

**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 ROBERT VANDERHEYDEN

I, Robert VanderHeyden, of the Village of Mount Pleasant, in the County of Brant, 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 "Inquiry"). I have firsthand knowledge of the matters to which I hereinafter depose. Where I do not have firsthand knowledge, I have identified the source of my information and belief and believe it to be true.
2. I grew up in Brant County, Ontario. In 2003, I graduated from the University of Western Ontario with a degree in kinesiology. I am a certified Kinesiologist. I have been a member in good standing with the Ontario College of Kinesiology since 2014. Prior to that date, the profession was self-regulated.

EMPLOYMENT HISTORY

3. After graduating from the University of Western Ontario, I was employed by Hamilton Physiotherapy for approximately 10 years. At the time, Hamilton Physiotherapy had a contract

with the Mount Hope Center for Long-Term Care ("Mount Hope"). I managed the physiotherapy clinic at Mount Hope for approximately 5 years, and was responsible for the daily operations of the clinic. I also trained Mount Hope staff with respect to back health and fall prevention.

4. I obtained a certificate in Long-Term Care Senior Management from the Canadian Healthcare Association in 2012. It was a two-year program which I completed through distance studies, which involved submitting multiple papers each month to my professor. I also attended a week-long conference in Ottawa at the end of the course and passed a written exam.

MEADOW PARK

5. After obtaining my Long-Term Care Senior Management Certificate, the first position I took was as an Administrator at Meadow Park London Long-Term Care Home ("Meadow Park"). I accepted the position as Administrator at Meadow Park in September 2012 and resigned in November 2014 for a different position in a hospital.
6. When I assumed the position of Administrator at Meadow Park, Lia Dionysakopoulos was the Director of Care. However, at some point in time, she left the position to obtain a Nurse Practitioner designation in London, and Heather Nicholas was hired as the Director of Care. My recollection is that after Ms. Dionysakopoulos left the role as Director of Care, she stayed on at Meadow Park in the role of Staff Educator. As well, Melanie Smith moved from the position as Staff Educator to Co-Director of Care. Around the time that I departed Meadow Park, Melanie Smith assumed the position of Administrator at Meadow Park.

DUTIES AS ADMINISTRATOR AT MEADOW PARK

7. My duties as Administrator at Meadow Park included, but were not limited to, leadership, budgeting, strategic development, teambuilding, marketing and the overall operational management of the Home. On any typical day, I would generally start with a morning meeting with my managers and then attend numerous meetings throughout the day. I was required to regularly consult with staff, residents and families about any issues or concerns they raised. Furthermore, I would focus on current work plan (e.g. accreditation, transitioning the lower level to long-term care beds) and strategic and quality initiatives, as well as communicate with regional management, head office or any other stakeholders.
8. My regular hours of work were 8:00 am to 5:00 pm from Monday to Friday. However, I often put in extra hours at Meadow Park or worked from my home. There was often a management presence in the Home later than 5:00 pm during the weekdays as managers worked beyond their regular hours. On weekends, there was a nursing manager on call. I was not specifically on call, but was always available by phone if the nurse manager needed me. However, as I am not a trained nurse, we always ensured that at least one of the four nurse managers were on call, being Stephanie Cardoso, Lia Dionysakopoulos/Valerie Boulton, Melanie Smith, and Heather Nicholas.
9. During my time at Meadow Park, we used Classic Care Pharmacy ("Classic Care") as our pharmacy service provider. As Administrator for the Home, I also attended the Professional Advisory Committee meetings ("PAC Meetings"). Classic Care attended the PAC Meetings and provided us with information and statistics on the drugs being administered at the Home. I

have no recollection of insulin being discussed at these PAC Meetings, although narcotics and psychotropic drugs were discussed and reviewed. Also in attendance at the PAC Meetings were the pharmacist from Classic Care (Tanya Adams), the Medical Director (Dr. Payne) and the Director of Care.

10. Additionally, on occasion, there were unannounced inspections of Meadow Park by the Ministry of Health and Long-Term Care (the "Ministry"). I assisted during the inspections by speaking to inspectors and gathering information and documentation for them. During the first two weeks I was at Meadow Park, a Resident Quality Inspection ("RQI") was conducted by the Ministry. There were compliance orders and written notifications. However, during the follow-up inspection, the Ministry was pleased and satisfied with the progress and remedial steps we implemented. The compliance orders were then removed.
11. I recollect the Ministry conducting another RQI during my time at Meadow Park. I was scheduled to go on vacation at that time and could only be present for the first two or three days of the inspection as my trip was previously booked. I recall that we did much better on the second RQI than the first one.

STAFFING AT MEADOW PARK

12. I do not recall whether there was an official staffing plan policy while I was Administrator at Meadow Park. Attached hereto as Exhibit "A" is a copy of a Nursing and Personal Support Services – Staffing Plan policy for Meadow Park dated May 1, 2015 [Doc ID LTCI00018537]. This staffing plan policy appears to postdate my employment at Meadow Park. I was provided

with this document prior to swearing this Affidavit, and have no recollection of viewing it previously.

13. I do not have a clear recollection of the staffing complement while I was the Administrator at Meadow Park. We worked cooperatively with Head Office in order to address our staffing needs. I do not recall ever requesting that Head Office provide us with additional staffing. To the best of my knowledge, Head Office never used any of the Nursing and Personal Care Envelope for anything other than the nursing department at Meadow Park. I do not remember Ms. Nicholas ever asking me for additional staffing.
14. Meadow Park and Head Office would formally review any staffing requirements at our annual budget meeting. The budget meeting was attended by me, the Director of Care, the Care Service Coordinator (i.e. Regional Manager), Finance and the Director of LTC Operations. The factors that we would consider at this meeting in determining staffing levels included the budget, the Case Mix Index (which looks at the acuity level of residents to determine funding), and the particular needs of the residents at the Home.
15. I recall that at one point there was a small cutback with PSWs. I worked with the Union to determine a reduction in hours that would have the least impact on staffing and resident care. The Home's Case Mix Index had dropped at the time and a reduction in hours was necessary. I believe that in talking with the Union, it was determined that the one area that could be reduced was a four-hour PSW shift that had been added previously due to a positive variance in the Case Mix Index.

THE HIRING AND EDUCATION OF REGISTERED STAFF AT MEADOW PARK

16. As the Administrator, I was not typically involved with hiring registered staff. I recall that if the Home had enough candidates, the Director of Care would have a group interview to start the process followed by an individual interview. If there were not enough applicants for a group interview, there would simply be an individual interview. I sat in on one or two of the group interviews in respect of the hiring of PSWs. I sat in with Ms. Dionysakopoulos. We would ask certain questions, see how the interviewees would respond, and see how they would work in a group setting as a team. I found the group interviews helpful as they gave us insight into group dynamics.
17. We did not get a lot of applications from registered staff. Long-term care is not an attractive industry for nurses. For example, new nurse graduates tend to gravitate towards acute care at a hospital. I do not remember ever participating in a group interview for nurse applicants perhaps because we would not have received enough applications. The Director of Care would interview registered nurses or registered practical nurses that applied for a position.
18. All staff received mandatory education as required by the *Long-Term Care Homes Act, 2007* and the Ministry. The mandatory education was completed by e-learning. We retrofitted a room in the Home and installed computers so the staff could complete their educational requirements on-site. Additionally, we would periodically enhance the mandatory education by hiring outside service providers to attend the Home to conduct on-site seminars. For example, Gentle Persuasive Approach training was given to nurses and PSWs by outside service providers.

19. At various points in time, Lia Dionysakopoulos, Melanie Smith and Valerie Boulton were the Staff Educators. It was their responsibility to ensure that all nursing staff had completed their educational requirements.

TRAINING WITH RESPECT TO INVESTIGATING INCIDENTS

20. I do not recall receiving formal training on how to conduct investigations at the Home. However, Julia King - the Director of LTC Operations at the time - did provide informal mentoring to both me and Ms. Dionysakopoulos with respect to an investigation we were completing. I always felt supported by the regional management and the Director of LTC Operations at Head Office with respect to investigations.
21. I do not recall whether there was an Investigation Checkoff List while I was the Administrator at Meadow Park. Attached as Exhibit "B" is a copy of a Investigation Checkoff List. I was provided with this document prior to swearing this Affidavit, and believe it to have been produced by Jarlette Health Services/Meadow Park, but have no recollection of viewing it previously.
22. If the incident in question involved an allegation of abuse, the staff member that was alleged to have committed that impropriety was put on paid administrative leave immediately. The appropriate manager would immediately conduct an investigation, prepare a critical incident report (CIR) and deliver the CIR to the Ministry. I did not generally prepare the CIRs myself, but would be informed of the details related to the report. Police would be contacted. The resident's substitute decision-maker would also be contacted (unless a capable resident did not wish for us to contact anyone). The Director of Care and/or I would interview witnesses

about the incident. The Union representative would also be present for any interview with a unionized staff member.

23. We would communicate the CIRs to Head Office as well. Any discipline stemming from the investigation would be discussed with the Human Resources Department from Head Office, which was headed by Mary Barber. I would keep the investigative file in my office or in the Director of Care's office. Any disciplinary measures would be decided by Human Resources in consultation with me and the Director of Care. Any disciplinary letter would come from Human Resources.
24. If the incident that was being investigated did not involve an allegation of abuse, but was a nursing issue (e.g. a medication error), I was not very involved with the investigative process or follow-up. I was notified of medication errors but it was my expectation that such incidents would be handled by the Director of Care.

EMPLOYMENT OF ELIZABETH WETTLAUFER AT MEADOW PARK

25. I was not involved with the hiring of Ms. Wettlaufer and am not aware of who completed her reference checks. I have no recollection of anyone discussing the hiring of Ms. Wettlaufer with me. Based upon our practice, I expect the Director of Care (or a delegated nurse manager) would have conducted the interview. I believe that a position would have become available and that Ms. Wettlaufer would have applied for that opening.
26. Attached as Exhibit "C" is a copy of a reference letter we received from Ms. Wettlaufer's previous employer, Caressant Care, dated June 11, 2014 [DOC ID LTCI00017569]. I have no

recollection of reviewing this reference letter other than in my preparations for appearing as a witness to this Inquiry.

27. Ms. Nicholas tended to work with the nursing managers and she ran the nursing department. She had been the Director of Care at Oneida Nation of the Thames Long-Term Care Home prior to commencing her employment at Meadow Park. I trusted her to raise with me any concerns that she had regarding the staff or residents. I cannot recall any performance issues with Ms. Wettlaufer or any complaints being raised by Ms. Nicholas or anyone else about Ms. Wettlaufer's performance.
28. I have a vague recollection of there being certain attendance issues with Ms. Wettlaufer, but I was not involved with those issues. I would have expected any significant attendance problems to be raised with me by the Director of Care or nurse managers. In my experience, attendance issues are not an uncommon issue in the health care sector. Ms. Wettlaufer's attendance issues did not seem unusual to me.

MS. WETTLAUFER'S RESIGNATION FROM MEADOW PARK

29. Attached hereto and marked as Exhibit "D" to this my Affidavit is a resignation letter from Elizabeth Wettlaufer dated September 25, 2014. It contains a note, in what I believe to be Ms. Nicholas' handwriting, stating that it was received that day.
30. In September 2014, I recall Ms. Nicholas informing me that she had just spoken with Ms. Wettlaufer, who was in the hospital. I was advised that Ms. Wettlaufer had informed Ms. Nicholas that she had a substance abuse problem. This was the first time any such issue of

this nature regarding Ms. Wettlaufer was brought to my attention. I had no previous suspicions that she had an alcohol or drug dependency problem or mental health issues. I never received complaints from anyone about Ms. Wettlaufer's performance as a nurse.

31. My recollection is that once she left the hospital, Ms. Wettlaufer had a meeting with Ms. Nicholas where she resigned in person. I remember discussing with Ms. Nicholas that if there was a substance abuse issue, the human rights legislation compelled us to support the employee. I do not recall having a conversation about firing Ms. Wettlaufer (given that she had resigned) or reporting her to the College of Nurses for Ontario.
32. Attached as Exhibit "E" is a copy of a note from Ms. Wettlaufer's Doctor, Dr. Jonny Tam, dated October 1, 2014 with his recommendation that Ms. Wettlaufer be off work until further notice [Doc ID LTCI00017579].
33. Attached as Exhibit "F" is a copy of Meadow Park's employee termination checklist for Ms. Wettlaufer dated October 4, 2014 confirming her resignation from Meadow Park [Doc ID LTCI00017580].

DISCOVERY OF THE MISSING NARCOTICS

34. In October 2014, it was discovered that certain narcotics were missing from the Home. I recollect that either Ms. Nicholas or Ms. Smith brought this issue to my attention. Specifically, a narcotic card that was ordered for a resident on September 26, 2014 could not be located. Ms. Nicholas, Ms. Smith and Tanya Adams checked the delivery driver reports and the drug record book, which confirmed that the medication was delivered on September 26, 2014 but

not marked as received. All of the medications delivered on that date were accounted for save the one narcotic card. As a result, we contacted the police who attended the Home and conducted an investigation. Attached hereto and marked as Exhibit "G" is a copy of the CIR sent to the Ministry dated October 2, 2014 [Doc ID LTCI00017595].

35. I believe Ms. Wettlaufer was on shift on September 26, 2014. If the medications were delivered, a registered nurse would have had to sign for them and lock them up in the medication rooms. On October 2, 2014, after Ms. Wettlaufer had informed Ms. Nicholas that she had overdosed that past weekend and we discovered the missing narcotic card, we suspected that Ms. Wettlaufer stole the narcotics. However, we were not able to conclusively prove that Ms. Wettlaufer had stolen the narcotics.
36. After the matter was reported to police, we followed up with police but I have no specific recollection of the outcome of the police investigation, except that no charges were laid against Ms. Wettlaufer.
37. Ms. Wettlaufer did not return to work at Meadow Park after September 26, 2014.

IMPACT OF MS. WETTLAUFER'S CRIMES

38. When I learned about Ms. Wettlaufer's crimes, I was horrified. I was not able to watch anything related to Ms. Wettlaufer on the news because the murders greatly troubled me. I cannot imagine how difficult this must be for all of the families and friends of the victims and my heart goes out to them. Ms. Wettlaufer abused her power and position for these senseless acts which have ultimately devastated our health care system. I feel very sad that this one

individual has tarnished a profession that, by its very nature, is based around care, compassion, trust and safety. I left the long-term care sector in 2014 due to a system that seems extremely underfunded. I enjoy my current health care role and am truly passionate about achieving a high standard of quality care for my patients, but often I consider leaving health care entirely as Ms. Wettlaufer's horrific crimes continue to haunt me.

39. I swear this affidavit for no improper purpose.

SWORN BEFORE ME at the City of

Mount Pleasant, in the County of

Brant on June 18, 2018



Commissioner for Taking Affidavits

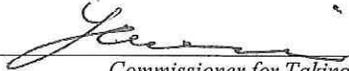


ROBERT VANDERHEYDEN

(or as may be)

**Leanna Gail 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 Robert VanderHeyden, sworn June 18, 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
Long Term Care Division**

Title: Resident Rights, Care and Services - Nursing and Personal Support Services - Staffing Plan		Page 1 of 2
Manual: Resident Care	Section: Nursing and Personal Support Services	
Owner: Christina Bath	Effective Date: 2015-05-01	
Approver(s): Judy Maltais	Version 1	Revised Date:

Resident Rights, Care and Services - Nursing and Personal Support Services - Staffing Plan

Purpose:

To ensure that there is a written staffing plan for the organized program of nursing services required under clause 8 (1) (a) of the Act; and the organized program of personal support services required under clause 8 (1) (b) of the Act.

Policy:

There shall be a written staffing plan for nursing and personal support services which includes;

- a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and Regulation;
- sets out the organization and scheduling of staff shifts;
- promotes continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
- includes a back-up plan for nursing and personal care staffing (commonly referred to as Plan B), that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection of the Act, cannot come to work;
- an evaluation and update at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;
- a written record relating to each evaluation that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Procedure:

The Administrator will ensure that:

- each department has an organized schedule reflecting a staffing mix to meet resident need and meet the requirements of the Act and Regulations;
- that a staffing back-up plan (Plan B) exists for nursing and personal care staff that addresses when staff are unable to come to work;
- the staffing back-up plan (Plan B), has been communicated to all staff and is available to them at all times;
- a written evaluation of staffing is completed annually and that dates of the evaluation, a summary of the changes made and the date those changes were implemented is recorded;

**Jarlette Health Services
Long Term Care Division**

Title: Resident Rights, Care and Services - Nursing and Personal Support Services - Staffing Plan		Page 2 of 2
Manual: Resident Care	Section: Nursing and Personal Support Services	
Owner: Christina Bath	Effective Date: 2015-05-01	
Approver(s): Judy Maltais	Version 1	Revised Date:

- the evaluation of staffing plans includes input from residents and their families received through resident and family interviews, resident outcomes, resident case mix and input from staff.

The Director of Care will ensure that:

- the nursing department has an organized schedule reflecting a staffing mix to meet resident need and the requirements of the Act and Regulations;
- the back-up plan (Plan B) for times when staff are not able to come to work is developed and communicated as required;
- the back-up plan (Plan B) has been communicated to all staff and is available to them at all times;
- input is provided into the evaluation of staffing plans based on resident and family feedback, resident outcomes, case mix index and staff input.

Each Programs Manager will ensure that:

- their department has an organized schedule reflecting a staffing mix to meet resident need and the requirements of the Act and Regulations;
- input is provided into the evaluation of staffing plans based on resident and family feedback, resident outcomes, case mix index and staff input.

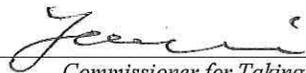
Related Documents:

Resident Rights, Care and Services - Nursing and Personal Support Services - Staffing Plan Evaluation Template

Cross Reference(s):

Policy Title
Long Term Care Homes Act, 2007 – O. Reg 79/10, s. 31

This is Exhibit "B" referred to in the Affidavit of Robert VanderHeyden, sworn June 18, 2018



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Administration Investigation Check-Off List

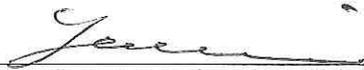
✓	ITEM	Date & Time Action Taken	Date Received
	Stop the undesired situation and seek assistance as required.		
	Record concern/incident in as much detail as possible		
	Assess resident. Conduct head- to- toe assessment and document in PCC. (NOTE: take pictures if applicable with resident and/or SDM consent)		
	Pull up appropriate policy related to event and ensure that policy is followed to guide investigation. (ie. Abuse prevention, concerns/complaints etc.)		
	Notify the complainant you have received the concern and that you will be investigating further		
	Remove accused from work area if alleged abuse involved and inform accused that there will be an investigation		
	Notify Operations Team Member-Care Services Coordinator		
	Notify resident or substitute of allegation		
	Notify MOH by initiating CIS form if appropriate (refer to algorithm)		
	Notify Police-use algorithm for abuse-if suspected criminal activity Note that notification of police for physical assault with injury or sexual assault is required		
	Interview all potential witnesses including residents, staff in all departments that were in vicinity of incident. Draft interview questions in advance. Include date and time of meetings as well as who is in attendance.		
	Obtain written record of events from witnesses if able. For those not able to write out their statement, ensure statements are dated and signed		
	Interview accused, with representation, when witness statements have been collected		
	Re-interview witnesses as required		
	Check accused employee file for signed up to date education on: <ul style="list-style-type: none"> • Abuse policy • Resident rights 		
	Check accused employee file for: <ul style="list-style-type: none"> • any previous discipline within the last year • any WSIB claims or sick leaves within the past 6 months • signed and complete Orientation checklist • confirm years of service and employment status (ie. FT or PT) 		
	Re-Interview accused as required		
	Assimilate all information chronologically		
	Determine whether incident is verified in consultation with operations lead as appropriate		
	If incident is not verified, provide accused with appropriate education/support. Inform complainant/resident of outcome.		
	Consult Care Service Coordinator. If termination is considered, consult HR in collaboration with Care Service Coordinator		
	Involve Insurance/lawyer as indicated Make decision regarding final outcome-discipline etc. Write discipline/termination letter as required		
	Arrange with accused and representative of meeting date and time. During meeting provide employee with documentation. Provide copy to union and to employee file.		
	Meet with employee and give letter and ensure 3 copies: <ul style="list-style-type: none"> • for employee • for union • for employee file 		
	Follow up with resident/family re: outcome/plan without breaching confidentiality		
	Follow up with original complainant who reported the alleged abuse/neglect re: outcome/plan without breaching confidentiality.		

Version # 3

LTCI00019548

	Ensure follow up support is in place for resident-ie regular visits from RFSC, Chaplain etc and document visits in PCC		
	Document follow up response as per the Concern and Complaint Policy for 6 consecutive weeks if applicable		
	Forward copy of response letter to MOH and complainant outlining action plan within 10 business days as applicable		
	Update CIS as appropriate		
	Send all information to Lawyer if grievance filed (if applicable)		

This is Exhibit "C" referred to in the Affidavit of Robert VanderHeyden, sworn June 18, 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.**



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.

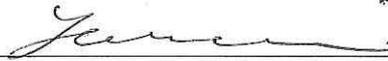
During her time with us Ms. Wettlauffer proved herself to be a good problem-solver with strong communication skills. She was punctual and enjoyed sharing her knowledge with others.

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 "D" referred to in the Affidavit of Robert VanderHeyden, sworn June 18, 2018



Commissioner for Taking Affidavits (or as may be)

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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.

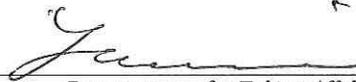
It is therefore with huge regret that I tender this resignation effective Wednesday October 15, 2014.

Thank you

Bethe Wettlaufer RN

Received Sept 25/14
th

This is Exhibit "E" referred to in the Affidavit of Robert VanderHeyden, sworn June 18, 2018



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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.

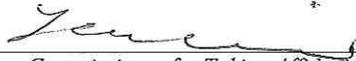
Sincerely

Dr. Jonny Tam M.D.



Received Oct 01/14

This is Exhibit "F" referred to in the Affidavit of Robert VanderHeyden, sworn June 18, 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.**

Meadow Brook London

Facility Name

EMPLOYEE TERMINATION CHECKLIST

Department Head

Date: _____

Employee Name Elizabeth Wettkauer

Department: NSS

Position RN

Reason for Leaving (check one):

- Resigned
- Laid Off
- Other - specify: _____
- Discharged
- Retired

Comments: _____

Check the following procedures once completed:

- Obtain nametag
- Obtain corporate assets from employee (refer to the signed Corporate Assets Authorization in the employee file to determine what assets need to be retrieved)

Department Head Signature: _____

Forward Employee Termination Checklist to Administration Office

Administration Office

Original Hire Date: Apr 22/14 Termination Date Oct 4/14

Last Day Worked: Apr 26/14 Date Final Pay Required: Oct 4/14

Check the following procedures once completed:

- Notify Head Office Communications to remove security accesses
- Confirm correct address on file
- Pay out any vacation pay or uniform allowance owing and terminate employee from payroll
- Cancel pension
- Cancel Canada Savings Bond / RRSP
- Delete timecard
- Cancel Blevins benefits
- Mail/pick up paystub and record of employment
- Advise union where applicable
- Remove from Policy Tech
- Remove from Point Click Care

Comments: _____

Administration Signature: [Signature]

File in employee's personnel file

This is Exhibit "G" referred to in the Affidavit of Robert VanderHeyden, sworn June 18, 2018



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Expires June 20, 2020.**



2643-000013-14

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

CI Date and Time
**2-Oct-2014
11:00**

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

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

Previous Status
SUBMITTED

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 Liaison 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.)(Incidnet #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

Identifying information

Resident(s) Involved

Name of resident(s) INVOLVED in Unusual Occurrence {0} : **D.G.**

Name of resident(s) INVOLVED in Unusual Occurrence {1} :

Date of admission of resident(s) (MM/DD/YYYY) {0} : 04/10/2014

Date of admission of resident(s) (MM/DD/YYYY) {1} :

Date of birth of resident(s) (MM/DD/YYYY) {0} : XXXXXXXXXX

Date of birth of resident(s) (MM/DD/YYYY) {1} :

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

Staff who were PRESENT {0} : Julie Nooren RPN

Staff who DISCOVERED {0} : Melanie Smith CoDOC

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

Other person(s) who were PRESENT {0} : Tanya Adams - Pharmacist



2643-000013-14

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

CI Date and Time
**2-Oct-2014
11:00**

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

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

Previous Status
SUBMITTED

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

Other person(s) who DISCOVERED {0} : Terri Skelding Snell -Pharmacy Liason

Name of home staff RESPONDING to Unusual Occurrence

Heather Nicholas DOC, Melanie Smith CoDOC

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 {0} : Pharmacy- Classic Care, Corporate Office,

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



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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

JS

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