | 30 | | | |
| 002A RN | 350 | | | |
| 002H RPN | 392 | | | |
| 002C PCA | 1080 | | | |
| 003A ADMINISTRATOR | 45 | | | |
| 004B ADMIN ASSISTANT | 95 | | | |
| 006A FSS | 37,345 | | | |
| 006B COOK | 105 | | | |
| 006C ASST. COOK | 28 | | | |
| 006D DIETARY AIDE | 314 | | | |
| 007A LAUNDRY AIDE | 84 | | | |
| 008A SUPPORT SERV | 127.5 | | | |
| 009A MAINT. MANAGER | 75 | | | |
| 010A ACTIVITY DIR. | 75 | | | |
| 010B ACTIVITY AID | 75 | | | |
| 010C VOL. CO-ORD | 30 | | | |
| 010E EDUC. FOR PROJ. | 4 | | | |
| 010F RESTOR. CO-OR | 12 | | | |
| TOTAL HOURS | | | | |

High Assn. Staff benefits with RSN. partial hours

VARIANCE:

ACTION TO ADJUST:

DATE: _____

SIGNATURE: _____



Chapter 3 – Administration Guidelines

Guidelines for Administering the *Personal Profile System*SM

You may respond to the *Personal Profile System*SM directly on the computer screen by following the instructions in the User's Guide under "Adding Data." You may also respond by transferring Tally Box scores from the paper version of the *Personal Profile System* 2800 Series. You can also transfer tally box scores from the *Personal Profile System* 2800 Series Selfway Response Form. Whichever method you choose, it is important to observe the following guidelines in order to ensure the validity of the results.

Create an Appropriate Mindset

Before responding to the *Personal Profile System*, it is necessary to establish an appropriate mindset and focus. The following points need be communicated to the respondent.

1. The *Personal Profile System* is not a test.
2. You cannot pass or fail the Profile. There are no good or bad profiles.
3. The *Personal Profile System* is like a mirror. It accepts information you provide about your behavior and it reflects that input back to you in a more focused and organized format, which makes it more useful.

Choose a Response Focus

A person's behavior may change from one environmental focus to another in response to specific demands and expectations. While the behavior of some people may change dramatically, others may show little change. In any case, it is important to choose a specific environmental response focus when responding to the *Personal Profile System*, for example "work," "sales," "team," "family," "social," etc.

Always identify an environmental focus before responding to the profile. If using a printed response form, record the focus and the date for future reference. If responding on the computer, enter the response focus and other information requested. This information will make the report more useful. It is important to keep your focus clearly in mind when completing the profile responses.

Note: To access all the available DISC information in the Personal Profile System for WindowsSM, the correct combination of "work" is an appropriate response focus.



Chapter 3 – Administration Guidelines

Respond Quickly – Use Your First Reaction

The *Personal Profile System*[®] is designed to identify your natural behaviors in a particular situation. Therefore, it is important to respond spontaneously by using your first reactions. It is important to take the time to think about your behavior in the selected focus. Focus your thoughts on this situation for a few moments before you begin to respond, and then retain this focus as you proceed. Avoid the tendency to overanalyze, as this will bias the results. It should take you approximately 10 minutes to respond to the *Personal Profile System*.

NOTE: A complete script for administering the Personal Profile System can be found in the Personal Profile System Facilitator's Kit.

Personal Profile System 2800 Series – Appendix K-2



Response Form

Word Variable

1. **MOST OF THE LEAVE**

2. **MADE BY**

3. **REASON FOR**

4. **REASON FOR**

5. **REASON FOR**

6. **REASON FOR**

7. **REASON FOR**

8. **REASON FOR**

9. **REASON FOR**

9. **REASON FOR**

10. **REASON FOR**

10. **REASON FOR**

11. **REASON FOR**

11. **REASON FOR**

12. **REASON FOR**

12. **REASON FOR**

13. **REASON FOR**

13. **REASON FOR**

14. **REASON FOR**

14. **REASON FOR**

15. **REASON FOR**

15. **REASON FOR**

16. **REASON FOR**

16. **REASON FOR**

17. **REASON FOR**

17. **REASON FOR**

18. **REASON FOR**

18. **REASON FOR**

19. **REASON FOR**

19. **REASON FOR**

20. **REASON FOR**

20. **REASON FOR**

21. **REASON FOR**

21. **REASON FOR**

22. **REASON FOR**

22. **REASON FOR**

23. **REASON FOR**

23. **REASON FOR**

24. **REASON FOR**

24. **REASON FOR**

25. **REASON FOR**

25. **REASON FOR**

26. **REASON FOR**

26. **REASON FOR**

27. **REASON FOR**

27. **REASON FOR**

28. **REASON FOR**

28. **REASON FOR**

29. **REASON FOR**

29. **REASON FOR**

30. **REASON FOR**

30. **REASON FOR**

31. **REASON FOR**

31. **REASON FOR**

32. **REASON FOR**

32. **REASON FOR**

33. **REASON FOR**

33. **REASON FOR**

34. **REASON FOR**

34. **REASON FOR**

35. **REASON FOR**

35. **REASON FOR**

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41. **REASON FOR**

41. **REASON FOR**

42. **REASON FOR**

42. **REASON FOR**

43. **REASON FOR**

43. **REASON FOR**

44. **REASON FOR**

44. **REASON FOR**

45. **REASON FOR**

45. **REASON FOR**

46. **REASON FOR**

46. **REASON FOR**

47. **REASON FOR**

47. **REASON FOR**

48. **REASON FOR**

48. **REASON FOR**

49. **REASON FOR**

49. **REASON FOR**

50. **REASON FOR**

DISC System and PPSSW Application – Appendix L-1

APPENDIX L-1

DISC® System and PPSSW Applications

Background and Theory of the DISC® Behavioral System

The *Personal Profile System* is based on William Moulton Marston's two-axis, four-dimensional model of human behavior. The model divides behavior into four main dimensions, Dominance, Influence, Steadiness and Conscientiousness. Marston developed the descriptive categories that made a practical application of his model possible. Later, authors and researchers expanded on his model and developed a variety of applications. Based on Marston's model, the *Personal Profile System* was created and first published in 1972.

The uniqueness of the *Personal Profile System* is that it is a self-administered, self-scoring and self-interpreting application of Marston's model. This self-approach has made DISC® widely available and easily accessible. The instrument was most recently re-scaled on a population representative of the US work population and revised in 1994. International versions of the *Personal Profile System* are validated on the local population and scales are created that are representative of that population. The *Personal Profile System* has been translated into 17 different language versions. Each translated version is validated in the country in which it will be used.

The DISC® model of human behavior used in interpreting the *Personal Profile System* was presented in the 1920's by William Moulton Marston in his book *Emotions of Normal People*. In this work, he described human behavior using four factors which he called Dominance, Inducement, Submission and Compliance, using analogies from physical systems. Unlike other models, which are essentially static models, Marston's model defines behavior as a series of responses based on the perception an individual has of his/her personal power in relationship to the conditions of his/her environment. Marston's model is unique in that it is a two-axis, four-factor model, with Dominance and Conscientiousness (Compliance) on one axis and Influence (Inducement) and Steadiness (Submission) on the other axis.

NOTE: Marston was very specific in his use of the terms Inducement, Submissive and Compliance for the behavioral tendencies now called Influence, Steadiness and Conscientiousness. However, language has changed since the 1920's and the three words are no longer commonly used in their original intent. As a result of this natural evolution of language and meaning, we have substituted new terms that retain the original intent. Inducement, while an accurate term for describing "I-ness," is not a commonly used term. Influence, which retains the intent of Inducement, is more easily understood.

Marston defined Submission as willingly submitting to the leadership of someone who the person felt was allied for his/her greater good. He said submission, in a climate of trusting the principles and conduct of the leader, felt "good" to the person submitting. This willing submission helps to create an environment of steadiness. The term, Steadiness, which maintains the intent of Submission, has been substituted for submission.

On the other hand, Marston described Compliance as a response made to a superior force that dominated the situation based on having greater power. Marston said that a

DISC System and PPSSW Applications

Complained response did not feel pain and the person complacent was probably "making time" and they could gain power over their environment and so fit their own Dominance behavior. The term cross-complainers which has replaced Complainers reflects the behaviors most common to the concept of "comers" as expressed in the Personal Profile System.

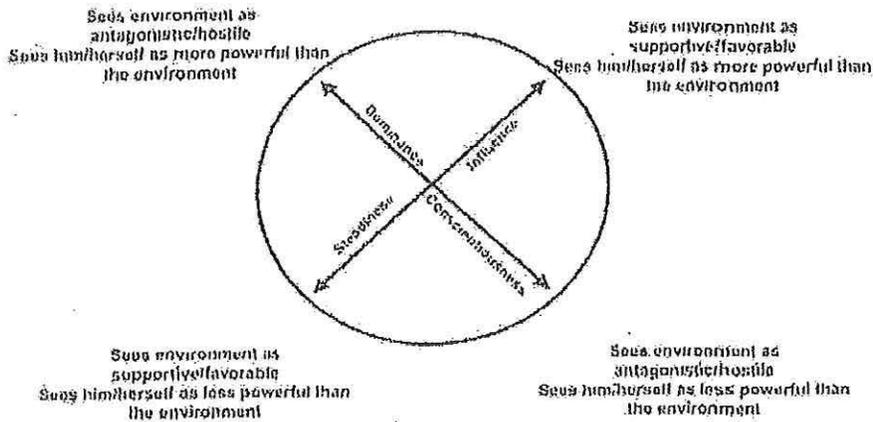
It is assumed that most people show all four of these dimensions at times; however, it is also assumed that an individual develops a style of behavior that puts particular emphasis on certain behavioral styles and less on others. This is a gradual learning process that is dependent in large measure upon the reactions of others to an individual's efforts to establish his/her own characteristic mode. Out of this comes a self-image that the person will strive to maintain and express in overt behavior while he also seeks out roles and occupations which are in keeping with this self-image. This results in a moderate degree of self-consistency for most people and provides the basis for the prediction of an individual's reactions.

Marston was a physiological psychologist whose primary interest was in theories of emotions and research in the physical manifestations of emotional states. His work is of importance in the history of development of four-factor models of personality largely because of the later work done by Clarke, Cleaver, Geier and others. Marston himself had little interest in theoretical concepts of personality or assessment. Later, other developers used Marston's model of emotional behavior as a foundation for the model of personality in developing industrial psychological tests. Geier and others modified Marston's model based on the influence of the work in personality done by Lecky (1943) and others (Cattell, 1936; Jenkins, 1950).

Dr. John Geier and his wife Publishing Company published a unique forced-choice self-report instrument in 1977 that was self-administered, self-scored, and self-interpreting. The instrument was based on an interpretation of Marston's model. This breakthrough instrument allowed wide application and use of Marston's model and theory. Geier included concepts in Intensity Index and 15 Classical Pattern descriptions with the assessment portion of the instrument. Additional refinement to the Pattern descriptions was done through interview data which resulted in the Classical Pattern Library.

The DISC model has two significant elements that define a person's behavioral style. One of the elements describes the perception a person has of the favorableness or unfavorableness of his/her environment (see figure). Marston said the two behavioral tendencies of Dominance and Conscientiousness were related behaviors because of a shared perception of the environment as antagonistic or unfavorable. As a result of perceiving the environment as unfavorable, people with Dominance and/or Conscientiousness tend to see the environment as requiring either aggressive or defensive responses. The other two behavioral tendencies, Influence and Steadiness, are similar to each other because they share a perception of their environment as being favorable and supportive rather than antagonistic. As a result of their shared perception of the environment as favorable, people with Influence or Steadiness behavioral tendencies tend to behave in an open and accepting manner.

DISC System and PPSSW Applications



The other significant element that determines behavioral style is how much power a person perceives he has in an environment. (See Figure 2.3.) People with a Dominance and/or Influence style share a perception of being more powerful than the conditions in their environment, so their behavioral strategies have to do with shaping their environment to meet their needs. This means that people with Dominance and/or Influence behavioral tendencies will try to shape or change people and situations to meet their needs. The basic strategy of a person with a Dominance style is "shaping the environment by overcoming opposition to accomplish results." People with a Dominance style tend to take a very direct approach to getting results even in the face of resistance. People with an Influence style also attempt to shape their environment, not by direct action, but by influencing or persuading others.

On the other hand, people with a Steadiness and/or Conscientiousness behavioral style tend not to perceive themselves as being more powerful than the environment, so their strategies are based on working with existing conditions within the environment. The basic strategy for a person with a Steadiness style is "to cooperate with others, to carry out the job" while working within the existing limits of the environment. The basic strategy of a person with a Conscientiousness behavioral style is to "work conscientiously within existing circumstances to ensure quality and accuracy."

Combination Determines Behavioral Style

It is the combination of a person's perception of the favorableness or unfavorableness of the environment and the perception of his/her personal power in relation to the

Team Orientation

Rating:

What you are looking for at this level:

- Communicates effectively with team members
- Cooperates with others
- Participates willingly to collective problems solving

1. Describe a time when you called upon people you know to help you solve a problem.

2. Tell me about a time when your positive attitude caused others to be motivated or energized. Be specific. (situation, action, outcome)

3. People work at different speeds. Tell me about the most frustrating time you experienced when you had to work with someone whose pace was slower than yours. (situation, action, outcome)

4. Tell me about a situation in which you did not agree with the conduct of a nurse or co-worker you were on shift with. What did you do and why? (probe for understanding of abuse as well)

Total Rating: _____

Behavioural Based Questions

Interview 2

Registered Practical Nurse

Interviewer Name(s)

Candidate's Name

Interview Date

- Rating Scale: 1. No evidence of behaviour or understanding of behaviour
2. Theoretical or hypothetical demonstration of behaviours
3. Recent and repeated demonstration of some of the behaviours
4. Consistent, recent and repeated demonstration of all the behaviours

Conscientiousness/Critical Thinking

Rating:

What you are looking for at this level:

- Accuracy, thoroughness and organization of work
- Self directed to improve skills
- Accepts responsibility for quality of team output
- Shows commitment
- Maximizes the use of resources available human and material

4. Tell me about a time when you had to switch back and forth between several different tasks at work. How did you determine where to focus your attention? How did you make sure you stayed on track for each task? (situation, action, outcome)

5. Can you give an example of a time when you had to go above and beyond the call of duty in order to get a job done?

6. Describe how you go about learning new information that is important to your job and to the department. How often do you do this?

Compliance

Rating:

What you are looking for at this level:

- Knowledge of systems and procedures
- Ability to follow detailed instructions
- Recognizes lines of authority
- Is aware, understands and practices safe work habits.

5. Tell me about a time when you disagreed with your boss on handling an important issue. What did you do and why?

6. In this position there will be the occasion when you will be required to respond to a sudden emergency? Tell me about how you handled an emergency. (looking for step by step process, resident safety)

7. Describe for me a situation in which you witnessed an employee not following procedures? What did you do?

8. Give me an example of a time when you did not follow policy or procedure, and why?

Initiative and Flexibility

What you are looking for at this level:

- * Originates Ideas and actions
- * Promotes changes to realize best practices

Rating:

- * Demonstrates and encourages initiative
- * Identifies resources appropriately

5. Tell me about a project you were involved in, that you consider a fabulous success. What was your involvement and what was the outcome?

6. Can you give me an example of a time you were involved in a team that didn't work well together and what you did to try to get back on track.

7. Describe for me a personal characteristic that you are most proud of and give me an example of an experience that you have used this characteristic in the work environment.

8. What suggestions might you have made in your last position to improve operations or staff morale.

Team Orientation

Rating:

Behavioural Based Questions

Interview 2

Registered Nurse

Interviewer Name(s)

Candidate's Name

Interview Date

- Rating Scale:
1. No evidence of behaviour or understanding of behaviour
 2. Theoretical or hypothetical demonstration of behaviours
 3. Recent and repeated demonstration of some of the behaviours
 4. Consistent, recent and repeated demonstration of all the behaviours

Conscientiousness/Critical Thinking

Rating:

What you are looking for at this level:

- Accuracy, thoroughness and organization of work
- Self directed to improve skills
- Accepts responsibility for quality of team output
- Shows commitment
- Maximizes the use of resources available human and material

7. Tell me about a time when you had to switch back and forth between several different tasks at work. How did you determine where to focus your attention? How did you make sure you stayed on track for each task? (situation, action, outcome)

8. Can you give an example of a time when you had to go above and beyond the call of duty in order to get a job done?

9. Describe how you go about learning new information that is important to your job and to the department. How often do you do this?

Customer Service/Business Sense

Rating:

What you are looking for at this level:

- * Able to champion and model behaviours that promote organizational values
- * Demonstrates concern for high quality of resident care
- * Follows through on commitments
- * Takes immediate action to resolve problems

9. Being able to respond to a customer's concern is important in this job. Yet not all customers are alike and not all are nice or easy to understand. Describe a time when you were working with a customer who was either not cooperative or not clear in what he or she wanted. (situation, action, results)

10. A resident's daughter complains about the nursing care her mother is receiving - stating that her mother is always last to be changed after supper. What is your response?

11. Describe the most significant effort you put in recently to live up to a difficult commitment. (steps, obstacles, outcome)

12. Describe for me the actions you would take in the event of an altercation between staff.

Compliance/Discipline

Rating:

What you are looking for at this level:

- Knowledge application, promotion and enforcement of systems and procedures
- Recognizes and promotes lines of authority
- Models and upholds clear ethical standards
- Understands and practices the fundamentals of positive discipline

9. Tell me about a time when you disagreed with your boss on handling an important issue. What did you do and why?

10. Tell me about a time in which you had to criticize an employee for a delay in handling a resident's concerns.

11. In your opinion, what events or issues would warrant immediate termination of employment with our organization? (probe for understanding of abuse as well)

12. You are the most senior person in the building at the time. You are advised by a kitchen aide the cook is acting bizarre and appears to be "drunk". Describe your actions.

Initiative and Flexibility

Rating:

What you are looking for at this level:

- * Originates ideas and actions
- * Promotes changes to realize best practices

- * Demonstrates and encourages initiative.
- * Identifies resources appropriately

9. Tell me about a project you were involved in, that you consider a fabulous success. What was your involvement and what was the outcome?

10. Describe a time when you had to change things so that a process and/or procedure was more in line with a directive from your supervisor. How did you accomplish this? What were the results? (situation, action, outcome)

11. Describe for me a personal characteristic that you are most proud of and give me an example of an experience that you have used this characteristic in the work environment.

12. What suggestions might you have made in your last position to improve operations or staff morale.

Team Orientation/Talent Development

Rating:

What you are looking for at this level:

- Able to share information using appropriate channels
- Participates in and promotes collective problems solving
- Fosters the development of others through coaching, mentoring
- Demonstrates conflict resolution skills
- Recognizes and encourages others

1. Describe a time when you called upon people you know to help you solve a problem.

8. Tell me about a time when your positive attitude caused others to be motivated or energized. Be specific. (situation, action, outcome)

9. Describe for me a time when you were leading a project or team and someone's opinion differed from your own. What did you do (situation, action, outcome)

10. What would you do if you did not agree with the conduct of a nurse you were taking over for? (Coming on or off shift)?

Total Rating: _____

Applicant Reference Check Form – Appendix P-1

Employment Reference Check – Jarlette Health Services

I hereby give (Insert Home/Lodge Name) permission to conduct an employment reference check.

Signature: _____

Name of Applicant: _____

For Department: _____

Position Under Consideration: _____

Person Contacted: _____

Firm: _____ Telephone: _____

In What Capacity did you know applicant? _____

How Long? _____

What specifically did he/she do? _____

How would you Rate:
Performance (quality and quantity): _____

Did peers like/respect him/her? _____

Problem solving ability: _____

Ability to work independently: _____

Work habits: _____

Attendance: _____

What were circumstances surrounding his/her leaving? _____

Would you rehire? Yes _____ No _____ Qualifications: _____
Why? _____

What were strengths? General: _____
Technical: _____

Are there any negative aspects or weaknesses? _____

Additional Comments: _____

Reference check made by: _____ Date: _____

Applicant Reference Check Form – Management – Appendix P-2

Appendix P-1

APPLICANT REFERENCE FORM

I hereby give (Name of Facility) permission to conduct an employment reference check.

Signature _____

GENERAL INFORMATION

Name of Applicant _____

Reference given by _____

Relationship and how long _____

Position _____

Company _____

QUESTIONS

What are the responsibilities of the position?

How would you rate the quality of the work and why?

Please compare the candidate's performance to the performance of others with similar responsibilities.

Was the person able to meet deadlines?

Strengths

What were the candidate's principal strengths, weaknesses and failures? Can you give me an example of each?

Weaknesses

Failures

Applicant Reference Check Form- Management Page 2 – Appendix P-2

Applicant reference check form

What is the candidate's attitude toward work?

What areas of professional development should the candidate pursue?

How did the candidate resolve conflict with the candidate's stakeholders?

As the problem _____ is an example, how did the candidate demonstrate their ability?

How is/was the candidate's attendance record and punctuality?

What other information can you give that would help to develop a more complete picture of the candidate?

Remarks

Would you re-hire this person? If no, why not?

Date

Signature

Thank you

Reference: 2107-010 Human Resources
03/15/05

Jarlette Health Services
Employee Contract Request
email to: mbarber@jarlette.com

Facility Name: _____ Date Requested: _____

Requested by: _____ Date Required: _____

Employee Name: _____
 Job Description: _____
 Address: _____

- Source of Applicant Recruitment:**
- Campus Recruitment
 - Contracted Recruitment Firm (Head Office approved)
 - JHS Website "Careers" Posting
 - Employee Referral
 - Employment Resource Centre ("ERC")
 - Internal Jarlette Posting
 - Newspaper/Trade Journal Ad
 - Resume Database
 - Social Media
 - Walk Ins
 - Website (Workopolis, Service Canada, HFO)

Status: (click on the box to enter an X)

- Permanent Full time
- Permanent Part-time
- Temporary Full-time
- Temporary Part-time

Terms of Employment:

Start Date: _____ End Date: _____
 Rate/Salary: _____ Hours of Work/Wk: _____

Conditions of Employment:

- LTCOM
- College of Nurses
- HCA

Other: _____

Head Office Use Only

Date Contract Emailed to facility: _____
 Employee Accepted Offer Yes No
 If yes, Employee Number # _____
 If no, survey sent? Information entered into Database

Non Disclosure of Information Agreement - Appendix R

Facility Legal Name

(hereinafter called "the Employer")

- and -

Employee Name

(hereinafter called "the Employee")

IN CONSIDERATION of the employment or continued employment of the Employee by the Employer the Employee agrees as follows

ARTICLE 1: NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

- 1.01 As used in this section, the words "confidential information" include:
- (a) Such information as a Vice President, Operations Team Member, or Senior Employee of the Employer may, from time to time, designate to the Employee as being included in the expression "confidential information";
 - (b) Any secret or trade secret or know-how of the Employer or information relating to the Employer or to any person, firm or other entity with which the Employer does business which is not generally known to persons outside the Employer, including the identity of residents of the Employer;
 - (c) Any information, process or idea that is not generally known outside the Employer, including without restricting the generality of the foregoing:
 - (i) Information relating to discoveries, processes, procedures, policy manuals, electronic records and technical data developed by or on behalf of the Employer;
 - (ii) Information relating to costs, prices, labour statistics and funding;
 - (iii) Information relating to present and future plans and projects of the Employer;
 - (d) Resident lists and records, terms of contracts between the Employer and its residents, renewal dates, price and marketing policies and similar data, whether or not such information was acquired or developed by the Employee.
- The Employee acknowledges that the foregoing is intended to be illustrative and that other confidential information may exist or arise in the future.

Non-Disclosure of Information Agreement – Appendix R-2

- 1.02 The Employer and the Employee acknowledge and agree that the relationship between them is one of mutual trust and reliance.
- 1.03 The Employee acknowledges that he has and may have access to information and knowledge, including confidential information, relating to aspects of the business of the Employer, the disclosure of any of which to the Employer's competitors, customers or the general public may be highly detrimental to the best interests of the Employer.
- 1.04 The Employee agrees:
- (a) not to disclose directly or indirectly, at any time, either during or after the termination of the Employee's employment with the Employer, to any person any confidential information; and
 - (b) not to use, at any time, either during or after the termination of the Employee's employment with the Employer any such confidential information for the Employee's own benefit or purposes or for the benefit or purposes of any other person, firm, corporation or other business entity,
- except as may be necessary in the performance of the duties and responsibilities of his employment with the Employer or as otherwise may be authorized expressly in writing by a Vice President, Operations Team Member, or Senior Employee
- 1.05 The Employee agrees that all records stored in any form whatsoever, files, charts, electronic files, tapes, documents, tools, equipment and the like relating to the business, work, or investigations of the Employer and prepared, used or possessed by the Employee or under the Employee's control during the term of the Employee's employment shall be and remain the sole and exclusive property of the Employer or its nominees.
- 1.06 In the event that the Employee ceases for any reason to be employed by the Employer, the Employee agrees forthwith upon his termination to return to the Employer every copy of all such records stored in any form whatsoever, files, charts, electronic files, tapes, documents and all such tools and equipment in the possession or under the control of the Employee at that time.
- 1.07 This Agreement and the rights hereunder are personal to the Employee and shall not be subject to voluntary or involuntary alienation, assignment or transfer by the Employee.

I have read and understood this agreement and accept its terms.

Employee Name

Date

Union Hire Letter – Appendix S

Date

Employee Name
Address

Dear Employee Name:

Welcome to Facility Name! This letter is to confirm our phone conversation during which you accepted our employment offer of Part time Resident Attendant at Facility Name. In this position you will report to Supervisor's Name. Please find attached a copy of the job description.

Your starting hourly wage will be \$=, including pay equity. As defined by union contract, you will be on probation for the first 120 hours of service. Probationary reviews will take place during that time. Following successful completion of probation, performance reviews will be conducted annually.

We are currently planning your first day of orientation to take place on Date at time. Union Contract and benefit information will be discussed during orientation.

Do not hesitate to call me with any questions about your employment here. In the meantime, we look forward to you joining the staff and the positive contributions we believe you will make at Facility Name.

Sincerely,

General Manager Name
General Manager

Unsuccessful Candidate Letter – Appendix T

Date:

Name
Address

Dear Name

I want to thank you for your interest in (Facility Name) and for taking the time to meet with me to discuss possible employment opportunities with our organization. After careful consideration of all the applicants I must advise you that you were not the successful applicant for the position you applied for. However, we will keep your resume on file for the next six months should another position become available that suits your qualifications.

As you were informed during our meeting Inlette Health Services and the facilities it operates are continually seeking qualified employees to grow and develop with our organization.

Should our paths not cross again, I wish you success in your job search and future endeavors.

Sincerely,

Name
Job Description

This is Exhibit "D" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law,
Expires June 20, 2020.**

GENERAL ORIENTATION PLAN DAY 1 - ALL STAFF

STAFF NAME: *Beth Wehlauer*

DATE: *April 22/14*

| Date/Time | Focus | Resource | Facilitator | Facilitator Signature | Staff Signature |
|-----------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------|
| 0900-0915 | Intro/Sharing | Ice Breaker of Choice | Volunteer Services | <i>AF</i> | <i>Beth We</i> |
| 0915-0930 | Mission/Vision/Values Home and JHS | Booklet | RFSC | <i>AF</i> | <i>Beth We</i> |
| 0930-0945 | Resident Rights | Booklet STATION Resident's Rights - You Tube (10 Minutes)- access thru OLTC | RFSC | <i>AF</i> | <i>Beth We</i> |
| 0945-1000 | Confidentiality | Confidentiality Form Sign Off | RFSC | <i>AF</i> | <i>Beth We</i> |
| 1000-1015 | Meet and Greet Coffee | Introduce Role and Department | All Managers | <i>AF</i> | <i>Beth We</i> |
| 1015-1030 | Continuous Quality Improvement | Facility QI Plan Review | All Managers | <i>AF</i> | <i>Beth We</i> |
| 1030-1100 | Concerns/Complaints Duty to Report Section 24 Whistle Blower Protection Section 26 | Customer Service/Complaint Resolution Power Point (shared drive under customer service) P&P | Administrator | <i>AF</i> | <i>Beth We</i> |
| 1100-1120 | Restraint Minimization | Least Restraint Pamphlet Minimization of Restraints - You Tube (16 min) OLTC | Staff Educator | <i>AF</i> | <i>Beth We</i> |
| 1120-1200 | Zero Tolerance for Abuse Abuse Recognition and Prevention | Pamphlet Policy and Sign-Off <i>1 is 1 Too Many</i> | DOC | <i>AF</i> | <i>Beth We</i> |
| 1200-1215 | Back Care/ MSD Prevention | Safety Talk Quiz | Restorative Care | <i>AF</i> | <i>Beth We</i> |
| 1215-1245 | Lunch | | | | |
| 1245-1330 | Fire Prevention and Response | <i>Every Second Counts</i> Video Quiz Power Point (correct and make home specific) | Staff Educator | <i>AF</i> | <i>Beth We</i> |
| 1330-1345 | Other Emergency Response Protocols Including Evacuation | Table of Contents Fire and Disaster Manual Code Responses | Staff Educator | <i>AF</i> | <i>Beth We</i> |
| 1345-1415 | Health and Safety Tour of Home | -Fire Safety -First Aide Station -MSDS (WHMIS) -Eye Wash Stations | ESS | <i>AF</i> | <i>Beth We</i> |
| 1415-1445 | Infection Control- Hand Hygiene, Modes of Transmission, Cleaning and Disinfection | <i>Intro to Just Clean Your Hands</i> (9 min) JCYH Program Table of Contents Infection Control Manual 4 Moments of Hand Hygiene Pocket Card Power Point | Co-DOC | <i>AF</i> | <i>Beth We</i> |
| 1445-1515 | PPE Use And Fit Testing TB Testing | Fit Test PPE Don/Doff <i>The Grand Prix of PPE</i> Fit Test Forms | Co-DOC/Staff Educator | <i>AF</i> | <i>Beth We</i> |
| 1515-1530 | Break | | | | |
| 1530-1600 | WHMIS | WHMIS Booklet Your Safety Net Quiz in Back Review workplace label, MSDS and containers - hands on | ESS/ Staff Educator | <i>AF</i> | <i>Beth We</i> |
| 1600-1630 | Violence Prevention including Responsive Behaviour Review | Workplace Violence Prevention Power Point <i>Workplace Violence Prevention</i> Quiz | Staff Educator | <i>AF</i> | <i>Beth We</i> |
| 1630-1700 | Health and Safety Review and Quiz | Table of Contents of Health and Safety Manual P&P in Booklet Quiz | Staff Educator | <i>AF</i> | <i>Beth We</i> |

GENERAL ORIENTATION PLAN DAY TWO - DIRECT CARE STAFF

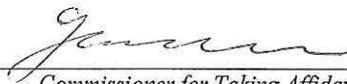
STAFF NAME

F. Zab Eth Weltlaufer

DATE: Apr. 23/2014

| Date/Time | Focus | Resource | Facilitator | Facilitator Signature | Staff Signature |
|-----------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|-----------------|
| 0900-0915 | Review/Questions from Day 1 | | Staff Educator | | Beth We |
| 0915-0945 | Payroll/Scheduling | | Scheduling Coordinator Admin Assist | | Beth We |
| 0945-1100 | HR Review Attendance Awareness | General Section P&P Confirmation of Understanding Criminal Reference Check Computer guidelines Harassment Social Media Sign off Employee Booklet | Staff Educator | | Beth We |
| 1100-1115 | Break | | | | |
| 1115-1130 | Dining Room Service | Power Point Copy of DR Audit | FSS/Staff Educator | | Beth We |
| 1130-1145 | Eating Assistance | EATING ASSISTANCE, ENCOURAGING PARTICIPATION | Staff Educator | | Beth We |
| 1145-1200 | Pain Management and Palliative Care | Power Point BP Blogger - Pain Issue | Staff Educator | | Beth We |
| 1200-1220 | Dementia Care Including Responsive Behaviours | Managing and Accommodating Responsive Behaviours in Dementia Care Chapter 3, 4, 5, 8 (10 min) BP Blogger - Dementia Care Issue Registered Staff Only - "Tool on the Assessment and Treatment of Behavioural Symptoms of Older Adults Living in Long Term Care Facilities" from ccsnh.ca | Staff Educator | | Beth We |
| 1220-1250 | Lunch | | | | |
| 1250-1320 | Continance Care Bowel Management Skin and Wound Care | BP Blogger The Skin Care Issue Power Point | CO-DOC | | Beth We |
| 1320-1350 | Falls Prevention and Management Restraint/PASD | Power Point Falls Prevention Power Point Restraint Minimization and Monitoring (pending) | CO-DOC Restorative Care | | Beth We |
| 1350-1430 | Mechanical Lifts and Transfers Wheelchair Care (including cleaning) and Repair | Hands-on Lift Lift/Transfer Skills and SEPOI Pre-start Checklist - review Whcelchair Service Book | CO-DOC Restorative Care | | Beth We |
| 1430-1500 | Documentation | Point Click Care and Point of Care Demo and Passwords | Staff Educator | | Beth We |
| 1500-1515 | Break | | | | |
| 1515-1700 | Restorative Nursing Care | Power Point and OWI | Staff Educator | | Beth We |
| 1700 | Evaluation | Complete evaluation form and submit | | | |

This is Exhibit "E" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



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Province of Ontario, while a Student-at-Law;
Expires June 20, 2020.**

JANUARY 2014 SPECIFIC EDUCATIONAL PLAN

MANAGERS

- REVIEW "HOW TO DO A SAFETY TALK" FROM HEALTH AND SAFETY POLICY AT MANAGER'S MEETING AND COMMUNICATE TO ALL THOSE LEADING SAFETY TALKS

LED and VCC LEADS MUSIC CARE webinar January 8th 2014 <http://www.room217.ca/music-care-webinars>

ALL STAFF IN ALL DEPARTMENTS

- ASSIGN THE "COMMITMENT TO HEALTH AND SAFETY LETTER" (SIGNED BY DAVID JARLETTE) IN POLICYTECH TO ALL STAFF – I WILL LET YOU KNOW WHEN THIS IS AVAILABLE TO ASSIGN FOR 2014
- PROVIDE EDUCATION RELATED TO CUSTOMER SERVICE TO ALL STAFF IN ALL DEPARTMENTS (ADMINISTRATOR TO DELIVER TO STAFF NOT FROM NURSING/RPGRAMS). THE POWER POINT IS SHORT (7 SLIDES) AND SHOULD TAKE APPROXIMATELY 20 MINUTES AND IS ON THE SHARED DRIVE UNDER THE JANUARY RESOURCES ALL STAFF MUST SIGN FOR ATTENDANCE.

ALL DIRECT CARE STAFF

- COMPLETE CARE2LEARN "PRESSURE ULCER PREVENTION (T-N-T)" – ALL DIRECT CARE STAFF ARE TO COMPLETE (INCLUDING PROGRAMS STAFF)
- ATTACH SKIN BP BLOGGER TO FIRST PAY STUB OF JANUARY

REGISTERED STAFF ONLY

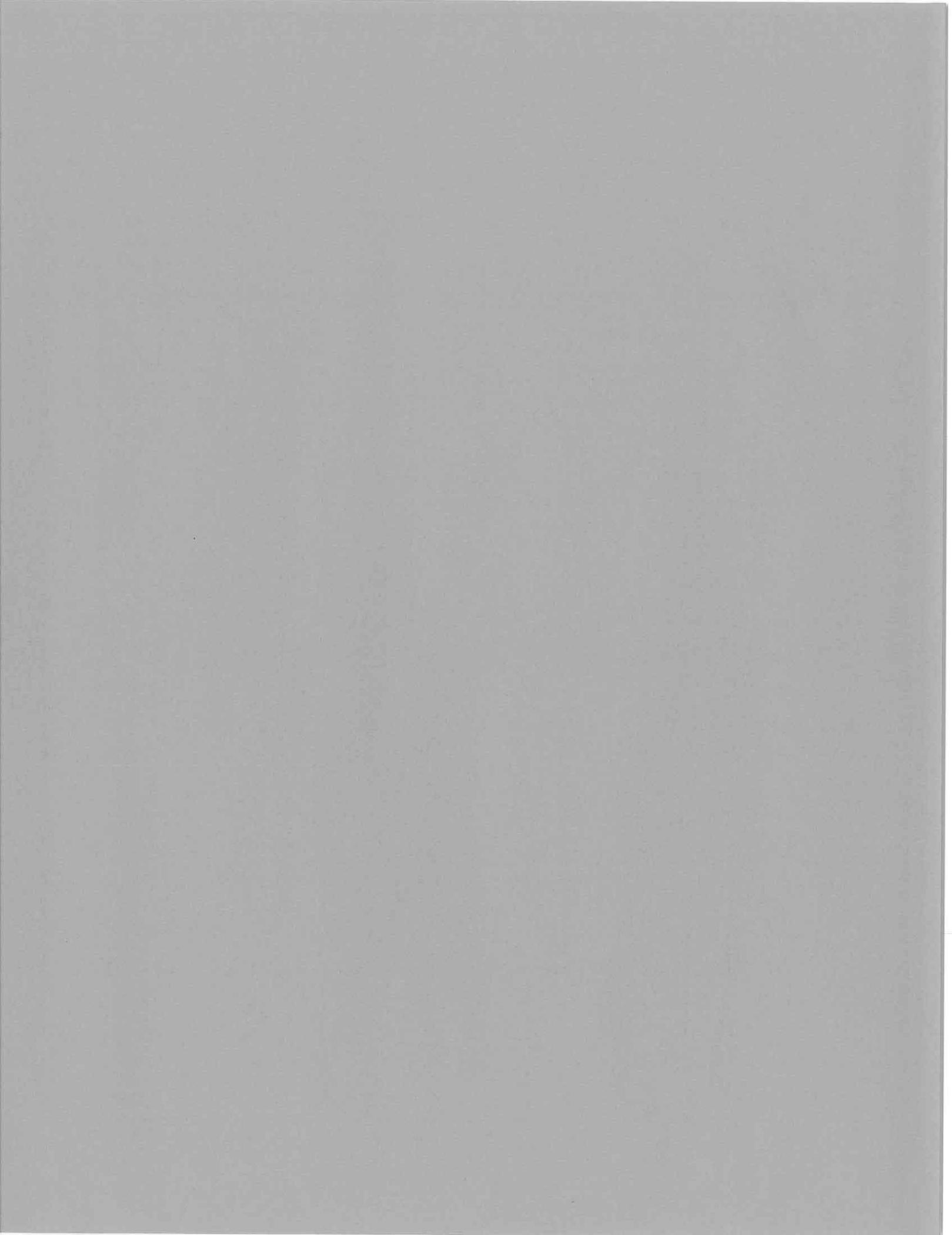
- Complete Care2Learn "Skin Anatomy and Wound Healing"
- Make available the Self Learning Packages and Best Practice Guidelines related to Pressure Ulcers/Diabetic Ulcers/Venous Ulcers. Support staff in reviewing and completing. (This is not mandatory for Registered Staff but should be supported.)
- Ensure that the Lead for Skin and Wound Care in your home has completed the self learning packages

RESIDENTS/FAMILY

- ASK IF LEAD FOR SKIN AND WOUND IN HOME MAY REVIEW SKIN LOGO AND "KEEPING PRESSURE OFF" INFO AT RESIDENT AND FAMILY COUNCILS. BE PREPARED TO INFORM REGARDING HOW WE PREVENT PRESSURE ULCERS IN OUR HOME. IF YOUR HOME IS WORKING TO IMPROVE THIS AREA, BRING QUALITY IMPROVEMENT PLAN TO SHARE

MDS

- AUDIT CODING OF SECTION M FOR 25% OF THOSE RESIDENTS ASSESSED IN DECEMBER 2012 AND CORRECT ANY DEFICIENCIES. IF PATTERNS ARE IDENTIFIED, AUDIT AND CORRECT REMAINING ASSESSMENTS. ENSURE THAT ALL RESIDENTS ARE CODED AS HAVING PRESSURE RELIEF SURFACE ON BED, UNLESS FOR SOME REASON YOUR HOME HAS OLD STYLE HOSPITAL MATTRESSES. ENSURE THAT ALL RESIDENTS USING PERSONAL WHEELCHAIRS ARE CODED AS HAVING PRESSURE RELIEF IN THEIR CHAIR.
- CONTINUE TO AUDIT SECTION H
- COMMUNICATE TO REGISTERED STAFF IN WRITTEN MDS UPDATE AND THROUGH VERBAL DISCUSSIONS THE CODING OF SECTION M



FEBRUARY 2014 REQUIREMENTS FOR EDUCATION

FOR ALL STAFF

1. RESTRAINTS MINIMIZATION –
 - a. VIEW VIDEO ON OLTCA WEB SITE ENTITLED; MINIMIZATION OF RESTRAINTS – STAFF MUST SIGN FOR COMPLETION
2. Safety talk – “Winter Slip and Fall Safety” for all staff in all departments

IN ADDITION FOR DIRECT CARE STAFF

- ↓ Siderails – A hidden Danger (PASD and Restraint Education) on CARE2LEARN

FOR LED and VCC

Music Webinars <http://www.room217.ca/music-care-webinars>

FOR RESIDENTS, VISITORS AND STAFF

- REVISE POSTER DISPLAY (FROM LAST YEAR- FEBRUARY AND OCTOBER) HIGHLIGHTING YOUR ACHIEVEMENTS RELATED TO FALLS PREVENTION – ENSURE YOUR DISPLAY INCLUDES STRATEGIES IMPLEMENTED TO REDUCE FALLS AND/OR FALLS INJURY AND YOUR OUTCOMES AS GRAPH. INVOLVE YOUR LEAD FOR FALLS PREVENTION IN MAKING THIS DISPLAY.
- PROVIDE SAFE FOOT WEAR HAND OUT AT DISPLAY AS TAKE AWAY
- MAKE AVAILABLE “REDUCE YOUR FALLS RISK” AT DISPLAY (THIS IS FROM RNAO BEST PRACTICE GUIDELINE TOOL KIT RELATED TO FALLS PREVENTION) – I HAVE IT SAVED
- SPEAK WITH YOUR PHYSIOTHERAPIST AND REQUEST AN EDUCATION SESSION ON FALLS PREVENTION APPROPRIATE FOR RESIDENTS, THEIR FAMILY AND STAFF (this component would not be compulsory for staff to attend). I will email Centric about this

MDS ED LEADS

- Continue with AIS for Nurse managers and Registered Staff (If your Registered Staff do not all currently complete coding, start teaching them about certain sections – for example Section J this month)
- Audit Section H, J and provide education as required to staff
- Ensure individualized toileting plans are implemented for those residents that staff are currently toileting, and ensure that these are evaluated in urinary continence RAP



MANDATORY EDUCATION REQUIREMENTS FOR MARCH 2014

ABUSE PREVENTION FOCUS

ADMINISTRATOR

- Review abuse prevention policy and program at Labour Management Meeting(s)
- Ensure a review of the program/policy is included in the newsletters for residents and staff in March including "duty to report" and "no retaliation"
- Request that the Abuse Prevention Policy be added to the agenda for Resident and Family Council

ALL STAFF IN ALL DEPARTMENTS

Abuse Prevention – Complete Care2Learn on line education, "Abuse and Neglect (for Canada)".

Abuse Prevention policies will be assigned at Head Office to all staff in all departments in Policy Tech. Ensure all staff complete

RESIDENTS AND FAMILY

Ensure that "abuse prevention – Elder Abuse-the Hidden Crime" and "Bill of Rights for people who live in Ontario Long-Term Care homes" booklets from CLEO are visible and available to staff, residents and their family members

Contact local Alzheimer's Society and arrange for education for Residents and their Families regarding "Sharing My Home", to provide support to residents in dealing with others with cognitive loss. Ensure that evidence of this event is included in your Education binder.

ALL MANAGERS IN ALL DEPARTMENTS

- e – Complete "Abuse and Neglect Investigation for Canada" – assigned thru Care2Learn

HEALTH AND SAFETY FOCUS

ALL STAFF IN ALL DEPARTMENTS

- Complete Blood Borne Pathogens on Care2Learn – covers sharps education
- Complete Safety Talk related to workplace inspections – labelled as 2014 workplace inspections
- Add educational materials related to sharps, workplace inspections, hazard reporting and ESRTW program to your Health and Safety Board. Mark date that it is posted. Put it in the education binder at month end with note about dates that it was posted and where. Be sure to include the Safety Talk Related to Knife Safety, the Policy related to the Sharps Safety Program, the safety talk related to Workplace Inspections, the Reporting Hazards Fact Sheet and the Booklet for all Staff related to Early and Safe Return to Work.

MANAGERS

- Early and Safe Return to Work online with Dunk and Associates

DIETARY STAFF

- Complete Care to Learn "Kitchen Safety Fundamentals" (includes sharps safety)

MDS FOCUS

- Audit coding for Section O for all residents with MDS completed in January, February and March – currently our psychotropic use monitored by pharmacy is not matching what is being submitted to CIHI. Ensure you are using most up to date medication list from CIHI. Continue with auditing Section H. Ensure that when change is identified that Continence assessment is completed.
- Continue to work on MDS AIS education

This is Exhibit "F" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



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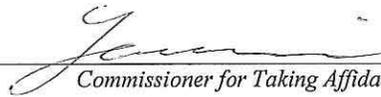
MEADOW PARK LONDON - NURSING STAFF LEVELS FROM APRIL TO AUGUST 2014

| UNIT | DAYS | EVENINGS | NIGHTS |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------|
| | 0630 to 1430 | 1430 to 2230 | 2230 to 0630 |
| KENT 33 beds | 2 RN (shared 0630-1430) 1 RPN (shared 0630-1430) | 1 RN (shared 1430-2230) 1 RPN (shared 1430-2230) | 1 RN 1 RPN |
| LAMBTON 33 beds | Kent - 3 PSW (1x630-1030, 1x630-1400, 1x630-1430) Lambton - 4 PSW (2x 630-1400; 2x 630-1430) | Kent - 3 PSW (2x 1430-2100, 1x 1430- 2230) Lambton - 3 PSW (1x 1430-2030, 1x 1430-2100, 1x 1430-2230) | 4 PSW (one of each unit) |
| ELGIN 28 beds | 2 RPN (shared 0630-1430) (reduces to 1 every other weekend) | 1 RN (shared 1430-2230) 1 RPN (shared 1430-2230) | |
| OXFORD 32 beds | Elgin - 5 PSW (1x630-1030, 1x630-1400, 3x630-1430) Oxford - 4 PSW (1x 630-1030, 2x 630-1400, 1x 630-1430) *two of the 630-1430 PSWs at Elgin are shared with Oxford | Elgin - 3 PSW (1x 1430- 2030, 1x 1430-2100, 1x 1430-2230) Oxford - 3 PSW (2x 1430-2100, 1x 1430-2230) | |
| TOTAL FOR HOME 126 beds | 2 RN 3 RPN 16 PSW (approx.) | 2 RN 2 RPN 12 PSW (approx.) | 1 RN 1 RPN 4 PSW |

CURRENT NURSING STAFF LEVELS

| UNIT | DAYS 0630 to 1430 | EVENINGS 1430 to 2230 | NIGHTS 2230 to 0630 |
|--------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------|
| YELLOW (Kent & Elgin) 30 beds | 1RN/RPN 4 PSW (2 x 630-1430, 2x 630-1400) | 1 RN/RPN 3 PSW (1x1430 to 2230, 2x1430-2100) | 2 RN/RPN 4 PSW (one of each unit) |
| BLUE (Lambton) 33 beds | 1RN/RPN 4 PSW (2 x 630-1430, 2x 630-1400) | 1 RN/RPN 3PSW (1 x 1430-2230, 2x 1430-2100) | |
| PINK (Oxford & Elgin) 33 beds | 1RN/RPN 4 PSW (2 x 630-1430, 2x 630-1400) | 1 RN/RPN 3 PSW (1 x 1430-2230, 2x 1430-2100) | |
| GREEN (Lower Level- Wildwood) 30 beds | 1 RN/RPN 4 PSW (2 x 630-1430, 2x 630-1400) | 1 RN/RPN 3 PSW (1 x 1430-2230, 2x 1430-2100) | |
| TOTAL FOR HOME 126 beds | 4 RN/RPN (1 must be an RN). Also, 1 RN float. 16 PSW | 4 RN/RPN (1 must be an RN). Also, 1 RPN float position posted. 12 PSW | 2 RN/RPN (1 must be an RN) 4 PSW |

This is Exhibit "G" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



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Expires June 20, 2020.**

**Jarlette Health Services
Long Term Care Division**

| | | |
|-----------------------------------------------------------------------------------|---------------------------------------|-------------|
| Title: Resident Rights, Care and Services - Medication Management - Diabetic Care | | Page 1 of 3 |
| Manual: Resident Care Manual | Section: Medication Management System | |
| Owner: Christina Bath | Effective Date: 05/01/2007 | |
| Approver(s): Judy Maltais | Revised Date: 2013-10-07 | |

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Medication Management System – Diabetic Care

Purpose:

To ensure the safe and appropriate storage and administration of diabetic medications in keeping with set legislation and regulations as identified by the Ministry of Health and Long Term Care, College of Nurses of Ontario and Ontario College of Pharmacists.

To ensure the safe and appropriate storage and administration of diabetic medications in keeping with expected practice of Jarlette Health Services.

Policy:

Diabetic medications shall only be dispensed with a written prescription from the attending physician.

Oral diabetic medications shall be dispensed in keeping with the pharmacy's normal method of packaging, including multi-dose medication strips, and stored in the locked medication room and/or locked medication cart, accessible only by the Registrant assigned for the administration of medications for the shift and or the unit.

Injectable diabetic medications shall be dispensed in pen filled cartridges and stored in the locked medication room and or locked medication cart, accessible only by the Registrant assigned for the administration of medications for the shift and or the unit. In unique situations where a resident is receiving multiple types of insulin at one time, a safety syringe and the vials of insulin may be used. It is important to note however; that insulin is only to be drawn with a syringe from a vial, NEVER to be drawn from a pen filled cartridge.

All unopened insulin shall be stored in the medication fridge, with temperature monitored and maintained between 2 & 8C; opened insulin may be stored at room temperature for a period of up to 28 days. The open cartridge will be disposed of if a resident has returned from an LOA or hospitalization that would exceed the 28 day time frame.

Discontinued and expired diabetic medications shall be removed from the medication cart, medication room, and medication fridge immediately and prepared for drug destruction in keeping with policy.

Where practical, two Registered staff shall conduct an "independent double check" to be in line with ISMP which includes the dosage and type of insulin to be administered.

**Jarlette Health Services
Long Term Care Division**

| | | |
|-----------------------------------------------------------------------------------|---------------------------------------|-------------|
| Title: Resident Rights, Care and Services - Medication Management - Diabetic Care | | Page 2 of 3 |
| Manual: Resident Care Manual | Section: Medication Management System | |
| Owner: Christina Bath | Effective Date: 05/01/2007 | |
| Approver(s): Judy Maltais | Revised Date: 2013-10-07 | |

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Procedure:

The attending physician/nurse practitioner will:

- Ensure that the medication order is complete, legible and includes:
 - Date and time of order
 - Resident name
 - Name of medication to be administered
 - Dosage of medication to be administered
 - Route of medication to be administered
 - Frequency in which the medication is to be administered
 - Signature and status of the prescriber
- Ensure that the written order uses the word "units" and not "U" as "U" is considered a DO NOT USE abbreviation
- Ensure that any accompanying lab and or diagnostics are ordered as applicable, such as glucometer testing, fasting glucose, HbA1c
- Provide clarification for any incomplete, inappropriate and/or misunderstood orders
- Evaluate the appropriateness of the prescribed medication for the resident
- Verify that informed consent is received from the Resident and/or Power of Attorney for personal care, prior to ordering the medication
- Re-order the diabetic medications only after assessing resident need and effectiveness of the therapy provided as evidenced by the results of labs and or diagnostics completed

The contracted pharmacy vendor will:

- Identify any potential interactions and/or alerts which would contraindicate the prescribed treatment
- Verbalize any concerns of potential interactions and/or alerts which would contraindicate the prescribed treatment to the attending physician

**Jarlette Health Services
Long Term Care Division**

| | | |
|-----------------------------------------------------------------------------------|---------------------------------------|-------------|
| Title: Resident Rights, Care and Services - Medication Management - Diabetic Care | | Page 3 of 3 |
| Manual: Resident Care Manual | Section: Medication Management System | |
| Owner: Christina Bath | Effective Date: 05/01/2007 | |
| Approver(s): Judy Maltais | Revised Date: 2013-10-07 | |

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- Fill the prescription for diabetic medication only with a written order signed by the physician

The Registered staff will:

- Ensure that a written order for the medication is documented on the physician order form
- Ensure that the medication order is complete, legible and includes:
 - Date and time of order
 - Resident name
 - Name of medication to be administered
 - Dosage of medication to be administered
 - Route of medication to be administered
 - Frequency in which the medication is to be administered
 - Signature and status of the prescriber
- Clarify any incomplete, inappropriate and or misunderstood orders
- Evaluate the appropriateness of the prescribed medication for the resident
- Verify that informed consent is received from the resident and/or power of attorney for personal care, prior to administering the medication
- Carry out blood glucose monitoring as ordered by the physician
- Assess, document and advise the attending physician of the effectiveness of the medication, side effects, signs of adverse drug reactions and or drug interactions, signs of hypoglycemic and or hyperglycemic reactions

Cross Reference(s):

| Policy Title |
|-----------------------------------------|
| College of Nurses of Ontario |
| LTCHA, 2007, S.O. 2007, s. 131. |
| Institute for Safe Medication Practices |

This is Exhibit "H" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



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Expires June 20, 2020.**

**Jarlette Health Services
Long Term Care Division**

| | | |
|----------------------------------------------------------------------------|------------|----------------------------|
| Title: Resident Rights, Care and Services - Abuse - Education and Training | | Page 1 of 2 |
| Manual: Resident Care | | Section: Abuse |
| Owner: Judy Maltais | | Effective Date: 09/16/2013 |
| Approver(s): Judy Maltais | Version: 1 | Revised Date: |

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Resident Rights, Care and Services – Abuse – Education and Training

Purpose:

To ensure that education and training is provided to all staff related to abuse, including but not limited to:

- Training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care.
- Situations that may lead to abuse and neglect and how to avoid such situations.

Policy:

All staff shall receive education and training related to abuse at minimum, upon hire and annually thereafter.

All staff shall receive education and training related to abuse upon request of the employee or upon identified need of the employee by the Administrator and or their Supervisor.

Procedure:

The lead for Staff Education will:

- Ensure that education and training is provided related to the:
 - relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care.
 - Situations that may lead to abuse and neglect and how to avoid such situations
- Ensure that all new hires receive education and training upon hire as outlined in the above as part of their general orientation to the home.
- Ensure that all staff receive education and training annually thereafter as outlined in the above as part of an annual education program.
- Track education and training provided as per set guidelines.
- Advise the employee's Supervisor if the employee fails to complete annual education and training related to abuse.
- Assess the effectiveness of the education provided to the employee as per set guidelines.

The Supervisor will:

- Assist the lead for staff education in ensuring that all staff complete annual education and training related to abuse.
- In the event that an employee has not completed their annual education and training related to abuse, follow up with the employee and provide expectations for completion.

**Jarlette Health Services
Long Term Care Division**

| | | |
|----------------------------------------------------------------------------|------------|----------------------------|
| Title: Resident Rights, Care and Services - Abuse - Education and Training | | Page 2 of 2 |
| Manual: Resident Care | | Section: Abuse |
| Owner: Judy Maltais | | Effective Date: 09/16/2013 |
| Approver(s): Judy Maltais | Version: 1 | Revised Date: |

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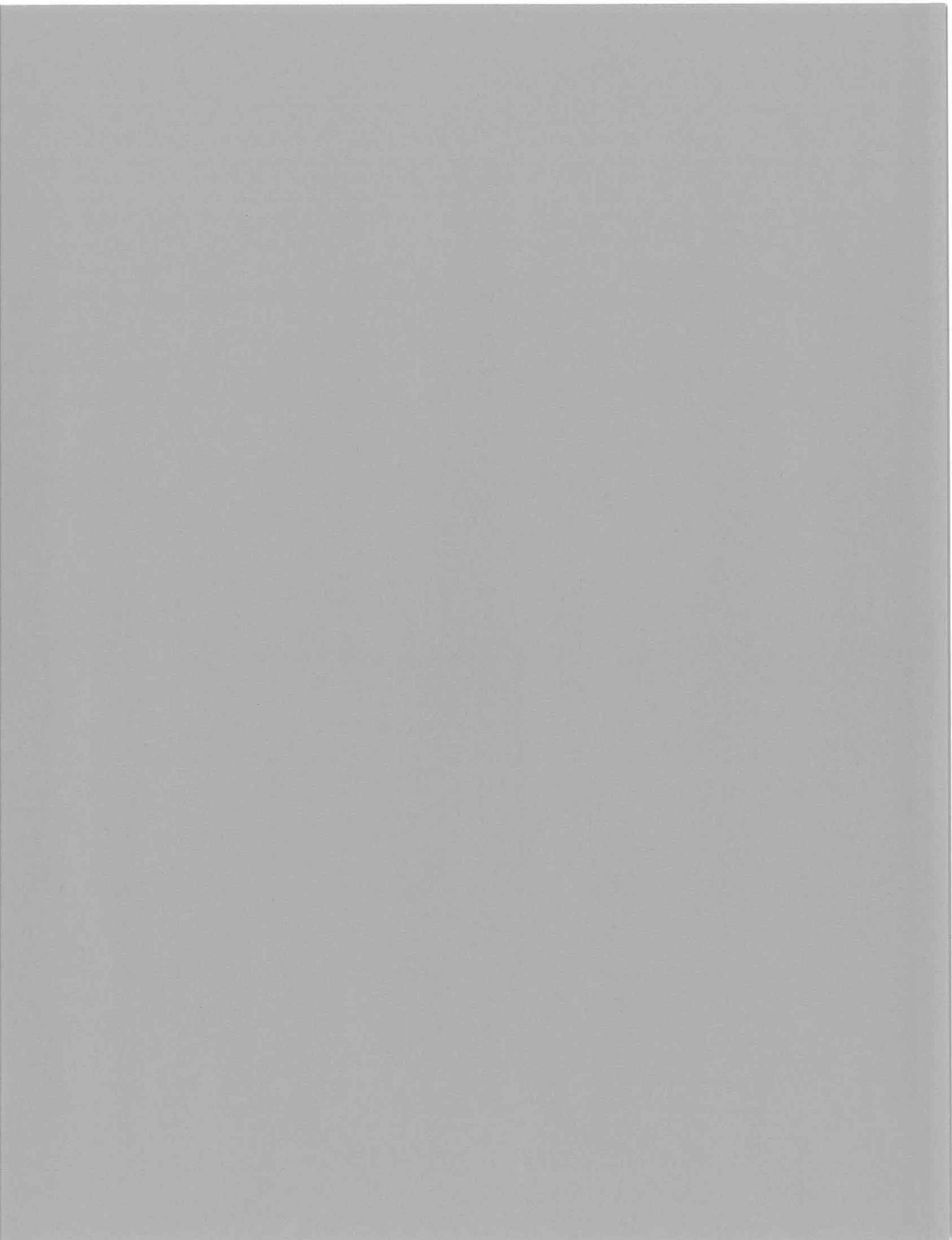
- Engage the assistance of the Administrator for any employee refusing to complete annual education and training related to abuse.

The Administrator will:

- Ensure that all supervisors complete annual education and training related to abuse.
- Support the supervisor in ensuring that all staff complete annual education and training related to abuse.
- Ensure that all supervisors are knowledgeable of what to do in the event of suspected and or alleged abuse or neglect.

Cross Reference(s):

| Policy Title |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| College of Nurses of Ontario (1995): One is One Too Many |
| College of Nurses of Ontario Standards Abuse |
| College of Nurses of Ontario Standard for the Therapeutic Nurse-Client Relationship |
| College of Nurses of Ontario Abuse of Nurses |
| Ontario Regulation 79/10: Part I – Interpretation: 2. Abuse Part II – Residents: Rights, Care and Services: 96-99. Prevention of Abuse and Neglect Part II – Residents: Rights, Care and Services: 104. Licensees who report investigations under s. 23 (2) of Act |
| Resident Bill of Rights |
| Advocacy Centre for the Elderly: Elder Abuse – Frequently Asked Questions |
| Resident Rights, Care and Services - Abuse |
| Resident Rights, Care and Services – Abuse – Education and Training |
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Resident Rights, Care and Services – Abuse - Prevention

Purpose:

To promote and ensure an environment which prevents abuse and neglect.

To identify measures and strategies to prevent abuse and neglect.

To ensure the safety and well-being of all involved.

Policy:

Measures and strategies to prevent abuse and neglect shall be implemented in an effort to ensure an environment which prevents abuse and neglect.

Procedure:

All team members, including but not limited to all employees, volunteers, contracted and or agency staff, residents and families will:

- Guard their actions and behaviors in way that ensures that all resident's are treated with courtesy and respect in a way that fully recognizes the resident's dignity and individuality, free from mental and physical abuse.
- Demonstrate compassion, patience and tolerance.
- Discuss concerns and or challenges faced with particular residents with their Charge Nurse, Director of Care and or Administrator to prevent problems from arising.
- Advise their Charge Nurse, Director of Care and or Administrator of personal challenges and or concerns of peers not coping with expectations in the work environment so that intervention can be implemented before an incident occurs.
- Discuss potential conflicts that the resident may have with other residents with the Charge Nurse, Director of Care and or Administrator, as relocation of residents involved may help in preventing conflicts and or responsive behavior.
- Schedule a multi-disciplinary care conference to plan a united strategy.
- Ensure that basic needs of the resident are assessed and responded to including pain, hunger and toileting.
- Use tools that are available to help identify triggers and discuss approaches that have been effective in preventing responsive and or escalating behaviors.
- Discuss strategies with the Charge Nurse, Director of Care and or Administrator for responding to behaviors which may be aggressive and or unpredictable. Techniques to promote positive interactions for residents with aggressive and or unpredictable behaviors include:

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- o Approach the resident and from the front. Be sure you have the resident's attention before touching or speaking to the resident.
- o Speak slowly and quietly with simple, short sentences, using courtesy and respect when making requests of the resident.
- o Use a positive approach; all residents respond better to a positive attitude and approach.
- o Do not argue or attempt to reason with a resident whose behaviours are escalating, as this will only increase frustration for all parties involved.
- o Do not display anger or impatience, verbally or by gestures such as shaking head or pointing fingers. This will only increase confusion and agitation.
- o Allow adequate time for the resident to respond to directions or requests to perform.
- o Provide choice for the resident, but limit the number of choices provided to 2 or 3 options as decision making may be overwhelming and result in frustration and anger.
- o Do not compromise the resident's personal space.
- o If strategies are not working, leave the resident and return in 10 – 15 minutes.

If concerns of your own physical safety are present all team members, including but not limited to all employees, volunteers, contracted and or agency staff, residents and families will:

- Ensure that the resident is not at risk of self injury or at risk of injuring another.
- Stand out of the reach of the resident, respect the personal space of the resident.
- Know your exits and do not put yourself into an area where you do not have an exit.
- Back out of the room.
- Continue to make eye contact with the resident, but be aware of signs that this may actually be increasing behaviors, as this sometimes increases uncomfortability of the resident.
- Seek the assistance of other team members and ask for help.

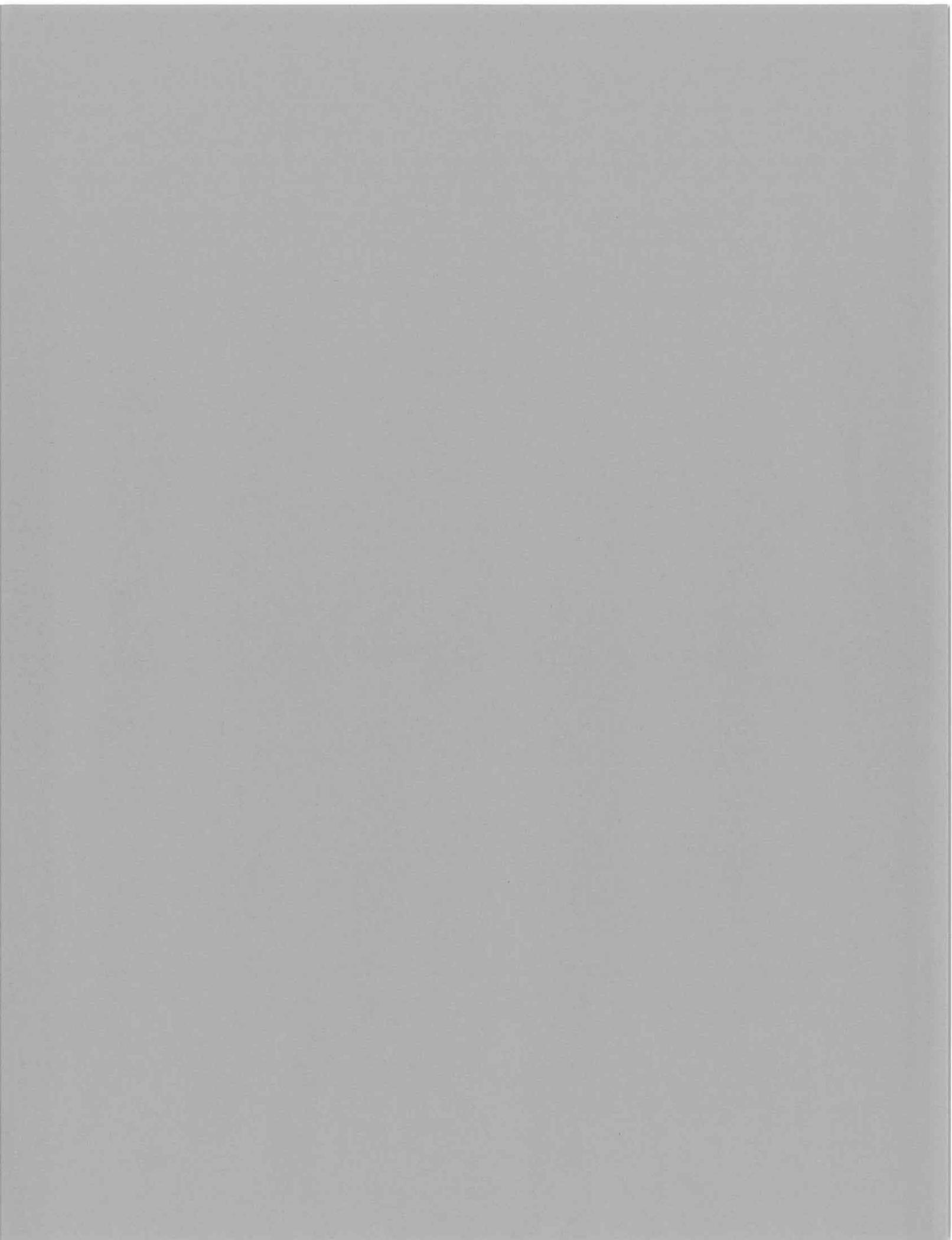
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| College of Nurses of Ontario Abuse of Nurses |
| Ontario Regulation 79/10: Part I – Interpretation: 2. Abuse Part II – Residents: Rights, Care and Services: 96-99. Prevention of Abuse and Neglect Part II – Residents: Rights, Care and Services: 104. Licensees who report investigations under s. 23 (2) of Act |
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| Advocacy Centre for the Elderly: Elder Abuse – Frequently Asked Questions |
| Resident Rights, Care and Services - Abuse |
| Resident Rights, Care and Services – Abuse – Education and Training |
| Resident Rights, Care and Services - Abuse - Evaluation |
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| Resident Rights, Care and Services - Abuse - Prevention |
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Resident Rights, Care and Services – Abuse – Evaluation

Purpose:

- To promote and ensure an environment which prevents abuse and neglect.
- To identify measures and strategies to prevent abuse and neglect.
- To identify what changes and improvements are required to prevent further occurrences.
- To ensure the safety and well-being of all involved.

Policy:

An analysis of each incident of abuse and or neglect shall be undertaken immediately upon awareness.

An annual evaluation of the home's zero tolerance of abuse and neglect shall be undertaken to identify what changes and improvement are required to prevent further occurrences.

The analysis of each incident of abuse and neglect and then annual evaluation of the home's zero tolerance of abuse and neglect shall be documented, including the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented.

Procedure:

The Administrator will:

- Ensure that all reports of alleged abuse and neglected are immediately reported, investigated and analyzed.
- Ensure that on a yearly basis the home's policy and procedure related to zero tolerance of abuse and neglect is evaluated and changes recommended to ensure improved outcomes.
- Ensure that recommended changes are implemented.
- Retain copies of the above evaluations in the home's quality council records.

Cross Reference(s):

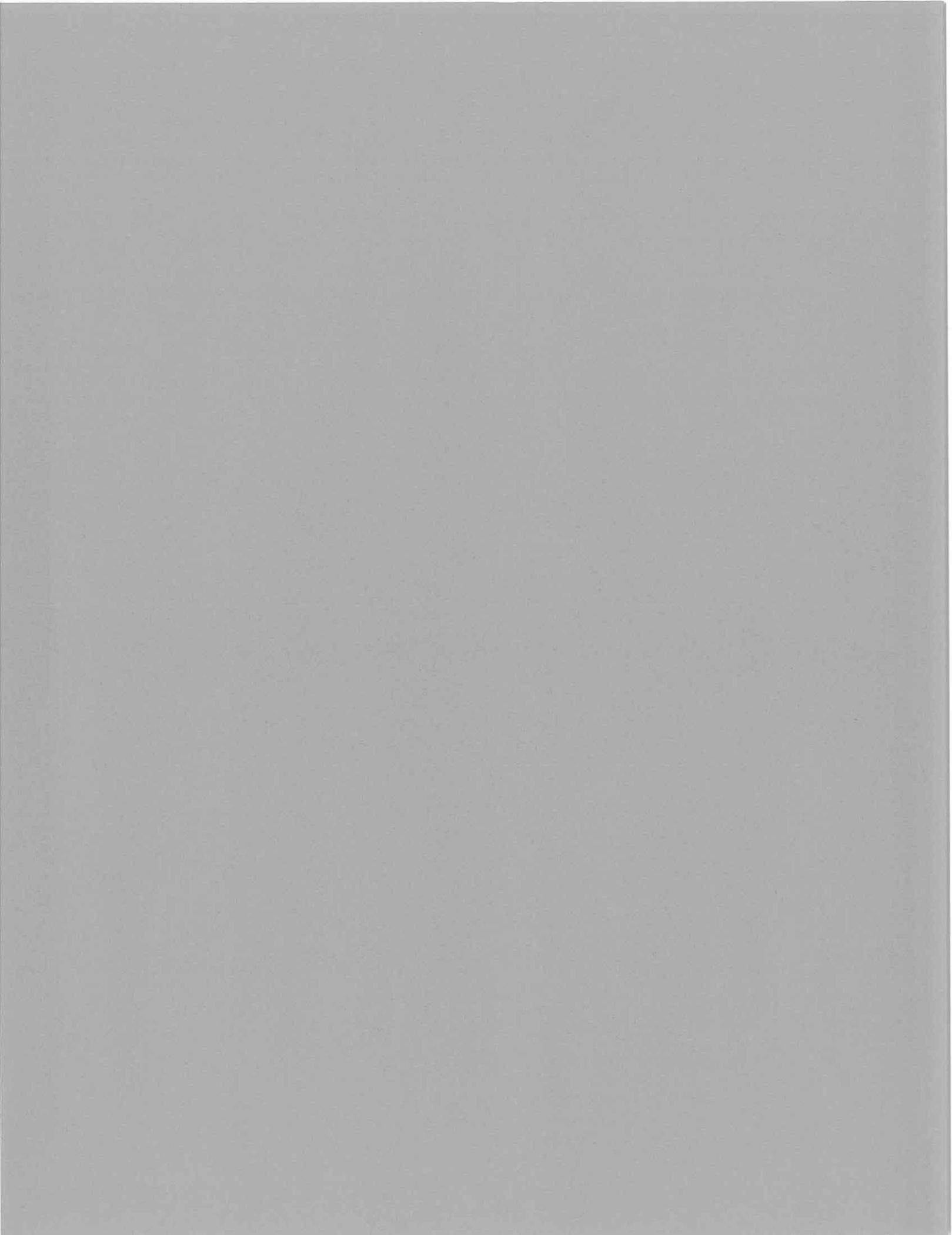
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| Ontario Regulation 79/10: |
| Part I -- Interpretation: 2. Abuse |
| Part II -- Residents: Rights, Care and Services: 96-99. Prevention of Abuse and Neglect |
| Part II -- Residents: Rights, Care and Services: 104. Licensees who report investigations under s. 23 (2) of Act |
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| Advocacy Centre for the Elderly: Elder Abuse -- Frequently Asked Questions |
| Resident Rights, Care and Services - Abuse |
| Resident Rights, Care and Services -- Abuse -- Education and Training |
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| Resident Rights, Care and Services -- Abuse - Identification |
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| Approver(s): Judy Maltais | Version: 1 | Revised Date: 2015-03-23 |

Resident Rights, Care and Services – Abuse - Zero-Tolerance Policy for Resident Abuse and Neglect – Staff Acknowledgement

Purpose:

To provide clarity and understanding to all, (including but not limited to all employees, volunteers, contracted and or agency staff, residents and families) regarding a Jarlette Health Service's zero tolerance regarding resident abuse.

To provide clarity and understanding to all, (including but not limited to all employees, volunteers, contracted and or agency staff, residents and families) regarding the definition of abuse, identification of abuse, actions to be taken when abuse is suspected and reporting responsibilities.

To provide clarity and understanding to all, (including but not limited to all employees, volunteers, contracted and or agency staff, residents and families) of the consequences of resident abuse and/or failure to report suspected and or actual abuse.

- Zero policy tolerance regarding resident abuse.
- The definitions of resident abuse.
- The reporting mechanisms to be followed.
- The responsibilities of all team members (including but not limited to all employees, volunteers, contracted and or agency staff, residents and families).
- The consequences of resident abuse and failure to report.
- Available counseling, education, training and or community resources.

Jarlette Health Services has implemented a zero-tolerance policy that takes all appropriate actions to address the prevention, reporting and elimination of abuse and neglect of residents. Jarlette Health Services' policy is consistent with the policies of the Ministry of Health and Long-Term Care, all applicable laws and the Service Agreement entered into between the Ministry and Jarlette Health Services.

Definitions:

A "zero-tolerance policy" means a policy that:

- Builds awareness of, and educates to achieve, the goal of elimination of abuse and neglect;
- Allows no exceptions;
- Tolerates no abusive or neglectful behaviour; and
- Requires strict compliance and enforcement.

"Staff" of the Home includes any permanent and contract, full-time and part-time:

- Employees

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- Physicians
- Agency staff
- Contracted health-care professionals or other contractors working at the home
- Paid trainees
- Students under clinical placements

"Substitute Decision-Maker" in relation to a resident, means, depending on the context, one or more of the following:

- The person who would be authorized under the Health Care Consent Act, to give or refuse consent to a treatment on behalf of the resident, if the resident were incapable of making decisions with respect to the treatment under that Act;
- The person who would be authorized under the Health Care Consent Act, to make a decision concerning a personal assistance service on behalf of the resident, if the resident were incapable of making decisions with respect to the personal assistance service under that Act;
- The person who is authorized under the Substitute Decisions Act to make decisions concerning the resident's property, or
- The person who is authorized under the Substitute Decisions Act to make a decision concerning the resident's personal care, if the resident is incapable of making the decision.

"Consent" of the resident means:

- The consent of a resident who is capable of making the decision, or
- The consent of the resident's legally authorized substitute decision-maker, if the resident is incapable of making the decision.
- "Abuse" in relation to a resident means physical, sexual, emotional, verbal or financial abuse, as defined below.
- "Neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents. "Physical abuse" means: (i) the use of physical force by anyone other than a resident that causes physical injury or pain; (ii) administering or withholding a drug for an inappropriate purpose; or (iii) the use of physical force by a resident that causes physical injury to another resident. Physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.
- "Sexual abuse" means: (i) any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member; or (ii) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member. Sexual abuse does not include: (i) touching, behaviour or

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remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or (ii) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member.

- "Emotional abuse" means: (i) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or (ii) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.
- "Verbal abuse" means: (i) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or (ii) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.
- "Financial abuse" means any misappropriation or misuse of a resident's money or property.

"Licensee" means:

- "holder of a license issued under the Long Term Care Act, and includes the municipality or municipalities or board of management that maintains a municipal home, joint home or First Nations home approved under Part VIII; ("titulaire de permis")

Policy:

"Zero tolerance" means that Jarlette Health Services shall:

- Uphold the right of the residents of long-term care facilities to be treated with dignity and respect within those facilities, and to live free from abuse and neglect.
- Prohibit the abuse of any resident in Jarlette Health Services by any person, and prohibit the neglect of residents by staff.
- Provide information and education regarding abuse and neglect and their prevention.
- Treat every allegation of abuse or neglect as a serious matter.
- Investigate every allegation of abuse or neglect.
- Take corrective action, including sanctions or penalties, against those who have committed abuse or neglect against a resident.
- Report to police any abuse or neglect which may constitute a criminal offence.

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- Report to the Director at the Ministry of Health and Long-Term Care every alleged, suspected or witnessed incident of abuse or neglect.
- Make every effort to eliminate abuse and neglect through the quality and risk management programs

Procedure:

Duty To Report

The Long-Term Care Homes Act, 2007 clearly identifies matters that require reporting to the Director of the Ministry of Health and Long-Term Care. The Act provides that:

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- Improper or incompetent treatment or care of a resident that resulted in harm or risk of harm to the resident
- Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm to the resident
- Unlawful conduct that resulted in harm or risk of harm to a resident
- Misuse or misappropriation of a resident's money
- Misuse or misappropriation of funding provided to the licensee under the Long-Term Care Homes Act, 2007 or the Local Health System Integration Act, 2006.

It is the policy of this Home that no person shall retaliate against another person, whether by action or omission, or threaten to do so because:

- anything has been disclosed to a Ministry inspector or manager of the Home;
- anything has been disclosed to the Director of the Ministry of Health and Long-Term Care including, without limitation:
 - a report made pursuant to a person's duty to report as outlined above;
 - advising of a breach of a requirement under the Long-Term Care Home Act, 2007;
 - advising of any other matter concerning the care of a resident or the operation of the Home that the person reporting believes ought to be reported to the Director.

Investigating and Responding to Alleged Abuse and Neglect

- Staff members, volunteers, substitute decision-makers, family members or any other person who has reasonable grounds to suspect abuse or neglect of a resident must immediately report their suspicion to the most senior administrative personnel on site at the Home.

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- Qualified staff members or volunteers who have reasonable grounds to suspect abuse or neglect of a resident should assess the resident and provide any necessary care.
- The most senior administrative staff member (or designate) who receives a report of resident abuse or neglect will:
 - Assess the resident to determine any injury and provide any necessary care;
 - Immediately remove the accused abuser from the resident;
 - Send an accused staff member home with pay pending completion of the investigation;
 - Promptly notify the Administrator and/or Director of Care of the alleged, suspected or witnessed incident of abuse or neglect;
 - Notify the resident's physician;
 - Immediately notify the resident's substitute decision-maker or any person specified by the resident of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being. In all other cases, notification must be provided within 12 hours upon becoming aware of any alleged, suspected or witnessed incident of abuse or neglect of the resident.
 - Contact Police if the abuse or neglect may constitute a criminal offence; and
 - Commence a preliminary investigation by:
 - Following the investigation procedures using the Resident Rights, Care and Services - Administration Investigation Checklist .
 - Obtaining written and signed statements from all witnesses; and
 - Documenting all pertinent information in the resident's record and complete resident incident reports.

Upon receiving a report of resident abuse or neglect, the Administrator or Director of Care will:

- Immediately review the allegations of abuse and neglect and other information gathered during the preliminary investigation;
- Promptly notify the Operations Team of the alleged incident;
- Immediately notify the resident's substitute decision-maker or any other person specified by the resident, if notification has not already been provided;
- Contact Police if the abuse or neglect may constitute a criminal offence, if police have not already been contacted;
- Notify the Home's lawyers upon advice of the Operations Team;
- Ensure that a thorough investigation is completed immediately;
- File a written report of the results of the investigation with the Director at the Ministry of Health and Long-Term Care within 10 days of the Home becoming aware of the alleged, suspected or witnessed incident of abuse or neglect. A preliminary and final report may be required;

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- Report the results of the investigation to the resident or the resident's substitute decision-maker upon completion of the investigation;
- Evaluate the care needs for a resident abuser or make alternate care arrangements if required, involving the resident's physician, substitute decision-maker and CCAC;
- Complete thorough documentation in the resident's record;
- Complete accurate documentation of all discussions surrounding the incident and further investigation;
- Notify the Ministry's Regional Office via Unusual Occurrence Form within the required timeframes, as required.
- Notify the staff member's professional regulatory college (e.g. College of Nurses) or professional association of any abuse or neglect found to have been committed by a staff member;
- Discipline or terminate an employee who has committed resident abuse or neglect, as appropriate; and
- Terminate the services of a volunteer, contractor or agency staff member who has committed resident abuse or neglect.

Measures and Strategies for Abuse and Neglect Prevention

Every resident has the right to be treated with courtesy and respect in a way that fully recognizes the resident's dignity and individuality and to be free from mental and physical abuse. Staff working in long-term care must demonstrate compassion, patience and tolerance when caring for residents.

Jarlette Health Services has developed the following measures and strategies to assist in the prevention of resident abuse and neglect:

Dealing with Residents

- If a staff member has difficulty dealing with a particular resident, that staff member should discuss his or her feelings with the charge nurse and peers before a problem arises.
- If a staff member senses that a peer is under pressure or not coping with expectations in the work environment, he or she must report the situation and intervene before an incident occurs.
- If a resident has a potential for aggressive or unpredictable behaviour:
 - Approach the resident from the front. Be sure you have the resident's attention before touching or speaking.
 - Speak slowly and quietly with simple, short sentences and use courtesy when making requests.

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- Use a positive approach. Residents respond favourably to a positive attitude and approach.
- Do not argue or try to reason with a disturbed resident. The resident may not be thinking logically and you will increase his or her frustration.
- Do not display anger or impatience, verbally or by gesture (e.g. shaking head or pointing finger, shouting). This will increase the resident's confusion and agitation.
- Allow adequate time for the resident to respond to directions or request to perform. (dementia may increase time required to absorb instructions and respond).
- Reasonably limit the resident's choices, such as activities, clothing and food. Decision-making may be overwhelming and result in frustration and anger for the resident.
- If strategies are not working, leave the resident and return in 10 – 15 minutes. Ensure that the resident is not at risk of self-injury or at risk of injuring another resident.
- Residents may have to be relocated within the Home, to prevent situations from escalating.
- A multidisciplinary conference may be called to plan a united strategy.

Staff Orientation and Training

- During orientation and annually thereafter, all staff members will receive education on various topics including, but not limited to, the following:
 - the Residents' Bill of Rights;
 - the Home's "Zero Tolerance Policy for Abuse and Neglect of Residents";
 - training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
 - situations that may lead to abuse and neglect and how to avoid such situations.
- Staff will be informed that it is the responsibility of every staff member to report any alleged, suspected or witnessed incident of abuse and neglect of a resident. Incidents must be reported immediately to the staff member's supervisor or another member of the management team (e.g. Administrator or Director of Care)
- Staff will be made aware of the need to discuss problematic situations relating to working with residents or other staff so that a potentially abusive situation may be averted before an incident occurs. Work schedules, resident assignment and staff break times will be considered to allow for resolution of any problems.
- Staff members who encounter stressful situations in their personal lives will be encouraged to make their employer aware so that they may receive assistance as required to deal with any unresolved issues. Social Services, Counseling Services, or

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Employee Assistance Programs may be used to help the employee to avert potential abusive situations at work.

Substitute Decision-Maker/Family Orientation and Education

At the time of the resident's admission into the Home, substitute decision-makers and family member will be informed about:

- The Residents Bill of Rights;
- the Home's "Zero Tolerance Policy for Abuse and Neglect of Residents";
- What acts or omissions constitutes abuse and neglect of a resident
- The consequences for having abused or neglected a resident.
- This education will be provided by the Home's Resident and Family Services Worker.

Substitute decision-makers and family members will also be informed that they may discuss any issues or concerns in their dealings with the resident with management so that they may receive assistance to prevent a potentially abusive situation with the resident.

Substitute decision-makers and family members will be encouraged to attend family meetings with the Home to help them understand the care being provided to residents, how to prevent abusive situations, and how to establish open communication and discussions with residents and the Home.

Copies of the Home's policies and procedures, or other literature, may be provided to substitute decision-makers and family members to assist them with understanding what acts or omissions are abusive or neglectful.

Educational sessions regarding resident abuse and neglect will be held for substitute decision-makers and family members yearly, or as requested or needed, to allow for a full understanding of what constitutes abuse and neglect.

Substitute decision-makers and family members will be encouraged to discuss personal problems with their doctor, therapist, clergy, the local Health Unit Social Services Department, their employer's Employee Assistant Program, or a close family member or friend who is trained to deal with these issues.

Substitute decision-makers and family members will be encouraged to seek prevention rather than suffer the consequences of having abused a loved one.

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Procedures and Interventions to Assist Residents

Jarlette Health Services has established procedures and interventions to assist and support residents who have been abused or neglected, or allegedly abused or neglected. These procedures and interventions include, without limitation, any one of more of the following:

1. The resident will undergo a medical examination by his or her physician;
2. The resident's substitute decision-maker (if any) or any other person specified by the resident will be promptly advised of the alleged, suspected or witnessed incident of abuse or neglect;
3. The resident will be offered assistance in communicating the incident to the Home, if assistance is required (e.g. translation assistance);
4. The resident will be provided access to the Home's Resident Family Services Co-Ordinator or a rights advisor;
5. Police will be notified of any abuse or neglect that may constitute a criminal offence;
6. The resident will be protected from having any further interactions or communications with the alleged abuser until completion of an investigation, and thereafter if abuse or neglect are found to have occurred;
7. The resident or the resident's substitute decision-maker will be advised of the results of the Home's investigation upon completion; and
8. The Home will make available to all staff, residents, families and substitute-decision makers a list of resources that can be accessed for more information on resident abuse and neglect. The following are some of the resources available (please note this list is not exhaustive). For more resources consult the internet under "abuse-seniors in Ontario".

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Advocacy Centre for the Elderly www.advocacycentreelderly.org 2 Carlton St., Suite 701 Toronto, Ontario M5B 1J3 Phone: 416-598-2656 Fax: 416-598-7924</p> |
| <p>The Ontario Network for the Prevention of Elder Abuse 222 College St., Suite 106 Toronto, Ontario M5T 3J1 Phone 416-978-1716 Fax: 416-978-4771</p> |
| <p>Ministry of Health and Long Term Care Client Service Unit 900 Bay Street, Room M1-57 Toronto, Ontario M7A 1N3 Mon-Fri 8:30 – 5:00 Phone : 416-482-4359 OR 1-800-665-9092 Fax: 416-325-7136</p> |
| <p>The United Senior Citizens of Ontario 3033 Lakeshore Blvd West Toronto, Ontario M8V 1K5 Phone: 1-888-320-2222</p> |

Jarlette Health Services
Long Term Care Division

| | | |
|--------------------------------------------------------------------------------------------|----------------------------|--------------------------|
| Title: Resident Rights, Care and Services - Abuse - Zero Tolerance - Staff Acknowledgement | | Page 10 of 11 |
| Manual: Resident Care | Section: Abuse | |
| Owner: Judy Maltais | Effective Date: 09/16/2013 | |
| Approver(s): Judy Maltais | Version: 1 | Revised Date: 2015-03-23 |

Procedures and Interventions/Consequences for Those who Abuse and Neglect Residents

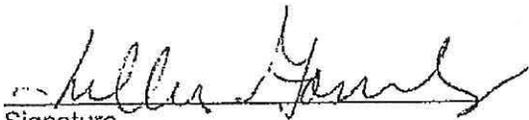
Where a staff member is alleged to have abused or neglected a resident, that staff member will be immediately suspended, with pay, pending investigation by the Home. Staff who abuse and/or neglect a resident will face one or more consequences, including:

- Discipline up to and including termination of employment/services;
- Reporting of the incident to the staff member's professional college and/or association; and
- Reporting the staff member to police.

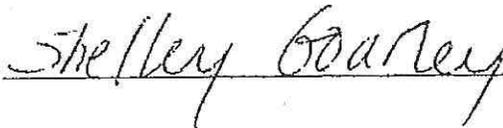
Family members, friends or any other person who abuses, or allegedly abuses, a resident may be:

- prohibited from having any further contact with the resident and prohibited from attending at the Home; and
- Reported to police.

Your signature affixed here indicates that you have been informed of and provided with this Zero Tolerance Policy for Abuse and Neglect of Residents in existence here at **JARLETTE HEALTH SERVICES**.


Signature


Date

Name (print): 

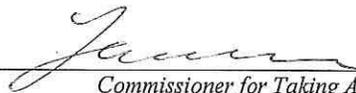
**Jarlette Health Services
Long Term Care Division**

| | | |
|--------------------------------------------------------------------------------------------|----------------------------|--------------------------|
| Title: Resident Rights, Care and Services - Abuse - Zero Tolerance - Staff Acknowledgement | | Page 11 of 11 |
| Manual: Resident Care | Section: Abuse | |
| Owner: Judy Maltais | Effective Date: 09/16/2013 | |
| Approver(s): Judy Maltais | Version: 1 | Revised Date: 2015-03-23 |

Cross Reference(s):

| Policy Title |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| College of Nurses of Ontario (1995): One is One Too Many |
| College of Nurses of Ontario Standards Abuse |
| College of Nurses of Ontario Standard for the Therapeutic Nurse-Client Relationship |
| College of Nurses of Ontario Abuse of Nurses |
| Ontario Regulation 79/10: Part I – Interpretation: 2. Abuse Part II – Residents: Rights, Care and Services: 96-99. Prevention of Abuse and Neglect Part II – Residents: Rights, Care and Services: 104. Licensees who report investigations under s. 23 (2) of Act |
| Resident Bill of Rights |
| Advocacy Centre for the Elderly: Elder Abuse – Frequently Asked Questions |
| Resident Rights, Care and Services - Abuse |
| Resident Rights, Care and Services – Abuse – Education and Training |
| Resident Rights, Care and Services - Abuse - Evaluation |
| Resident Rights, Care and Services – Abuse - Identification |
| Resident Rights, Care and Services - Abuse - Prevention |
| Resident Rights, Care and Services – Abuse – Zero Tolerance |

This is Exhibit "I" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law,
Expires June 20, 2020.**



643-000011-14

MEADOW PARK NURSING HOME (LONDON)
 1210 SOUTHDAL ROAD EAST
 LONDON

CI Date and Time
25-Jul-2014
20:00

Date and Time CI first
 Submitted to MOH
26-Jul-2014
10:23

Current Status
 CHANGED ON
 12-Aug-2014
 08:54
AMENDED

 Previous Status
SUBMITTED

Mandatory/Critical Incident Description

Area/Location of Unusual Occurrence:
resident's bedroom

Please identify whether you are reporting a Mandatory Report or a Critical Incident:
Mandatory Report [LTCHA, 2007]

Which Mandatory Report category best applies?
Abuse/Neglect [24(1)(2)]

Select relevant sub-category as applies to Abuse/Neglect.
Staff to resident

Description of the Unusual Occurrence, including events leading up to the occurrence
Resident is a 75 year old male with a diagnosis of dementia, stroke, type 2 diabetes and hypertension. Resident is dependent in a wheelchair. Resident has a history of being very vocal, swearing and striking out. On July 25/2014 resident was having many behavioural issues which were discussed at nursing huddle. At approximately 20:00 hrs two PSW's (C.O, C.L) entered the room of the resident to try to provide care. The resident was striking out and being vocal to staff members. Resident slapped staff member C.O in the arm. Staff member C.O then slapped resident back in the right arm. Resident then proceeded to spit at staff at which time C.O spit back at resident. PSW C.L left room with PSW C.O and notified charge nurse of occurrence. Charge nurse D.D phoned the on-call nurse and sent PSW C.O. home pending investigation.

Identifying information

Resident(s) Involved
Name of resident(s) INVOLVED in Unusual Occurrence {0} : Horvath, Arpad

Date of admission of resident(s) (MM/DD/YYYY) {0} : 08/29/2013

Date of birth of resident(s) (MM/DD/YYYY) {0} : 11/14/1938

Name of Staff who were PRESENT and/or DISCOVERED the Unusual Occurrence
Staff who were PRESENT {0} : Chantelle Ladd
Staff who were PRESENT {1} : Chinelo Ojukwo

Staff who DISCOVERED {0} : Chantelle Ladd
Staff who DISCOVERED {1} :

Name of other person(s) PRESENT and/or DISCOVERED the Unusual Occurrence
Other person(s) who were PRESENT {0} :

Other person(s) who DISCOVERED {0} :

Name of home staff RESPONDING to Unusual Occurrence
Dottie Duncan, Stephanie Cardoso, Robert VanderHeyden, Melanie Smith



1643-000011-14

MEADOW PARK NURSING HOME (LONDON)
 1210 SOUTHDALE ROAD EAST
 LONDON

CI Date and Time
25-Jul-2014
20:00

Date and Time CI first
 Submitted to MOH
26-Jul-2014
10:23

Current Status
 CHANGED ON
 12-Aug-2014
 08:54
AMENDED

 Previous Status
SUBMITTED

Actions taken

What care was given or action taken as a result of the Unusual Occurrence?

PSW was removed from resident's room. Charge nurse notified immediately by PSW C.L. Charge nurse contacted the on-call nurse manager who gave instructions to send PSW home pending an investigation. On-call nurse notified most senior nurse manager (Co-DOC M.S.as DOC on vacation) and Administrator R.V. Co-DOC contacted duty inspector to make aware of incident (REF# 6737). Police were contacted. Charge nurse completed a head to toe assessment of resident

By whom?

Dottle Duncan, Stephanie Cardoso, Robert VanderHeyden, Melanie Smith

Was physician called?

No

What other authorities were contacted about this Unusual Occurrence?

Police

What other additional authorities were contacted ? (e.g. First Nations Band Council, Veterans Affairs Canada, Ministry of Labour, etc.)

Authority name {0} : MOH

For resident-related occurrences

Were relative(s), friend(s), designated contact(s) and/or substitute decision maker(s) contacted?

Yes

If YES, provide name of relative(s), friend(s), designated contact(s) and/or substitute decision maker(s) contacted

Name {0} : [REDACTED]

What is the outcome/current status of the individual(s) who was/were involved in this occurrence?

Resident assessed by Charge Nurse. No injury or bruising noted. Residents has no ill effects from incident. Outcome of the internal investigation lead to the staff member being terminated from the facility. Employee was under probation. Police contacted home and said they will not be laying charges in the case.

Analysis and follow-up

What immediate actions have been taken to prevent recurrence?

PSW was removed from resident's room. Charge nurse notified immediately by PSW C.L. Charge nurse contacted the on-call nurse manager who gave instructions to send PSW home pending an investigation. On-call nurse notified most senior nurse manager (Co-DOC M.S.as DOC on vacation) and Administrator R.V. Co-DOC contacted duty inspector to make aware of incident (REF# 6737). Police were contacted. Charge nurse completed a head to toe assessment of resident. Police came to Meadow Park at 09:30 on July 26/2014 - report # 14-81144 - Policelli.



Ministry of Health and Long Term Care
CRITICAL INCIDENT REPORT

09-Nov-2017

4:40 PM

643-000011-14

MEADOW PARK NURSING HOME (LONDON)
 1210 SOUTHDALE ROAD EAST
 LONDON

CI Date and Time
25-Jul-2014
20:00

Date and Time CI first
 Submitted to MOH
26-Jul-2014
10:23

Current Status
 CHANGED ON
 12-Aug-2014
 08:54
AMENDED
 Previous Status
SUBMITTED

What long-term actions are planned to correct this situation and prevent recurrence?

Internal investigation taking place. Follow-up with police. more information to follow. Police notified facility saying they would not be pressing charges. Internal investigation complete. Employee under probation and was terminated from her position. After reviewing staff education on Abuse policy, it was noted that the employee did read and sign policy. Employee also had a police check complete at the time of hire. The home was at 91% completion of staff reviewing and signing the abuse policy. Dietary and Environmental managers following up ensure 100% of department completes abuse policy education and sign off. Staff Educator created more educational information regarding abuse to communicate with staff. Education will continue to ensure compliance with policy and Ministry standards.

Name of person initiating report
Robert VanderHeyden

Category of person initiating report
Administrator

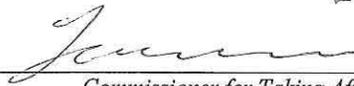
Date of report (MM/DD/YYYY)
07/26/2014

Please check to confirm the Administrator or Designate has signed the original of this form
Yes

General Notes

Most Recent Note : 07/28/2014 09:24 | Aislinn McNally | CI form reviewed

This is Exhibit "J" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

Client Name: Arpad Horvath (6013)

Location: -

Admission Date: 8/29/2013

Transcriber: Felina Cabrera Nursing - Registered nurse

8/11/2014 13:09 Type: Behaviour Mapping

Note Text:

Note Text : PSW approached writer and explained that she was attempting to shave resident with his permission; as she lathered residents face and took the first swipe with the razor resident grabbed her hand and attempted to twist her fingers. Resident has been cleaned up and no further shaving has been attempted due to residents increased agitation. Please monitor.

Transcriber: Jennifer Stewart-Paff Nursing - BSO Manager, RPN

8/11/2014 12:49 Type: Behaviour Mapping

Note Text:

Note Text : PSWs report that resident was physically aggressive upon exiting the diningroom from lunch today. PSW was attempting to re-adjust resident clothing(pants) as they were falling off and resident was attempting to strike her in the head. Resident was asked to not strike out at others, but unsure if instructions were understood. Please continue to monitor and document residents behaviours accordingly.

Transcriber: Jennifer Stewart-Paff Nursing - BSO Manager, RPN

8/10/2014 17:27 Type: Daily Progress note

Note Text:

Note Text : Writer went to give Art his pills at 16:45. Art was wearing a pair of black pants with a draw string on the right side. The draw string was wrapped around his bedrail 3 times and tied in a tight knot, Art was unable to turn on his left side. Writer undid the knot and unwrapped the string. Writer checked Art's back and right hip for any redness and there was none present.
Art is unable to use his left hand.
Writer spoke with M.O. PSW who stated that when she went in to offer Art care she did not notice anything tied to the rail. She also stated that she has observed Art frequently attempting to tie knots in sheets and in the straps of his lift sling.
Writer spoke with PSW J.P. who also stated she did not notice anything tied to Art's rail when she went to offer him care.
Writer called manager on call to report the occurrence as it was unusual.
Writer will observe Art's behaviour for the rest of the shift.

Transcriber: elizabeth Wettlaufer Nursing - Registered nurse

8/10/2014 17:25 Type: Behaviour Mapping

Note Text: Art swung his fists and kicked his feet at the PSWs when they went to get him up for supper at 16:30. He was reapproached and remained aggressive. He was therefore left in bed for supper and a tray was brought to him.

Transcriber: elizabeth Wettlaufer Nursing - Registered nurse

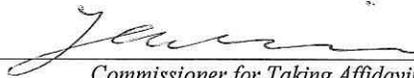
8/10/2014 14:22 Type: Behaviour Mapping

Note Text: Resident refused medication this am and afternoon. States "i dont want them johnny,"

re-approaches with no effect

Transcriber: John Anderson Nursing - Registered Practical Nurse

This is Exhibit "K" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

APPLICATION FOR EMPLOYMENT



HOME/LODGE: Meadow Park London

The Human Rights Codes prohibit discrimination in employment because of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, record of offenses (including an offense in respect of any provincial statute), handicap, disability, language (Province of Quebec).

PERSONAL INFORMATION Date: Apr 23 2014

Name: Wetlaufer Elizabeth T.

Present Address: 657 James St April 5th Woodstock Ont N4S 8H5

Telephone No. (519) 290 0724
 Job(s) applied for Registered Nurse Rate of pay expected \$ 40.54 per hr

How did you learn of this opening? Ad- Referral- Publication- Website- Social Media- Recruitment Fair- Website

If referral or website, by whom or which site: Job. Gov. Ca

Do you want to work Full-Time or Part-Time. Specify days and hours if part-time _____

Are you available to work Weekends: Yes No Evenings: Yes No Nights: Yes No

Have you worked for us before? No If yes, when? _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with us? Please exclude activities which would indicate any prohibited grounds of discrimination listed above.

EDUCATIONAL BACKGROUND

Years Completed: High School 9 10 11 12 College/University 1 2 4

Diploma / Degree: RN diploma

Describe Course of Study (Do Not Give Name of School) Nursing - all aspects

Describe any specialized training, apprenticeship skills and extra-curricular activities: CPR, first aid,

palliative care, basic foot care, advanced foot care

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

| DATES | | NAME AND ADDRESS OF EMPLOYER | RATE OF PAY | | SUPERVISORS NAME | REASON FOR LEAVING |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------|-------------|-------------|------------------|--------------------|
| FROM | TO | | START | FINISH | | |
| June 2014 | May 2014 | Careway Care Nursing 81 Fyfe Ave Woodstock Ont | 38.00 | 40.54 | Helen Clombez | Dismissed |
| Describe the work you did: <u>med distribution, wound care, Psn supervision, care planning, documentation, assessments, & family communication</u> | | | | | | |
| DATES | NAME AND ADDRESS OF | | RATE OF PAY | SUPERVISORS | REASON FOR | |

| DATES | | NAME AND ADDRESS OF EMPLOYER | RATE OF PAY | | SUPERVISORS NAME | REASON FOR LEAVING |
|-------|----|------------------------------|-------------|--------|------------------|--------------------|
| FROM | TO | | START | FINISH | | |
| | | | | | | |

Describe the work you did

May we contact the employers listed? YES If not, indicate below which one(s) you do not wish us to contact.

PERSONAL REFERENCES Give the names of at least 3 persons who can supply information pertinent to your job performance (excluding relatives.)

| NAME AND OCCUPATION | ADDRESS | PHONE NUMBER |
|--------------------------|---------|--------------|
| 1. <u>Karen Switke</u> | | |
| 2. <u>Jenn Hague</u> | | |
| 3. <u>Sandra Flatter</u> | | |

Should there not be suitable employment for you with this facility, may this application be forwarded to one of our other Jarlette Health Services facilities for consideration. (Yes) No

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set for the in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant Elizabeth Wetli

APPLICANT - COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED

The information requested below is needed for Benefit Programs, and other legally permissible reasons (income tax deductions, etc)

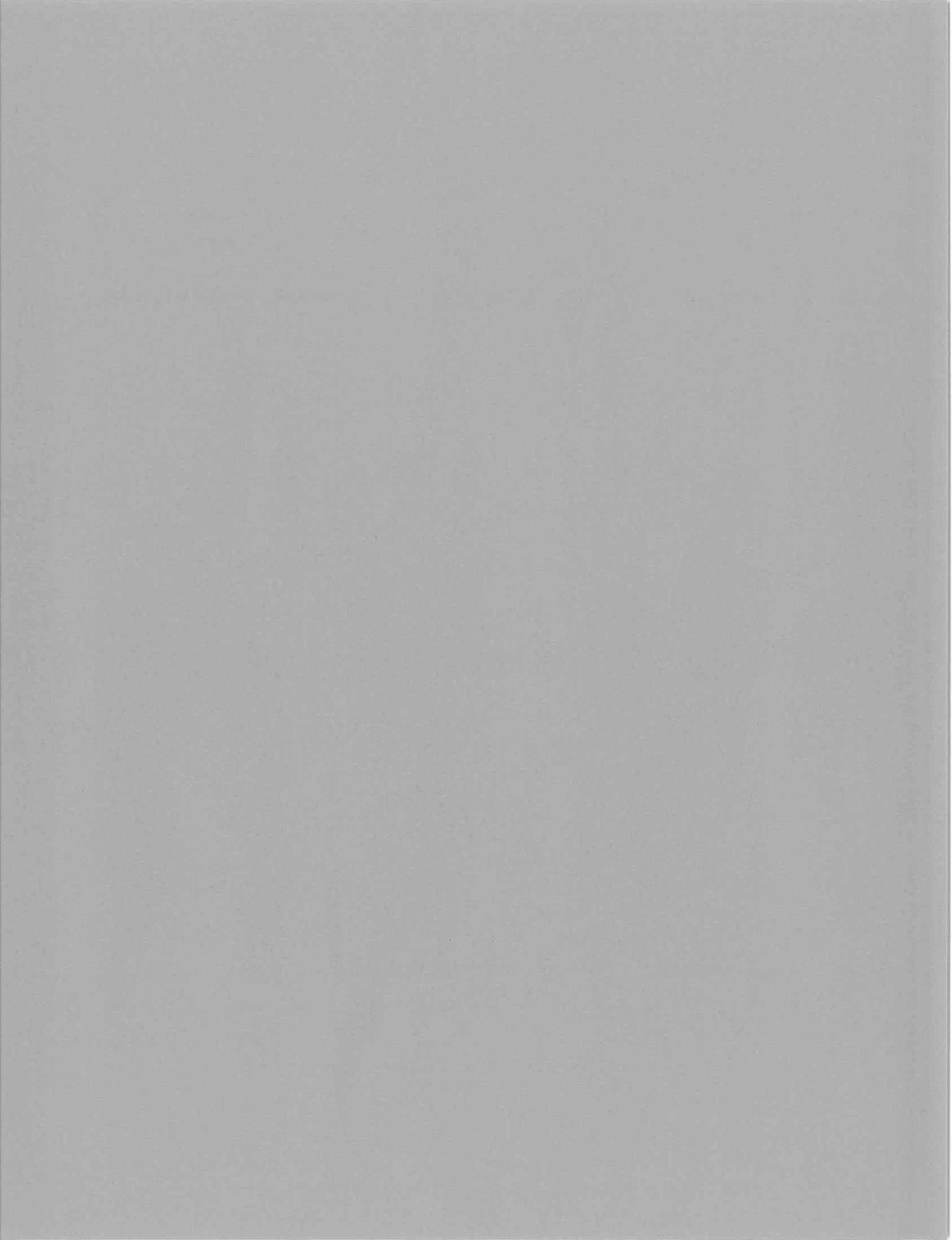
Date of Birth: June 10 1967 Sex: (Female) Male
 Marital Status: Single Number of dependents? 0
 Social Insurance #: 459 630 004 Email Address: shortnsully@hartmarl.com
(to receive paystub)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: [Redacted] Phone: [Redacted]
 Address: [Redacted]

FOR PERSONNEL DEPARTMENT USE ONLY

Interview? No (Yes) Date: Apr 14/14 Time: 1:00pm
 Result of Interview: Second Interview Scheduled No Not Hired
 Interviewed by: Heather Nicholas
 Accepted for Employment? Yes Starting Rate Gr 8? Starting Date Apr 15/14 Shift Afternoon



ELIZABETH WETTLAUFER

857 James street, apt 2504, Woodstock, Ontario N4S 8H5
Home: 519 290 0724 • Cell: 519 532 6471
shortnsilly@hotmail.com

PROFESSIONAL SUMMARY

Registered Nurse with 18 years experience in long term care and assisted living care. Excel in achieving a high level of patient satisfaction, family inclusion, and staff supervision.

LICENSES

Registered Nurse in the province of Ontario, 1995 to present

Basic and advanced foot care certification

Palliative Care level 1

CPR certified

SKILL HIGHLIGHTS

- Geriatric care excellence
- Foot care experience
- Highly Skilled in physical assessment
- Medication Administration proficiency
- Wound Care
- Colostomy Care
- Supervision of health care staff
- Excellent teaching skills
- Proficient in EMAR, PCC and RAI
- Computer skills in Windows, Desk Top and Microsoft Word

PROFESSIONAL EXPERIENCE

CARESSANT CARE NURSING HOME

Woodstock, Ontario

Charge Nurse

06/2007 to 03/2014

Responsibilities included medication administration, wound care and treatment, processing doctor's orders, communicating with families, client care conferences and care planning, supervision of PSWs, assistance with RAI charting. Compassionate provider of care to palliative patients and families. Became proficient in use of electronic record keeping, specifically EMAR and PCC. Participated as registered staff representative on the Health and Safety committee.

CHRISTIAN HORIZONS

Woodstock, Ontario

Support Staff

06/1996 to 06/2007

Provided and assisted with all aspects of care for developmentally challenged residents. Provided 1 on 1 respite care for a child with high medical needs and severe developmental challenge. Taught and supervised staff in medication administration. In Home Health and Safety coordinator. Developed a course in safe lifting and taught it in all West district Christian Horizon Homes.. Developed a team work approach program which was used to promote cooperation between two of the district homes.

EDUCATION AND TRAINING

FOOT CARE CERTIFICATE: NURSING - FOOT CARE

2009

Fanshawe College, London, Ontario, Canada

Obtained certification in basic foot care and advanced foot care.

REGISTERED NURSE DIPLOMA: NURSING

1995

Connestoga College, Stratford, Ontario, Canada

Achieved a grade of A or better in every course taken in all 3 years of schooling.

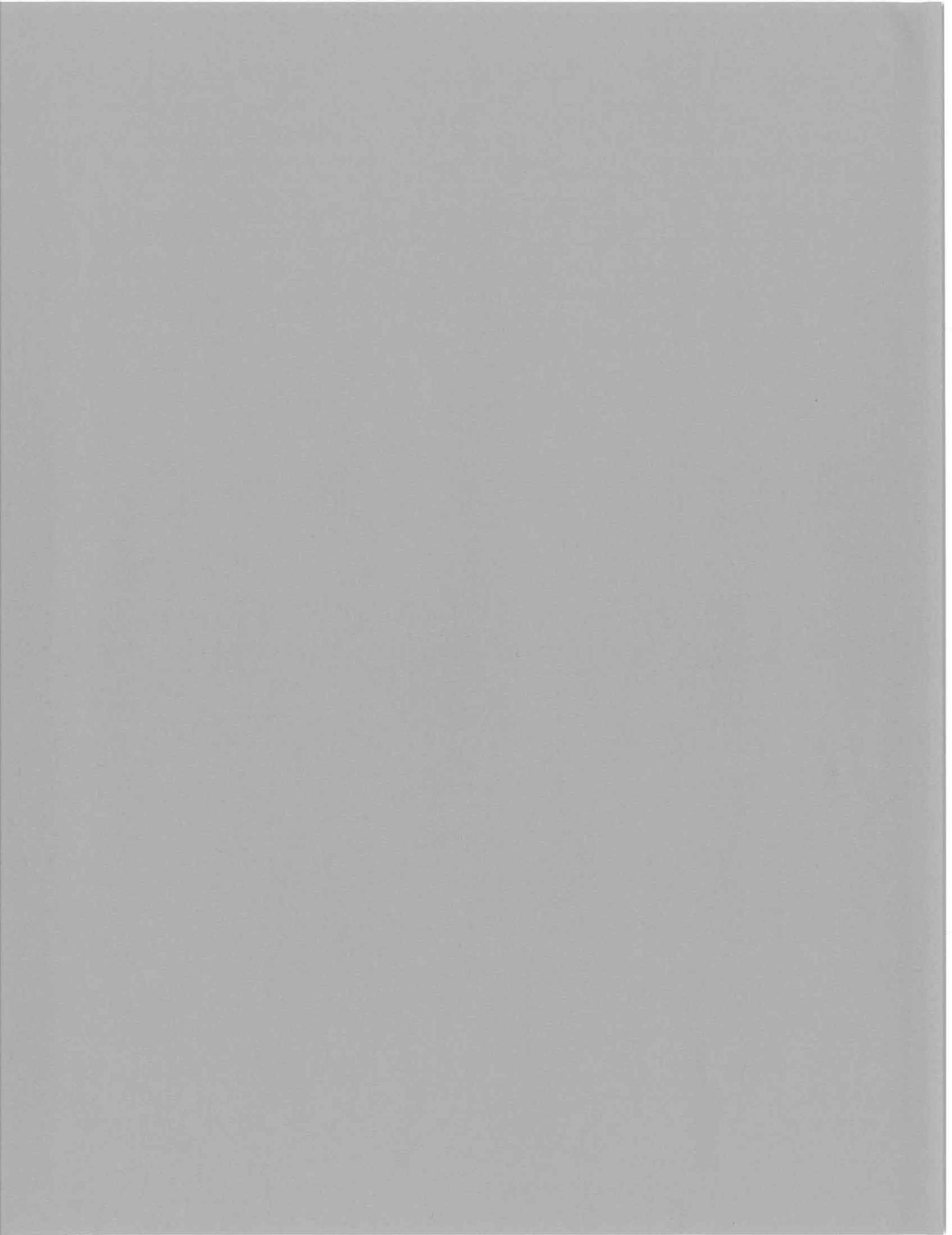
BACHELOR OF RELIGIOUS EDUCATION: RELIGIOUS EDUCATION

1991

London Baptist Bible College, London, Ontario, Canada

Minor in Counseling.

Coursework in family, crisis and adolescent Counseling.
Course work in inter-personal and inter -organizational communication



ELIZABETH WETTLAUFER

857 James Street, Apt. 2504 • Woodstock, ON • N4S 8H5

Home: 519-290-0724 • Cell: 519-532-6471 • shortnsilly@hotmail.com

REFERENCES

Sandra Fluttert RN – former supervisor

[Redacted]

Work phone:

Cell phone #

Email:

Jennifer Hague RN – former coworker

[Redacted]

Home phone#

Email:

Karen Routledge RN – former coworker

[Redacted]

Cell phone #

Email:

David Petkau – former supervisor

[Redacted]

Home phone #

Work Phone #

christian Horizon 2007.

This is Exhibit "L" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

Career Care

Put wrong number mistake got noticed

Bell

2. PSW left a call bell unanswered

7 minutes. Client asked

Company policy acceptant

increase resident, Coaching

manages out of mist

Thought:

3. Theft, assault, abuse of resident,

sexual abuse of resident. Verbal.

witnessed theft stop put at back

walk over available

on call manager if after hours

physical abuse v resident through

Calu, Care resident. Walk over

PSW away for resident.

Page 2 After mistake 2 show need

noticed 1:30 nurses not able to
give meds to beginner med within 2hr

4. Staff morale student make bed.

Student of work 5 Tim implement.

operating procedure Nursing delegat

a H & S suggested Sultz box,
dons & Cigarettes.

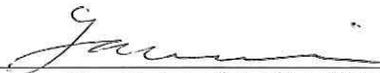
grab Sultz & Sultz ↓ fall of staff

Page 2. dress up for Halloween
influenced how far resident
1st of July Canada day parade
involve residents encourage other
staff to do so.

3. Family received for residents
but as there were then one
didn't apply to resident
family residents present. PSW not
embarrass
The fact a PSW of the One Plus that
they way it to be handled
Report PSW updated / complete

4. What would you do earliest
medical issue policy, medical
personal issue
address privately this needs to
be done differently. This is a policy
can it help me as a professional

This is Exhibit "M" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

Applicant Reference Check Form – Appendix P-1

Employment Reference Check – Jarlette Health Services

I hereby give (Insert Home/Lodge Name) permission to conduct an employment reference check.

Signature: Elizabeth Wettlauffer

Name of Applicant: Elizabeth Wettlauffer

For Department: Nursing

Position Under Consideration: Nurses

Person Contacted: David Petkau

Firm: Christian Horizon Telephone: [REDACTED]

In What Capacity did you know applicant? Support Worker - RN

How Long? I hired both 13 yrs supervised 6 yrs

What specifically did he/she do? Frontline Support worker. Dispensed

How would you Rate: Performance (quality and quantity): goes back always I had a lot of trust

Did peers like/respect him/her? yes - was a really nice team

Problem solving ability: able to work technical very valued

Ability to work independently: Active team member filled role well

Work habits: Very good, primary support worker for individuals

Attendance: no problems

What were circumstances surrounding his/her leaving? work as a new

She pursued her nursing career

Would you rehire? Yes No Qualifications: RV come handy

Why? very good

Are there any negative aspects or weaknesses? no nothing teamwork

Additional Comments: she was very good communication & team

Reference check made by: Heather Nicholas RN Date: April 24/14

well rounded
honest person

very positive
great very dedicated
expected her team
to help her team understand
what going on and why.

Applicant Reference Check Form – Appendix P-1

Employment Reference Check – Jarlette Health Services

I hereby give (insert Home/Lodge Name) permission to conduct an employment reference check.

Signature: Elizabeth Wettlaufer

Name of Applicant: Elizabeth Wettlaufer

For Department: Nursing

Position Under Consideration: _____

Person Contacted: Sandra Flukert RN

Firm: Crescent Care Woodstock Telephone: _____

In What Capacity did you know applicant? _____

How Long? _____

What specifically did he/she do? _____

How would you Rate: slow at some task
Performance (quality and quantity): good worker very good & residents

Did peers like/respect him/her? yes

Problem solving ability: yes

Ability to work independently: yes

Work habits: slow at some task interacting & residents Always early for 15-30 min
but completed work

Attendance: health issues working great now

What were circumstances surrounding his/her leaving? a personality conflict
both sides manager often involved in med error not just her.

Would you rehire? Yes No Qualifications: RN
Why? _____

What were strengths? General: Cared Residents, always early used to
Technical: mentor & teach good & student's health
care professional, good teacher

Are there any negative aspects or weaknesses? nothing

Additional Comments: as coworker we make mistakes but they are
more than just

Reference check made by: Heather Nicholson Date: April 21/14
Several
times.

Applicant Reference Check Form - Appendix P-1

Employment Reference Check - Jarlette Health Services

I hereby give (Insert Home/Lodge Name) permission to conduct an employment reference check.

Signature: Elizabeth Wettlaufer

Name of Applicant: Elizabeth Wettlaufer

For Department: Nursing

Position Under Consideration: RN

Person Contacted: Jennifer Hajue

Firm: Crescent Woodstock Telephone: [REDACTED]

In What Capacity did you know applicant? coworker

How Long? Beth 5-6 yrs

What specifically did he/she do? RN

How would you Rate: PSW, Resident, teacher very pt.
Performance (quality and quantity): Very good resident, Compassion, any questions

Did peers like/respect him/her? yes. never

Problem solving ability: Very good with critical

Ability to work independently: yes

Work habits: did night shifts solitary position handle situation well

Attendance: health issue but was resolved

What were circumstances surrounding his/her leaving? Med error, I was sit in with multiple people were involved couple med errors

Would you rehire? Yes No Qualifications: RN Why?

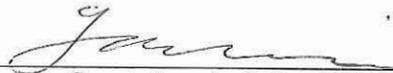
What were strengths? General: alot of compassion, loved her job Technical: emok, PCC, very competent, documentate

Are there any negative aspects or weaknesses? not really

Additional Comments: Very conscientious put all into work

Reference check made by: Jennifer Hajue RN Date: April 1/14

This is Exhibit "N" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law,
Expires June 20, 2020.**

Find a Nurse

results

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For more information about a nurse, click on the nurse's name in the list below.

| Name | Facility | City | Type | Practice information |
|-------------------------------------------------------------------|-------------------------------------------------------|-----------|------|----------------------------------------------|
| ELIZABETH TRACY MAE WETTLAUFER | CARESSANT CARE WOODSTOCK NURSING & RETIREMENT HOME | WOODSTOCK | RN | Entitled to Practise with no Restrictions |

[previous](#) **1/1** [next](#)
current page

Only the first **500** results will be shown
For fewer results, we recommend refining your search.

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Address

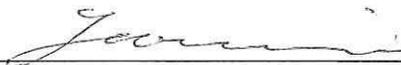
College of Nurses of Ontario
101 Davenport Rd
Toronto, Ontario
M5R 3P1 CANADA

Phone

Telephone: 416 928-0900
Toll Free in Ontario: 1 800 387-5526
Fax 416 928-6507
cno@cnomail.org

2013 916 1040 11

This is Exhibit "O" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law,
Expires June 20, 2020.**

Woodstock
Police
Service

615 Dundas Street
Woodstock, Ontario N4B 1E1

Main Switchboard: 519-537-2323
Administration: 519-421-2800
Facsimile: 519-421-2618
Executive Facsimile: 519-421-2287
Address all correspondence to:
The Office of the Chief of Police



22 APRIL 2014

To Whom It May Concern:

RE: WETTLAUFER, Elizabeth Tracy Mae
NEE: PARKER
DOB: 10 JUNE 1967

Based solely on the name(s) and date of birth provided, a search of the National Criminal Records Repository maintained by the RCMP did not identify any records for a person with the name(s) and the date of birth of the applicant.

Positive identification that a criminal record may or may not exist at the National Criminal Records Repository can only be confirmed by fingerprint comparison. Delays do exist between a conviction being rendered in court and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the National Criminal Records Repository. A local indices check may or may not reveal criminal record convictions that have not been reported to the National Criminal Records Repository.

Applicant also consented to a search of the pardoned sex offender records to determine if applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been granted a pardon. No record was identified for a person with the same gender and date of birth of the applicant.

CLEARANCE IS FOR EMPLOYMENT WITH THE VULNERABLE SECTOR.

Yours truly,
WOODSTOCK POLICE SERVICE


Rodney B. Freeman,
M.O.M., P.E.S.M., B.A.A., C.M.M. III
Chief of Police

RBF:KJ

www.woodstockpolice.ca

LTCI00017523-00001

This is Exhibit "P" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



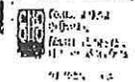
Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

Medication

9

Max Score 9



Practice and Policy Department
Contact

Outline Thumb Notes Search

| | |
|---------------------|-------|
| Question 4 response | 00:05 |
| Question 5 | 00:00 |
| Question 5 response | 00:05 |
| Question 6 | 00:00 |
| Question 6 response | 00:05 |
| Question 7 | 00:00 |
| Question 7 response | 00:15 |
| Question 7 response | 00:05 |
| Question 8 | 00:00 |
| Question 8 response | 00:05 |
| Question 9 | 00:00 |
| Question 9 response | 00:05 |
| Medication | 00:00 |

Continue Review Quiz

COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFERMIÈRES ET INFERMIERS DE L'ONTARIO

THE STANDARD OF CARE

0 Minutes 0 Seconds Remaining

Slide 22 / 23 | No Audio

00:00 / 00:00

Elizabeth Wettlaufer

April 21 / 2014

This is Exhibit "Q" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, c.s.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**



June 11, 2014

TO WHOM IT MAY CONCERN

Dear Sir/Madam;

Re: Bethe Wettlauffer

This will confirm that Bethe Wettlauffer was employed by Caressant Care Nursing and Retirement Homes at our Nursing Home in Woodstock, Ontario from June 27, 2007 to March 24, 2014 in the capacity of Registered Nurse.

In this capacity she was responsible for the providing nursing care to our elderly residents and for supervising the work of RPN's and PSW's.

During her time with us Ms. Wettlauffer proved herself to be a good problem-solver with strong communication skills. She was punctual and enjoyed sharing her knowledge with others.

Ms. Wettlauffer left our employ to pursue other opportunities. We wish her well and are pleased to provide her with this reference.

Sincerely,

Wanda Sanginesi

Vice President, Human Resources

This is Exhibit "R" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

June 20 2014

This afternoon at 14:45, I mediated a conversation between Julian Leeke PSW and Esther Alleyne PSW. Julian told Esther that she needed to have snack finished by 15:30 in order to facilitate everyone being up and in the dining room on time for supper. He also stated that evening care needed to be completed by 20:45 in order for charting to be finished.

Esther stated she didn't appreciate being pushed. Julian then stated care needed to be done in a more timely manner and that all 3 PSWs on the floor were responsible for this. Julian also stated that the level of care the residents were receiving was going downhill. Esther responded that was because PSW hours had been cut. Julian stated that when other PSWs had been working the wing everything got done on time.

Esther asked whose fault it was that care was going downhill and Julian responded that it was mostly hers. He then reiterated that she needed to finish her tasks in a timely fashion in order for the residents to be properly cared for. Esther then said "Fine, I'll be timely" and went to give out snack.

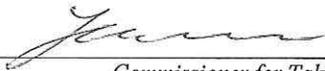
Julian informed me that over the past week of working with Esther he has felt exhausted and his back has been sore because he and the other PSW have been doing most of the heavy work.

I noted that Esther was in the bathroom x 3 between 19:30 and 21:00. I attempted to speak with Esther this evening after the other PSWs had left but she glared at me and walked away. Julian did state that the shift had gone much better and Esther had worked much faster than on any other shift.

Bethe Wettlaufer RN

LTCI00017574-00001

This is Exhibit "S" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

MEADOW PARK (LONDON)

a division of Meadow Park (London) Inc.

1210 SOUTHDALE ROAD EAST

LONDON, ONTARIO N6E 1B4

Tel: (519) 686 0484

Fax: (519) 686 9932

August 08 2014

Beth Wetlaufer
Meadow Park London
1210 Southdale Rd
London ON N6W 1B4
Nursing Department

Dear Beth,

Meadow Park London has implemented an Attendance Awareness Program to promote good and improved attendance. Through a standardized, consistent and systemic process and through collaborative and co-operative partnership between the employer and the employee, absenteeism will be reduced and managed. The program emphasizes raising awareness of the importance of good attendance given the impact to work force productivity. If you would like more information about the Attendance Awareness Program, please see your direct supervisor or see the manual located on each home area.

Our records indicate that your attendance to date is at the threshold parameters of more than 2 days in one month or 3 months with one occurrence in each month. It is encouraged that you take the required steps to maintain regular attendance for scheduled work. If you miss any more time I will require you to meet with me and set up a attendance plan. Please do not hesitate to contact me if I can be of assistance.

Yours truly,

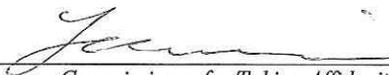


Heather Nicholas
Director of Care

cc. Unifor, performance file



This is Exhibit "T" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner, e.s.s.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

September 16, 2014

To: Elizabeth Wettlauffer, RN
Re: Pertinent Matters

I can sympathize with you in dealing with busy shift due to all the commotions, giving pills to more or less than 30 residents, dealing with behaviors, family members; however, we all have to take our own loads, it is a part of our responsibilities.

I understand that after a long busy day, you just want to go home right away and I also understand the concept of 24 hour nursing but you also have to understand I have to clean up after you which does not only take 5 minutes of my time and do all the work left for me to do before I can even start my own shift. I don't think it is fair for me to be left with the mess and just assume because of my sense of responsibility that I can and have to do the work without it causing a burden on me. If it happens only once or twice, I don't mind doing these and would not have said anything but this has been happening frequently and I have to bring it up to your attention already. These are the things that I have observed:

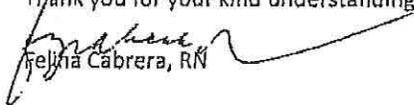
- 1) Please do not make it a habit of not counting meds before you leave. It is not safe and proper putting your signature, trusting me and let me do the counting alone. I was just waiting for you to finish charting so I did Lambton first and waited for you to call me and count meds with you but you were already gone by the time I came back to Kent. This is not the first or second time this has happened.
- 2) Please tidy up your mess at the nurse's station and med room before you leave. It is not fair for me to clean up after you. I have to always throw overflowing garbage after your shift, sometimes even contaminated dressings are left in the garbage bin on the side of the treatment cart.
- 3) Tonight, I was left with eight charts, not only needing second checks but some have to be completely processed.

Please bear in mind that I just don't sit down the whole night doing nothing, aside from my patient care (I also give meds and do treatments), the whole building and every individual, whether it be a resident or staff, is my responsibility. Just to give you an idea of what I do at night, here are the following duties that I do and 90% of these are done by me alone.

- 1) Check the building for safety, do shift audit that we are required to do and get supplies for the next shift.
- 2) Help or assist, answer questions of RPN especially if she or he is new. RPN tonight states she was not given proper preceptorship and she has a lot of questions on what and how to do things.
- 3) Answer call bells when PSWs are on break.
- 4) Check charts for any possible unprocessed orders that may have been missed and inadvertently placed in the rack especially on Tuesdays and Thursdays.
- 5) Do quarterly med reviews, MDS once a week.
- 6) Write and fax labs for Tuesdays and Fridays lab works.
- 7) Destroy meds at least once every two weeks.
- 8) Check med strips with previous ones on Wednesdays when I am scheduled, that is every other week.
- 9) File labs and cut backs.
- 10) Write new narcotic sheets so that it does not take anybody's time anymore.
- 11) Take charts of discharge patients apart and compile them before being taken for storage.
- 12) Put admission charts together and do care plan for new admits.

I'm sure there are still things that I do that slip my mind at this moment. I have not enumerated any of these to anyone but today because I just want staff, who think that I don't do anything at night, to understand that I probably have more responsibilities than any staff RN in this facility but you never hear me complain. I am not trying to single you out and I hope you don't take this personally.

Thank you for your kind understanding and consideration.


Felina Cabrera, RN

copy for Heather Nicholas, RN-DOE

CHARTS I HAD TO CHECK/DO AFTER QUARTERLY MED REVIEWS:

D.D. -- unprocessed; I had to do the whole processing

E.M. ---first signature by me- faxed by Vanna Sok, RN

M.V.M. ---- second sig by me - first sig by Vanna

R.P. ---second sig by me - first sig by Vanna

M.B. ---First sig by me - faxed by Cassidy Pizzaro, RPN

J.R. ---First sig by me -faxed by Vanna

H.D. ----First sig by me- faxed by Vanna

R.D. ---First sig by me- faxed by Cassidy

* lab req's made out by Cassidy and Vanna

Felina Cabrera, RN

This is Exhibit "U" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

Thursday September 25, 2014

Attention Heather Nicholas
MeadowPark Nursing Home
London Ontario

Dear Heather: Thank -- you for the opportunity to work as a registered nurse here at MeadowPark Nursing Home. I have enjoyed and appreciated the opportunity to use my skills and knowledge. I have also enjoyed the opportunity to continue to learn people management skills.

Unfortunately, I must tender my resignation. I have an illness which will require long term treatment.

I will be unable to work during this treatment and also unable to work as an RN following treatment.

It is therefore with huge regret that I tender this resignation effective Wednesday October 15, 2014.

Thank you

Bethe Wettlaufer RN

*Received Sept 25/14
AH*

This is Exhibit "V" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, of the
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

Please complete the following 3 sections:

Section 1

Name: (please print clearly using ink)
Bethewettlauser

Position:
RN

Section 2

I DECLARE, since the last criminal record check collected by (enter location name), or since the last Offence Declaration given by me to (enter location name), that:

I have no convictions under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act (Canada)*

OR

I have been convicted of the following criminal offences under the *Criminal Code of Canada* for which a pardon under Section 4.1 of the *Criminal Records Act (Canada)* has not been issued or granted to me.

List of Offences:

1 a) Date: _____
b) Court Location: _____
c) Conviction: _____

2 a) Date: _____
b) Court Location: _____
c) Conviction: _____

(Use additional page if necessary)

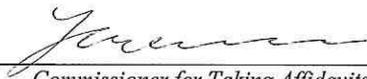
Section 3

I hereby certify that the facts set forth in the above declaration are true and complete to the best of my knowledge. I understand that falsified statements on this declaration shall be considered sufficient cause for dismissal.

DATED at London (City) this 25 (Day) day of Sept (Month) 2004 (Year)

Employee/Volunteer Signature _____

This is Exhibit "W" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

----- Forwarded message -----

From: Heather Nicholas <hnicholas@jarlette.com>
Date: Fri, Nov 7, 2014 at 1:47 PM
Subject: Re: missing narcotic
To: Jennifer Brown <jbrown@jarlette.com>

Hi Jennifer it was Hydro morphine 1/2 tabs 0.5mg 15 tablets in one card. It was discovered missing when an RPN was reordering the medication for a resident in Kent wing..

The pharmacist called back and said that they had already processed the order and it was delivered on a Friday evening September 26 2014. October 02 2014. is when we discovered the medication missing. Investigation was started right away an audit was completed by Tanya our pharmacist on October 02 2014. The missing medication was tracked from the processing of the medication from the Pharmacy to delivery to the home on September 26 2014.

A physical check was done even checking other med carts to see if it was accidentally placed in the wrong med cart. The medication was never found. We checked who received and signed for the medication. We investigated where the medications were taken.

The medication in question was delivered by an RN to the nursing station on Kent wing to the RN on Kent that was working the evening shift. *Don't know*
The medication was never entered in as being received by the RN who is now in question. *Schedule what RN's were*
I called the police and started an investigation. Rob, Melanie, Tanya and myself met with the police who are still investigating the case no arrest have been made. *was*
The RN in question interestingly had come to me on September 30 2014 to me that she had a terrible weekend and had been in hospital with an overdose and that she had a alcohol and drug addiction. I did convey that to the police.

The RN had resigned from here and her planned last day of work was October 15 2014 but she was never back in the home working since the evening in question. CIS report was completed right away and was submitted.

The Ministry was in this past week and we had no findings.

No other medication has been missed since that event. The RN was a recently new hire just completed 3 months employment with us but she had worked in Long term care for 10 years at a facility in Woodstock.

I hope this helps Have a great weekend.

↳ Elizabeth.

*Elizabeth - handed in resignation Sept 25, 2016
- last shift worked was Sept 26, 2016*

Heather Nicholas RN
Director of Care
Meadow Park London
1210 Southdale RD East
London ON
N6E 1B4
519-686-0484 EX 32
Fax 519-686-9932
email hnicholas@jarlette.com

On Fri, Nov 7, 2014 at 9:44 AM, Jennifer Brown <jbrown@jarlette.com> wrote:

Hi Heather, I truly don't need a long explanation. Just what was missing and was it found and if there was any findings with the staff member involved. Thanks

Jennifer Brown, RN
Care Services Coordinator
Jarlette Health Services
5 Bec vd.

Penetang, On L9M 1C1
Tel: 705-549-4889 ext 220
Cell: 705-790-4512
Fax: 705-549-2461
jbrown@jarlette.com

This message (including attachments, if any) is confidential and intended for the above named recipient(s) only. If you have received this message in error, please notify me by return email and delete this message from your system. Any unauthorized use or disclosure of this message is prohibited.
Please consider the environment before printing this e-mail.

On Thu, Nov 6, 2014 at 6:02 PM, Heather Nicholas <hnicholas@jarlette.com> wrote:

Hi Jennifer I had completed a CIS report on this and the Ministry had just come in this week as a follow up to the CIS report and were quite impressed with how we handled the whole situation there were no findings. We did everything right. I'm a little busy right now but can I touch base with you after CARF if that's alright. Thanks

Heather Nicholas RN
Director of Care
Meadow Park London
1210 Southdale RD East
London ON
N6E 1B4
519-686-0484 EX 32
Fax 519-686-9932
email hnicholas@jarlette.com

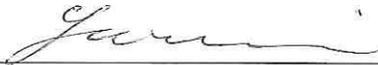
On Thu, Nov 6, 2014 at 10:08 AM, Jennifer Brown <jbrown@jarlette.com> wrote:

Hi Guys; I hope your week is going well! I'm sorry to hear Rob is leaving but have no fear we will support your home and find another good fit!! Can you give me a little detail about your missing narcotic that you had in October? I need to report about it. Thanks, Jenn

Jennifer Brown, RN
Care Services Coordinator
Jarlette Health Services
5 Beck Blvd.
Penetang, On L9M 1C1
Tel: 705-549-4889 ext 220
Cell: 705-790-4512
Fax: 705-549-2461
jbrown@jarlette.com

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This is Exhibit "X" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gail Reiss, a Commissioner
Province of Ontario, while a Student
Expires June 20, 2020.**

Dr. Jonny Tam
Jonny Tam Medicine Professional Corporation
959 Dundas Street East
Suite 203
Woodstock, ON
N4S 1H2, Canada
Phone: 519 537-6229
Fax: 519 537-2402

Oct 1, 2014

Re: WETTLAUFER, Elizabeth T
DOB: June 10, 1967
857 James Street
Apartment 2504
Woodstock, ON
N4S 8H6, Canada

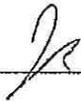
WORK ABSENCE CERTIFICATE

To Whom It May Concern:

This letter is to certify that above patient was assessed in this office and is recommended to be off until further notice.

Sincerely

Dr. Jonny Tam M.D. _____



Received Oct 01/14

This is Exhibit "Y" referred to in the Affidavit of Heather Nicholas,
sworn June 13, 2018



Commissioner for Taking Affidavits (or as may be)

**Leanna Gall Reiss, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires June 20, 2020.**

Ministry of Health and Long-Term Care
Ontario CRITICAL INCIDENT REPORT

17-000000
 10:26 AM

2643-000013-14

MEADOW PARK NURSING HOME (LONDON)
 1210 SOUTHDALE ROAD EAST
 LONDON

| CI Date and Time | Date and Time CI first Submitted to MOH |
|---------------------|-----------------------------------------|
| 2-Oct-2014 11:00 | 2-Oct-2014 19:00 |

Current Status
 CHANGED ON
 17-Oct-2014
 10:27
AMENDED

 Previous Status
SUBMITTED

I Mandatory/Critical Incident Description

Area/Location of Unusual Occurrence:
 Other (please specify)

Please specify (Area/Location)
 missing Narcotic medication investigation

Please identify whether you are reporting a Mandatory Report or a Critical Incident:
 Mandatory Report [LTCHA, 2007]

Which Mandatory Report category best applies?
 Other Mandatory Report

Description of the incident, including events leading up to the incident

On October 2, 2014 it was brought to CoDOCs attention that Hydromorphone 1 mg card was ordered for Kent resident D.G. on September 26, 2014. Medication was not received. Investigation conducted by CoDOC, in consultation with Pharmacist T.A. and Pharmacy Liason T.S. Shipping reports, Delivery Driver report and Drug record book all confirmed that medication ordered September 26, 2014 and delivered September 26, 2014. Driver's log book confirmed that RPN S.B. received 3 white bags of narcotics and 1 brown bag of regular medication - 4 bags in total. Further investigation noted that all medications were delivered, received, signed and accounted for except for the Hydromorphone HCL 1 mg in question. CoDOC Informed Administrator R.V., Director of Care H.N. and Police (Constable D.W.) (Incident #14 110166) Police came and met with Administrator, DOC, CoDOC and Pharmacist. Took statements, and copies of all documents related to investigation. Also documented Registered staff's names, dates of birth and phone numbers that work September 26, 2014 both evening and night shift.

Other Mandatory Report (please specify)
 Controlled Narcotic Missing

II Identifying information

Resident(s) Involved
 Name of resident(s) INVOLVED in Unusual Occurrence: **D.G.**
 Name of resident(s) INVOLVED in Unusual Occurrence:

Resident(s) Involved
 Date of admission of resident(s) (MM/DD/YYYY): 04/10/2014
 Date of admission of resident(s) (MM/DD/YYYY):

Resident(s) Involved
 Date of birth of resident(s) (MM/DD/YYYY):



Ontario CRITICAL INCIDENT REPORT

Date of birth of resident(s) (MM/DD/YYYY):

Name of Staff who were PRESENT and/or DISCOVERED the Unusual Occurrence

Staff who were PRESENT: Julie Nooren RPN

Name of Staff who were PRESENT and/or DISCOVERED the Unusual Occurrence

Staff who DISCOVERED: Melanie Smith CoDOC

Name of other person(s) PRESENT and/or DISCOVERED the Unusual Occurrence

Other person(s) who were PRESENT: Tanya Adams - Pharmacist

Name of other person(s) PRESENT and/or DISCOVERED the Unusual Occurrence

Other person(s) who DISCOVERED: Terri Skelding Snell -Pharmacy Liason

Name of home staff RESPONDING to Unusual Occurrence

Heather Nicholas DOC, Melanie Smith CoDOC

III Actions taken

What care was given or action taken as a result of the Unusual Occurrence?

No affect to resident. Resident received proper doses of medication. Investigation was conducted as to the location of the dispensed card in question. Police were phoned and met with senior team. Police Investigation initiated - Occurrence # 14-110166 Called police to see what has been done thus far October 10 and October 17 2014 police are still investigating and have not reported back to home as of yet. Medication in question hasn't been found.

By whom?

Administrator R.V., Director of Care H.N, Co Director of Care M.S. Pharmacist T.A. (assisting)

Was physician called?

Yes

Date and Time physician called (MM/DD/YYYY HH:MM)

10/02/2014 13:00

Name of physician

Dr. Payne

Physician's action

No action required from Physician at this time

What other authorities were contacted about this Unusual Occurrence?

Police

What other additional authorities were contacted ? (e.g. First Nations Band Council, Veterans Affairs Canada, Ministry of Labour, etc.)

Authority name: Pharmacy- Classic Care, Corporate Office.



Ontario CRITICAL INCIDENT REPORT

10:28 AM

For resident-related occurrences

Were relative(s), friend(s), designated contact(s) and/or substitute decision maker(s) contacted?

No

If No, why not?

No Resident did not miss any doses of medication. Received appropriate doses, utilizing a PRN card of exact dose.

What is the outcome/current status of the individual(s) who was/were involved in this occurrence?

Investigation occurring presently

IV Analysis and follow-up

What immediate actions have been taken to prevent recurrence?

Daily surveillance of medication receiving records, Pharmacist completing an immediate audit of Narcotic medications.

What long-term actions are planned to correct this situation and prevent recurrence?

In-services have been set up with Pharmacy to train staff on Policies, Procedures and Protocols with the use of Narcotic medications. Pharmacy will be conducting additional audit at this time

Name of person initiating report

Melanie Smith, Heather Nicholas

Category of person initiating report

Director of Care (DOC)

Date of report (MM/DD/YYYY)

10/02/2014

Please check to confirm the Administrator or Designate has signed the original of this form

Yes

General Notes

Most Recent Note : Please amend CI indicating the outcome of both police and internal investigations. Please state if the missing medication has since been located. Thank you.

10/16/2014 10:00 | Melinda Turner | CI form reviewed



Shipping Report

Classic Care Pharmacy, 112 Newbold Court, London ON N6E 1Z7
Phone: (866) 773-1354 Fax: (866) 773-1355

Report Parameters
Excluding Rxs with batch flag on or in a batch.
Fill Date 26/09/2014 00:00 to 26/09/2014 23:59
Sort By: Home/Ward/Patient
Med Sort By: Generic Name

Shipping Report

Printed on: 26/09/2014 16:28:37

Narcotics

Home: MPLN - Meadow Park London Long Term Care, Ward: Lambton

| Patient Name | Rx # | DIN | Qty | Drug | Cards | Check |
|--------------|---------|----------|-----|-----------------------------------------------------|-------|-------|
| J.B. | 2163867 | 00885444 | 30 | TAB HYDROMORPHONE HCl 1mg | 2 | 15 |
| D.D. | 2163871 | 00653276 | 30 | TAB Acetaminophen/Caffeine/Codeine Phos 30/15/300mg | 1 | |
| K.R. | 2163868 | 00885444 | 15 | TAB HYDROMORPHONE HCl 1mg | 1 | |
| Total | | | 3 | Rxs | | |

Total Cards

41

Received By



Shipping Report

Classic Care Pharmacy, 112 Newbold Court, London ON N6E 1Z7
Phone: (866) 773-1354 Fax: (866) 773-1355

Report Parameters
Excluding Rxs with batch flag on or in a batch.
Fill Date - 26/09/2014 00:00 to 26/09/2014 23:59
Sort By: Home/Ward/Patient
Med Sort By: Generic Name

Shipping Report

Printed on: 26/09/2014 16:28:37

Targeted

Home: MPLN - Meadow Park London Long Term Care, Ward: Oxford

| Patient Name | Rx # | DIN | Qty | Drug | Cards | Check |
|--------------|----------|----------|-----|---------------------|-------|-------|
| J.C. | | | | | | |
| | 39211620 | 00711101 | 30 | TAB Lorazepam 0.5mg | | |
| | 39211622 | 00711101 | 30 | TAB Lorazepam 0.5mg | | |

Total 2 Rxs

Total Cards

Received By



Shipping Report
 Classic Care Pharmacy, 112 Newbold Court, London ON N6E 1Z7
 Phone: (866) 773-1354 Fax: (866) 773-1355

Report Parameters
 Excluding Rxs with batch flag on or in a batch.
 Fill Date - 26/09/2014 00:00 to 26/09/2014 23:59
 Sort By: Home/Ward/Patient
 Med Sort By: Generic Name

Shipping Report

Printed on: 26/09/2014 16:28:37

Narcotics

Home: MPLN - Meadow Park London Long Term Care, Ward: Oxford

| Patient Name | Rx # | DIN | Qty | Drug | Cards | Check |
|--------------|---------|----------|-----|-----------------------------------------------------|-------|-------|
| M.K. | 2163827 | 00653241 | 30 | TAB Acetaminophen/caffeine/codeine Phos 15/15/300mg | | |
| N.P. | 2163826 | 00885436 | 30 | TAB HYDROMorphone Hcl 2mg | | |
| Total | | | 2 | Rxs | | |

Total Cards

Received By

* Please use black or blue ink



90

DRUG RECORD BOOK

CLASSIC CARE PHARMACY

LONDON
FAX: 1-866-773-1355

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>P.N. MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> | <p>J.B. HYDROMORPHONE HCl TAB 1mg MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> |
| <p>R.M. Nitroglycerin 0.4mg/hr MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> | <p>D.D. HYDROMORPHONE HCl TAB 1mg MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> |
| <p>L.B. Nitroglycerin 0.4mg/hr MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> | <p>H.M. HYDROMORPHONE HCl TAB 1mg MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> |
| <p>A.V.M. operamides holding MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> | <p>M.B. Morphine Sulfate 5mg MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> |
| <p>K.R. Morphine Sulfate 5mg MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> | <p>M.C. Morphine Sulfate 5mg MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> |
| <p>M.A. TRAZODONE HCl 50mg MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> | <p>H.D. HYDROMORPHONE HCl TAB 1mg MPLN - Meadow Park London Long Term C... Classic Care Pharmacy</p> <p>Drug Directions</p> <p>Ordered By</p> <p>Date Ordered</p> <p>Received By</p> <p>Date Received</p> <p>Rx Number</p> |

PLEASE INDICATE RESIDENT NAME WHEN USING EMERGENCY MEDICATION BOX



Shipping Report

Classic Care Pharmacy, 112 Newbold Court, London ON N6E 1Z7
Phone: (866) 773-1354 Fax: (866) 773-1355

Report Parameters

Excluding Rxs with batch flag on or in a batch.
Fill Date: 26/09/2014 00:00 to 26/09/2014 23:59
Sort By: Home/Ward/Patient
Med Sort By: Generic Name

Shipping Report

Printed on: 26/09/2014 16:38:37

Narcotics

Home: MPLN - Meadow Park London Long Term Care, Ward Kent

Patient Name

Rx # DFN

0
0
2162877

00585-44

Qty Drug

15 TAB HYDRORMORPHONE HQ 1mg

Cards Check

15

Total

1 Rxs

Total Cards

Received By

003/003

26/09/2014 14:50 FAX 888 987 7178

LTCI00072011

002/003

Rx: N2163877

Fri 26-Sep-2014 14:23
R: K6 WC: CD

London, ON DOB: [REDACTED] Sex: Female
Last TMR Date: 01-Jul-2014 MPLN

15 TAB HYDRORPHONE HCl 1mg ORW: Faxed
Saw To: Dilaudid 1, Narcotic PMS
DIN: 00885444 9,59/100 0-11-11-11-11 Days: 7
Loc. Safe B

Dr. Payne, William L [26217] Doc# 01:26217
330 Pond Mills Rd REFILL
London, ON PART FILL
Phone: (519) 881-6663 No Script Intrag
1/2 TABLET (0.5MG) BY MOUTH FOUR TIMES A
DAY (ALSO HAS PRN. ORDER) (RX)

Orig: Rx: 2156847 Auth: J00 Rem: 150 (12)
Prev: 13-Sep-14(2162664) Age: 7 First: 08-Aug-14(2156947)
Cost: 1.64 Mkup: 0.12 Fee: 8.83 Total: 10.59
Pat: 0.00 Disc: 2.01 Old Price: 8.38
T.P.: 8.38 - ODB(8.38), ONNMS(0.00)

Prns: HYDRORPHONE DIN: 00885444

May make you drowsy or dizzy. Drive with caution
Avoid alcohol/other drugs that make you sleepy
Taking a larger dose may cause breathing problems.
Call Dr before increasing dose or frequency.
MD may need to reduce the dose before you stop it.
May be habit forming
Caution: Be careful not to stand up too quickly
Discuss risks/benefits if woman of childbearing age

Handwritten: Allergies: Green, Orange

Allergies
ibuprofen, milk; Oranges, Fragrances /
Perfumes, Flowers
Conditions
Abdominal Aneurysm, Small Cell Lung
Cancer, Atrial fibrillation, Cataracts,
Chronic Obstructive Pulmonary Disease,
Gastroesophageal Reflux: Hypertension,
Migraine, Osteoporosis

Name _____

Dose Change

Counselling needed

Brand changed

Medication in fridge

Balance owing
We owe _____

Special Order, please
call in advance

Additional info.
needed _____

Rx Start: 08-Aug-2014 17:42
Cycle: Kent, Med Type: 1, Narcotic, Card. 1

| Pharmacy | Date | Drug | Strength | Quantity | Notes |
|-----------------------|-------------|------------------------|----------|----------|----------------------|
| Classic Care Pharmacy | 24-Jul-2014 | Hydrocodone Bitartrate | 1mg | 15 | Handwritten: 2156847 |
| Classic Care Pharmacy | 25-Jul-2014 | Hydrocodone Bitartrate | 1mg | 15 | Handwritten: 2156847 |
| Classic Care Pharmacy | 25-Jul-2014 | Hydrocodone Bitartrate | 1mg | 15 | Handwritten: 2156847 |
| Classic Care Pharmacy | 25-Aug-2014 | Hydrocodone Bitartrate | 1mg | 15 | Handwritten: 2156847 |
| Classic Care Pharmacy | 22-Sep-2014 | Hydrocodone Bitartrate | 1mg | 15 | Handwritten: 2156847 |

10/02/2014 14:57 FAX 883 967 7178

LTIC100072011

P.R.N.



CLASSIC CARE PHARMACY Corp.

D.G.

20-Aug-2018

MPLN - Kant - RXG - BVA - Repts: 12
Dr. Payne - Wigan (23217) - DR-0005314 - PMS
15 TAB HYDROMORPHONE HCl 1mg
Equiv. To: Dilaudid

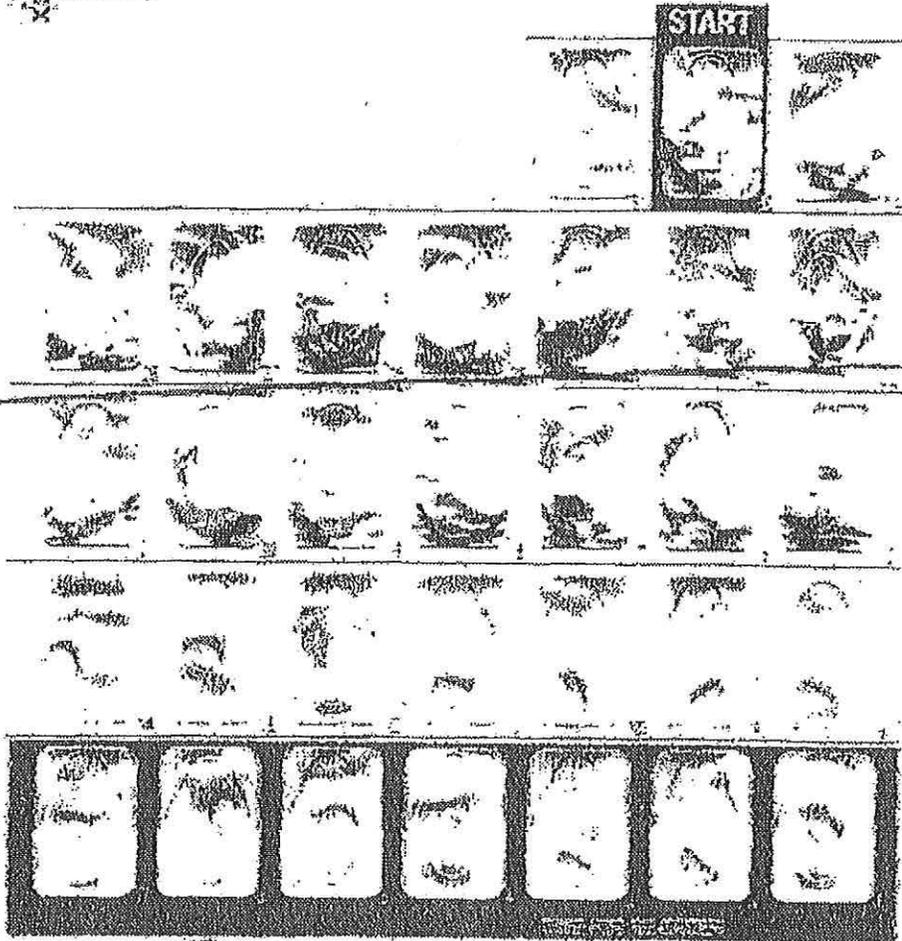
1/2 TABLET (0.5MG) BY MOUTH
EVERY 4 HOURS AS NEEDED
(NEED RX) (ALSO HAS REGULAR
ORDER)

XI-N2157762

D.G.

HYDROMORPHONE HCl 1mg 13789 PMS
15 TAB HYDROMORPHONE HCl 1mg 13789 PMS
Classic Care Pharmacy 20-Aug-2018

CLASSIC CARE PHARMACY Corp. RECEIVED



CLASSIC CARE PHARMACY

"Setting the Standard for Care"

Burlington - Ottawa - London - Oshawa



Resident's Individual Narcotic and Controlled Drug Count Sheet



CLASSIC CARE PHARMACY Corp.

123 Main Street, Columbus, OH 43221-1-166-213-1354

D.G.

18-Sep-2014

MPLN, Kent, R#K6 B:A
DR Payne, William E (26217) DIN# 00085443

15 TAB HYDROMORPHONE HCl 1mg
Equiv To: Dilaudid
**1/2 TABLET (0.5MG) BY
MOUTH FOUR TIMES A DAY
(ALSO HAS PRN. ORDER) (RX)**

RX# N21452694

Each Narcotic RX Number Must Have It's Own Count Record

| Date | Time | Quantity Given | Quantity Wasted | Quantity Left | Signature of Person Administering or Receiving Medication |
|---------------------------------|------|----------------|-----------------|---------------|-----------------------------------------------------------|
| Amount Received from Pharmacy → | | | | | |
| 22.9.14 | 1130 | 1 | | 29 | AW |
| 22.9.14 | 1630 | 1 | | 28 | AW |
| 22.9.14 | 0730 | 1 | | 27 | AW - error AW |
| 22.9.14 | 2015 | 1 | | 26 | AW |
| 22.9.14 | 1130 | 1 | | 25 | AW |
| 22.9.14 | 1700 | 1 | | 24 | AW |
| 23.9.14 | 2100 | 1 | | 23 | AW |
| 24.9.14 | 0800 | 1 | | 22 | AW |
| 24.9.14 | 1130 | 1 | | 21 | AW |
| 24.9.14 | 1700 | 1 | | 20 | AT |
| 24.9.14 | 2000 | 1 | | 19 | AT |
| 25.9.14 | | 1 | | 18 | |
| 25.9.14 | | 1 | | 17 | |
| 25.9.14 | 1600 | 1 | | 16 | AW |
| 25.9.14 | 2045 | 1 | | 15 | AW |
| 26.9.14 | 0735 | 1 | | 14 | AW |
| 26.9.14 | 1130 | 1 | | 13 | AW |
| 26.9.14 | 1600 | 1 | | 12 | AW |
| 26.9.14 | 2100 | 1 | | 11 | AW |
| 27.9.14 | 0800 | 1 | | 10 | AW |
| 27.9.14 | 1130 | 1 | | 9 | AW |
| 27.9.14 | 1700 | 1 | | 8 | AW |
| 27.9.14 | 2100 | 1 | | 7 | AW |
| 28.9.14 | 0730 | 1 | | 6 | AW |
| 28.9.14 | 1100 | 1 | | 5 | AW |
| 28.9.14 | 1700 | 1 | | 4 | AW |
| 28.9.14 | 2100 | 1 | | 3 | AW |
| 29.9.14 | 0730 | 1 | | 2 | AW |
| 29.9.14 | 1130 | 1 | | 1 | AW |

* For Disposal Only - Circle remaining quantity above and draw a diagonal line through remaining space *

* When completed, place sheet and medication for disposal together in double-lidded container designated for narcotics and controlled drugs awaiting disposal *

* In LTCs, narcotic and controlled drugs will be destroyed by heavy erosion in a waste container with water and/or by oxidation liquid medication when they are destroyed *

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|-----------------------------------|-------------------------|
| Cause reason for destruction | Discontinued | Expired | Discharged | Other |
| Quantity Remaining: _____ | Removal Date: _____ | Signature of Reg Personnel: _____ | Quantity Destroyed: _____ | Destruction Date: _____ |
| Signature of Reg Personnel: _____ | Removal Date: _____ | Signature of Reg Personnel: _____ | Signature of Reg Personnel: _____ | Destruction Date: _____ |
| In LTCs, circle reason of expiration: Tablets removed from blister Liquid opened Patch held onto itself Ampoules cracked/bulb emptied Other: _____ | | | | |

30 24 2014 1130 3 C C



Resident's Individual Narcotic and Controlled Drug Count Sheet

Each Narcotic Rx Number Must Have It's Own Count Record

CLASSIC CARE PHARMACY Corp.
 D.G. 20 AUG 2014
 16 TAB HYDROMORPHONE HCl 4mg
 EQUIV FOR DILAUDID
 1/2 TABLET (0.5MG) BY MOUTH
 EVERY 4 HOURS AS NEEDED
 (NEED RX) (ALSO HAS REGULAR
 ORDER)

| Date | Time | Quantity Given | Quantity Wasted | Quantity Left | Signature of Person Administering or Receiving Medication |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|----------------------------|------------------------------|-----------------------------------------------------------|
| Amount Received from Pharmacy | | | | 30 | |
| 9/18/14 | 0415 | 1 | | 29 | J. M. Jones |
| 9/18/14 | 0430 | 1 | | 28 | J. M. Jones |
| 9/20/14 | 0600 | 1 | | 27 | J. M. Jones |
| 9/26/14 | 2345 | 1 | | 26 | J. M. Jones |
| Sept 28 2014 | 0045 | 1 | regular dose | 25 | J. M. Jones |
| Sept 29 2014 | 0900 | 1 | regular dose | 24 | J. M. Jones |
| Sept 30 2014 | 1200 | 1 | regular dose | 23 | J. M. Jones |
| Sept 30 2014 | 1700 | 1 | regular dose | 22 | J. M. Jones |
| Sept 30 2014 | 2000 | 1 | regular dose | 21 | J. M. Jones |
| Oct 1/14 | 0445 | 1 | 20.0 | 20 | J. M. Jones |
| Oct 1/14 | 0800 | 1 | | 19 | J. M. Jones |
| Oct 1, 2014 | 1200 | 1 | | 18 | J. M. Jones |
| Oct 1, 2014 | 1700 | 1 | regular dose | 17 | J. M. Jones |
| Oct 1, 2014 | 2042 | 1 | regular dose | 16 | J. M. Jones |
| 2-10-14 | 0800 | 1 | | 15 | J. M. Jones |
| 2-10-14 | 1200 | 1 | | 14 | J. M. Jones |
| <small>* For Disposal Only - Check remaining quantity above and draw a diagonal line through remaining quantity * When completed, place sheet and medication for disposal together in double-labeled location designated for narcotic and controlled drug disposal * In LTCFs, all narcotics and controlled drugs to be destroyed by every resident in a secure container with written and/or audio-taped instructions when they are destroyed</small> | | | | | |
| Reason for destruction | | Discarded | Overused | Expired | Other |
| Quantity Remaining: | | | Quantity Destroyed: | | |
| Signature of Reg Personnel | | Removal Date: | Signature of Reg Personnel | | Destruction Date: |
| Signature of Reg Personnel | | Removal Date: | Signature of Reg Personnel | | Destruction Date: |
| Signature of Reg Personnel | | Removal Date: | Signature of Reg Personnel | | Destruction Date: |
| For TCFA, check manner of destruction | Tablets removed from blister | Injunct period | Flush tablets into toilet | Amount crushed/water emptied | Other |



I am driver for Classic Care Pharmacy. License Plate# _____
 If you have any concerns please contact the On-Call Pharmacist @ 855-518-4406

| DRIVER: BLUE BAGS | | HORACE | | FRIDAY RUN | DATE: Sept. 26 2014 | ARRIVAL TIME | RETURNS |
|-------------------------------------------------------------|-------------------|------------|---------------------|------------|-------------------------------|--------------|---------|
| HOME | # OF BAGS/BOXES | WHITE BAGS | OTHER | JPL MAIL | RECIPIENT SIGNATURE | | |
| RGTN THE VILLAGE NURSING RIDGETOWN 519-674-5427 | BAGS 1 | | 1 ENV | | <i>[Signature]</i> | 1850 | |
| RGTE | BOXES 1 BAGS 1 | 1 | | | RGTE, RGTR | | |
| RGTR | | | | | <i>[Signature]</i> | 1855 | |
| BLNM BLENHEIM VILLA BLENHEIM 519-676-8119 | BOXES 1 BAGS 2 | 2 | | | BLNM <i>[Signature]</i> | 1915 | |
| BCVR BLENHEIM RETIRE BLENHEIM 519-676-8119 | BOXES 1 BAGS 1 | | 1 ENV | | BCVR <i>[Signature]</i> | 1915 | |
| MPCH 116 SANDY STREET CHATHAM 519-351-7330 | BAGS 2 | 2 | | | MPCH <i>[Signature]</i> | 1940 | |
| BANW BANWELL GARDEN TECUMSEH 519-735-3204 | BOXES 2 BAGS 3 | 1 | 1 ENV | | BANW <i>[Signature]</i> | 2100 | |
| RSID RIVERSIDE WINDSOR 519-974-0148 | BAGS 2 | 1 | 6 ENV | | RSID <i>[Signature]</i> | 2115 | |
| BERKS 4 BERKSHIRE PLACE WINDSOR 519-236-7868 | BAGS 6 | | LOCK BOX 1 1 ENV | | BERKS 4 <i>[Signature]</i> | 2145 | |
| LIFE LIFETIMES RIVERSIDE WINDSOR 519-948-5293 | BAGS 1 | 1 | | | LIFE <i>[Signature]</i> | 2130 | |
| ILEN 171 ILER AVE ESSEX 519-776-9482 | BOXES 4 BAGS 2 | | | | ILEN <i>[Signature]</i> | | |
| ILER 111 ILER AVE ESSEX 519-776-3243 | BAGS | | | | ILER | | |
| HERO 11550 McNorton St. Windsor 519-979-8717 | BOXES 5 BAGS 3 | | LOCK BOX 1 | | HERO <i>[Signature]</i> | 2102 | |
| MPLN 1210 SOUTHDALE ROAD LONDON 519-686-0484 | BAGS 4 | 3 | | | MPLN <i>[Signature]</i> | | |
| BROMA 11908 Bequillans Court Tecumseh 519-735-0810 | BAGS 1 | | LOCK BOX 2 ENV | | BROMA <i>[Signature]</i> | 2050 | |

Meadow Park (LOWELL-ANDON) Inc.
TIME SCHEDULE: RN'S

(D) 0630-1430 (N) 1430 - 2230 (N) 2230-0630

| | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|---|---|---|
| Aug 10/14-Sept 7/14 Subject to change | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 |
| Heather Nicholas DOC | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |
| Melanie Smith Co-Doc | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |
| Christina Gutter Staffing Coordinator | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |
| Valerie Bouli Staff Educator | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |
| Stephanie Cardoso Staff Educator | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |

ELGIN/OXFORD

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|--------------|---|---|---|---|---|----|---|---|---|------|------|---|--------------|---|--------------|---|--------------|----|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Vanna Sok <i>KL</i> | D | D | | | D | D | | | D | D | D | D | | D | D | D | | D | D | D | | D | D | D | D | | D |
| Lucy Spasic | D | | D | D | | D | EC | E | E | | D | EC | | D | | D | | D | EC | D |
| Ariene Esler | E | E | E | E | E | | E | E | E | | STAT | STAT | V | | | V | V | V | V | | V | STAT | E | | E | E | E |

KENT/LAMBTON

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------|---|--------------|--------------|---|---|--------------|--------------|--------------|--------------|---|---|---|----|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| (owned by Andres Vainojart) Linda Smith <i>E/O</i> | | D | D | D | D | | D | D | D | | D | D | D | | D | D | D | D | | D | D | D | | D | D | D | |
| Dottie Duncan | | | E | | | S | S | S | S | | | E | KL | | | V | | | V | E | E | | E | | | E | KL |
| Elizabeth Wettlaufer | E | E | | | E | E | | | E | E | E | E | | E | E | E | | E | E | E | V | D | E | E | E | E | E |

NIGHTS (Kent/Lambton)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|---|---|---|--------------|--------------|---|--|---|--------------|--------------|--------------|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|
| Felina Cabrera | | N | N | X | N | N | | N | N | X | N | N | N | N | | N | N | N | N | | N | N | N | | N | N | N |
| MahAnn Flynn | N | | | N | X | N | | | N | X | | | | N | | | | | N | N | | | | | N | | |

NP Not Said

Please do not remove this original

Meadow Park (LONDON) Inc.

TIME SCHEDULE: Casual RN'S

(D) 0630-1430 (S) 1430 - 2230 N- 2230-0630

| | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|--------------------------------------------------|----------|----------|----|----|----|----|----|---------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|----|----------|----------|----------------|----------------|----|----|----|---|---|---|----------|----------|---|
| Aug 18, 2014 - Sept 7, 2014 Subject to change | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 |
| Lia Dionysakopoulos | | E EEO | | | | | | | E EEO | EEO | EEO | E EEO | EEO | EEO | | E EEO | E EEO | EEO | EEO | | | | | | | | E EEO | |
| Lucy Spasic as of 8/19/14 | | | | | | | | | | | | | | | | | | | | V | V | V | V | V | V | V | D EEO | |
| Gabrielle Gogas | | | | | | | | KL D | EEO E | EEO E | EEO E | EEO E | EEO E | EEO E | | | | | | | | | | | | D EEO | | |
| Ameera Rahaman | D EEO | | | | | | D | | | | | | EEO D | EEO D | | | | | | | | | | D | | | | |
| Marie Mackiewicz | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fedaa Izreig N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please do not remove this original

THE SCHEDULE: KPN'S

(D) 0630-1430 (S) 1430 - 2230 N- 2230-0630

| | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|-----------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|---|---|---|
| Aug 10, 2014 - Sept 7, 2014 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 |

ELGIN/OXFORD

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--------------|--------------|--------------|---|---|--------------|--------------|---|---|---|--------------|--------------|---|---|--------------|-----|--------------|--------------|--------------|---|---|------|--------------|--------------|---|--------------|--------------|
| Chandra Ghunell | D | D | | D | D | D | D | | V | V | V | V | | V | V | V | | V | V | V | | STAT | D | D | D | D | D |
| Alexandra Aisriku | | | D | | | D | D | | D | | D | D | | | | D | | D | D | | | D | D | D | D | D | D |
| Cassidy Pizarro | D | | D | D | D | | | | D | | D | D | D | D | | | | D | D | | | | D | | D | D | D |
| Jen Stewart-Paff | S | D | SSO | | | S | | | V | | | V | V | V | D | SSO | D | D | S | | | | S | | | SSO | S |
| Susan Proctor | | S | S | S | | | S | S | S | | S | S | S | | | S | S | S | S | | S | S | S | | S | S | S |

KENT/LAMBTON

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|---|---|--------------|--------------|--------------|---|---|---|---|---|---|--------------|--------------|---|--------------|--------------|--------------|---|---|---|--|---|--------------|---|---|---|
| Julie Nooren | | V | V | V | V | | | | | V | V | V | V | V | V | D | D | D | | | | | | | D | D | D |
| Nicole Bailie | | D | D | | D | D | | D | D | | D | | | | D | D | | D | | D | D | | D | | D | | |
| Linda Prudham | S | S | | S | S | S | | | | S | S | | S | S | S | | S | S | S | | | | | S | S | S | |
| Khushbu Patel | | | | | | | S | S | | | | | | | | | | S | S | S | | | | | | | |

NIGHTS (Elgin/Oxford)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------|---|---|---|---|--------------|---|---|---|---|--------------|--------------|--------------|---|---|---|---|----|---|---|---|---|---|---|---|---|---|---|
| Peter Gleba owned by Jean Lemay | N | N | N | N | | N | N | N | | S | S | N | | | N | N | N | N | | N | N | N | | N | N | N | |
| Christina Cain owned by Peter Gleba | | | | | B | | | | N | | | | N | N | | | NO | | N | | | | N | | | | N |

S* = Floats where needed

Please do not remove this original

Meadow Park (LONDON) Inc.

TIME SCHEDULE: CASUAL RPN'S

| | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|-----------------------------|----|-----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|-----|-----|-----|-----|----|-----|-----|----|----|---|---|---|---|---|---|
| Aug 10, 2014 - Sept 7, 2014 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 |
| Subject to change | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marina Ivanovski | SR | DKL | | | | | | | DKL | | DEC | | DKL | | DEB | | | | | | | | | | | | | |
| John Anderson | D | | DKL | | | | | | | | DEC | | DKL | | DEB | | DKL | | | SR | DK | DK | | | | | | |
| Beena Joseph | | | | D | | | | | | | | | DKL | | DKL | | | | | | | | | | | | | |
| Bancy Varghese | | | | | DKL | | | | | | SEC | | | | | | DEC | | | | | | | | | | | |
| Lucia Miron | | | S | | N | | DKL | | DKL | | | | SEC | | | DKL | DKL | | DEC | | | | | | | | | |
| Ansu Thomas | | | | | | | D | | | | N | N | | SEC | | | | | DEC | | | | | | | | | |
| Smitha Benny | | | E | | | | | | | | | | | | | | | | | DEC | | | | | | | | |
| Reeja Siby | | | | | | | | | | | | | | E/O | | | | | | | | | | | | | | |
| Jomy Jose | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gail Capeland | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please do not remove this original

Meadow Park (LONDON) Inc.
TIME SCHEDULE: RN'S

(D) 0630-1430 (5) 1430 - 2230 N- 2230-0630

| Sept 7/14 - Oct 4/14 | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|-------------------------------------------|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|---|
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 |
| Heather Nicholas Director of Care | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |
| Melanie Smith Co-Director of Care | | | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |
| Christina Guetter Staffing Coordinator | | | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |
| Valerie Boulton Staff Educator | | | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |
| Stephanie Cardoso Staff Educator | | | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | | | D | D | D | D | D | |

ELGIN/OXFORD

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|
| KL Vanna Sok | D | D | | D | D | D | | | D | D | S | S | | D | D | D | | D | D | D | | | D | D | D | D | | D |
| E/O | | | D | | | | D | D | | D | | | | | | D | | | | D | D | | D | | | | | |
| Arlene Esler | | E | E | E | E | | E | E | E | | | E | E | E | | | E | E | E | E | | | E | E | E | | E | E |

KENT/LAMBTON

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------|---|---|---|---|----|----|---|---|---|---|---|---|---|---|---|---|---|--------|---|---|---|---|--------|--------|--------|--------|--------|
| Linda Smith <small>owned by Andre Vaincourt</small> | | | D | D | D | D | | D | D | D | | D | D | D | | | D | D | D | | D | D | D | | D | D | D |
| Dottie Duncan | | | E | | | | E | E | | E | | | E | | | | E | | | E | E | E | | E | | | S |
| Elizabeth Wettlaufer | E | S | | S | NA | NA | | | E | E | E | E | | E | E | E | | Absent | E | E | | | Absent | Absent | Absent | Absent | Absent |

NIGHTS (Kent/Lambton)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|---|--|---|---|---|---|---|--|---|---|---|--|---|---|---|--|--|---|---|---|---|---|---|------|-----|---|---|---|---|
| Felina Cabrera | | | N | N | N | N | | | N | N | N | | N | N | N | | | N | N | N | N | | N | Slat | N/A | | N | N | N |
| MaryAnn Flynn | N | | | | | N | N | | | | N | | | | N | | | | N | N | | N | N | | N | N | | | |

Please do not remove this original

Meadow Park (LONDON) Inc.
TIME SCHEDULE: Casual RN'S

(D) 0630-1430 (S) 1430 - 2230 N- 2230-0630

| Sept 7/14 - Oct. 4/14 | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
|-----------------------|---|-------|-------|-------|----|----|----|----|----|----|----|-------|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|---|---|
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | |
| Lia Dionysakopoulos | E | | | | | | | | | | | | | E | E | | | | | | | | | | | | | | |
| Lucy Spasic | D | | | | | | | | | | | | | D | D | | | | | | | | | | | | | | D |
| Gabrielle Gogas | | | | | | S | | | | | | | | | Np | | | | | | | S | | | | | | | |
| Ameena Rahaman | | | | EP | | | | | | | Dp | | | | | | | | | Dp | | | | Dp | | | | | E |
| Georgina Soares | | D | D | D | | | | | | | S | E | | | | | | | | | | | | | | | | | |
| | | Orien | Orien | Orien | | | | | | | | Orien | | | | | | | | | | | | | | | | | |

Please do not remove this original

Meadow Park (LONDON) Inc.
TIME SCHEDULE: RPN'S

(D) 0630-1430 (S) 1430 - 2230 N- 2230-0630 (F) Trade (Green Box) Staff Trading the Shift/Not working

| | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F |
|----------------------|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|
| Sept 7/14 - Oct 4/14 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 |

ELGIN/OXFORD

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|-----|-----|-----|-----|-----|-----|----|---|-----|-----|-----|-----|----|----|----|---|----|----|---|---|------|------|-----|-----|-----|---|----------|
| Chandra Chunifall | N/A | N/A | | N/A | N/A | N/A | | | N/A | N/A | N/A | N/A | | D | D | D | | D | D | S | | | D | D | D | D | |
| Alexandra Atsriku | 5F | | D | | | D | DF | | | D | | D | D | | 5F | | D | | | S | DF | | | S | | D | D |
| Cassidy Pizarro | D | 5P | | D | S | S | | | | D | | | D | D | D | | V | V | | | | | Ekc | D | Ekc | | D-E |
| Jen Stewart-Paff | 5F | | 5SO | DF | | 5F | DF | | | 5SO | | | 5F | 5F | 5F | | 5F | DF | | D | DF | | | 5SO | | | 1 hr + 5 |
| Susan Proctor | | S | S | S | S | | S | S | S | | S | S | S | | | S | S | S | S | | STAT | STAT | S | | S | S | S |

KENT/LAMBTON

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|----|---|---|---|----|---|----|---|---|---|---|----|----|---|---|---|---|---|----|---|---|---|------|---|---|-----|---|--------|
| Julie Nooren | | D | D | D | D | | V | V | D | | D | D | D | | | D | D | D | D | | D | D | D | | D | D | D | D+E |
| Nicole Bailie | | D | D | | | D | Dp | D | D | | D | Dc | Dp | | | D | D | | Dp | D | | D | D | | D | | | S (sh) |
| Linda Pridham | S | S | | S | S | S | | | S | S | S | S | | S | S | S | | S | S | S | | | Stat | S | S | S | | |
| Khushbu Patel | 5P | | | | 5P | | S | S | | | | | | | | | | | | | | | N/A | S | | Ekc | | |

NIGHTS (Elgin/Oxford)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------|---|---|---|----|---|---|---|------|---|-----|-----|-----|----|--|---|---|---|---|---|---|-----------|---|---|---|---|---|---|
| Lucie Miron <small>swapped by Jean Lonnax</small> | D | D | | DF | D | D | | Np | | Nc | | | 5F | | N | N | N | N | | N | 2.5hr + N | N | | N | N | N | |
| Peter Giebe | N | N | N | N | | N | S | STAT | N | N/A | N/A | N/A | | | | | | | N | | | | N | | | | N |

5* =Floate where needed

Please do not remove this original

Meadow Park (LONDON) Inc.

TIME SCHEDULE: CASUAL RPN'S

D) 0630-1430 (S) 1430 - 2230 N- 2230-0630 (F) Trade (Green Box) Staff Trading the Shift/Not working

| Sept 7/14 - Oct 4/14 | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|----------------------|---|-------------|----|----|----|----|----|----|----|-------------|----|----|----|----|----|--------|----|----|--------|----|------------|--------|----|-------------|--------|----|---|--------|
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 |
| Maria Ivanovski | | | | | | | D | D | | | DP | | | | | | | | | | | | | | | | | |
| John Anderson | | | | | | | | | | | | | | | | | | | | | 5.let@1900 | 5 | | | | | | |
| Christina Cain | | | | | N | 5F | | | N | | | | N | N | | | 5F | | | | | | | | | | | |
| Beena Joseph | | Ec | | | Dc | | | | Dc | 5P | S | | | | | | | | | | | | | | | | | |
| Ansu Thomas | | | 5 | | | Dc | | Dc | S | D | | D | | 5F | | | D | DP | DP | | 5P | | 5P | 5 | | Dc | | Dc |
| Smitha Benny | | | | | | 5c | | | | Absent | N | N | | | | | | | | | 5 | S | | | | | | |
| Jomy Jose | | | | | | | | | | | | | | | | | | | | | | | | 5 ORIENT | | | | Ekp |
| Gail Copeland | | D ORIENT | DP | | | | | | | D ORIENT | | | | | | resign | | | resign | | | resign | | | resign | | | resign |

Please do not remove this original

LTCI00072011

Just wanted to do a recap on the series of events that happened this evening and the conversations that occurred around the concerns. If you happen to get a call from James regarding this in my absence then you have a reference.

1. Dottie came and spoke to me asking how Beth was. She stated that the Classic Care Driver had asked when delivering meds last evening how the nurse was that had over dosed (staff had assumed it was Beth as her absence???) I expressed to Dottie (RN) that Beth was fine but stated that I was not confirming anything about any over dose, and asked that there be no further conversation about any questions. And I left the building. (needed to think how I was going to handle)
2. When I arrived home, I called Tanya as I was concerned about why the driver would have known about this nor had the right to discuss with our staff. I had to attend an appointment around the time having discussion with Tanya, as did she so we decided to reconvene our discussion later this evening.
3. I received a call from the facility at approximately 1920, Dottie stating that Rudy from Classic Care had called and requested to speak with me. She gave me his phone number. I then also spoke with Arlene and asked that she share with me the comments that had been made by the driver from classic care the night before. She stated that when he came in there conversation lead to him asking about how the nurse was that overdosed. When Arlene responded that she didn't know what he was talking about, he replied by saying something like "I have been in this industry a long time and it is not unheard that an RN take narcotics". I asked Arlene to write down the discussion on paper, place in a sealed envelope and place under my door. I also requested that the conversation not be shared with anyone else.
4. I then called Rudy back around 2015 and had discussion. Rudy felt that the conversation that Horse (CC driver) had was out of concern for the nurse and meant no harm. I expressed my concerns that staff were not aware of the issue with the overdose as it was personal and confidential to the staff member despite its relevance to the case of missing narcotics. He stated that Peter, Griesa and Jennifer Brown had also been contacted thru the evening. Rudy stated he had spoke to Horse as well and they would be discussing this concern internally tomorrow as well.
5. I then called Jenn Brown to explain the reason for the initial call so she was aware of the chain of events transpiring. She was reassured that James Abraham was aware of the occurrence and investigation. She was also reassured that the CIS had been completed by Heather and Melanie on Thursday evening (day of findings) and police involvement. She was also informed that the investigating officer had phone my cell late day today requesting that I return his call tomorrow to touch base as to the progression and status of the investigation.
6. I then called Heather and informed of the series of events this evening. Heather had stated on the phone that Dottie had spoke to earlier about the missing card but did not at that time mention that she was aware of the nurse overdosing comments from the delivery employee.

Hope this information is helpful. We can then copy and paste this to a report if it is required by head office or classic care.

