

AMENDED THIS Nov 17/20 PURSUANT TO  
MODIFIÉ CONFORMÉMENT À

RULE/LA RÈGLE 26.02 ( A )

THE ORDER OF \_\_\_\_\_  
L'ORDONNANCE DU \_\_\_\_\_  
DATED/FAIT LE \_\_\_\_\_

M. Godin  
REGISTRAR GREFFIER  
SUPERIOR COURT OF JUSTICE COUR SUPÉRIEURE DE JUSTICE

**ONTARIO  
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

KATHRYN ROBERTSON by her litigation guardian INNIS INGRAM; ELIZABETH SARAH MCDERMOTT by her litigation guardian MAUREEN ELIZABETH HAMILTON MCDERMOTT CARGILL, GERTRUDE BALAUSIAK by her estate representative JEFFREY BALAUSIAK, WILLIAM BROUGH by his estate representative DARREN BROUGH, MAURICE ALBERT ORCHARD by his estate representative CHRISTINA KINDER, CHARLES BLAGDON by his estate representative ROSEMARY BLAGDON, GASTON SCHWALB by his estate representative KIM KOBLINSKY, BERNARD RENAUD by his estate representative LORI RENAUD, TERESA ZAJAC by her estate representative HENRY ZAJAC, LUCILLE (MALCOLM) RHULE by her estate representative ANTHONY LLOYD, JEAN PATRICIA POLLOCK by her estate representative PAMELA CHRISTINE SMITH, ADRIAAN WILLEM GAANDERSE by his litigation guardian ALLARD ADRIAAN GAANDERSE, INNIS INGRAM, MAUREEN ELIZABETH HAMILTON MCDERMOTT CARGILL, JEFFREY BALAUSIAK, DARREN BROUGH, CHRISTINA KINDER, ROSEMARY BLAGDON, KIM KOBLINSKY, LORI RENAUD, HENRY ZAJAC, ANTHONY LLOYD, PAMELA CHRISTINE SMITH and ALLARD ADRIAAN GAANDERSE

Plaintiffs

-and-

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO, THE CITY OF TORONTO, THE COUNTY OF HASTINGS, THE COUNTY OF ESSEX, THE CITY OF HAMILTON, THE CITY OF OTTAWA, THE REGIONAL MUNICIPALITY OF PEEL, THE REGIONAL MUNICIPALITY OF DURHAM, SIENNA SENIOR LIVING INC., S & R NURSING HOMES LTD, ATK CARE INC. carrying on business as RIVER GLEN HAVEN NURSING HOME, ÉLISABETH-BRUYÈRE RESIDENCE, BRUYÈRE CONTINUING CARE INC., RESIDENCE SAINT-LOUIS, CHARTWELL BALLYCLIFFE LONG-TERM CARE RESIDENCE, CHARTWELL WHITE EAGLE LONG-TERM CARE RESIDENCE, CHARTWELL WESTBURY LONG-TERM CARE RESIDENCE, CHARTWELL AURORA LONG-TERM CARE RESIDENCE, CHARTWELL GIBSON LONG-TERM CARE RESIDENCE, DOWNSVIEW LONG-TERM CARE CENTRE LIMITED, ELM GROVE LIVING CENTER INC. carrying on business as ELM GROVE LIVING CENTRE,

EXTENDICARE GUILDWOOD, WEST PARK LONG-TERM CARE CENTRE, EXTENDICARE LAURIER MANOR, EXTENDICARE SCARBOROUGH, EXTENDICARE BAYVIEW, CRAIGLEE NURSING HOME, EXTENDICARE BRAMPTON, WEST PARK HEALTH CENTRE, ROYAL ROSE PLACE, MEADOW PARK (LONDON), THE VILLAGE OF HUMBER HEIGHTS, OMNI HEALTHCARE LTD carrying on business as ALMONTE COUNTRY HAVEN, A.R. GOUDIE RETIREMENT INC. carrying on business as PEOPLECARE A.R. GOUDIE KITCHENER, BURTON MANOR, WELLESLEY CENTRAL PLACE, MONTFORT, HUMBER VALLEY TERRACE, FOREST HEIGHTS REVERA, MACKENZIE PLACE, REACHVIEW VILLAGE, HAROLD AND GRACE BAKER CENTRE, CARLINGVIEW MANOR, STONERIDGE MANOR, EAGLE TERRACE, WESTSIDE, MADONNA CARE COMMUNITY, ALTAMONT CARE COMMUNITY, CAMILLA CARE COMMUNITY, OWEN HILL CARE COMMUNITY, WESTON TERRACE CARE COMMUNITY, MIDLAND GARDENS CARE COMMUNITY, WOODBRIDGE VISTA CARE COMMUNITY, VILLA LEONARDO GAMBIN, BRADFORD VALLEY CARE COMMUNITY, ANSON PLACE CARE CENTRE, INA GRAFTON GAGE HOME OF TORONTO carrying on business as INA GRAFTON GAGE HOME OF TORONTO, EATONVILLE CARE CENTRE, HAWTHORNE PLACE CARE, COOKSVILLE CARE CENTRE, ERIN MILLS LODGE NURSING HOME, THE VILLAGE OF ERIN MEADOWS, KENSINGTON VILLAGE, PINECREST NURSING HOME (BOBCAYGEON), COUNTRY VILLAGE HOMES- WOODSLEE, MANOIR MAROCHEL, HERON TERRACE LONG-TERM CARE COMMUNITY, GARDEN COURT NURSING HOME, THE CITY OF TORONTO carrying on business as SEVEN OAKS, THE CITY OF TORONTO carrying on business as LAKESHORE LODGE, THE REGIONAL MUNICIPALITY OF DURHAM carrying on business as HILLSDALE TERRACES, THE CITY OF TORONTO carrying on business as KIPLING ACRES, THE REGIONAL MUNICIPALITY OF PEEL carrying on business as SHERIDAN VILLA, THE REGIONAL MUNICIPALITY OF PEEL carrying on business as PEEL MANOR, THE CITY OF OTTAWA carrying on business as PETER D. CLARK CENTRE, THE CITY OF TORONTO carrying on business as WESBURN MANOR, THE CITY OF HAMILTON DUNDURN PLACE CARE CENTRE, THE COUNTY OF ESSEX carrying on business as SUN PARLOR HOME FOR SENIOR CITIZENS, THE COUNTY OF HASTINGS carrying on business as HASTINGS MANOR HOME FOR THE AGED, THE CITY OF TORONTO carrying on business as CUMMER LODGE, ST. CLAIR O'CONNOR COMMUNITY NURSING HOME, MON SHEONG FOUNDATION carrying on business as MON SHEONG HOME FOR THE AGED, ISABEL AND ARTHUR MEIGHEN MANOR, MARKHAVEN, SHERBOURNE PLACE, VILLA COLOMBO SENIORS CENTRE (VAUGHAN), HELLENIC HOME – SCARBOROUGH, TRINITY VILLAGE CARE CENTRE, GREENWOOD COURT, VISION NURSING HOME, VILLA FORUM, VILLA COLOMBO HOME FOR THE AGED, ST. JOSEPH'S VILLA, SUDBURY, FAITH MANOR NURSING HOME, ST. JOSEPH'S AT FLEMING, THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE, ST. DEMETRIUS (UKRAINIAN CATHOLIC) DEVELOPMENT CORPORATION; VALLEYVIEW RESIDENCE, PROVIDENCE HEALTHCARE (HOUSE OF PROVIDENCE), VIGOUR GENERAL PARTNER INC., REVERA LONG TERM CARE INC., RIVERA INC., THE ROYALE DEVELOPMENT CORPORATION, THE ROYALE DEVELOPMENT GP CORPORATION, SOUTHBRIDGE HEALTH CARE GP INC,

SOUTHBRIDGE CARE HOMES INC, EXTENDICARE (CANADA) INC, SHARON FARMS & ENTERPRISES LIMITED, PROVIDENCE HEALTHCARE, ST. JOSEPH'S VILLA OF SUDBURY INC., ST. PATRICK'S HOME OF OTTAWA, STONERIDGE MANOR, THE JEWISH HOME FOR THE AGED, THE PERLEY AND RIDEAU VETRANS' HEALTH CENTRE, THE VILLAGE OF HUMBER HEIGHTS, UKRAINIAN CANADIAN CARE CENTRE, VILLA COLOMBO HOMES FOR THE AGED INC., VILLA LEONARDO GAMBIN, WEST PARK HEALTHCARE CENTRE, WOODBRIDGE VISTA CARE COMMUNITY, RYKKA CARE CENTRES LP, VIGOUR LIMITED PARTNERSHIP, ORCHARD VILLA RETIREMENT COMMUNITY, PINECREST NURSING HOME, SHELBURNE LONG TERM CARE HOME, WEST PARK HEALTH CENTRE carrying on business as WEST PARK HEALTH CENTRE, WESTON TERRACE CARE COMMUNITY, VIEW MOUNT GRACE MANOR, RUYERE CONTINUING CARE INC., BETHANY LODGE, MONG SHEONG FOUNDATION, A.R. GOUDIE RETIREMENT INC, HELLENIC HOME FOR THE AGED, HOLLAND CHRISTIAN HOMES, INC., S&R NURSING HOMES LTD., ST. CLAIR O'CONNOR COMMUNITY INC., THE KENSINGTON HEALTH CENTRE, MEADOW PARK LONG TERM CARE FACILITY, UKRANIAN CANADIAN CARE CENTRE, UNITY HEALTH TORONTO, GEM HEALTHCARE GROUP LTD., JARLETTE LTD., SCHLEGEL VILLAGES INC., OAKWOOD INC., PRIMACARE LIVING SOLUTIONS INC., MEDLAW CORPORATION LIMITED, CHARTWELL MASTER CARE LP, VILLA CHARITIES FOUNDATION, LUTHERAN HOMES KITCHENER-WATERLOO, THE SALVATION ARMY, THE REKAI CENTRES, TRI-COUNTY MENNONITE HOMES, VISION 74' INC., SHAPARRALL LIMITED, and KRISTUS DARZS LATVIAN HOME carrying on business as KRISTUS DARZS LATVIAN HOME,

Defendants

Proceeding under the *Class Proceedings Act, 1992*

**AMENDED STATEMENT OF CLAIM**

TO THE DEFENDANTS:

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the Plaintiffs. The claim made against you is set out in the following pages.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or an Ontario lawyer acting for you must prepare a Statement of Defence in Form 18A prescribed by the Rules of Civil Procedure, serve it on the Plaintiff's lawyer or, where the Plaintiff does not have a lawyer, serve it on the Plaintiff, and file it, with proof of service, in this court office, WITHIN TWENTY DAYS after this Statement of Claim is served on you, if you are served in Ontario

If you are served in another province or territory of Canada or in the United States of America, the period for serving and filing your Statement of Defence is forty days. If you are served outside Canada and the United States of America, the period is sixty days.

Instead of serving and filing a Statement of Defence, you may serve and file a Notice of Intent to Defend in Form 18B prescribed by the Rules of Civil Procedure. This will entitle you to ten more days within which to serve and file your Statement of Defence.

IF YOU FAIL TO DEFEND THIS PROCEEDING, JUDGMENT MAY BE GIVEN AGAINST YOU IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO DEFEND THIS PROCEEDING BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

TAKE NOTICE: THIS ACTION WILL AUTOMATICALLY BE DISMISSED if it has not been set down for trial or terminated by any means within five years after the action was commenced unless otherwise ordered by the court.

Date Sep 30, 2020

Issued by "civil e-filed"  
Local Registrar

Address of Court Office:  
**Ontario Superior Court of Justice**  
393 University Avenue  
Toronto, Ontario M5G 1E6

TO: THE MINISTRY OF THE ATTORNEY GENERAL  
Crown Law Office, Civil  
McMurtry-Scott Building  
720 Bay Street, 11<sup>th</sup> Floor  
Toronto, ON M7A 2S9

AND TO: THE MINISTRY OF HEALTH AND LONG-TERM  
CARE  
80 Grosvenor St.  
Hepburn Block, 6<sup>th</sup> Floor  
Toronto, ON M7A 1E9

AND TO: ALTAMONT CARE COMMUNITY  
92 Island Road  
West Hill, ON M1C 2P5  
Canada

- AND TO: ANSON PLACE CARE CENTRE  
50 Samor Road, No. 205  
Toronto, ON M6A 1J6  
Canada
- AND TO: BETHANY LODGE  
23 Second Street  
Unionville, ON L3R 2C2  
Canada
- AND TO: BRADFORD VALLEY CARE COMMUNITY  
2656 6th Line  
Bradford, ON L3Z 3H5  
Canada
- AND TO: CAMILLA CARE COMMUNITY  
2250 Hurontario Street  
Mississauga, ON L5B 1M8  
Canada
- AND TO: CARLINGVIEW MANOR  
2330 Carling Ave  
Ottawa, ON K2B 7H1  
Canada
- AND TO: CHARTWELL MASTER CARE LP  
100 Milverton Drive Suite  
700 Mississauga, ON L5R 4H1  
Canada
- AND TO: COOKSVILLE CARE CENTRE  
50 Samor Road, No. 205  
Toronto, ON M6A 1J6  
Canada
- AND TO: CRAIGLEE NURSING HOME  
102 Craiglee Drive  
Scarborough, ON M1N 2M7  
Canada

AND TO: DUNDURN PLACE CARE CENTRE  
50 Samor Road, No. 205  
Toronto, ON M6A 1J6  
Canada

AND TO: ELM GROVE LIVING CENTRE INC.  
100 King Street West  
1 First Canadian Place, Suite #6000  
Toronto ON M5X 1E2  
Canada

AND TO: EXTENDICARE (CANADA) INC.  
3000 Steeles Avenue East, Suite 700  
Markham ON L3R 9W2  
Canada

AND TO: EXTENDICARE BAYVIEW  
550 Cummer Avenue  
Willowdale ON M2K 2M2  
Canada

AND TO: EXTENDICARE BRAMPTON  
7891 Mclaughlin Road  
Brampton, ON L6Y 4W3  
Canada

AND TO: EXTENDICARE GUILDWOOD  
60 Guildwood Parkway  
Westhill, ON M1E 1N9  
Canada

AND TO: EXTENDICARE LAURIER MANOR  
1715 Montreal Road  
Gloucester, ON K1J 6N4  
Canada

AND TO: EXTENDICARE SCARBOROUGH  
3830 Lawrence Ave East  
Scarborough, ON M1G 1R6  
Canada

- AND TO: EXTENDICARE TORONTO INC.  
3000 Steeles Ave. East, Suite 700  
Markham, ON L3R 9W2  
Canada
- AND TO: GEM HEALTHCARE GROUP LTD.  
1046 Barrington Street Suite 3  
Halifax, B3H 2R1  
Canada
- AND TO: INA GRAFTON GAGE HOME OF TORONTO  
40 Bell Estate Road  
Scarborough, ON M1L 0E2  
Canada
- AND TO: JARLETTE LTD  
689 Yonge St  
Midland, ON L4R 2E1  
Canada
- AND TO: KENSINGTON VILLAGE  
1340 Huron Street  
London, ON N5V 3R3  
Canada
- AND TO: KRISTUS DARZS LATVIAN HOME  
Lauma Stikuts, 11290  
Pine Valley Drive  
Woodbridge, ON L4L 1A6  
Canada
- AND TO: LUTHERAN HOMES KITCHENER-WATERLOO  
2727 Kingsway Drive  
Kitchener, ON N2C 1A7  
Canada
- AND TO: MADONNA CARE COMMUNITY  
1541 St. Joseph Blvd  
Orleans, ON K1C 7L3  
Canada

AND TO: MEADOW PARK LONG TERM CARE FACILITY  
120 Southdale Road  
London, ON N6E 1E4  
Canada

AND TO: MEDLAW CORPORATION LIMITED  
3418 County Road 36 R.R. #2  
Bobcaygeon, K0M1A0  
Canada

AND TO: MIDLAND GARDENS CARE COMMUNITY  
130 Midland Avenue  
Scarborough, ON M1N 4B2  
Canada

AND TO: ORCHARD VILLA RETIREMENT COMMUNITY  
1955 Valley Farm Road  
Pickering, ON L1V 3R6  
Canada

AND TO: PINECREST NURSING HOME  
101 Parent Street  
Plantagenet, ON K0B 1L0  
Canada

AND TO: PRIMACARE LIVING SOLUTIONS INC.  
200 Ronson Drive, Suite 105  
Toronto, ON M9W 5Z9  
Canada

AND TO: PROVIDENCE HEALTHCARE  
30 Bond Street  
Toronto, Ontario, Canada  
M5B 1W8

AND TO: RIVER GLEN HAVEN NURSING HOME  
160 High Street  
Sutton, ON L0E 1R0  
Canada



AND TO: THE SALVATION ARMY  
Territorial Headquarters for Canada and Bermuda  
2 Overlea Boulevard  
Toronto, Ontario M4H 1P4  
Canada

AND TO: ST JOSEPH'S VILLA SUDBURY  
1250 S Bay Rd  
Sudbury, ON P3E 6L9  
Canada

AND TO: SCHLEGEL VILLAGES INC.  
325 Max Becker Drive, Suite #201  
Kitchener, ON N2E 4H5  
Canada

AND TO: SHAPARRALL LIMITED  
1 Sand Beach Road  
Toronto, ON M8V 2N2  
Canada

AND TO: SHARON FARMS & ENTERPRISES LIMITED  
Peter Daniel Schlegel  
108 Jensen Road  
London, ON N5V 5A4  
Canada

AND TO: SHELBURNE LONG TERM CARE HOME  
200 Robert Street  
Shelburne ON L9V 3S1  
Canada

AND TO: SIENNA SENIOR LIVING INC.  
700 West Georgia Street  
Suite #2500  
Vancouver BC V7Y 1B3  
Canada

AND TO: S&R NURSING HOMES LTD.  
46 Lanark Crescent,  
Kitchener, ON N2N 2Z8  
Canada

- AND TO: ST. JOSEPH S AT FLEMING  
659 Brealey Drive  
Peterborough, ON K9K 2R8  
Canada
- AND TO: ST. JOSEPH S VILLA OF SUDBURY, INC.  
2865 Riverside Drive  
Ottawa, ON K1V 8N5  
Canada
- AND TO: ST. PATRICK'S HOME OF OTTAWA  
2865 Riverside Drive  
Ottawa, ON K1V 8N5  
Canada
- AND TO: STONERIDGE MANOR  
256 High Street  
Carleton Place, ON K7C 1X1  
Canada
- AND TO: THE JEWISH HOME FOR THE AGED  
William E. Reichman Not  
3560 Bathurst Street  
Toronto, ON M6A 2E1  
Canada
- AND TO: THE PERLEY AND RIDEAU VETERANS  
HEALTH CENTRE  
1750 Russell Road  
Ottawa, ON K1G 5Z6  
Canada
- AND TO: THE VILLAGE OF ERIN MEADOWS  
2930 Erin Centre Blvd  
Mississauga, ON L5M 7M4  
Canada
- AND TO: THE VILLAGE OF HUMBER HEIGHTS  
2245 Lawrence Ave. W.  
Etobicoke, ON M9P 3W3  
Canada

AND TO: UKRAINIAN CANADIAN CARE CENTRE  
60 Richview Road  
Toronto, ON M9A 5E4  
Canada

AND TO: VIEW MOUNT GRACE MANOR  
167 Mountainview Road South Georgetown  
ON, L7G 4K4  
Canada

AND TO: VIGOUR LIMITED PARTNERSHIP  
2121 Argentia Rd Suite 301 Mississauga  
ON, L5N 2X4  
Canada

AND TO: VILLA CHARITIES FOUNDATION  
901 Lawrence Ave W, North York  
ON M6A 1C3  
Canada

AND TO: VILLA COLOMBO HOMES FOR THE AGED INC.  
40 Playfair Ave  
North York, ON M6B 2P9  
Canada

AND TO: VILLA FORUM  
175 Forum Drive  
Mississauga ON L4Z 4E5  
Canada

AND TO: VILLA LEONARDO GAMBIN  
7065 Islington Avenue  
Woodbridge, ON L4L 1V9  
Canada

AND TO: WEST PARK HEALTH CENTRE  
103 Pelham Road  
St. Catharines, ON L2S 1S9  
Canada

AND TO: WEST PARK HEALTHCARE CENTRE  
82 Buttonwood Ave  
Toronto, ON M6M 2J5  
Canada

- AND TO: WESTON TERRACE CARE COMMUNITY  
2005 Lawrence Avenue West  
Toronto, ON M9N 3V4  
Canada
- AND TO: WOODBRIDGE VISTA CARE COMMUNITY  
5400 Steeles Avenue West  
Woodbridge, ON L4L 9S1  
Canada
- AND TO: A.R. GOUDIE RETIREMENT INC.  
735 Bridge Street West  
Waterloo, ON N2V 2H1  
Canada
- AND TO: ADVENT HEALTH CARE CORPORATION NOT  
541 Finch Avenue West  
Toronto, ON M2R 3Y3  
Canada
- AND TO: ATK CARE INC.  
1386 INDIAN GROVE  
Mississauga, ON L5H 2S6  
Canada
- AND TO: BRUYERE CONTINUING CARE INC.  
PRESIDENT & CEO  
43 Bruyere, Suite # 763E  
Ottawa, ON K1N 5C8  
Canada
- AND TO: HELLENIC HOME FOR THE AGED INC.  
33 Winona Drive  
Toronto, ON M6G 3Z7  
Canada
- AND TO: HOLLAND CHRISTIAN HOMES INC.  
KEN RAWLINS  
7900 Mclaughlin Road South  
Brampton, ON L6Y 5A7  
Canada

- AND TO: MARKHAVEN, INC.  
54 Parkway Ave  
Markham ON L3P 2G4  
Canada
- AND TO: MON SHEONG FOUNDATION  
Teresa Chan  
11211 Yonge Street  
Building C Corporate Office  
Richmond Hill, ON L4S 0E9  
Canada
- AND TO: OMNI HEALTH CARE LTD.  
161 Bay Street  
BCE PLACE, Suite # 2430  
Toronto, ON M5J 2S1  
Canada
- AND TO: REVERA LONG TERM CARE INC.  
Melanie Steele  
5015 Spectrum Way, Suite 600  
Mississauga, ON L4W 0E4  
Canada
- AND TO: S & R NURSING HOMES LTD.  
Ryan Trusler  
265 North Front Street, Suite # 200  
Sarnia, ON N7T 7V4  
Canada
- AND TO: SOUTHBRIDGE CARE HOMES INC.  
766 Hespeler Road, Suite # 301  
Cambridge, ON N3H 5L8  
Canada
- AND TO: ST. CLAIR O CONNOR COMMUNITY INC.  
2701 St. Clair Ave. East  
East York, ON M4B 1M5  
Canada
- AND TO: THE KENSINGTON HEALTH CENTRE  
25 Brunswick Avenue  
Toronto, ON M5S 2L9  
Canada

- AND TO: THE REKAI CENTRES  
160 Wellesley Street East  
Toronto, ON M4Y 1J2  
Canada
- AND TO: TRI-COUNTY MENNONITE HOMES  
200 Boullee Street  
New Hamburg, ON N3A 2K4  
Canada
- AND TO: VISION 74 INC.  
Heather Martin  
229 Wellington Street  
Sarnia, ON N7T 1G9  
Canada
- AND TO: FONDATION de la RESIDENCE SAINT-LOUIS  
879 Chemin Parc Hiawatha  
Orleans, ON K1C 2Z6  
Canada
- AND TO: REVERA INC.  
5015 Spectrum Way, Suite 600  
Mississauga, ON L4W 0E4  
Canada
- AND TO: COUNTY OF HASTINGS  
235 Pinnacle Street, P.O. Bag 4400,  
Belleville, Ontario, K8N 3A9  
Canada
- AND TO: COUNTY OF ESSEX  
360 Fairview Ave W  
Essex ON N8M 1Y6  
Canada
- AND TO: THE CITY OF OTTAWA  
City of Ottawa  
Legal Services, Claims Unit  
110 Laurier Avenue West, 3rd Floor  
Ottawa, Ontario K1P 1J1  
Canada

- AND TO: THE CITY OF HAMILTON  
Hamilton City Hall  
71 Main Street West  
Hamilton, Ontario, L8P 4Y5  
Canada
- AND TO: REGIONAL MUNICIPALITY OF DURHAM  
Corporate Services Department - Legal Services  
The Regional Municipality of Durham  
605 Rossland Road East  
Whitby, Ontario L1N 6A3  
Canada
- AND TO: REGIONAL MUNICIPALITY OF PEEL  
10 Peel Centre Drive, Suite A and B,  
Brampton, ON L6T 4B9  
Canada
- AND TO: CITY OF TORONTO LEGAL SERVICES  
DEPARTMENT  
Metro Hall 26th fl., 55 John St.  
Toronto ON, M5V 3C6  
Canada
- AND TO: RESPONSIVE MANAGEMENT INC  
3760 14th Avenue, Suite 402  
Markham, ON L3R 3T7  
Canada
- AND TO: RESPONSIVE GROUP INC.  
3760 14th Avenue, Suite 402  
Markham, ON L3R 3T7  
Canada

## I. CLAIM

1. The Plaintiffs, on their own behalf, and on behalf of the members of the Classes of persons described at paragraph 2, claim:

i) an order certifying this action as a class proceeding and appointing the named Plaintiffs as Representative Plaintiffs;

ii) an order appointing Sienna Senior Living Inc. and the City of Toronto as Representative Defendants on behalf of all owners, licensees and operators of the long-term care homes identified herein and listed in Schedule A;

iii) a declaration that the Defendants were grossly negligent or negligent in exposing the Plaintiffs and the Resident Class Members to an unreasonable risk of contracting COVID-19;

iv) a declaration that the Defendants breached their fiduciary duties to the Plaintiffs and the Resident Class Members; a declaration that the Defendants violated the Resident Class Members' rights under section 7 of the *Canadian Charter of Rights and Freedoms* by their adoption of delayed, arbitrary, *ad hoc*, and grossly inadequate measures in response to the COVID-19 pandemic;

v) general damages in the amount of \$500,000,000.00, or such other amount as may be proven in this Honourable Court;

vi) special damages in an amount to be determined;

vii) aggravated, punitive and/or exemplary damages in the amount of \$100,000,000.00;

viii) damages or such other remedy as this Honourable Court may consider just and appropriate pursuant to section 24 (1) of the *Canadian Charter of Rights and Freedoms*;

ix) a reference or such other directions as may be necessary to determine issues not determined at the trial of the common issues;

x) prejudgment interest on the damages in accordance with the provisions of the *Courts of Justice Act*, R.S.O. 1990, c. C.43, as amended;

xi) the costs of this action on a substantial indemnity basis; and

xii) such further and other relief as this Honourable Court may deem just.



2. In this Claim, the following capitalized terms have the following meaning:

- a) “**Charter**” means the *Canadian Charter of Rights and Freedoms*;
- b) “**Classes**” and “**Class Members**” mean, collectively, members of the Resident Class, Visitor Class and the Family Class;
- c) “**Defendants**” means Her Majesty the Queen in right of Ontario (“Ontario” or “Crown”) and the Defendant LTC homes;
- d) “**Defendant LTC homes**” means all owners, operators and licensees of the long-term care homes identified in the claim, all of which experienced a COVID-19 outbreak;
- e) “**Family Class**” and “**Family Class Members**” mean all persons including, but not limited to, spouses, children, parents, and other relatives who, on account of a personal relationship to any one or more Resident Class Members, have a derivative claim for damages under s. 61 of the *Family Law Act*, R.S.O. 1990, c. F.3;
- f) “**Long-Term Care Homes Act, 2007**” means *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8;
- g) “**LTC homes**” mean long-term care homes;
- h) “**Minister**” means the Ontario Minister of Health and Long-Term Care;
- i) “**Ministry**” means the Ontario Ministry of Health and Long-Term Care;
- j) “**Residents**”, “**Resident Class**” and “**Resident Class Members**” means all persons who were residents in, or received care at, the LTC homes owned, operated and managed by the Defendants during the COVID-19 pandemic, or, where the person is deceased, the estate of that person.
- k) “**Representative Defendants**” means Sienna Senior Living Inc. and the City of Toronto;
- l) “**Representative Plaintiffs**” means Kathryn Robertson, by her litigation guardian Innis Ingram; Elizabeth Sarah McDermott, by her litigation guardian Maureen Elizabeth Hamilton McDermott Cargill; Gertrude Balausiak, by her estate representative Jeffrey Balausiak; William Brough, by his estate representative Darren Brough; Maurice Albert Orchard, by his estate representative Christina Kinder; Charles Blagdon, by his

estate representative Rosemary Blagdon; Gaston Schwalb, by his estate representative Kim Koblinsky; Bernard Renaud, by his estate representative Lori Renaud; Teresa Zajac, by her estate representative Henry Zajac; Lucille (Malcolm) Rhule by her estate representative Anthony Lloyd, Jean Patricia Pollock By Her Estate Representative Pamela Christine Smith, Adriaan Willem Gaanderse by his litigation guardian Allard Adriaan Gaanderse, Innis Ingram, Maureen Elizabeth Hamilton Mcdermott Cargill, Jeffrey Balausiak, Darren Brough, Christina Kinder, Rosemary Blagdon, Kim Koblinsky, Lori Renaud, Henry Zajac, Anthony Lloyd, Pamela Christine Smith; and Allard Adriaan Gaanderse; and

- m) “**Visitors**”, “**Visitor Class**” and “**Visitor Class Members**” mean all persons who were visitors or volunteers at the LTC homes owned, operated and managed by the Defendants during the COVID-19 pandemic.

## II. NATURE OF THE CLAIM

3. This claim is for negligence, gross negligence, breaches of fiduciary duty and violations of section 7 of the *Charter*. It arises from the failure of Ontario and the owners, operators and licensees of LTC homes in the province to adopt and implement timely, reasonable and effective infection prevention and control (“IPAC”) protocols, directives, action plans and measures to prevent the exposure of the elderly residing in LTC homes to the risk of contracting the highly contagious SARS-CoV-2 virus and suffering from the COVID-19 illness and related complications including death.

4. At all material times both prior to and after the declaration of a COVID-19 pandemic affecting Canada, and specifically Ontario, Ontario and each of the Defendant LTC home owners and operators had statutory, common law, equitable and *Charter*-based obligations to ensure that the care and treatment of Resident Class Members in Ontario’s LTC facilities were carried out in accordance with the reasonable standard of care, in a manner that respected their right to life and security of the person and their right to be treated with dignity and to receive appropriate care and services from the Defendants.

5. At all material times, Ontario and the Defendant owners and operators owed a duty to the Resident Class Members and to the Visitor Class Members to take reasonable care to prevent the

exposure of the Residents to the risk of infection with COVID-19, and to adopt timely, adequate, and effective IPAC practices and protocols. The Defendants knew, or ought to have known, that such measures were necessary to prevent COVID-19 outbreaks in LTC homes and to mitigate and manage infections among residents. The Defendants further knew that long-term systemic deficiencies in LTC homes in Ontario, including overcrowding, physical neglect of the facilities, non-compliance with the minimum standards of care established by the *Long-Term Care Homes Act, 2007* and the Ministry's failure to enforce those standards had made these facilities ripe for outbreaks, including respiratory outbreaks such as COVID-19.

6. Ontario and the Defendants LTC homes knew, or ought to have known, since as early as January 2020, that SARS-CoV-2 is a highly contagious, novel virus that targets the respiratory system. They further knew, or ought to have known, from the experience of other countries, including China, Italy, Spain and the United States, that the elderly are at a particularly high risk of experiencing complications, including death, once infected with the virus. The experience of these countries with early exposure to the COVID-19 pandemic illustrated the importance of effective IPAC protocols. Specifically, it provided the Defendants with early warnings regarding the importance of protecting LTC homes by implementing rigorous screening and protective measures, including the use of personal protective equipment ("PPE"), restricting visitors' access to LTC homes, active testing, isolating those Residents infected with the virus from others, and limiting co-mingling between residents of these facilities to the extent possible.

7. Despite this knowledge, and the early red flags regarding the harmful, if not fatal, nature of COVID-19, Ontario and the Defendant LTC facilities failed to act promptly and reasonably, exposing thousands of the most vulnerable members of our society to the risk of infection, complications and death. Neither the Ontario government nor the Defendant owners, licensees and operators of LTC homes were prepared for a pandemic affecting LTC homes in Ontario. Plans, precautionary measures, PPE supplies, and IPAC protocols were not in place either prior to the start of the pandemic or in the weeks leading up to the outbreaks in the Defendants' LTC facilities.

8. At all material times, Ontario, relying on unreasonable and negligent “expert” advice, delayed in issuing effective, responsive and robust IPAC measures and protocols to prevent the exposure of residents in LTC homes to the risk of infection and illness and the debilitating complications associated with COVID-19. Despite early warnings from countries that had experienced the devastating effects of this highly contagious virus beginning in January 2020, Ontario ignored and downplayed the imminent risk of harm to the Resident Class Members and the Visitor Class Members. In circumstances where each day of inaction increased the foreseeable risks to the health and lives of the elderly, Ontario recklessly and arbitrarily delayed by weeks in taking any, let alone any reasonable, measures to prevent the spread of COVID-19 in LTC homes.

9. Even when Ontario, relying on and through its Command Table, the province’s top advisory body on COVID-19, did issue directives to LTC homes, those directives were wholly inadequate and unreasonable and failed to recognize and address the serious nature of the risk and the harm that could and would be suffered by the Resident Class Members. Ontario’s decisions and directives with respect to LTC homes were operational decisions for which the government is not immune from liability by virtue of the *Crown Liability and Proceedings Act, 2019*, S.O. 2019, c. 7, Sched. 17.

10. Similarly, the owners and operators of the Defendant LTC homes breached their duty of care to the Resident Class Members by failing to undertake timely and reasonable measures to secure LTC homes from visitors and third parties and to prevent the exposure of the Residents to the risk of COVID-19. Instead of adopting the rigorous measures required to minimize, if not eliminate, the exposure of the Residents to the risk of contracting COVID-19, the Defendant LTC homes delayed in implementing safety and infection control measures. Further, the Defendants LTC homes negligently and recklessly adopted *ad hoc* and inadequate protocols and plans, thus increasing the risk of outbreaks at their facilities. As particularized below, the Defendant LTC homes markedly departed from and failed to adhere to the standard of care required of responsible operators and owners of LTC homes; failed to implement rigorous and active screening; failed to implement timely and reasonable protocols for visitors; and failed to adhere to reasonable IPAC standards in their respective facilities.

11. At all material times, Ontario and the Defendant LTC homes owed a fiduciary duty to the Resident Class Members to ensure that their IPAC protocols and measures were developed and implemented in the best interest of the Residents. The Residents were a group of highly vulnerable individuals. The Defendants were in a position of power vis-à-vis the Residents and, entrusted with their care, had an obligation to exercise their power and authority in the best interest of the Residents, not to subordinate their care and medical and health needs to other interests, and not to abuse the trust reposed in them by the Residents and their families. The Defendants LTC homes' fiduciary duties were grounded in their undertaking to operate LTC homes and their statutory duties under the *Long-Term Care Homes Act, 2007* to provide resident-focused care that ensured the health and integrity of the Resident Class Members.

12. Ontario and the Defendant LTC homes had broad discretion to exercise their statutory duty to provide the Residents with appropriate care, and had the power to unilaterally exercise their authority to develop and implement reasonable IPAC protocols in accordance with the Residents' statutory rights to appropriate care, respect and dignity. The Residents were dependent on the Defendants for all aspects of their care, health and well-being. They were at the mercy of the Defendants and vulnerable to their exercise of their authority which could, and did, affect the Residents' legal and substantial practical interests, including their health, their right to life and personal security, their right to receive care with dignity, and their right not to be unreasonably exposed to the risk of COVID-19 and foreseeable complications.

13. The Defendants breached their fiduciary duties by exercising their power, authority and discretion to the detriment of the Resident Class Members and by subordinating the Residents' interests to their own financial interests. The Defendants' delayed and inadequate practices and protocols in response to the COVID-19 pandemic were developed and implemented recklessly and carelessly, exposing the Residents to an avoidable risk of infection, which ultimately materialized, causing the Plaintiffs and the Class Members illness, pain, suffering, emotional distress and death.

14. The establishment, maintenance, regulation, enforcement and implementation of care and services to the elderly is within the jurisdiction of the province. Pursuant to sub-sections 92 (7)(8) and (13) of the *Constitution Act, 1867*, provinces have exclusive power with respect to: the establishment, maintenance, and management of hospitals; municipal institutions; and property and civil rights in the province, respectively. Ontario has delegated its authority with respect to the provision of care to the elderly to LTC homes in the province. As a result of this delegation of authority, the Defendant LTC homes are responsible for providing care to the Resident Class Members. In operating and maintaining LTC homes in the province and discharging their obligations pursuant to the *Long-Term Care Home Act, 2007*, the Defendants perform essential government functions, namely, providing basic care, necessities of life and services to the elderly, such that their decisions, actions and inactions are subject to *Charter* scrutiny.

15. By adopting delayed, *ad hoc*, and unreasonable measures and protocols in response to the COVID-19 pandemic, the Defendant LTC homes breached the Resident Class Members' section 7 *Charter* rights to life and security of the person. These breaches of the Resident Class Members' section 7 *Charter* rights did not accord with the principles of fundamental justice and are not demonstrably justified in a free and democratic society.

16. As of July 2, 2020, 1,817 residents in LTC homes in Ontario had died as a result of COVID-19 outbreaks in the very facilities that were entrusted with their care and safety. Almost all of these outbreaks and fatalities took place in the LTC homes owned, operated, and controlled by the Defendants herein. These outbreaks and the resulting deaths and illnesses were both foreseeable and preventable.

17. As a result of the Defendants' breaches of their duty of care, fiduciary duties and violations of the Resident Class Members' rights under section 7 of the *Charter*, the proposed Representative Plaintiffs and the Class Members suffered significant harm including, but not limited to, harm to their dignity, loss of care, guidance and companionship, and financial loss. As a result of these breaches, the Class Members seek compensatory, special, aggravated, punitive and/or exemplary damages, as well as remedies pursuant to s. 24(1) of the *Charter*.

### **III. THE PARTIES**

#### ***The Plaintiffs***

18. The Plaintiff Christina Kinder (“Christina”) is the daughter of the late Maurice Albert Orchard (“Maurice”). Maurice resided at the home of the Defendant, Eatonville Care Centre (“Eatonville”), at all material times until his death on April 2, 2020. He tested positive for COVID-19 on April 1, 2020, the night before he died.

19. Christina resides in Toronto, Ontario and brings this action in her personal capacity and in her capacity as the representative of Maurice’s estate.

20. Maurice began to suffer from symptoms of COVID-19, including fever and coughing, on March 16, 2020. While staff told residents that there was a respiratory outbreak at Eatonville, they did not initially acknowledge the existence of a COVID-19 outbreak at the facility. At all material times, Eatonville failed to conduct COVID-19 tests or proper screening of its residents, staff and visitors, or to ensure an adequate supply of PPE to its staff.

21. Maurice was not tested for COVID-19 until Christina demanded that he be tested. On April 1, 2020, Maurice became the first Eatonville resident to test positive for, and die of, COVID-19. Nevertheless, Eatonville staff did not isolate Maurice from his roommate, nor did Eatonville test Maurice’s roommate or other residents for COVID-19 at that time. In fact, at all material times, symptomatic residents at Eatonville shared rooms with asymptomatic residents.

22. Eatonville staff found Maurice deceased in his room on April 2, 2020. Christina was obliged to self-quarantine as a result of having had contact with Maurice, and was unable to gather with her family and friends to mourn him. Christina has been traumatized by thoughts of Maurice fighting for breath alone in the last stages of his illness and suffers from nightmares related to the manner of his death.

23. The Plaintiff Darren Brough (“Darren”) is the son of the late William Brough (“William”). William resided at Eatonville at all material times until his death on April 12, 2020. Darren resides in Toronto, Ontario and brings this action in his personal capacity and in his capacity as the representative of William’s estate.

24. William was exposed to other Eatonville residents who showed symptoms of COVID-19 and began showing such symptoms himself. Nevertheless, Eatonville staff did not test William for COVID-19, nor did they isolate him from other Eatonville residents prior to his death.

25. William died on April 12, 2020, at or about the time that his son Darren arrived at the facility with other family members. Darren was shocked at the physical decline of William, who had lost a significant amount of weight.

26. The Plaintiff Kathryn Robertson (“Kathryn”) is a resident of Camilla Care Community. Kathryn is 78 years old and is represented in this action by her son, Innis Ingram (“Innis”). Innis brings this action in his personal capacity and in his capacity as the litigation guardian of Kathryn.

27. Kathryn has been a resident of Camilla Care Community for over a year. She suffers from Pulmonary Fibrosis, a degenerative disease affecting the cardio-pulmonary system. Kathryn’s family placed her in an LTC home because they lacked adequate resources to provide the requisite home care that she needed due to her condition.

28. At all material times, the Defendant, Camilla Care Community, failed to provide Innis or his family members with information about Kathryn’s health. Camilla Care Community mishandled isolation and infection control protocols, resulting in an outbreak at Camilla Care Community. Kathryn has been tested for COVID-19 three times, with inconclusive results. It took Camilla Care Community approximately three weeks to communicate the results of each test to Innis or his family members.

29. As a result of the anxiety and stress that she has been exposed to, Kathryn has been prescribed antidepressants while her family has been asked to make end of life arrangements.



30. The Plaintiff Rosemary Blagdon (nee Whelan) (“Rosemary”) is the wife of the late Charles Blagdon. Charles had been a resident of Camilla Care Community since August 2013. Rosemary brings this action in her personal capacity and in her capacity as the representative of Charles’s estate.

31. Charles had a diagnosis of Alzheimer’s, but was otherwise healthy for his age. On April 8, 2020, Charles developed a low-grade fever.

32. On April 10, 2020, Charles was tested for COVID-19. On April 13, 2020, he tested positive for COVID-19. On April 21, 2020, Charles was put on oxygen. On April 23, 2020, for the first time, a doctor called Charles’s family, advising that Charles was gravely ill and he had at most two days to live.

33. On April 24, 2020, Rosemary received a call that Charles had passed away around 9:30 a.m. Rosemary and her family received no information verbally or in-writing regarding the management of the outbreak or the ongoing status of the residents, including Charles. As a result of Camila Care Community’s delayed, careless and reckless response to COVID-19, Charles became infected with, and died of, COVID-19, while his family suffered significant emotional distress, stress, anxiety, and grief.

34. The Plaintiff Jeffrey Balausiak (“Jeffrey”) is the son of the late Gertrude Balausiak (“Gertrude”), a former resident of the Defendant, Guildwood, who became infected with, and died of, COVID-19 during an outbreak at the facility. Jeffrey brings this action in his personal capacity and in his capacity as the representative of Gertrude’s estate.

35. At the time of her death, Gertrude was 83 years old. Gertrude was suffering from Alzheimer’s, but was lucid and recognized her sons prior to the outbreak.

36. Guildwood initially advised the residents’ families by email that there had been an outbreak at the facility, with 16 residents and two staff infected. Within less than a week, the number of infected residents had increased to 68 and 15 staff members were infected.

37. The Plaintiff Kim Koblinsky (“Kim”) is the daughter of the late Gaston Schwalb (“Gaston”), who passed away on April 27, 2020 from COVID-19. Kim brings this action in her personal capacity and in her capacity as the representative of Gaston’s estate. Gaston was a resident of the Defendant, Hawthorne Place, in Toronto. He was a former restaurant owner in Toronto. He was diagnosed with dementia in or around 2014, which resulted in an increased need for care and assistance with day-to-day tasks. Gaston was admitted to Hawthorne Place in March 2019 due to his ongoing need for long-term care.

38. In the weeks preceding Gaston’s death, the facility did not provide Kim with any information regarding Gaston’s health. On the morning of April 27, 2020, Kim received a call from Hawthorne Place advising that her father was not doing well, that his breathing was shallow and that he was put on oxygen. He died on the same day. The facility did not confirm at that time if Gaston had been tested for COVID-19.

39. After Gaston’s death, in response to repeated inquiries from Kim, the facility finally confirmed that Gaston had been tested for COVID-19 on April 14, 2020. The facility advised Kim that it appeared that the test result was negative, but was unable to confirm this formally or to advise if any follow-up tests had been done. In fact, Gaston’s COVID-19 test result was never registered.

40. The Plaintiff Lori Renaud (“Lori”) is the daughter of the late Bernard Renaud (“Bernard”), who was COVID-19 positive at the time of his death on May 16, 2020. Bernard was a resident of the Defendant, Carlingview Manor, an LTC home in Ottawa operated by Revera. At the time of his death, he was 87 years old and suffered from dementia and cancer. Lori brings this action in her personal capacity and in her capacity as the representative of her father’s estate.

41. Bernard contracted the virus between April 21, 2020 and May 5, 2020. His diagnosis of COVID-19 was confirmed when he was taken to the hospital for a kidney infection.

42. The Plaintiff Henry Zajac (“Henry”) is the son of the late Teresa Zajac (“Teresa”), who resided at the Defendant West Park Healthcare Centre until her death on April 12, 2020 as a result of a COVID-19 infection. Henry resides in Toronto, Ontario, and brings this action in his personal capacity and in his capacity as the representative of Teresa’s estate.

43. Teresa contracted COVID-19 and began exhibiting symptoms on or about April 6, 2020. Teresa was tested for COVID-19 on April 8, 2020, and the results came back positive on April 10, 2020. Teresa died of COVID-19 related complications on April 12, 2020.

44. The Plaintiff Maureen Elizabeth Hamilton McDermott Cargill is the daughter of Elizabeth Sarah McDermott (“Elizabeth”). Elizabeth is 92 years old and suffers from Alzheimer’s. She became infected with COVID-19, which was confirmed on May 10, 2020.

45. Elizabeth is a resident of the Defendant, River Glen Haven Nursing Home, an LTC home located in Sutton, Ontario. Maureen brings this action in her personal capacity and in her capacity as Elizabeth’s litigation guardian.

46. The Plaintiff Pamela Christine Smith (“Pamela”) is the daughter of Jean Patricia Pollock (“Jean”) a former volunteer at Pinecrest Nursing Home in Bobcaygeon, Ontario, where her husband, Harold Edward Pollock (“Ted”) resided. Pamela is a registered psychotherapist and resides in Etobicoke, Ontario. She brings this action in her own capacity and in her capacity as the representative of Jean’s estate.

47. Jean had been a volunteer at the Pinecrest Nursing Home since the summer of 2019, shortly after Ted was admitted to the facility after experiencing falls. Jean, who had asthma and chronic obstructive pulmonary disease (COPD), would assist the residents with their meals, bringing residents down and returning them to the dining room at mealtime.

48. Jean worked as a volunteer at the Pinecrest Nursing Home until March 14, 2020, when the facility closed its doors to visitors. At the time, Jean was working at the front desk, screening visitors for COVID-19. Jean was also volunteering on the unit, helping patients in wheelchairs to

the dining room, where communal meals were still being served despite the outbreak of COVID-19.

49. Jean began experiencing symptoms of COVID-19 before March 17, 2020. Her symptoms progressively worsened and she was hospitalized on March 20, 2020. Jean died from COVID-19 related complications on March 28, 2020. At the time of her death, she was 82 years old. Ted also tested positive for COVID-19 and died on April 7, 2020 at the age of 90.

50. The Plaintiff Anthony Lloyd (“Anthony”) resides in Bowmanville, Ontario. Anthony is the son of Lucille (Malcolm) Rhule (“Lucille”), a former resident of Orchard Villa Retirement Community. Anthony brings this action in his personal capacity and in his capacity as the representative of Lucille’s estate.

51. Lucille was initially placed in Orchard Villa Retirement Community in 2017 as a result of her dementia. At the time of her death, she was 91 years old.

52. Lucille tested positive for COVID-19 on May 10, 2020. On May 13, 2020, Orchard Villa Retirement Community advised Anthony’s family that they should start making funeral arrangements for Lucille. The facility provided no further information regarding how the outbreak was being managed, leaving Anthony and his family in significant distress. She died of COVID-19 related complications on May 25, 2020.

53. The Plaintiff Allard Adriaan Gaanderse (“Allard”) is the son of Adriann Willem Gaanderse (“Adriaan”), a resident of View Mount Grace Manor. Allard resides in Thorold, Ontario. He brings this action in his own capacity and in his capacity as Adriaan’s litigation guardian.

54. Adriaan is 95 years old. He was initially admitted to the facility due his difficulties with dementia and challenges with mobility. A deadly outbreak of COVID-19 at View Mount Grace Manor resulted in the isolation of patients, including Adriaan, and the deployment of the Canadian Armed Forces to the facility. Since then, Adriaan’s health has deteriorated significantly. Allard and his family have suffered significant distress given Adriaan’s age and vulnerability.

55. The proposed Representative Plaintiffs bring this action on their own behalf and on behalf of the Resident Class Members and Family Class Members, as defined in sub-paragraphs 2(d) and (i).

***The Defendants***

56. The Defendant Ontario and the Ministry are responsible for the oversight and inspection of LTC homes in the province.

57. The Defendants LTC homes are owners, operators and/or licensees of LTC homes in Ontario. At all material times, the Defendants were responsible for the care and safety of the Residents at the LTC homes described below.

58. The Defendant LTC homes are governed by the *Long-Term Care Homes Act, 2007*, and Regulation 79/10. The Defendant LTC homes are regulated, inspected and licensed by the Ministry.

59. Each of the Defendant facilities was established with the approval of the Minister. The Minister granted a license to operate to each of the Defendant facilities. The Minister approved the establishment of both private and municipal facilities and has the power to request inspections of every facility.

60. Each of the Defendants were, at all material times, engaged in the provision of care and services to the Resident Class Members. At the time of the COVID-19 pandemic, the Defendants housed and were responsible for the care of a vulnerable population of residents, all of whom were physically frail, had pre-existing medical conditions, and were completely reliant on the Defendants for the provision of care.

61. The proposed Representative Defendant the City of Toronto owns Cummer Lodge, Wesburn Manor, Kipling Acres, Seven Oaks, and Lakeshore Lodge.

62. The Defendant, the County of Hastings, owns Hastings Manor Home for the Aged.

63. The Defendant the County of Essex owns Sun Parlor Home for Senior Citizens.

~~64. The Defendant the City of Hamilton owns Dundurn Place Care Centre.~~

~~65.~~64. The Defendant the City of Ottawa owns the Peter D. Clark Centre.

~~66.~~65. The Defendant the Regional Municipality of Peel owns Sheridan Villa and Peel Manor.

~~67.~~66. The Defendant the Regional Municipality of Durham owns Hillsdale Terraces.

~~68.~~67. The proposed Representative Defendant Sienna Senior Living Inc. (“Sienna”) is a corporation duly incorporated under the laws of the Province of British Columbia. Its registered place of business is located in Markham, Ontario. Sienna operates as an LTC provider and as a management and consulting agency. Sienna owns (through Sienna Senior Living Inc. or a subsidiary) or manages the following homes: Altamont Care Community, Bradford Valley Care Community, Camilla Care Community, Madonna Care Community, Owen Hill Care Community, Weston Terrace Care Community, Woodbridge Vista Care Community, Villa Leonardo Gambin, and Midland Gardens Care Community.

~~69.~~68. The Defendant Advent Health Care Corporation is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Mississauga, Ontario. It is the licensee on record for Valleyview Residence.

~~70.~~69. The Defendant Anson Place Care Centre is a partnership registered with the Province of Ontario. Its registered place of business is located in Toronto, Canada. It owns Anson Place Care Centre located in Hagersville, Ontario.

~~71.~~70. The Defendant A.R. Goudie Retirement Inc. is a business corporation duly registered in the Province of Ontario. Its registered place of business is located in Waterloo, Ontario. It owns PeopleCare A.R. Goudie Kitchener.

72.71. The Defendant Atk Care Inc. is a business corporation duly registered in the Province of Ontario. Its registered place of business is located in Mississauga, Ontario. It owns River Glen Haven Nursing Home.

73.72. The Defendant Bethany Lodge is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Unionville, Ontario. It is the licensee on record for Bethany Lodge.

74.73. The Defendant Bruyère Continuing Care Inc. is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Ottawa, Ontario. Bruyère Continuing Care Inc. is the licensee on record for Élisabeth-Bruyère Residence and Residence Saint-Louis.

75.74. The Defendant Chartwell Master Care LP is a partnership registered in the Province of Quebec. Its registered place of business is located in Mississauga, Ontario. Chartwell Master Care LP owns or manages the following LTC homes: Chartwell Ballycliffe Long-Term Care Residence, Chartwell White Eagle Long-Term Care Residence, Chartwell Westbury Long-Term Care Residence, Chartwell Aurora Long-Term Care Residence, and Chartwell Gibson Long-Term Care Residence.

76.75. The Defendant Downsview Long-Term Care Centre Limited and Gem Healthcare Group Ltd. own or operate Downsview Long-Term Care Centre.

77.76. The Defendant Elm Grove Living Centre Inc. is a corporation duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. Elm Grove Living Centre Inc. owns Elm Grove Living Centre.

78.77. The Defendant Extendicare (Canada) Inc. (“Extendicare”), is a federally incorporated corporation duly registered in Canada. Its registered place of business is located in Markham, Ontario. It owns or operates the following facilities: Extendicare Guildwood, West Park Long-

Term Care Centre, Extendicare Laurier Manor, Extendicare Scarborough, Extendicare Bayview, Craiglee Nursing Home, Extendicare Brampton and West Park Health Centre.

79.78. The Defendant Hellenic Home for the Aged is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It is the licensee on record for Hellenic Home- Scarborough.

80.79. The Defendant Holland Christian Homes is a non-share corporation duly registered in the Province of Ontario. Its registered place of business is located in Brampton, Ontario. It is the licensee on record for Faith Manor nursing home and View Mount Grace Manor.

81.80. The Defendant Ina Grafton Gage Home of Toronto is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Scarborough, Ontario. It owns the Ina Grafton Gage Home of Toronto.

82.81. The Defendant Jarlette Ltd. is a business corporation registered in the Province of Ontario. Its registered place of business is located in Midland, Ontario. It owns or operates Royal Rose Place and Meadow Park (London).

83.82. The Defendant The Jewish Home for the Aged is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It is the licensee on record for The Jewish Home for the Aged.

84.83. The Defendant The Kensington Health Centre is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It is the licensee on record for The Kensington Gardens.

85.84. The Defendant Kristus Darzs Latvian Home is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Woodbridge, Ontario. It owns the Kristus Darzs Latvian Home.



~~86.~~85. The Defendant Markhaven, Inc. is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Markham, Ontario. It is the licensee on record for Markhaven.

~~87.~~86. The Defendant Meadow Park Long Term Care Facility is a corporation registered in the Province of Ontario. Its registered place of business is located in Midland, Ontario. It is the licensee on record for Meadow Park Long Term Care Facility.

~~88.~~87. The Defendant Medlaw Corporation Limited is a corporation registered in the Province of Ontario. Its registered place of business is located in Thornhill, Ontario. It owns or operates Pinecrest (Bobcaygeon).

~~89.~~88. The Defendant Mon Sheong Foundation is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Richmond Hill, Ontario. It owns Mon Sheong home for the aged.

~~90.~~89. The Defendant Oakwood Inc. owns or operates the Village of Humber Heights.

~~91.~~90. The Defendant Omni Health Care Ltd is a business corporation duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It owns Almonte Country Haven.

~~92.~~91. The Defendant The Perley and Rideau Veteran's Health Centre is a business corporation without share capital duly registered in the Province of Ontario. Its registered place of business is in Ottawa, Ontario. It is the licensee on record for the Perley and Rideau Vetran's Health Centre.

~~93.~~92. The Defendant Unity Health Toronto is a corporation duly registered in the Province of Ontario. Its registered business name is Providence Healthcare. It is registered place of business is located in Toronto, Ontario. It is the licensee on record for the Providence Healthcare Long-Term Care Home.

~~94.~~93. The Defendant Primacare Living Solutions Inc. is a corporation duly registered in the Province of Ontario. Its registered place of business is in Toronto, Ontario. It owns or operates Burton Manor.

~~95.~~94. The Defendant The Reikai Centres is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It is the licensee on record for Wellesley Central Place and for Sherbourne Place.

~~96.~~95. The Defendant Revera Long Term Care Inc. is a corporation duly registered in the Province of Ontario. The Defendant Revera Inc. is a federal corporation registered in Canada. Its registered place of business is located in Mississauga, Ontario. It owns or operates the following long-term care facilities: Montfort, Humber Valley Terrace, Forest Heights Revera, Mackenzie Place, ReachView Village, Harold and Grace Baker Centre, Carlingview Manor, Stoneridge Manor, Eagle Terrace and Westside.

~~97.~~96. The Defendants Responsive Group Inc., Responsive Management Inc., Responsive Health Management Inc. and Rykka Care Centres (operating partner of Responsive Management Inc.) are corporations and partnerships duly registered in the Province of Ontario, and are the owners, operators, managers and/or licensees of Anson Place Care Centre, Ina Grafton Gage Home of Toronto, Eatonville Care Centre, Hawthorne Place Care Centre, Dundurn Place Care Centre and Cooksville Care Centre.

~~98.~~97. The Defendant Schlegel Villages Inc. is a business corporation duly registered in the Province of Ontario. Its registered place of business is located in Kitchener, Ontario. It owns or operates Erin Mills Lodge Nursing Home, The Village of Erin Meadow and the Village of Humber Heights.

~~99.~~98. The Defendant Sharon Farms & Enterprises Limited is a business corporation duly registered in the Province of Ontario. Its registered place of business is located in London, Ontario. It owns or operates Kensington Village.

~~100.99.~~ The Defendant Shaparrall Limited is a business corporation duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It owns or operates Garden Court Nursing Home.

~~101.100.~~ The Defendant Southbridge Care Homes Inc. is a business corporation duly registered in the Province of Ontario. Its registered place of business is located in Cambridge, Ontario. Southbridge Care Homes Inc. owns or operates the following LTC homes: Pinecrest Nursing Home (Plantagenet), Shelburne Long-Term Care Home, Orchard Villa, Country Village Homes-Woodslee and Manoir Marochel.

~~102.101.~~ The Defendant Pinecrest Nursing Home is a partnership duly registered in the Province of Ontario. It is the licensee on record for the Pinecrest (Plantagenet) LTC home. Its registered place of business is in Plantagenet, Ontario.

~~103.102.~~ The Defendant S & R Nursing Homes Ltd is a business corporation duly registered in the Province of Ontario. Its registered place of business is located in Sarnia, Ontario. S & R Nursing Homes Ltd owns or operates Heron Terrace Long-Term Care Community.

~~104.103.~~ The Defendant St. Clair O'Connor Community Inc. is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in East York, Ontario. St. Clair O'Connor Community Inc. is the licensee on record for St. Clair O'Connor Community Nursing Home.

~~105.104.~~ The Defendant St. Joseph's at Fleming is a corporation without share capital duly registered in the Province of Ontario. Its registered office address is located in Peterborough, Ontario. It is the licensee on record for St. Joseph's at Fleming.

~~106.105.~~ The Defendant St. Joseph's of Sudbury Inc. is a non-share corporation duly registered in the Province of Ontario. Its registered place of business is located in Sudbury, Ontario. It is the licensee on record for St. Joseph's of Sudbury.

~~107.~~106. The Defendant St. Patrick's Home of Ottawa is a federally incorporated corporation duly registered in Canada. Its registered place of business is located in Ottawa, Ontario. It is the licensee on record for St. Patrick's Home of Ottawa.

~~108.~~107. The Defendant Tri-County Mennonite Homes is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in New Hamburg, Ontario. It is the licensee on record for Greenwood Court.

~~109.~~108. The Defendant St. Demetrius (Ukrainian Catholic) Development Corporation is a corporation duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It is the licensee on record for the Ukrainian Canadian Care Centre.

~~110.~~109. The Defendant Vision 74' Inc. is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Sarnia, Ontario. It is the licensee on record for Vision Nursing Home.

~~111.~~110. The Defendant Villa Colombo Homes for the Aged Inc. is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It is the licensee on record for the Villa Colombo Home for the Aged.

~~112.~~111. The Defendant Villa Forum is a federally incorporated corporation duly registered in Canada. Its registered place of business is located in Mississauga, Ontario. It is the owner of Villa Forum.

~~113.~~112. The Defendant West Park Healthcare Centre is a corporation without share capital duly registered in the Province of Ontario. Its registered place of business is located in Toronto, Ontario. It is the licensee on record for West Park Healthcare Centre.

~~114.~~113. The Defendant West Park Health Centre is partnership duly registered in the Province of Ontario. Its registered place of business is located in Cambridge, Ontario. It owns West Park Health Centre.

~~115.114.~~ The Defendant West Park Health Care Centre is a corporation without share capital duly registered in the Province of Ontario. West Park Care Healthcare Centre is a licensee of West Park.

#### **IV. MATERIAL FACTS**

##### **A. Facts relating to LTC Homes in Ontario**

###### **i) Admission Requirements for LTC homes**

~~116.115.~~ Residents of the LTC homes in Ontario are among the most vulnerable members of society, and include those in significant need of substantial medical and personal care. Admission requirements to LTC homes are particularly onerous. Since 2010, only those residents with high or very high care needs are eligible for admission to LTC home in Ontario.

###### **ii) Statutory regime governing LTC homes in Ontario**

~~117.116.~~ Long-term care is part of the province's health care system and is publicly funded on a cost-shared basis with residents. Ontario partially funds LTC homes in Ontario, while residents pay a portion of their "room and board" to the LTC home.

~~118.117.~~ LTC homes are the most highly regulated area of healthcare in Ontario. Each of the Defendant LTC facilities is a "long-term care home" pursuant to the *Long-Term Care Homes Act, 2007*, and is, therefore, operated under and subject to the requirements of that Act.

~~119.118.~~ The *Long-Term Care Homes Act, 2007* and its regulations establish a regulatory framework for resident-centered care, imposing clear standards for LTC homes and a rigorous inspection regime to enforce those standards. Among other things, this regulatory regime establishes minimum standards of care for residents in LTC homes, including with respect to residents' rights, care and services; reporting requirements; medication management; infection control; food safety and quality; and staffing. It also imposes comprehensive obligations on all

licensees of LTC homes. This regulatory regime is designed to ensure that residents are safe and secure, and are treated with dignity and respect.

~~120.119.~~ The Ministry is responsible for overseeing LTC homes and the provision of publicly funded home care services.

~~121.120.~~ In 2015, the Ministry's Long-Term Care Division was established. This division includes both an Inspections Branch and a Licensing and Policy Branch.

~~122.121.~~ The Long-Term Care Inspections Branch oversees the Long-Term Care Home Quality Inspection Program (LQIP) and is responsible for developing and implementing all operational policies relating to both inspections and inspectors. The Licensing and Policy Branch is responsible for the licensing of LTC homes, as well as the development and implementation of funding and financial policies.

**iii) Ministry's oversight and control of Ontario's LTC homes**

~~123.122.~~ The Ministry is responsible for oversight of LTC homes in the province. The *Long-Term Care Homes Act, 2007* confers broad powers on the Ministry with respect to the establishment, licensing, operation, inspection, and funding of LTC homes in the province.

~~124.123.~~ Pursuant to section 174.1 of the *Long-Term Care Homes Act, 2007*, the Minister may issue operational or policy directives with respect to any matter it deems relevant. In issuing such directives, the Minister may consider the proper management and operation of the LTC homes and the quality of care and treatment of residents in general. These directives, while mandatory, set minimum standards with which the Defendant LTC homes must comply.

**iv) LTC homes operated by municipalities, cities and towns**

~~125.124.~~ Pursuant to Part VIII of the *Long-Term Care Homes Act, 2007*, every upper or single-tier southern municipality in Ontario is required to maintain at least one LTC home, individually or jointly, while northern municipalities may operate one individually or jointly. In many parts of the province – particularly smaller towns and rural areas – the municipality is the primary provider

of long-term care. The purpose of municipally-run LTC homes is to ensure that seniors who require significant care have the opportunity to receive such necessary care and services in the community, close to their family and friends.

~~126.125.~~ Municipal LTC homes are publicly owned and operated. Elected officials are involved in overseeing these homes. This oversight is intended to promote accountability and to ensure the appropriateness and effectiveness of the care and services provided by these LTC homes. This accountability is underscored by the requirement for transparency, including open council meetings, community advisory committees and opportunities for public input.

## **B. Facts relating to COVID-19 Outbreaks in Ontario's LTC Homes**

### **a) The global COVID-19 outbreak and response by the World Health Organization ("WHO")**

~~127.126.~~ On or about January 4, 2020, the WHO reported on social media that there was a cluster of pneumonia cases in Wuhan, Hubei province, China, and published a Disease Outbreak news release for members of the scientific and public health community, as well as global media. The news release contained a risk assessment and advice, and reported on what China had told the WHO about the status of patients and the public health response on the cluster of pneumonia cases in Wuhan.

~~128.127.~~ On January 10, 2020, the WHO issued a comprehensive package of technical guidance online which provided advice to all countries with respect to detecting, testing and managing potential cases, based on what was known about the virus at the time. This guidance was based on prior experiences with Severe Acute Respiratory Syndrome ("SARS") and Middle East Respiratory Syndrome ("MERS"). The guidance provided recommendations regarding known modes of transmission of respiratory viruses, infection prevention and control measures, as well as droplet and contact precautions for public health workers and airborne precautions for aerosol generating procedures conducted by health workers when caring for patients.

~~129.~~128. On January 12, 2020, Chinese officials publicly shared the genetic sequence of COVID-19. The following day, officials confirmed a case of COVID-19 in Thailand, which represented the first recorded case of the virus outside of China.

~~130.~~129. On January 14, 2020, the technical lead for the WHO advised in a press briefing that human-to-human transmission of the coronavirus would not be surprising given the global experience with SARS, MERS and other respiratory pathogens. This was confirmed following a brief field visit to Wuhan, China.

~~131.~~130. On January 22, 2020, the WHO issued a statement confirming that there was evidence of human-to-human transmission in Wuhan.

~~132.~~131. On January 22, 2020, the WHO convened an Emergency Committee, and the Director-General issued a declaration that the novel coronavirus outbreak was a Public Health Emergency of International Concern.

~~133.~~132. On January 30, 2020, the WHO confirmed a total of 7,818 cases of COVID-19 worldwide. The majority of these were reported in China, with 82 cases reported in 18 other countries. The WHO gave the virus a risk assessment of “high” at the global level.

~~134.~~133. On March 11, 2020, the WHO declared a COVID-19 pandemic. This decision followed a WHO-China Joint mission, which included experts from Canada, and reflected the alarming levels of both the spread and the severity of the virus.

**b) Widespread knowledge about the vulnerability of the elderly to COVID-19**

~~135.~~134. By January 23, 2020, it was extensively reported worldwide and well-understood by the federal and provincial governments, healthcare providers and the Defendant owners and operators of LTC homes that the elderly were particularly at risk of contracting COVID-19.

~~136.~~135. On January 23, 2020, the New York Times reported that, at the time, the median age of the victims of COVID-19 was 75 years old. The New York Times reported that medical experts



understood that the majority of fatalities were the elderly and/or those with chronic diseases that increase their susceptibility to infectious diseases. Maria Van Kerkhove, the Head of the Outbreak Investigation Task Force at the Institut Pasteur's Center for Global Health, confirmed that advanced age is a known risk factor for both developing a severe form of the illness and death as a result of respiratory pathogens.

~~137.~~136. The serious vulnerability of the elderly to the harmful effects of COVID-19 was again confirmed by data from China. A February 8, 2020 WHO – China Joint Mission on Coronavirus Disease report found that the fatality rate among patients older than 80 was 21.9%, as compared to 1.4% among other patients. The WHO Recommendations on IPAC specifically included guidelines for elderly care, targeting prevention of the introduction and spread of COVID-19 in nursing homes. The WHO's technical recommendations emphasized the importance of isolating patients who have not been tested for COVID-19 in single rooms.

~~138.~~137. On February 18, 2020, BBC News, relying on a paper by the Chinese Journal of Epidemiology, reported that the COVID-19 fatality rate was higher for those over the age of 80. The study specifically found that the fatality rate was 15% for those over the age of 80.

~~139.~~138. Articles published in the Economist and the Washington Post on February 18 and 25, 2020, respectively, reported that COVID-19 was disproportionately affecting the elderly.

~~140.~~139. By February 2020, international experience with COVID-19 outbreaks in Washington State (United States), Italy, Japan, Spain and South Korea had confirmed that LTC homes could become deadly COVID-19 hotspots in the absence of strict precautions and prevention plans.

~~141.~~140. On February 28, 2020, a respiratory outbreak was reported among seniors in the Life Care Centre in Seattle, Washington State. By March 1, 2020 the first Life Care resident had died from the virus. On March 6, 2020, a United States Federal medical disaster team was dispatched to the Life Care Centre. Within 10 days, 70 of the 180 staff at Life Care Center were showing signs of COVID-19. By March 21, 2020, 129 individuals, including 81 residents, had tested positive, and 35 residents had died of COVID-19 and related complications.

~~142.~~141. On March 19, 2020, the South China Morning Post reported new clusters of COVID-19 infections in South Korean nursing homes, mirroring outbreaks reported in Italy and the United States.

~~143.~~142. Data from Italy reflected a surge in deaths in LTC homes, where dozens of patients were dying each day. On March 24, 2020, Al Jazeera confirmed that 85.6% of those who died of COVID-19 in Italy were over the age of 70.

~~144.~~143. On April 1, 2020, the CNN reported that in Milan, Italy, one third of residents in an elder care home had died in less than one month during the pandemic.

~~145.~~144. On April 3, 2020, BBC News reported that, in Spain, 3,000 people had died in LTC homes during the month of March. It also reported that in Stockholm, 400 elderly residents had been infected in LTC homes and 50 had died. Similarly, in France, 1,416 elderly in LTC homes had died.

**c) Declaration of a State of Emergency and Outbreaks in Ontario LTC Facilities**

~~146.~~145. On January 25, 2020, the first presumptive case of COVID-19 was reported in Ontario.

~~147.~~146. On February 23, 2020, the WHO reported a total of 2,445 deaths worldwide from COVID-19. On the same day, the Provincial Health Minister, Christine Elliott, finally announced the formation of a team of experts and advisors in charge of Ontario's strategic response to the novel coronavirus.

~~148.~~147. On March 9, 2020, Canada's first death from COVID-19 was reported. The victim had been a resident of an LTC home in North Vancouver, British Columbia. At the time, the number of confirmed cases in Ontario was 29.

~~149.~~148. On March 9, 2020, Ontario's Assistant Deputy Minister for Long-Term Care finally issued a Memorandum to the LTC Homes Sector, instructing LTC homes to screen visitors for

symptoms of the illness, ideally over the phone. The Directive was only extended to staff on March 11, 2020.

~~150.~~149. On March 13, 2020, the Province confirmed 20 new positive cases of COVID-19, bringing the total to 79. Chief Medical Officer of Health, Dr. David Williams made a strong recommendation that LTC homes cease non-essential visits. However, the government did not require that LTC homes limit access by visitors. In fact, until then, LTC homes in Ontario had remained opened to visitors.

~~151.~~150. On March 17, 2020, Ontario Premier Doug Ford declared a state of emergency in Ontario. As of this time, there were 189 confirmed cases of COVID-19 across the province. Among other things, the government ordered the closure of select establishments and prohibited public gatherings of over 50 persons.

~~152.~~151. The following day, on March 18, 2020, an outbreak of COVID-19 infection was declared at an LTC home in Bobcaygeon, Ontario (Pinecrest Nursing Home). Approximately three weeks later, 28 of the home's 64 residents had died as a result of COVID-19, and half of the staff were reportedly ill and exhibiting COVID-19 symptoms.

~~153.~~152. On March 19, 2020, a resident of Hillsdale Terraces LTC home in Oshawa, Ontario had symptoms of COVID-19. She tested positive for COVID-19 on March 23, 2020, and died of the virus on the same day.

~~154.~~153. On March 27, 2020, the Globe and Mail newspaper published an article reporting that there were cases of COVID-19 in at least 16 LTC homes in Ontario.

~~155.~~154. On April 2, 2020, CBC news revealed that approximately 40 people had died of COVID-19 at LTC homes in Ontario, and that there were outbreaks in at least 41 facilities in Ontario.

~~156.~~155. On April 3, 2020, Provincial Officials revealed modelling that forecast up to 15,000 deaths in the Province.

### **C. Facts relating to the Province's Pandemic Response and Directives to LTC Homes**

~~157.~~156. Ontario and the Defendant owners and operators of LTC homes failed to implement timely, rigorous, and effective directives and action plans to protect the Resident Class Members from exposure to COVID-19. In responding to the COVID-19 pandemic, Ontario and the Defendants acted recklessly and extremely carelessly, in a manner that exposed vulnerable elderly residents of LTC homes to an increased risk of infection and complications.

~~158.~~157. On March 2, 2020, Christine Elliott, Deputy Premier and Minister of Health, announced that Ontario was implementing an enhanced response structure to the COVID-19 outbreaks. The new response structure was comprised of a number of "tables" with specific mandates, including the "Command Table" in charge of strategic direction.

~~159.~~158. The Command Table is the government's main advisory body on COVID-19, and reports directly to the Minister. The co-leaders of the Command Table are Matt Anderson, president and CEO of Ontario Health, and Helen Angus, the Deputy Minister of Health. Other members of the Command Table include CMO David Williams, representatives from Public Health Ontario and the Ministry, and unidentified external experts.

~~160.~~159. The new response structure also included a "Scientific Table", led by Public Health Ontario, which was responsible for the provision of evidence and scientific and technical advice to inform planning and response.

~~161.~~160. The new response structure further included a Collaboration Table, staffed with members from key health sector organizations, responsible for providing advice to the Command Table.

~~162.~~161. Ontario and the Command Table delayed until March 11, 2020 in instructing LTC homes to begin actively screening visitors, volunteers, staff and new residents for symptoms of COVID-

19. Until then, no such instructions were provided to LTC homes, leaving thousands of Resident Class Members exposed to the risk of COVID-19, which was already spreading in the Province.

~~163.~~162. On March 13, 2020, the Chief Medical Officer of Health recommended that LTC homes only allow essential visitors. The government did not require LTC homes to preclude visitors from the facilities housing vulnerable Resident Class Members, nor did the Defendant facilities undertake such an approach.

**a) Directive #3**

~~164.~~163. On March 22, 2020, the Chief Medical Officer of Health issued a directive under the *Long-Term Care Homes Act, 2007* specifically addressing the province's LTC homes ("Directive #3") Directive #3 required LTC homes not to permit residents to leave the home for short-stay absences to visit family and friends and to, wherever possible, limit the number of work locations at which employees were working.

**b) Updated Directive #3**

~~165.~~164. On April 8, 2020, approximately one month after COVID-19 was declared a pandemic by the WHO, the Chief Medical Officer of Health issued an updated Directive #3 to LTC homes. At this time, the Province had reported 78 deaths in LTC homes, and outbreaks in at least 58 homes. The Directives pertained to practices and procedures in LTC facilities and to the supply of PPE, including N95 respirator masks. For the first time, the updated Directive #3 required all LTC staff to wear surgical or procedure masks at all times for the duration of their shifts and increased the frequency of screening for COVID-19 symptoms to twice a day.

~~166.~~165. Updated Directive #3 finally recognized the serious nature of the potential complications that could be caused by COVID-19, including pneumonia and death. It provided for specific IPAC precautions and procedures with respect to, among other things, the active screening of all residents; the appropriate use of PPE; the use of masks by staff and essential visitors; limitations on staff working at multiple locations; staff and resident cohorting; management of COVID-19 cases in both residents and staff and outbreaks LTC homes; steps to be followed in response to

outbreaks; testing; ensuring COVID-19 preparedness; communications, food and product deliveries.

~~167.~~166. Updated Directive #3 directed all LTC homes, regardless of the existence of an outbreak, to immediately require that all staff and essential visitors wear surgical/procedure masks at all times for source control for the duration of their shifts or visits in the LTC home.

~~168.~~167. Updated Directive #3 required that LTC homes use staff and resident cohorting to prevent the spread of COVID-19. Updated Directive #3 directed long-term care homes to adopt cohorting by, among other things, designating staff to work with either ill residents or well residents.

~~169.~~168. Cohorting involves grouping residents based on their risk of infection or whether they have tested positive for COVID-19 during an outbreak. Each cohort must be separated from other cohorts, and within cohorts, residents must remain as far apart from each other as possible. Staff should work with only a single cohort if possible. Within an outbreak area, staff should wear a mask, eye protection and gowns. Gloves should be worn when providing direct care to a resident.

~~170.~~169. Cohorting under updated Directive #3 also involved alternative accommodation in the home to maintain physical distancing of two metres, resident cohorting of the well and unwell, utilizing respite and palliative care beds and rooms, or utilizing other rooms as appropriate.

~~171.~~170. On April 9, 2020, data published by Public Health Ontario illustrated the devastating impact of COVID-19 on Ontario's LTC homes: the number of cases among residents and staff had surpassed 1,000 and the number of deaths had surpassed 100.

**c) Directive #5**

~~172.~~171. On April 10, 2020, the Chief Medical Officer of Health issued Directive #5. Directive #5 applied to both hospitals and LTC facilities and reflected the opinion of the Chief Medical

Officer of Health that there existed or there may exist an immediate risk to the health of the Resident Class Members.

~~173.172.~~ Directive #5 included the following requirements:

- a) public hospitals and LTC homes explore all available avenues to obtain and maintain a sufficient supply of PPE;
- b) public hospitals and LTC homes, as well as health care workers and other employees, must engage on the conservation and stewardship of PPE;
- c) hospitals and LTC homes must assess the available supply of PPE on an ongoing basis;
- d) in the event that utilization rates indicate that a shortage of PPE will occur, the government and the public hospital or LTC home will develop contingency plans in consultation with the affected unions; and
- e) at a minimum, for health care workers and other employees in a hospital or long-term care home, contact and droplet precautions must be used for all interactions with suspected, presumed or confirmed COVID-19 patients or residents, including surgical/procedure masks.

~~174.173.~~ On April 13, 2020, the Province began to provide same-day delivery of supplies and equipment to LTC homes.

**d) Ontario's Action Plan**

~~175.174.~~ On April 15, 2020, Premier Doug Ford announced Ontario's "action plan" for residents of LTC homes. The action plan promised wider testing in LTC homes and offered help from hospital teams specialized in preventing and controlling infections. The action plan finally placed a ban on employees working at more than one facility, which was to take effect in one week. On the same day, the Province published official figures confirming that 162 residents of LTC homes had died and 933 residents and 530 staff at LTC homes were infected with COVID-19.

~~176.175.~~ The “action plan” finally recognized that enhanced guidance was required to support LTC homes on the usage of PPE, including on what PPE to use in what circumstances. It also noted that training and education were required to support staff working in outbreak situations.

~~177.176.~~ As of April 17, 2020, nearly 2,000 residents and staff of LTC homes had already been infected with COVID-19, and the provincial death toll had surpassed 200. The Province confirmed that the spread of COVID-19 was still accelerating in LTC homes.

~~178.177.~~ It was not until April 21, 2020, that the Province’s Command Table issued a memorandum to Health System Organizations and Providers, to require enhanced testing guidelines for LTC homes, including immediate testing of all residents and staff in homes with outbreaks and surveillance testing in homes with no symptomatic residents.

~~179.178.~~ On April 22, 2020, Premier Doug Ford made a formal request for reinforcement from the Public Health Agency of Canada and the Canadian Armed Forces. A day later, the Federal Government approved his request and authorized the Canadian Forces to assist at five LTC homes. By this time, the death toll from COVID-19 at LTC homes had reached 295.

~~180.179.~~ On May 12, 2020, Ontario issued an emergency order which allowed the Ministry to temporarily replace management at some LTC homes struggling to contain the virus.

**e) Operational Decisions**

~~181.180.~~ The Ontario Government’s recommendations and protocols relating to the prevention, control and elimination of COVID-19 infections and outbreaks in Ontario’s LTC homes, as described here, were grounded in recommendations and advice provided by advisors and experts, and, as such, constituted operational decisions for which Ontario is liable.

**D. Facts relating to the Class Members’ Vulnerability and the Defendants’ Inadequate and Unreasonable Response to the COVID-19 Pandemic**

**a) Vulnerable resident populations**



~~182.~~181. As described above, the Ontario government tightened admissions criteria to LTC homes in 2010. Since then, only those residents with high or very high care needs are eligible for placement in LTC homes in Ontario. As a result, the average age of residents in LTC homes has risen to older than 85.

~~183.~~182. Residents of LTC homes are among the most vulnerable and frail members of the aging population, and include those in need of substantial medical and personal care. Many residents are physically impaired and unable to perform even basic tasks, such as getting out of bed, bathing, going to the washroom or feeding themselves. The vast majority of LTC home residents are cognitively impaired, with two-thirds of residents impacted by dementia.

**b) The Defendants' collective failure in adopting and implementing IPAC protocols**

~~184.~~183. Each of the 96 LTC homes owned, operated or managed by the Defendants experienced outbreaks of COVID-19 during the pandemic. As of July 27, 2020, 1,844 residents of LTC homes in Ontario had died as a result of COVID-19 related illness and related complications. These deaths were caused by the Defendants' collective and systemic failure to adopt, implement and enforce timely, effective and reasonable IPAC protocols and practices at their respective facilities. Specifically, the Defendants' respective responses to the COVID-19 pandemic reflected the following deficiencies which were shared among all the facilities:

- a) significant delay in implementing necessary IPAC measures to prevent outbreaks, contrary to other LTC homes in Ontario which did implement reasonable protocols and avoided outbreaks of COVID-19 in their facilities;
- b) inadequate or no follow-up on residents with documented respiratory symptoms in December 2019 and January and February 2020;
- c) failure to properly and correctly identify COVID-19 positive patients;
- d) failure to separate COVID-19 positive and negative residents who shared the same room;
- e) lack of adequate knowledge of, and training in, the proper use, removal and disposal of PPE;

- f) failure by staff to change their PPE when moving between the rooms of COVID-19 positive and negative residents;
- g) lack of adequate cleaning supplies;
- h) lack of appropriate end of life and palliative care;
- i) management and leadership's failure to address and remedy the improper use of PPE and inadequate IPAC practices;
- j) significant challenges with understaffing; and
- k) lack of standardized and regular communication with families and residents regarding resident care and outbreak status.

~~185.~~184. Further particulars of the Defendants' grossly unreasonable practices are summarized below and apply to each of the 96 Defendant facilities identified in this Claim.

*i) Staffing shortages*

~~186.~~185. Severe staffing shortages were experienced across all 96 LTC homes owned and/operated by the Defendants LTC. Individual care at LTC homes is carried out by low-wage, part time shift workers, known as Personal Supports Workers ("PSWs"). Many of these workers were forced to work multiple jobs across multiple facilities to supplement their income, thus substantially increasing the risk of transmission among LTC homes. There was a high turnover rate due to poor working conditions, low pay and precarious schedules. The Defendant LTC homes had insufficient PSW staff as a result of staff infections and outbreaks. As a result of these staffing shortages, the remaining staff were unable to look after the Residents' basic needs, resulting in significant failures to adhere to appropriate IPAC standards, including changing their PPE between caring for different residents.

*ii) Failure to restrict visitor access*

~~187.~~186. The Defendants continued to allow visitors into their facilities weeks after the highly contagious nature of COVID-19 was known.

~~188.~~187. The Defendants failed to undertake even the most basic, timely and reasonable measures to secure LTC homes and to restrict access from visitors and third parties and to prevent the exposure of Residents to the risk of contracting COVID-19. The Defendants delayed the implementation of IPAC measures, including active, rather than passive, testing and screening of all visitors.

*iii) PPE shortages*

~~189.~~188. The Defendant facilities were highly unprepared for the pandemic. Many workers at the Defendant homes did not have access to PPE at the beginning of the pandemic. The Defendant facilities had a serious PPE supply problem. The Defendants failed to quickly and adequately address this shortcoming. PPE was not routinely available to staff, and staff were frequently not given access to fitted N95 respirators, the most protective masks that block aerosolized virus particles and offer better protection than surgical masks. Some facilities kept masks, and in particular N95 respirators, under lock and key, and did not provide them to staff unless an outbreak occurred. PPE was only available to staff if there were outbreaks.

*iv) Lack of PPE training*

~~190.~~189. Many staff never received proper training on infection prevention, PPE use and safe hygiene practices. If a Defendant facility had IPAC protocols, these protocols were largely not followed by staff due to a lack of proper training.

~~191.~~190. A survey conducted by the Canadian Union of Public Employees found that 95% of the 2,000 PSWs employed by LTC homes surveyed had no access to training on how to deal with or interact with COVID-19 positive patients. Staff frequently failed to wear their PPE correctly or change their PPE as required. Due to the shortage of PPE, some staff were forced to re-use PPE which increased the risk of spreading the virus. Due to the lack of proper training, staff at the Defendant LTC homes used PPE inappropriately, for example, by layering a scarf underneath a mask, or using hand sanitizer to sanitize protective gloves. The Canadian Military Report on some of the Defendant facilities described that staff were afraid to use vital supplies and PPE because they were advised by management that the PPE was costly. It also reported that the Defendant LTC homes did not provide PPE training to new staff.

v) ***Overcrowding***

~~192.~~191. The Defendants' facilities were overcrowded and did not have adequate space for Residents. Private rooms were scarce before and during the pandemic. Up to four residents shared a room, with only a curtain separating Residents. Residents in communal rooms shared bathrooms. Residents still dined in communal dining rooms at many of the 96 LTC homes owned or operated by the Defendants. Space constraints made isolation and social distancing difficult during the pandemic. COVID-19 positive residents, or those showing symptoms consistent with COVID-19 frequently were kept in rooms with residents who were COVID-19 positive or asymptomatic.

vi) ***Failure to implement even the inadequate Directives issued by the Ontario government***

~~193.~~192. At the Defendant LTC homes, Residents were typically not isolated in a timely fashion, or at all, upon exhibiting symptoms of COVID-19. Residents with COVID-19 were frequently allowed to move from room to room, increase the risk of an outbreak or the spread of the virus.

~~194.~~193. At the outset of the pandemic and for some time thereafter, the testing of Residents, staff and visitors was infrequent, if not absent, at the Defendant LTC facilities, resulting in a failure by the LTC homes to control or slow the spread of the virus.

~~195.~~194. The Defendants did not communicate with the Residents, visitors and staff about the risk of infection. At some of the Defendant homes, COVID-19 outbreaks were only declared many days after the virus had entered the facilities.

~~196.~~195. The Defendant LTC homes did not respond and implement government directives with the degree of caution proportional to the harm that could come to residents if infected with COVID-19.

**E. Overview of Outbreaks at the Defendant LTC Homes**

~~197.~~196. The specific facts relating to the outbreaks and fatalities at each of the Defendant LTC home are set out below and are divided into three categories: homes with common corporate

owners, non-profit homes and LTC homes owned by cities and municipalities. The number of resident deaths is represented as a percentage of the total number of beds at each facility.

**a) Atk Care Inc.**

*i) River Glen Haven Nursing Home*

~~198.~~197. River Glen Haven Nursing Homes (“River Glen”) is a for-profit LTC home located in Sutton West, Ontario. It has approximately 119 beds. As of July 5, 2020, a total of 36 residents, representing 30% of the total number of residents, had died of COVID-19. River Glen is owned by Atk Care Inc.

~~199.~~198. The first confirmed case of COVID-19 at River Glen was reported on April 27, 2020. The first River Glen resident to die from the virus passed away on May 2, 2020, after developing COVID-19 symptoms on April 26, 2020.

~~200.~~199. River Glen was unable to contain the spread of COVID-19. On May 25, 2020, the Ministry issued Mandatory Management Orders appointing a local hospital, Southlake Regional Health Centre, to temporarily manage River Glen for at least 90 days.

~~201.~~200. As of July 9, 2020, approximately 85 residents, representing 75% of the total number of residents at River Glen Haven, had tested positive for COVID-19.

**b) Bruyère Continuing Care Inc.**

*i) Élisabeth-Bruyère Residence*

~~202.~~201. Élisabeth-Bruyère Residence is a non-profit LTC home located in Ottawa, Ontario. It is owned by Bruyère Continuing Care Inc. and operated by Bruyère Hospital. It has approximately 71 beds.

~~203.202.~~ The first case of COVID-19 was confirmed at Élisabeth-Bruyère Residence on April 16, 2020, when a staff member tested positive. Élisabeth-Bruyère Residence failed to implement adequate and reasonable IPAC practices and was, therefore, unable to contain the spread of COVID-19. As of July 5, 2020, 15 residents at Élisabeth-Bruyère Residence, representing 21% of the total number of residents, had died of COVID-19.

*ii) Residence Saint-Louis*

~~204.203.~~ Residence Saint-Louis is a not-for-profit long-term care facility, with capacity for 198 beds. It is located in Ottawa, Ontario. It is owned by Bruyère Continuing Care Inc.

~~205.204.~~ The outbreak at the home first began on April 21, 2020. By July 5, 2020, 9 residents, representing 5% of the total number of residents, had died of COVID-19.

**c) Chartwell**

~~206.205.~~ Chartwell LTC homes have the sixth highest number of COVID-19 related deaths among Ontario LTC homes.

*i) Chartwell Ballycliffe Long-Term Care Residence*

~~207.206.~~ Chartwell Ballycliffe Long-Term Care Residence (“Chartwell Ballycliffe”) is a for-profit LTC home located in Ajax, Ontario. It is owned by Chartwell and has approximately 100 beds.

~~208.207.~~ The COVID-19 outbreak at Chartwell Ballycliffe began on April 4, 2020, when a Chartwell Ballycliffe resident tested positive for COVID-19. Chartwell Ballycliffe failed to adopt and implement reasonable and effective IPAC practices, resulting in an outbreak. As of July 5, 2020, 32 residents, representing 32% of the total number of residents at the home, had died of COVID-19.

*ii) Chartwell White Eagle Long-Term Care Residence*

~~209.208.~~ Chartwell White Eagle Long-Term Care Residence (“Chartwell White Eagle”) is a for-profit LTC home located in Toronto, Ontario. It is owned by Chartwell. It has approximately 56 beds. As of June 11, 2020, 12 Chartwell White Eagle residents, representing 21% of the total number of residents, had died of COVID-19 while an additional 26 residents had tested positive for COVID-19.

*iii) Chartwell Westbury Long-Term Care Residence*

~~210.209.~~ Chartwell Westbury Long-Term Care Residence (“Chartwell Westbury”) is a for-profit LTC home located in Etobicoke, Ontario. It is owned by Chartwell. It has approximately 187 beds. The COVID-19 outbreak at the home began on or around April 2, 2020. Chartwell Westbury failed to adopt and implement reasonable and effective IPAC practices, resulting in an outbreak. As of July 5, 2020, a total of 22 Chartwell Westbury residents, representing 12% of the total number of residents, had died from COVID-19.

*iv) Chartwell Aurora Long-Term Care Residence*

~~211.210.~~ Chartwell Aurora Long-Term Care Residence (“Chartwell Aurora”) is located in Aurora, Ontario. It has 235 beds. It is owned by Chartwell.

~~212.211.~~ The COVID-19 outbreak at Chartwell Aurora home began on or around April 10, 2020. During the outbreak, COVID-19 positive residents were not isolated from other residents. As of July 5, 2020, 11 residents, representing 5% of the total number of residents at the home, had died of COVID-19.

*v) Chartwell Gibson Long-Term Care Residence*

~~213.212.~~ Chartwell Gibson Long-Term Care Residence (“Chartwell Gibson”) is a for-profit LTC home owned by Chartwell. It is located in North York, Ontario. It has a capacity of 202 beds. As

of July 5, 2020, 9 residents, representing 4% of the total number of residents at the home, had died of COVID-19.

**d) Downsview Long-Term Care Center Limited**

*i) Downsview Long-Term Care Centre*

~~214.213.~~ Downsview Long-Term Care Centre (“Downsview”) is a for-profit LTC home located in North York, Ontario. Downsview is owned by Halifax-based Gem Healthcare Group. It has approximately 252 beds.

~~215.214.~~ The outbreak at Downsview first began on or around April 27, 2020. As of May 10, 2020, 62 residents and 76 employees at the facility had tested positive for COVID-19.

~~216.215.~~ As of May 22, 2020, 124 residents and 101 employees had tested positive for the virus. By May 29, 2020, 54 residents had died from COVID-19. Despite receiving hospital support for weeks, Downsview was unable to contain the spread of COVID-19. On May 24, 2020, the Ontario government appointed Humber River Hospital to manage Downsview using its power under the new emergency order.

~~217.216.~~ As of July 5, 2020, a total of 64 residents, representing 25% of the total number of residents, had died of COVID-19.

**e) Elm Grove Living Centre Inc.**

*i) Elm Grove Living Center*

~~218.217.~~ Elm Grove Living Center (“Elm Grove”) is a for-profit LTC home located in Toronto, Ontario. It is owned by Elm Grove Living Center Inc. It has approximately 126 beds. As of July 5, 2020, 18 Elm Grove residents, representing 14% of the total number of residents at the home, had died of COVID-19.

~~219.218.~~ Elm Grove claimed to have implemented infection control measures as directed by Toronto Public Health and the Ministry and that they tested and tracked the number of confirmed



cases. Elm Grove represented that their staff had the PPE they needed to keep safe and provide residents with the best possible care.

~~220-219.~~ Elm Grove was unable to care for all their COVID-19 positive residents. As a result, some Elm Grove residents were moved to Mount Sinai hospital for treatment.

**f) Extencicare**

~~221-220.~~ Extencicare is the LTC provider in Ontario with the fifth highest number of COVID-19 related deaths.

*i) Extencicare Guildwood*

~~222-221.~~ Extencicare Guildwood (“Guildwood”) is a for-profit LTC home located in Scarborough, Ontario. It is owned by Extencicare. It has approximately 169 beds.

~~223-222.~~ On April 23, 2020, a COVID-19 outbreak began at Guildwood after two residents tested positive.

~~224-223.~~ Before the outbreak began, Guildwood claimed to have implemented stringent IPAC practices to prevent a COVID-19 outbreak. It stated that it was doing everything necessary to comply with all the Ministry and Public Health requirements and that it was confident that its team members were trained and prepared to manage the threat of the virus.

~~225-224.~~ On April 24, 2020, Guildwood advised families that they would be contacted if there was a significant change with a resident, including if they had tested positive or negative for COVID-19.

~~226-225.~~ On April 26, 2020, Guildwood advised families that residents were required to remain in their rooms and staff were providing care using full infection control precautions.

They also stated that any resident who exhibited flu-like symptoms would be cared for in accordance with COVID-19 treatment guidelines.

~~227-226.~~ On April 27, 2020, two IPAC professionals from the Scarborough Health Network attended Guildwood to conduct a review of the facility's state of preparation for the outbreak. The investigation revealed, *inter alia*, that Guildwood did not have an adequate supply of procedure masks, alcohol-based hand rub dispensers were empty, and there was a general lack of knowledge among staff about the proper use of masks. The investigation further revealed that clusters of residents were still gathered in the dining room at mealtime, accommodations had not been made to separate healthy residents from those who were COVID-19 positive, and very few single rooms were available for the purpose of isolating COVID-19 positive patients.

~~228-227.~~ On April 28, 2020, in an e-mail to the families of residents, Guildwood stated that all residents and staff had been tested for COVID-19, with the test results outstanding.

~~229-228.~~ In an April 29, 2020 e-mail to the residents' families, Guildwood confirmed that no new cases had occurred, that the home remained on full isolation protocols and that they were cohorting residents.

~~230-229.~~ By May 8, 2020, 39 residents and 13 staff had tested positive, and 10 residents had died from COVID-19 at that time. Yet, Guildwood represented that the virus had been contained to the east unit of the home.

~~231-230.~~ As of May 21, 2020, there were 93 positive cases among residents and 47 positive cases among staff members. By this time, 24 Guildwood residents had died.

~~232-231.~~ Around the same time, there were also staff shortages at Guildwood. Staff were overwhelmed and unable to provide for even the basic needs of residents.

~~233-232.~~ At Guildwood, some residents who had tested positive for COVID-19 were not separated from those who had not tested positive.

~~234-233.~~ PPE practices at Guildwood were not in line with public health protocols. PPE was not always changed between interactions with residents. Staff were also not properly trained on how to take off or dispose of PPE.

~~235-234.~~ As of May 26, 2020, over 96 residents of the 169 bed facility had tested positive for COVID-19. A total of 27 residents at Guildwood had died of COVID-19, and approximately 25 staff had contracted the virus.

~~236-235.~~ As of July 5, 2020, 48 Guildwood residents, representing 28% of the total number of residents at the home, had died of COVID-19.

*ii) West Park Long-Term Care Centre*

~~237-236.~~ West Park Long-Term Care Center is a for-profit LTC home located in Toronto, Ontario. It is owned by Extendicare and has approximately 200 beds. As of July 5, 2020, 30 West Park residents, representing 15% of the total number of residents at the home, had died of COVID-19.

~~238-237.~~ In March 2020, the Defendant, West Park Long-Term Care Center had an outbreak of illness among its residents with symptoms resembling COVID-19.

~~239-238.~~ On March 31, 2020, two staff and two residents at West Park Long-Term Care Center tested positive for COVID-19. By April 14, 2020, at least five residents had COVID-19 related deaths, with another ten residents and fourteen staff who tested positive for the virus.

~~240-239.~~ Basic resident needs were not being met at West Park Long-Term Care Center amid the COVID-19 outbreak. At nighttime, a single nurse was responsible for 120 residents on two floors, many of whom required medication. Residents were left without care for hours.

~~241.240.~~ During the day, at times only one PSW would take care of 20 residents, and only one nurse was available to attend to 40 residents. As a result of the staffing shortages, many residents were not being fed for hours as they were incapable of feeding themselves.

~~242.241.~~ As of July 5, 2020, approximately 90 residents and over 40 staff members had tested positive for COVID-19 at West Park Long-Term Care Center.

*iii) Extendicare Laurier Manor*

~~243.242.~~ Extendicare Laurier Manor (“Extendicare Laurier”) is a for-profit LTC home located in Gloucester, Ontario. It is owned by Extendicare and has approximately 242 beds. As of July 5, 2020, 25 Extendicare Laurier residents, representing 10% of the total number of residents at the home, had died of COVID-19.

~~244.243.~~ The outbreak at Extendicare Laurier was first reported on April 12, 2020. On April 15, 2020, Extendicare announced that two staff members at its Laurier Manor location had tested positive for the virus. By April 20, 2020, 8 residents and 5 staff had tested positive for the virus.

~~245.244.~~ During the COVID-19 outbreak at Extendicare Laurier, the home was in a staffing crisis. Staffing levels were so low that the home did not have enough people to get residents out of their beds and into wheelchairs. The home’s administrators were among those feeding and caring for residents on the worst-hit floor. Only about a third of the total number of staff normally in attendance were present on the floor.

*iv) Extendicare Scarborough*

~~246.245.~~ Extendicare Scarborough is a for-profit LTC home located in Scarborough, Ontario. It is owned by Extendicare and has approximately 154 beds. As of July 5, 2020, 14 Extendicare Scarborough residents, representing 9% of the total number of residents at the home, had died of COVID-19.

v) *Extendicare Bayview*

~~247.246.~~ Extendicare Bayview is a for-profit LTC home located in North York, Ontario. It is owned by Extendicare. It has approximately 205 beds.

~~248.247.~~ On March 31, 2020, there were two reported cases of COVID-19 in staff and two in residents at Extendicare Bayview. By the beginning of April, the South West Unit at Extendicare Bayview had 4 confirmed cases in 2 residents, including 1 COVID-linked death. On April 15, 2020, Extendicare Bayview had 23 cases including 2 deaths. By April 20, 2020, Extendicare Bayview had 49 confirmed cases and 5 deaths.

~~249.248.~~ As of July 5, 2020, 12 Extendicare Bayview residents, representing 6% of the total number of residents at the home, had died of COVID-19. An additional 13 residents had tested positive for the virus.

vi) *Craiglee Nursing Home*

~~250.249.~~ Craiglee Nursing Home is an LTC home owned by Southbridge Care Homes and managed by Extendicare. It is located in Scarborough, Ontario and has capacity for 169 beds. As of July 5, 2020, approximately 5 residents, representing 3% of the total number of residents at the home, had died of COVID-19.

vii) *Extendicare Brampton*

~~251.250.~~ Extendicare Brampton is a for-profit LTC home in Brampton, Ontario. It has approximately 150 beds and is owned by Extendicare. As of July 5, 2020, 5 residents, representing 3% of the total number of residents at the home, had died of COVID-19.

viii) *West Park Health Centre*

~~252.251.~~ West Park Health Centre is a not-for-profit LTC home located in St. Catharines, Ontario. It has 101 beds. As of July 5, 2020, 5 residents, representing 29% of the total number of residents at the home, had died of COVID-19.

**g) Jarlette Ltd.**

*i) Royal Rose Place*

~~253-252.~~ Royal Rose Place (“Royal Rose”) a for-profit LTC home located in Welland, Ontario. It is owned by Jarlette Ltd. It has approximately 96 beds. As of July 5, 2020, 20 Royal Rose residents, representing 21% of the total number of residents at the home, had died of COVID-19.

~~254-253.~~ Royal Rose failed to adopt and implement reasonable IPAC policies in response to the COVID-19 pandemic. Further, it failed to advise families that their loved ones had tested positive for COVID-19, often falsely reassuring them that their loved ones were healthy and had no symptoms. Within a matter of days, the residents’ conditions deteriorated, and they began to die as a result of Royal Rose’s *ad hoc* and inadequate measures.

*ii) Meadow Park (London)*

~~255-254.~~ Meadow Park is an LTC home located in London, Ontario and is owned by Meadow Park (London) Inc. It has 126 beds. The COVID-19 outbreak at the facility lasted almost two months. It started on April 4, 2020 and was declared over on May 28, 2020. As of July 5, 2020, 5 residents, representing 4% of the total number of residents at the home, had died of COVID-19 as a result of Meadow Park (London)’s failure to adopt, implement and enforce effective IPAC policies.

**h) Medlaw Corporation Limited**

*i) Pinecrest (Bobcaygeon)*

~~256-255.~~ Pinecrest Nursing Home (Bobcaygeon) (“Pinecrest”) is a for-profit LTC home located in Bobcaygeon, Ontario and is owned by Medlaw Corporation Limited. It has approximately 65 beds.

~~257-256.~~ The outbreak began on March 20, 2020, when three residents tested positive for COVID-19. By March 21, 2020, three COVID-19 cases had been confirmed, and 20 other residents and eight staff at the nursing home had symptoms of, but had not been tested for, COVID-19. Pinecrest stopped testing patients for COVID-19 after the fifteenth confirmed case of COVID-19, thus exposing patients to the risk of infection and illness.

~~258-257.~~ The COVID-19 outbreak at Pinecrest lasted approximately 60 days. As of July 5, 2020, 29 residents, representing 45% of the total number of residents at the home, had died of COVID-19 as a result of the facilities' failure to contain the outbreak, prevent the spread of the virus, and implement timely and reasonable IPAC practices.

**i) Omni Health Care Ltd.**

***i) Almonte Country Haven***

~~259-258.~~ Almonte Country Haven ("Almonte") is a for-profit LTC home located in Almonte, Ontario. It is owned by Omni Health Care Ltd. It has approximately 82 beds.

~~260-259.~~ The outbreak at Almonte began at the end of March 2020. As a result of the facility's lack of preparation and inadequate IPAC measures, within only a few days, 10 residents had died of COVID-19.

~~261-260.~~ The home dismissed the early and frequent pleas from the family members of residents to bring in outside help to deal with the outbreak. A total of 50% of rooms at Almonte were four-bed rooms. In some of these four-bed rooms, only a curtain separated residents who had tested COVID-19 positive from residents who were not yet showing symptoms. In some cases, COVID-19 positive residents shared bathrooms with others who had not tested positive.

~~262-261.~~ As of July 5, 2020, 29 Altamont residents, representing 35% of the total number of residents at the home, had died of COVID-19. A total of 72 of the home's 82 residents had tested positive for the virus.

**j) PeopleCare**

*i) PeopleCare A.R. Goudie Kitchener*

~~263-262.~~ PeopleCare A.R. Goudie Kitchener ("PeopleCare Kitchener") is a non-profit LTC home located in Kitchener, Ontario and has approximately 80 beds. As of July 5, 2020, a total of 9 PeopleCare Kitchener residents, representing 11% of the total number of residents at the home, had died of COVID-19.

**k) Primacare Living Solutions Inc.**

*i) Burton Manor*

~~253-263.~~ Burton Manor is a for-profit LTC home located in Brampton, Ontario. It has approximately 128 beds. As of July 5, 2020, 12 residents, representing 9% of the total number of residents at the home, had died of COVID-19. The facility is managed by Primacare Living Solutions Inc.

**l) The Re kai Centres**

*i) Wellesley Central Place*

~~254-264.~~ Wellesley Central Place ("Wellesley Central") is a non-profit LTC home located in Toronto, Ontario. It has approximately 150 beds.

~~255-265.~~ On April 4, 2020, an outbreak was reported at Wellesley Central. By April 15, 2020, Wellesley Central had 39 confirmed cases and one resident death. As of July 5, 2020, 10 Wellesley Central residents, representing 7% of the total number of residents at the



home, had died of COVID-19 as a result of the facility's failure to adopt timely and reasonable IPAC policies.

*ii) Sherbourne Place*

~~256-266.~~ Sherbourne Place is a non-profit LTC home located in North York, Ontario. It has approximately 126 beds. As of July 5, 2020, 19 Sherbourne residents, representing 15% of the total number of residents at the home, had died of COVID-19 as a result of the facility's failure to adopt timely and reasonable IPAC policies.

**m) Revera Long Term Care Inc.**

~~257-267.~~ Revera Long Term Care Inc. ("Revera") is the LTC home operator in Ontario with the second highest number of COVID-19 related deaths.

~~258-268.~~ Prior to the outbreaks at its respective facilities, Revera represented that it had implemented appropriate protocols, including active screening of all staff and essential service workers, using appropriate PPE, physical distancing, isolating those with COVID-19 symptoms and requiring universal masking for all staff.

*i) Montfort*

~~259-269.~~ Montfort is a for-profit LTC home located in Ottawa, Ontario. Montfort is owned by Revera. It has approximately 128 beds.

~~260-270.~~ The COVID-19 outbreak at Montfort was first declared on April 8, 2020. Montfort represented that staff providing care for residents in isolation wore full PPE and that all other staff in the home wore surgical masks at all times. However, as of July 5, 2020, a total of 30 residents, representing 23% of the total number of residents at the home, had died of COVID-19 as a result of the facility's failure to adopt timely and reasonable IPAC policies.

*ii) Humber Valley Terrace*

~~261-271.~~ Humber Valley Terrace (“Humber Valley”) is a for-profit LTC home located in Etobicoke, Ontario. It is owned by Revera and has approximately 158 beds.

~~262-272.~~ The COVID-19 outbreak at Humber Valley was first announced on April 9, 2020, when two residents tested positive. Humber Valley failed to prevent an outbreak at the facility and failed to implement and enforce effective IPAC measures and protocols. As of July 5, 2020, a total of 36 Humber Valley residents, representing 23% of the total number of residents at the home, had died of COVID-19. There are 59 additional confirmed resident cases.

*iii) Forest Heights Revera*

~~263-273.~~ Forest Heights Revera (“Forest Heights”) is a for-profit LTC home located in Kitchener, Ontario. It is owned by Revera. It has approximately 240 beds.

~~264-274.~~ At all times during the outbreak, Forest Heights delayed in quarantining infected residents. Residents with COVID-19 were placed in rooms with other non-infected residents separated by only a curtain.

~~265-275.~~ On June 2, 2020, the Ministry issued a mandatory management order for Forest Heights and St. Mary’s General Hospital temporarily took over the management of the facility for 90 days.

~~266-276.~~ As of July 5, 2020, 51 Forest Heights residents, representing 21% of the total number of residents at the home, had died of COVID-19, and a total of 175 of residents and 69 staff members had been infected with COVID-19 as a result of the facility’s failure to adopt timely and reasonable IPAC policies.

*iv) Mackenzie Place Long-Term Care Home*

~~267-277.~~ Mackenzie Place Long-Term Care Home (“Mackenzie Place”) is a for-profit LTC home located in Newmarket, Ontario. It is owned by Revera and has approximately 93 beds.

~~268-278.~~ On April 9, 2020 an outbreak was first declared at Mackenzie Place. By April 20, 2020, Mackenzie Place reported 48 cases in residents including 3 deaths, and 16 staff cases.

~~269-279.~~ As of July 5, 2020, a total of 15 Mackenzie Place residents, representing 16% of the total number of residents at the home, had died of COVID-19 as a result of the facility’s failure to adopt timely and reasonable IPAC policies.

*v) ReachView Village*

~~270-280.~~ ReachView Village is a for-profit LTC home located in Uxbridge, Ontario. It is owned by Revera Long Term Care Inc. It has approximately 100 beds.

~~271-281.~~ The COVID-19 outbreak at ReachView Village began on April 18, 2020, and by July 5, 2020, 17 ReachView residents, representing 17% of the total number of residents at the home, had died of COVID-19.

*vi) Harold and Grace Baker Centre*

~~272-282.~~ The Harold and Grace Baker Centre is an LTC home located in Toronto, Ontario. It is operated by Revera. It has approximately 120 beds. As of July 5, 2020, 16 Baker Centre residents, representing 13% of the total number of residents at the home, had died of COVID-19.

*vii) Carlingview Manor*

~~273-283.~~ Carlingview Manor “Carlingview” is a for-profit LTC home located in Ottawa, Ontario. It is owned by Revera Long Term Care Inc. and has approximately 303 beds. As

of July 5, 2020, 61 Carlingview residents, representing 20% of the total number of residents at the home, had died of COVID-19.

~~274-284.~~ Carlingview was unable to control the spread of the virus in the facility. A team from the Queensway Carleton Hospital, including support staff, registered nurses, patient care aides, an IPAC expert, and an occupational health therapist, was deployed to support the residents and staff at the home.

**viii) Stoneridge Manor**

~~275-285.~~ Stoneridge Manor is a for-profit LTC home located in Carleton Place, Ontario. It is owned by Revera Long Term Care Inc. and has approximately 60 beds.

~~276-286.~~ The COVID-19 outbreak at Stoneridge Manor began on April 2, 2020, when the facility confirmed that one staff member had tested positive for COVID-19. By April 12, 2020, two residents had died of COVID-19 and a total of 29 residents and 19 staff members at the 60-bed facility had tested positive for the virus. As of July 5, 2020, 6 Stoneridge Manor residents, representing 10% of the total number of residents at the home, had died as a result of the facility's failure to adopt timely and reasonable IPAC policies.

**ix) Eagle Terrace**

~~277-287.~~ Eagle Terrace is a for-profit LTC home located in Newmarket, Ontario. It is owned by Revera. It has approximately 70 beds. As of July 5, 2020, approximately 5 Eagle Terrace residents, representing 5% of the total number of residents at the home, had died of COVID-19 as a result of the facility's failure to adopt timely and reasonable IPAC policies.

**x) Westside**

~~278-288.~~ Westside is an LTC home in Etobicoke, Ontario. It is owned by Revera. It has 242 beds.

~~279-289.~~ The COVID-19 outbreak at Westside began on March 31, 2020, when a staff member tested positive for COVID-19.

~~280-290.~~ On April 24, 2020, the outbreak at Westside was declared over. However, on June 3, 2020, 4 more Westside residents and one staff member tested positive for COVID-19. As of July 5, 2020, 5 residents, representing 2% of the total number of residents at the home, had died of COVID-19 as a result of the facility's failure to adopt timely and reasonable IPAC policies.

**n) Sienna Senior Living Inc.**

~~281-291.~~ Sienna Senior Living Inc. is the Ontario LTC operator with the highest numbers of deaths.

~~282-292.~~ Sienna Senior Living Inc. owns 37 LTC facilities in Ontario and British Columbia and is one of the largest for-profit, LTC providers in Canada.

~~283-293.~~ The Sienna Senior Living Inc. LTC homes listed below suffered from significant understaffing, lacked adequate PPE, and had failed to implement appropriate IPAC protocols and practices, all of which resulted in devastating outbreaks. At all times during the outbreaks at these facilities, Residents were not receiving basic care and attention to their health and hygiene and had poor nutritional status due to underfeeding.

**i) *Madonna Care Community***

~~284-294.~~ Madonna Care Community ("Madonna Care") is a for-profit LTC home located in Orleans, Ontario and has approximately 160 beds. Madonna Care is owned by The Royale Development LP, a subsidiary of Sienna Senior Living Inc.

~~285-295.~~ As of July 5, 2020, a total of 46 residents, representing 29% of the total number of residents at the home, had died of COVID-19.

*ii) Altamont Care Community*

~~286-296.~~ Altamont Care Community is a for-profit LTC home located in Scarborough, Ontario. It is owned by Sienna Senior Living Inc. and has approximately 159 beds. As of July 5, 2020, 53 residents, representing 33% of the total number of residents at the home, had died of COVID-19.

~~287-297.~~ Conditions at Altamont Care Community were ripe for a deadly outbreak. In November 2019, a Ministry inspector issued 14 written notifications for non-compliance, eight voluntary plans of correction and two compliance orders.

~~288-298.~~ An outbreak was first detected at Altamont Care Community on or around April 17, 2020. On April 18, 2020, a mobile team of emergency department nurses, the first sent by a hospital to any outside facility during the pandemic, was sent to Altamont Care Community to test all residents for COVID-19. A total of 82 of the 159 residents at the home tested positive for the virus.

*iii) Camilla Care Community*

~~289-299.~~ Camilla Care Community (“Camilla Care”) is a for-profit LTC home located in Mississauga, Ontario. It has approximately 263 beds. It is owned by Sienna Senior Living Inc. As of July 5, 2020, 68 residents, representing 29% of the total number of residents at the home, had died of COVID-19. Of the 263 beds at the home, 166 residents had tested positive for COVID-19. There were 11 confirmed staff cases.

~~290-300.~~ The outbreak at Camilla Care began in early April. Camilla Care downplayed the magnitude of the outbreak at the facility, misrepresenting the number of deaths to the public and the families of the residents.

~~291.301.~~ At all material times, Camilla Care Community was in complete chaos. Camilla Care did not provide basic care to the residents, nor did it adopt and implement reasonable and necessary IPAC practices to reduce the risk of infection and death at the facility. As late as the end of April 2020, long after the serious risks associated with COVID-19 had been established and understood globally, Camilla Care Community continued to allow family members of some residents to visit the facility. The rules with respect to visitors were *ad hoc*, inconsistent and placed the residents at an increased risk of infection and illness.

~~292.302.~~ Health-care workers from a neighboring hospital were dispatched to help during the outbreak.

~~293.303.~~ Further, Camilla Care Community failed to provide the residents and their family members with timely and adequate updates about the outbreak at the facility. Only a single pre-recorded robo-call was made on April 19, 2020, which advised that there was an outbreak at Camilla Care Community and the facility had 26 confirmed cases.

~~294.304.~~ Aside from placing a notice on the door of the facility advising that the facility was closed to visitors, Camilla Care Community did not provide the families of the residents with information and updates regarding the management plan in response to the outbreak.

~~295.305.~~ On or around April 17, 2020, the Trillium Health Partners sent an assessment team to Camilla Care Community (“THP assessment”) to observe the facility’s response to the outbreak. The THP assessment classified Camilla Care Community as “High Risk”.

*iv) Owen Hill Care Community*

~~296.306.~~ Owen Hill Care Community (“Owen Hill”) is a for-profit LTC home located in Barrie, Ontario. It is owned by Sienna Senior Living Inc. It has approximately 57 beds. As of July 5, 2020, a total of 12 Owen Hill residents, representing 21% of the total number of residents at the home, had died of COVID-19.

~~297-307.~~ The outbreak at the facility was initially declared over on May 28, 2020. The very next day on May 30, 2020, the outbreak at the home was re-declared after a healthcare worker tested positive.

v) ***Weston Terrace Care Community***

~~298-308.~~ Weston Terrace Care Community is a for-profit LTC home located in Toronto, Ontario. It is owned by Sienna Senior Living Inc. and has approximately 224 beds.

~~299-309.~~ The outbreak at Weston Terrace began on or around April 6, 2020. By April 15, 2020 there were 7 cases and 2 deaths at the home. By April 20, 2020, there were 8 cases and 3 deaths at Weston Terrace. As of July 5, 2020, as a result of the facility's failure implement reasonable and effective IPAC practices, 34 residents, representing 15% of the total number of residents at the home, had died of COVID-19.

vi) ***Midland Gardens Care Community***

~~300-310.~~ Midland Gardens Care Community ("Midland Gardens") is a for-profit LTC home located in Scarborough, Ontario. It is owned by Sienna Senior Living Inc. It has approximately 299 beds. As of June 11, 2020, 41 Midland Gardens residents, representing 14% of the total number of residents at the home, had died of COVID-19.

vii) ***Woodbridge Vista Care Community***

~~301-311.~~ Woodbridge Vista Care Community ("Woodbridge Vista") is a for-profit LTC home located in Woodbridge, Ontario. It is owned by Sienna Senior Living Inc. It has approximately 224 beds.

~~302-312.~~ As of July 5, 2020, 24 Woodbridge Vista residents, representing 11% of the total number of residents at the home, had died of COVID-19.



~~303.313.~~ At all material times, even the most basic care needs of COVID-19 positive residents were not being met at the home.

~~304.314.~~ On June 4, 2020, the William Osler Health System was appointed by the Ontario government to manage Woodbridge Vista because the home had been unable to contain the spread of COVID-19, despite hospital support.

~~305.315.~~ On June 6, 2020, the Canadian Armed Forces were deployed to Woodbridge Vista to assist with the provision of care at Woodbridge. LTC homes determined to be the highest priority for the Canadian Armed Forces deployment were those that had the most acute staffing challenges leading to poor resident outcomes.

*vii) Villa Leonardo Gambin*

~~306.316.~~ Villa Leonardo Gambin is a non-profit LTC home located in Woodbridge, Ontario. The home is managed by Sienna Senior Living Inc. It has approximately 168 beds.

~~307.317.~~ By April 7, 2020, Villa Leonardo had 12 confirmed cases of COVID-19 among residents and another three staff members had also tested positive. As of July 5, 2020, 12 Villa Leonardo residents, representing 7% of the total number of residents at the home, had died of COVID-19.

*viii) Bradford Valley Care Community*

~~308.318.~~ Bradford Valley Care Community is an LTC home located in St. Catharines and is owned by Sienna Senior Living Inc. It has 246 beds. As of July 5, 2020, 12 residents, representing 5% of the total number of residents at the home, had died of COVID-19.

**o) Rykka (Responsive Group)**

~~309.319.~~ Rykka is the LTC operator in Ontario with the third highest number of COVID-19 related deaths.

*i) Anson Place Care Centre*

~~310-320.~~ Anson Place Care Center (“Anson Place”) is a for-profit LTC home located in Hagersville, Ontario. Anson Place has approximately 61 beds. Anson Place represented that it offers resident-centered care and strives for excellence.

~~311-321.~~ Anson Place is owned by Rykka (operating partner of Responsive Management Inc.).

~~312-322.~~ A COVID-19 outbreak was first declared at Anson Place on March 27, 2020. On March 30, 2020, a nurse at Anson Place tested positive.

~~313-323.~~ On March 29, 2020, a COVID-19 outbreak was declared on the second floor of the LTC facility. Despite the outbreak, management did not put into effect its Pandemic Plan.

~~314-324.~~ Ward rooms were shared by four residents, and the beds, which were not the required 2 metres apart, were separated merely by a curtain. Residents diagnosed with COVID-19 were not moved from these shared rooms, and remained in close proximity to, and were treated by the same nursing staff, as those patients who were not infected. This increased the risk of the virus spreading throughout the home.

~~315-325.~~ During the outbreak, residents from the first and second floors had been permitted to continue intermingling freely in the building's common lobby, thus increasing the risk of infection and foreseeable complications and death.

~~316-326.~~ Further, during the outbreak, staff moved freely between the two floors of Anson Place, which contains both a retirement residence and LTC facility. Staff had contact with both the retirement residents and the far more susceptible LTC residents, causing the virus to spread throughout the facility. Staff of both the retirement residence and the LTC facility share a common elevator, kitchen and rest areas, which put residents of both facilities at a greater risk of contracting the virus.

~~317-327.~~ Staff at Anson Place had minimal access to N95 respirators. Up until April 6, 2020, nurses were advised that N95s were unnecessary and would only be provided when a nurse was swabbing a patient for COVID-19.

~~318-328.~~ On April 6, 2020, nearly 40% of the residents of Anson Place had tested positive for COVID-19, along with 22 staff. Five residents were dead as a result of COVID-19 exposure. Two weeks later, the death toll had risen to 24.

~~319-329.~~ On April 9, 2020, the Haldimand-Norfolk Medical Officer of Health was advised that Anson Place was not cohorting residents and staff. Yet, Anson Place did not add more PPE, including N95s, and did not separate residents into segregated wards such that COVID-19 positive patients would not be in the same room as those without the virus.

~~320-330.~~ As of April 14, 2020, 49 of the 58 residents of facility had tested positive for the virus, and all of the other residents were presumed positive.

~~321-331.~~ As of July 5, 2020, 23 residents, representing 38% of the total number of residents at the home, had died of COVID-19.

*ii) Ina Grafton Gage Home of Toronto*

~~322-332.~~ Ina Grafton Gage Home of Toronto (“Ina Grafton Gage”) is a non-profit LTC home located in Scarborough, Ontario. It has approximately 128 beds. Ina Grafton Gage is managed by a subsidiary of Responsive Group Inc., a private company.

~~323-333.~~ As of July 5, 2020, 31 residents, representing 24% of the total number of residents at the home, had died of COVID-19. At all material times, the facility had an inadequate response to the pandemic and failed to protect its employees and residents from COVID-19. Employees were pressured to come to work even when they were showing symptoms of COVID-19. The facility also failed to isolate COVID-19 positive residents from those who were not infected, thus exposing healthy residents to the risk of infection.

*iii) Eatonville*

~~324.~~334. Eatonville Care Center (“Eatonville”) is a for-profit LTC home located in Etobicoke, Ontario. It is owned by Rykka (operating partner of Responsive Management Inc.). It has approximately 257 beds.

~~325.~~335. On March 16, 2020, Eatonville had an outbreak of illnesses in three units, with symptoms resembling COVID-19. Residents in a fourth Eatonville unit also showed COVID-19 symptoms. These residents were permitted to move freely around the entire facility.

~~326.~~336. Only staff attending to residents diagnosed with COVID-19 were given N95 respirators. Eatonville provided the nurses with ordinary surgical masks rather than with N95 respirators.

~~327.~~337. On April 2, 2020, the Ontario Nurses Association (“ONA”) filed a grievance under its collective agreement with Eatonville, alleging that the LTC home had failed to adequately ensure the safety of its nursing staff and to provide adequate PPE. The grievance also alleged that Eatonville failed to take reasonable precautions under the circumstances of the COVID-19 pandemic, and ONA sought access to N95 respirators for its members.

~~328.~~338. On April 14, 2020, Eatonville had 25 deaths and 49 confirmed cases of COVID-19. The Coroner's Office would no longer enter the building to access dead bodies. Staff members were required to bring dead bodies outside to officials from the Coroner's Office and were instructed to avoid media and families when doing so.

~~329.~~339. As of July 5, 2020, a total of 42 Eatonville residents had died from COVID-19. This represents 17% at the home’s resident population.

*iv) Hawthorne Place Care*

~~330.340.~~ Hawthorne Place is a for-profit LTC home located in North York, Ontario. It is owned by Rykka (operating partner of Responsive Management Inc.). It has approximately 269 beds.

~~331.341.~~ As of April 12, 2020, there were 6 diagnosed cases of COVID-19 among the 215 residents of Hawthorne Place, and one resident had died from COVID-19. Hawthorne Place was unable to contain and mitigate the outbreak. As a result of its untimely, inadequate and *ad hoc* practices, the virus spread among the residents. As of July 5, 2020, 48 Hawthorne Place residents, representing 18% of the total number of residents at the home, had died from COVID-19.

~~332.342.~~ On March 30, 2020 and April 8, 2020, the ONA filed grievances under its collective agreement with Hawthorne Place alleging that Hawthorne Place had failed to provide access to necessary PPE, to isolate new admissions or readmissions and to cohort residents as well as staff, thus exposing both staff and residents to the risk of infection with COVID-19.

v) ***Cooksville Care Centre***

~~333.343.~~ Cooksville Care Centre (“Cooksville Care”) is a for-profit LTC home located in Mississauga, Ontario and is owned by Rykka (operating partner of Responsive Management Inc.). It has approximately 192 beds.

~~334.344.~~ The COVID-19 outbreak was first declared at Cooksville Care Centre on April 14, 2020. As of July 5, 2020, a total of 21 Cooksville Care residents, representing 11% of the total number of residents at the home, had died of COVID-19 as a result of the facility’s failure to implement reasonable IPAC protocols in a timely manner.

p) **Schlegel Villages Inc.**

*i) Erin Mills Lodge Nursing Home*

~~335.~~345. Erin Mills Lodge Nursing Home (“Erin Mills”) is a for-profit LTC home located in Mississauga, Ontario and is owned by Schlegel Villages Inc. It has approximately 86 beds. As of July 5, 2020, a total of 17 residents, representing 20% of the total number of residents at the home, had died of COVID-19. A total of 29 additional residents have tested positive for the virus.

*ii) The Village of Erin Meadows*

~~336.~~346. The Village of Erin Meadows (“Erin Meadows”) is a for-profit LTC home located in Mississauga, Ontario. It is owned by Schlegel Villages Inc. It has approximately 180 beds.

~~337.~~347. On March 30, 2020, the COVID-19 outbreak at Erin Meadows was declared after one staff member tested positive. By April 14, 2020, 12 residents and 12 staff members had tested positive and 3 deaths had been reported. The facility failed to adopt and implement effective IPAC protocols, thus causing the virus to spread among the residents. By April 21, 2020, 51 residents had been infected.

~~338.~~348. As of July 5, 2020, 20 Erin Meadows residents, representing 11% of the total number of residents at the home, had died of COVID-19.

*iii) The Village of Humber Heights*

~~339.~~349. The Village of Humber Heights is a for-profit LTC facility, and is owned by Oakwood. It has capacity for 192 beds and it is located in Etobicoke. By May 22, 2020, there were 74 reported cases within the resident population and 21 in staff members. As of July 5, 2020, a total of 23 residents, representing 12% of the total number of residents at the home, had died of COVID-19.

**q) Sharon Farms**

*i) Kensington Village*

~~340.350.~~ Kensington Village is a non-profit LTC located in London, Ontario. It is owned by Sharon Farms. It has approximately 78 beds.

~~341.351.~~ The outbreak at Kensington Village began on or around April 5, 2020 and spread to both the first and the second floors. As of July 5, 2020, 7 Kensington Village residents, representing 9% of the total number of residents at the home, had died of COVID-19 as a result of the facility failure to adopt and enforce reasonable IPAC protocols.

**r) Southbridge Care Homes**

~~342.352.~~ Southbridge Care Homes is the LTC operator in Ontario with the fourth highest number of deaths.

*i) Pinecrest Nursing Home (Plantagenet)*

~~343.353.~~ Pinecrest (Plantagenet) is a for-profit LTC home located in Plantagenet, Ontario. It is owned by Southbridge Care Homes. It has approximately 60 beds.

~~344.354.~~ On April 23, 2020, community paramedics tested 114 residents and staff at the Pinecrest Nursing Home in Plantagenet for COVID-19. On or around, April 30, 2020 a COVID-19 outbreak was declared in the home. As of July 5, 2020, 11 Pinecrest (Plantagenet) residents, representing 18% of the total number of residents at the home, had died of COVID-19.

*ii) Shelburne Long-Term Care Home*

~~345.355.~~ Shelburne Long-Term Care Home (“Shelburne”) is a for-profit LTC home located in Shelburne, Ontario. It is owned by Southbridge. It has approximately 60 beds. As of July 5, 2020, 18 residents, representing 30% of the residents of Shelburne, had died

from COVID-19, while at least 56 residents and 29 staff members had tested positive for COVID-19.

~~346-356.~~ The outbreak at Shelburne began on April 6, 2020 when a resident tested positive for COVID-19. At the beginning of May, Headwaters Health Care Centre sent 25 health-care workers, including 18 nurses, to support the overwhelmed staff at Shelburne facility.

*iii) Orchard Villa Retirement Community*

~~347-357.~~ Orchard Villa Retirement Community (“Orchard Villa”) is a for-profit LTC home located in Pickering, Ontario. It has approximately 233 beds. As of July 5, 2020, 70 residents had died from COVID-19, representing 30% of the total number of residents at the home. Orchard Villa is managed by Southbridge Care Homes.

~~348-358.~~ On April 21, 2020, Durham Region’s Medical Officer of Health made Lakeridge Health the lead monitoring, investigating and responding team to address the outbreak at Orchard Villa Retirement Community. The military was sent into the home for further assistance on April 25, 2020.

*iv) Country Village Homes-Woodslee*

~~349-359.~~ Country Village Homes-Woodslee is a non-profit long-term care home located in Woodslee, Ontario. It is managed by Southbridge Health Care LP. It has approximately 104 beds.

~~350-360.~~ The COVID-19 outbreak was first declared at Country Village Homes-Woodslee on April 1, 2020. As of July 5, 2020, 18 Country Village Homes-Woodslee residents, representing 17% of the total number of residents at the home, had died of COVID-19.



v) ***Manoir Marochel***

~~351.361.~~ Manoir Marochel is a for-profit LTC home located in Ottawa, Ontario. It is owned by Southbridge Care Homes. It has approximately 64 beds. As of July 5, 2020, 9 Manoir Marochel residents, representing 14% of the total number of residents at the home, had died of COVID-19.

s) **Steeves & Rozema**

i) ***Heron Terrace Long-Term Care Community***

~~352.362.~~ Heron Terrace Long-Term Care Community (“Heron Terrace”) is a for-profit LTC home located in Windsor, Ontario. It is owned by Steeves & Rozema. It has approximately 140 beds.

~~353.363.~~ The outbreak at Heron Terrace began on March 21, 2020. It ended on June 7, 2020. It was the home with the longest COVID-19 outbreak in the Essex-Windsor region. As of July 5, 2020, a total of 25 Heron Terrace residents, representing 18% of the total number of residents at the home, had died of COVID-19.

t) **Shaparrall Limited**

i) ***Garden Court Nursing Home***

~~354.364.~~ Garden Court Nursing Home is a for-profit LTC home located in Etobicocke, Ontario. It has approximately 45 beds. It is owned by Shaparrall Limited. As of July 5, 2020, 9 residents, representing 20 % of the total number of residents at the home, had died of COVID-19.

**u) LTC Homes Operated by Cities, Towns and Municipalities**

*i) Seven Oaks*

~~355-365.~~ 355-365. Seven Oaks is a non-profit municipal LTC home located in Scarborough, Ontario. It has approximately 249 beds. Seven Oaks is owned and operated by the City of Toronto.

~~356-366.~~ 356-366. During the outbreak, Seven Oaks failed to implement physical distancing measures. Building-wide precautions were not imposed when COVID-19 was first discovered on the third floor at Seven Oaks and staff were not wearing PPE.

~~357-367.~~ 357-367. As a result of Seven Oaks' ineffective and delayed response to the pandemic, the residents at the facility were exposed to an unreasonable and preventable risk of infection with COVID-19. As of July 5, 2020, 41 Seven Oaks residents had died from COVID-19, for a death rate of 16% at the home.

*ii) Lakeshore Lodge*

~~358-368.~~ 358-368. Lakeshore Lodge is an LTC home located in Etobicoke, Ontario. It is a municipal home managed by the City of Toronto. It has approximately 150 beds.

~~359-369.~~ 359-369. On April 1, 2020, an outbreak was first declared at Lakeshore Lodge. By April 15, 2020 there were 28 cases at the home. On April 20, 2020, there were 36 cases and 1 death at Lakeshore Lodge. As of July 5, 2020, 12 Lakeshore Lodge residents, representing 8% of the total number of residents at the home, had died of COVID-19.

*iii) Hillsdale Terraces*

~~360-370.~~ 360-370. Hillsdale Terraces is a non-profit LTC home located in Oshawa, Ontario. It is a municipal home managed by the Durham region and has approximately 200 beds.

~~361-371.~~ On March 19, 2020, two residents tested positive for COVID-19. By April 20, 2020, 32 residents had tested positive for COVID-19, and 13 had died. A total of 12 staff had also tested positive. As of July 5, 2020, 13 Hillsdale Terraces residents, representing 7% of the total number of residents at the home, had died of COVID-19.

*iv) Kipling Acres*

~~362-372.~~ Kipling Acres is a municipal LTC home located in Etobicoke, Ontario. It has capacity for 337 beds. As of July 5, 2020, 16 residents at Kipling Acres, representing 5% of the total number of residents at the home, had died of COVID-19.

*v) Sheridan Villa*

~~363-373.~~ Sheridan Villa is a municipal LTC home located in Mississauga, Ontario. It has 142 beds. As of July 5, 2020, 5 residents, representing 4% of the total number of residents at the home, had died of COVID-19.

*vi) Peel Manor*

~~364-374.~~ Peel Manor is located in the City of Brampton, Ontario. It has capacity for 177 beds. As of July 5, 2020, 5 residents, representing 3% of the total number of residents at the home, had died of COVID-19.

*vii) Peter D. Clark Centre*

~~365-375.~~ Peter D. Clark Centre is a 216-bed LTC home located in the City of Ottawa, Ontario. It is a municipal home. The COVID-19 outbreak at Peter D. Clark Centre began on April 28, 2020. As of July 5, 2020, 8 residents, representing 4% of the total number of residents at the home, had died of COVID-19.

*viii) Wesburn Manor*

~~366-376.~~        Wesburn Manor is a municipal LTC home located in Etobicoke, Ontario. It is managed by the City of Toronto. It has capacity for 192 beds. As of June 11, 2020, 5 residents, representing 3% of the total number of residents at the home, had died of COVID-19.

~~ix) *Dundurn Place Care Centre*~~

~~367. Dundurn Place Care Centre is located in Hamilton, Ontario. As of July 5, 2020, 5 residents, representing 2% of the total number of residents at the home, had died of COVID-19.~~

~~x)ix) *Sun Parlor Home for Senior Citizens*~~

~~368-377.~~ Sun Parlor Home for Senior Citizens is a municipally run LTC home located in Leamington, Essex. It has capacity for 206 beds. The first COVID-19 death at the facility was reported on April 15, 2020. By May 1, 2020, two cases in staff members were reported. As of July 5, 2020, approximately 5 residents, representing 2% of the total number of residents at the home, had died of COVID-19.

~~xi)x) *Hastings Manor Home for the Aged*~~

~~369-378.~~ Hastings Manor is an LTC home located in Belleville, Ontario. It has 253 beds. It first reported a COVID-19 outbreak on March 30, 2020 when a staff member tested positive. As of July 5, 2020, approximately 5 residents, representing 2% of the total number of residents at the home, had died of COVID-19.

~~xii~~xi) *Cummer Lodge*

~~370~~379. *Cummer Lodge* is a municipally run long-term-care home located in Toronto. It has 391 beds and it is located in North York, Ontario. As of July 5, 2020, 5 residents, representing 1% of the total number of residents at the home, had died of COVID-19.

**v) Non-Profit LTC Homes**

*i) St. Clair O'Connor Community Nursing Home*

~~374~~380. *St. Clair O'Connor Community Nursing Home* is a non-profit LTC home located in East York, Ontario. It has approximately 25 beds. A COVID-19 outbreak was declared at the facility on March 22, 2020, when residents tested positive for the virus. As of July 5, 2020, 8 residents, representing 32% of the total number of residents at the home, had died of COVID-19.

*ii) Mon Sheong Home for the Aged*

~~372~~381. *Mon Sheong Home for the Aged* (“*Mon Sheong*”) is a non-profit LTC home located in Toronto, Ontario. It has approximately 105 beds. As of July 5, 2020, 33 residents, representing 31% of the total number of residents at the home, had died of COVID-19.

*iii) Isabel and Arthur Meighen Manor*

~~373~~382. *Isabel and Arthur Meighen Manor* is a non-profit LTC home located in Toronto, Ontario. It has approximately 168 beds. It is owned by the Salvation Army. As of July 5, 2020, 48 residents, representing 29% of the total number of residents at the home, had died of COVID-19. There have been 29 confirmed staff cases.

*iv) Markhaven*

~~374~~383. *Markhaven* is a non-profit LTC home located in Markham, Ontario. It has approximately 96 beds. As of July 5, 2020, a total of 17 *Markhaven* residents, representing

18% of the total number of residents at the home, had died of COVID-19. A total of 24 staff members tested positive for the virus.

**v) *Villa Colombo Seniors Centre (Vaughan)***

~~375-384.~~ Villa Colombo Seniors Centre (Vaughan) (“Villa Colombo Vaughan”) is a non-profit LTC home located in Vaughan, Ontario. It has approximately 160 beds. The outbreak at Villa Colombo began on April 11, 2020. As of July 5, 2020, 21 Villa Colombo Vaughan residents, representing 13% of the total number of residents at the home, had died of COVID-19.

**vi) *Hellenic Home – Scarborough***

~~376-385.~~ Hellenic Home – Scarborough is a non-profit LTC home located in Scarborough, Ontario. It has approximately 128 beds.

~~377-386.~~ On April 10, 2020, a COVID-19 outbreak was declared at Hellenic Home Scarborough. By April 13, 2020 there were 15 cases of COVID-19 among residents. As of July 5, 2020, a total of 15 residents, representing 12% of the total number of residents at the home, had died and an additional 41 residents had been infected with COVID-19.

**vii) *Trinity Village Care Centre***

~~378-387.~~ Trinity Village Care Centre (“Trinity Village”) is a non-profit LTC home located in Kitchener, Ontario. It has approximately 150 beds. As of July 5, 2020, a total of 18 Trinity Village residents, representing 12% of the total number of residents at the home, had died of COVID-19.

*viii) Greenwood Court*

~~379-388.~~ Greenwood Court is a non-profit LTC home located in Stratford, Ontario. It has approximately 45 beds. As of July 5, 2020, 5 Greenwood Court residents, representing 11% of the total number of residents at the home, had died of COVID-19.

*ix) View Mount Grace Manor*

~~380-389.~~ View Mount Grace Manor is a non-profit LTC home located in Brampton, Ontario. It is owned by Holland Christian Homes. It has approximately 120 beds.

~~381-390.~~ On April 14, 2020, an outbreak at View Mount Grace Manor was declared when 16 residents and 4 staff contracted the virus. As a result, the Central West Local Health Integration Network (LHIN) dispatched a team of paramedics to swab test every resident in the facility.

~~382-391.~~ During the outbreak, staff were moving from the COVID-19-positive unit to other units without changing contaminated PPE.

~~383-392.~~ As of April 22, 2020, 49 residents and 21 staff members had tested positive and two residents had died. On or around April 13, 2020, families were told to be prepared for the worst and were advised to have funeral arrangements in place for their loved ones. The organization also warned that calls from family members checking on their loved ones would likely go unanswered.

~~384-393.~~ On or around April 24, 2020 the Canadian Armed Forces were deployed to Grace Manor due to the facility's significantly deficient IPAC protocols. View Mount Grace Manor is the only non-for-profit LTC home with a COVID-19 outbreak to which the Canadian Armed Forces were deployed.

~~385-394.~~ As of July 5, 2020, 12 Grace Manor residents, representing 10% of the total number of residents at the home, had died of COVID-19.

*x) Vision Nursing Home*

~~386-395.~~ Vision Nursing Home (“Vision Nursing”) is a non-profit LTC home located in Sarnia, Ontario. It has approximately 146 beds. As of July 5, 2020, 10 Vision Nursing residents, representing 7% of the total number of residents at the home, had died of COVID-19. Bluewater Health sent PPE and additional staff members to Vision to assist Vision Nursing with the outbreak.

*xi) Villa Forum*

~~387-396.~~ Villa Forum is a non-profit LTC home located in Mississauga, Ontario. It has approximately 160 beds. As of July 5, 2020, 10 Villa Forum residents, representing 6% of the total number of residents at the home, had died of COVID-19.

*xii) Villa Colombo Home for the Aged*

~~388-397.~~ Villa Colombo Home for the Aged is located in Toronto, Ontario. It has 391 beds. As of July 5, 2020, 25 residents, representing 6% of the total number of residents at the home, had died of COVID-19.

*xiii) Bethany Lodge*

~~389-398.~~ Bethany Lodge is a non-profit LTC home located in Markham, Ontario. It has 128 beds. As of July 5, 2020, approximately 5 residents, representing 4% of the total number of residents at the home, had died of COVID-19.

*xiv) St. Joseph's Villa, Sudbury*

~~390-399.~~ St. Joseph’s Villa is a 128-bed home for LTC located in Sudbury, Ontario. As of July 5, 2020, 5 residents, representing 4% of the total number of residents at the home, had died of COVID-19.



*xv) Faith Manor Nursing Home*

~~391.400.~~ Faith Manor Nursing Home is an LTC home located in the City of Brampton, in the Peel Region. It has 120 beds. As of July 5, 2020, 5 residents, representing 4% of the total number of residents at the home, had died of COVID-19.

*xvi) St. Joseph's at Fleming*

~~392.401.~~ St. Joseph's at Fleming is a 200-bed LTC facility located in Peterborough, Ontario. The outbreak at the home started on March 14, 2020. As of July 5, 2020, 5 residents, representing 3% of the total number of residents at the home, had died of COVID-19.

*xvii) The Perley and Rideau Veterans' Health Centre*

~~393.402.~~ The Perley and Rideau Veterans' Health Centre is located in the City of Ottawa, Ontario. It has capacity for 450 resident beds. As of July 5, 2020, 12 residents, representing 3% of the total number of residents at the home, had died of COVID-19.

*xviii) Ukrainian Canadian Care Centre*

~~394.403.~~ The Ukrainian Canadian Care Centre is a facility for LTC located in Etobicoke, Ontario and has a capacity of 152. As of July 5, 2020, 10 residents, representing 7% of the total number of residents at the home, had died of COVID-19.

*xix) Valleyview Residence*

~~395.404.~~ Valleyview Residence is an LTC home located in North York, Ontario. It has 174 beds. As of July 5, 2020, 5 residents, representing 3% of the total number of residents at the home, had died of COVID-19.

**xx) Providence Healthcare (House of Providence)**

~~396.405.~~ Providence Healthcare is a non-profit LTC home located in Scarborough, Ontario. It has 288 beds. On March 30, 2020, it reported its first case of COVID-19. As of July 5, 2020, 5 residents, representing 2% of the total number of residents at the home, had died of COVID-19.

**xxi) St. Patrick's Home of Ottawa**

~~397.406.~~ St. Patrick's Home of Ottawa is a not-for-profit LTC facility located in Ottawa, Ontario. It has 288 beds. As of July 5, 2020, 5 residents, representing 2% of the total number of residents at the home, had died of COVID-19.

**xxii) The Kensington Gardens**

~~398.407.~~ The Kensington Gardens is an LTC home located in Toronto, Ontario. It has a capacity of 350. It reported its first COVID-19 case on March 25, 2020. As of July 5, 2020, 8 residents had died. This represents a death rate of 2%.

**xxiii) The Jewish Home for the Aged**

~~399.408.~~ The Jewish Home for the Aged is an LTC home for the elderly located in North York, Ontario. It has a total of 472 beds. As of July 5, 2020, 5 residents, representing 1% of the total number of residents at the home, had died of COVID-19.

**xxiv) Kristus Darzs Latvian Home**

~~400.409.~~ Kristus Darzs Latvian Home ("Kristus Darzs") is a non-profit LTC home located in Stratford, Ontario. It has approximately 100 beds.

~~401.410.~~ The outbreak at Kristus Darzs was first declared on April 10, 2020. As of July 5, 2020, 11 residents, representing 11% of the total number of residents at the home, had died of COVID-19.

## V. CAUSES OF ACTION

### A. Negligence and Gross Negligence

~~402.411.~~ Ontario and the Defendants LTC homes owed a duty of care to the Plaintiffs and other Class Members who, at all material times, depended on the Defendants for their health and safety, basic physical needs, food and hygiene, and medical care and treatment.

~~403.412.~~ As elderly individuals, often with pre-existing medical illnesses, the residents of LTC homes are particularly vulnerable to the Defendants' decisions and practices, relied on the Defendants for all aspects of their health, safety and treatment and expected that the Defendants would adopt practices and policies to minimize, if not eliminate, the risk of COVID-19 infection at their facilities.

~~404.413.~~ The Defendants owed a duty of care to the Plaintiffs and other Class Members to take reasonable steps to protect their health and wellbeing. This duty was enhanced prior to and during the period of the pandemic, where the Defendants knew, or ought to have known, that COVID-19 is highly contagious and that the elderly are at a significant risk of experiencing serious side effects and complications, including death, once infected with the virus.

~~405.414.~~ The Defendants also had a duty of care to prevent the exposure of the Class Members to the risk of becoming infected with COVID-19 while they were resident in the homes owned and/or operated by the Defendants.

~~406.415.~~ The Defendant LTC homes recognized their duty to take all reasonable steps to protect the Class Members from the risk of infection, by claiming that they: adhered to best

practices; met and surpassed government recommendations and directives; provided their staff with appropriate PPE; and adopted appropriate IPAC protocols, including screening and testing, and cohorting to avoid outbreaks at their respective facilities.

407.416. Once a positive COVID-19 test was confirmed at each of the Defendant LTC homes, the Defendants had a further duty of care to the Plaintiffs and other Class Members to take reasonable steps to prevent and/or control the spread of infection at each of those homes.

408.417. In developing, implementing and enforcing IPAC protocols and practices at their respective facilities, the Defendants had a duty to act reasonably, to:

- a) develop and implement timely and appropriate pandemic plans, including education and training on infection control;
- b) undertake timely and frequent testing of residents, staff and visitors for COVID-19;
- c) take proactive steps to lock down the LTC homes and to preclude access to the homes by visitors;
- d) isolate residents who tested positive for COVID-19 or exhibited COVID-19 symptoms;
- e) prevent staff and visitors who had not been tested for COVID-19 from entering or remaining in homes owned and/or operated by the Defendants;
- f) educate residents and staff as to the measures that should be taken to prevent infection;
- g) ensure that sufficient staffing resources were available, including a full complement of full-time workers at each home, in order to properly protect residents from infection;
- h) stop the practice of employing part-time workers from working at the homes and, in all events, cease the practice of permitting any employee from working at more than one home so as to prevent and control the spread of infection;
- i) warn residents, staff, and visitors of the risk of infection by COVID-19;
- j) ensure that adequate supplies of PPE were available and were properly used by residents, staff and visitors; and

- k) develop and implement appropriate cleaning and sterilization protocols, and update and augment same as necessary in order to prevent, control and respond to the spread of infection.

~~409-418.~~ As described herein, it was reasonably foreseeable to the Defendants that the Plaintiffs and the Resident Class Members would suffer harm if the Defendants did not take the foregoing measures and precautions.

~~410-419.~~ The Defendants were responsible for providing the Resident Class Members with care and services. As a result, they were in a relationship of proximity with the Plaintiffs and the Class Members, and had a duty to protect the Resident Class Members and to prevent their exposure to COVID-19.

~~411-420.~~ The Resident Class Members, the Visitor Class Members and the Family Class Members expected that the Defendants would take all reasonable steps to avoid exposing the Resident Class Members to an increased risk of infection. The Defendants further had the ability through their actions and omissions to prevent harm to the Plaintiffs and other Class Members.

~~421.~~ The Defendants were grossly negligent in that they breached their duty of care to the Plaintiffs and to the other Class Members in a manner that reflects a marked departure from the standards of care applicable in the circumstances. Given the grave and foreseeable threat that COVID-19 posed to the elderly, Ontario and the Defendant LTC homes were required to implement a timely and reasonable measures to protect the Plaintiffs and other Class Members.

~~412-422.~~ Ontario's response to the COVID-19 pandemic, including the timing and content of its directives, was delayed and woefully deficient, thus exposing the Plaintiffs, the Resident Class Members and the Resident Class Members to a heightened risk of infection and complications.

~~413.423.~~ Further, the measures adopted by the Defendant LTC homes in response to the COVID-19 pandemic did not comply with, and fell markedly below, the reasonable standard of care of owners, operators and licensees of LTC homes in Ontario or even the delayed and inadequate standards established by the Ontario government.

~~414.424.~~ The Defendants breached the standard of care by:

- a) failing to develop and implement an appropriate pandemic plan, instead adopting inadequate, unreasonable and arbitrary protocols that exposed the Residents to an increased risk of harm;
- b) failing to test residents and staff for COVID-19 in a timely fashion or at all;
- c) failing to screen staff and visitors for COVID-19 in a timely fashion or at all;
- d) allowing residents who exhibited symptoms or tested positive for COVID-19 to share rooms and communal spaces with non-infected person, thus exposing non-infected residents to COVID-19;
- e) allowing staff and visitors who exhibited COVID-19 symptoms to enter or remain in homes owned and/or operated by the Defendants;
- f) failing to warn residents, staff and visitors of the risk of infection by COVID-19;
- g) failing to communicate with residents, staff and visitors as to what steps that they should take in order to avoid infection;
- h) failing to ensure that adequate supplies of PPE were readily available and that residents, staff and visitors had access to same;
- i) failing to ensure that residents, staff and visitors wore appropriate PPE whenever necessary;
- j) requiring or allowing staff to re-use PPE and to wear the same PPE when interacting with, and moving between, COVID-19 positive and COVID-19 negative residents;
- k) failing to develop and implement appropriate cleaning and sterilization protocols, and to revise same as necessary in order to prevent, control and respond to the spread of infection;
- l) failing to accept provincial offers to supplement LTC home staffing with hospital and other employees provided by the province;
- m) failing to ensure that adequate staffing resources were available in order to properly care for residents;

- n) allowing part-time workers to work in multiple homes, thereby increasing the risk of infection between homes;
- o) failing to properly train and supervise staff so as to ensure that all of the foregoing steps were taken;
- p) failing to comply with public health guidance, Directives, orders and other requirements issued by the provincial and federal government regarding IPAC and outbreak planning; and
- q) such further and other allegations of negligence as shall become known to these Plaintiffs.

~~415-425.~~ To the extent that any of the Defendant LTC homes complied only with the directives issued by the Ministry, such compliance was not sufficient to discharge the Defendants' duty of care given the Defendant LTC homes' knowledge regarding the highly contagious nature of COVID-19, the increased risk of serious complications and death in the elderly, and Ontario's delayed, unreasonable and reckless response to the pandemic.

~~416.—426.~~ As a direct result of the Defendants' negligence, the Plaintiffs and other Class Members have suffered harm for which the Defendants are liable. In the alternative, the Defendants' gross negligence and negligence increased and/or made a material contribution to the risk of injury to the Plaintiffs and other Class Members, with the result that the Plaintiffs and other Class Members have suffered injury for which the Defendants are liable.

### **B. Breaches of Fiduciary Duties**

~~417-427.~~ The Defendants were in a fiduciary relationship with the Resident Class Members, and, at all material times, had a duty to act in the best interests of the Resident Class Members in adopting and implementing IPAC protocols and practices in response to the COVID-19 pandemic.

~~418-428.~~ The relationship between the Defendants and the Residents was one of power and authority on the one hand, and vulnerability and complete dependence on the other hand. The Defendant LTC homes had exclusive control over the care of the Resident Class

Members during the COVID-19 pandemic, in that they controlled the screening, testing, cohorting and other protocols adopted at each of their respective facilities.

~~419-429.~~ The Defendant LTC homes exercised broad direction and authority in developing, implementing and enforcing IPAC protocols at their respective facilities. They further had the resources, knowledge and authority to make decisions with respect to the timing and nature of their IPAC practices and protocols, and unilaterally exercised their authority in a manner that directly impacted the legal and practical interests of the Residents, including their lives, safety, health and dignity.

~~420-430.~~ The Resident Class Members were vulnerable, fragile and completely dependent on Ontario and the Defendant LTC homes for their safety and care. They were vulnerable by virtue of the Defendant LTC homes' exclusive control over their care during the COVID-19 pandemic. They were also vulnerable by virtue of their age, pre-existing illnesses and their isolation from family members and friends.

~~421-431.~~ The Defendant LTC homes' fiduciary obligations were also grounded in their statutory obligations to act in the best interests of the Resident Class Members in providing them with care and in preventing abuse and neglect. The *Long-Term Care Homes Act, 2007*, underscored the Resident Class Members' rights to be treated with the utmost care and dignity and imposed on licensees and operators of LTC homes a corresponding duty to provide the Resident Class Members with care and services in a manner that protects their integrity. By virtue of operating LTC homes, the Defendant LTC homes undertook to abide by their statutory obligations to act in the best interests of the Resident Class Members in providing them with care, accommodations, and medical attention.

~~422-432.~~ At all material times, the Defendants licensees had a duty to ensure that the rights of the Residents were fully respected and promoted in accordance with the Residents' Bill of Rights, including the right to live in a safe and clean environment, the right to be protected from abuse, the right not to be neglected by the licensees or their staff, and the



right to be properly sheltered, fed and cared for in accordance with section 3 of the *Long-Term Care Homes Act, 2007*.

~~423-433.~~ At all material times, the Defendant licensees had a statutory obligation to ensure that the homes that they operated were a safe and secure environment for the Resident Class Members and that the residents had ongoing access to nursing and personal support services, as mandated by sections 5 and 6 of *Long-Term Care Homes Act, 2007*.

~~424-434.~~ In addition, the Defendant licensees had an obligation to prevent the abuse and neglect of Residents in their facilities, and had a duty to ensure that the Resident Class Members were not neglected by the licensee or staff in accordance with sections 19 and 20 of the *Long-Term Care Homes Act, 2007*.

~~425-435.~~ Ontario and the Defendant LTC homes breached their fiduciary duties to the Resident Class Members by adopting delayed, *ad hoc* and deficient practices in response to the pandemic that exposed the Residents to an increased risk of infection and complications.

~~426-436.~~ The Defendant LTC homes further subordinated the Resident Class Members' health and lives to other interests, including financial considerations and limiting the costs associated with providing adequate and effective PPEs and staffing.

### **C. Violations of Resident Class Members' rights under section 7 of the *Charter***

~~427-437.~~ As described above, the authority to establish, maintain, operate, regulate and inspect LTC homes in the province falls within the exclusive jurisdiction of Ontario pursuant to subsections 92 (7)(8) and (13) of *the Constitution Act, 1867*. Ontario has delegated its authority with respect to the provision of care to the elderly to LTC homes in the province. As a result, the Defendant LTC homes are responsible for providing care to the Resident Class Members.

~~428-438.~~ The conduct of Ontario and Defendant LTC homes as described herein is subject to *Charter* scrutiny.

~~429-439.~~ In operating and maintaining LTC homes for the elderly in the province and discharging their obligations pursuant to the *Long-Term Care Homes Act, 2007*, the Defendant LTC homes perform essential government functions within the meaning of section 32(1) of the *Charter*. In particular, the Defendants' facilities carried out specific care programs pursuant to the *Long-Term Care Homes Act, 2007*, and were the vehicles chosen by the legislature for the delivery of comprehensive care, services, and housing for elderly in high need of those programs.

~~430-440.~~ The Defendants' conduct, as described herein, put the lives of the Resident Class Members at risk and directly and indirectly increased their risk of death, thereby violating their section 7 *Charter* right to life.

~~431-441.~~ The Defendants' conduct, as described herein, further violated the Resident Class Members' section 7 *Charter* right to the security of the person by impairing their physical health and causing severe psychological harm. The Defendants' *ad hoc* and unreasonable protocols and practices, including their failure to adhere to reasonable standards for containing and controlling contagious outbreaks, had a severe and profound effect on the psychological integrity of the Resident Class Members.

~~432-442.~~ The deprivation of the Resident Class Members' section 7 *Charter* right to life and security of the person was arbitrary, in that there is no rational connection between the reckless, neglectful measures adopted by the Defendants and the purpose of the action or inaction, which was and ought to have been the protection of the Resident Class Members' health and lives. The practices adopted at the facilities owned and controlled by the Defendant facilities fell woefully short of the reasonable standard of care. The breach of section 7 of the Resident Class Members' rights under the *Charter* are inconsistent with the principles of fundamental justice and unjustifiable in a free and democratic society.

## **VI. DAMAGES**

### **a) General and Pecuniary Damages**

~~433.443.~~ As a result of the Defendants' gross negligence and breaches of fiduciary duty, the Plaintiffs and the Class Members have suffered psychological and physical pain and suffering, serious and life-threatening illness, significant complications and in many instances, death.

~~434.444.~~ But for the Defendants' gross negligence, negligence, recklessness and breaches of fiduciary duties, the LTC homes operated by the Defendants would not have experienced outbreaks of COVID-19 and the Resident Class Members would not have been exposed to the risk of infection and serious and complications, including death.

~~435.445.~~ The harm suffered by the Class Members was the proximate and foreseeable result of the Defendants' failure to adopt and implement reasonable and appropriate protocols and measures to protect the Resident Class Members from the risk of COVID-19 infection. This harm was caused directly by the Defendants' breaches of their duty of care and fiduciary duties to the Resident Class Members.

~~436.446.~~ The Plaintiffs and other members of the Classes have suffered special damages, losses and expenses, including but not limited to costs associated with hospitalizations and treatment.

~~437.447.~~ The Class Members have suffered severe psychological damage, including mental anguish, emotional distress and personality changes. In many cases, interpersonal relationships have suffered. These psychological injuries are ongoing.

**b) *Charter damages***

~~438.448.~~ The Plaintiffs claim damages pursuant to s. 24(1) of the *Charter* for the infringement of their rights to life and security of the person and the resulting injuries and harm suffered by each Class Member.

~~439.449.~~ As a result of these *Charter* violations described above, the Defendants are liable for *Charter* damages, which would be appropriate and just as:

- a) the Resident Class Members' *Charter* rights have been breached in a manner that shows clear disregard for their *Charter* rights;
- b) such an award of damages would vindicate the Resident Class Member's rights and deter similar future breaches; and
- c) there are no countervailing factors that defeat the functional considerations supporting such an award and such an award would not be inappropriate or unjust.

~~237~~450. *Charter* damages are particularly appropriate and just in the circumstances having regard to the function of vindication, deterrence, and compensation. The Defendants acted recklessly and extremely carelessly in adopting dilatory, inadequate and unreasonable protocols and responses to the COVID-19 pandemic, such that a highly vulnerable group were placed at risk of serious harm and injury, including death.

**c) Derivative *Family Law Act* Claims**

~~438~~451. The Plaintiffs claim pursuant to the *Family Law Act*, R.S.O. 1990, c. F.3, to recover their losses resulting from injuries sustained by the Resident Class Members, including, but not limited to:

- a) actual expenses reasonably incurred for the benefit of any Resident Class Member;
- b) a reasonable allowance for travel expenses incurred while visiting a Resident Class Member during treatment or recovery;
- c) loss of income or the value of services provided for a Resident Class Member, where services, including nursing and housekeeping, have been provided; and
- d) compensation for loss of support, guidance, care and companionship that they might reasonably have expected to receive from the Resident Class Members.

**d) Aggravated, Exemplary and/or Punitive Damages**

~~439~~452. The Defendants' conduct was high-handed and callous, demonstrating a wanton and reckless disregard for the safety of the Plaintiffs and other Class Members. Residents

were living in deplorable conditions during the pandemic. Basic resident care and hygiene was lacking or not being performed at all. Staff and residents were not provided with adequate PPE, and where it was provided, N95 respirators were not always properly fitted or changed between interactions with different residents or moving between different rooms. Staff and residents with COVID-19 symptoms were not always isolated. These practices exposed residents to an unreasonable and increased risk of harm. The Defendants' conduct represented an abject failure to comply with their duties to care for some of the most vulnerable people in our society.

~~440-453.~~ 440-453. As a result of the Defendants' wrongful conduct, many Residents and Visitors were exposed to, and became infected with, COVID-19. Residents have suffered significant harm from the devastating complications of the virus. Some Residents and Visitors have died alone and in anguish, without family members present in their last moments. The trauma suffered by the Resident Class Members was exacerbated by the fact that some infected residents had the foreknowledge that in the last stages of their illness, they would not have the comfort of being surrounded by their loved ones.

~~441-454.~~ 441-454. The Family Class Members have suffered, and continue to suffer, from mental distress, anxiety, grief and fear as the result of the Defendants' conduct. They have specifically suffered as a result of the loss of their loved ones, the manner of their death, their concern that they themselves may have been infected, and their inability to visit their loved ones to say goodbye or physically gather and mourn their loved ones to the extent that they have been obliged to quarantine because they themselves may have been exposed to infection.

~~442-455.~~ 442-455. The conduct of the Defendants as pleaded above is such as to warrant an award of aggravated, punitive and/or exemplary damages.

## **VII. LEGISLATION**

~~443.456.~~ The Plaintiffs plead and rely upon the following statutes and the amendments made thereto and the regulations promulgated thereunder:

- a) *Constitution Act, 1867*;
- b) *Canadian Charter of Rights and Freedoms*;
- c) *Class Proceedings Act, 1992*, S.O. 1992, c. 6;
- d) *Community Care Access Corporations Act, 2001*, S.O. 2001, c. 33;
- e) *Crown Liability and Proceedings Act, 2019*, S.O. 2019, c. 7, Sched. 17;
- f) *Emergency Management Act*, R.S.O. 1990, c. E.9;
- g) *Family Law Act*, R.S.O. 1990 c. F.3;
- h) *Health Facilities Special Orders Act*, R.S.O. 1990, c. H.5;
- i) *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7;
- j) *Homes for Special Care Act*, R.S.O. 1990, c. H.12;
- k) *Homes for the Aged and Rest Homes Act*, R.S.O. 1990, c. H.13;
- l) *Laboratory and Specimen Collection Centre Licensing Act*, R.S.O.1990 c. L.1;
- m) *Long-Term Care Homes Act, 2007*, and the Regulations thereunder;
- n) *Ministry of Health and Long-Term Care Act*, R.S.O. 1990, c. M.26;
- o) *Negligence Act*, R.S.O. 1990, c. N.1;
- p) *Nursing Homes Act*, R.S.O. 1990, c. N.7;
- q) *Occupational Health & Safety Act*, R.S.O. 1990, c. O.1;
- r) *Occupiers' Liability Act*, R.S.O. 1990, c. O.2; and,
- s) *Trustee Act*, R.S.O., c. T.23.

## **VIII. PLACE OF TRIAL**

~~444.457.~~ The Plaintiffs propose that this action be tried in Toronto.

Date Issued:

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**SCHEDULE “A”**

<b>Name</b>	<b>Owner</b>	<b>Management Firm</b>	<b>Licensee</b>
Almonte Country Haven	OMNI		0760444 B.C. Ltd. As General Partner On Behalf Of Omni Health Care Limited Partnership
Altamont Care Community	Sienna Senior Living Inc.		Vigour Limited Partnership On Behalf Of Vigour General Partner Inc.
Anson Place Care Centre	Anson Place Care Centre		Rykka Care Centres Lp
Bethany Lodge			Bethany Lodge
Bradford Valley Care Community	Sienna Senior Living Inc.		Specialty Care - Bradford Inc.
Burton Manor	Primacare Living Solutions Inc.	Primacare Living Solutions Inc.	1245556 Ontario Inc.
Camilla Care Community	Sienna Senior Living Inc.		Vigour Limited Partnership On Behalf Of Vigour General Partner Inc.
Carlingview Manor	Revera Long Term Care Inc.		Carlingview Manor Operating Inc.
Chartwell Aurora Long Term Care Residence	Chartwell		Chartwell Master Care Lp
Chartwell Ballycliffe Long Term Care Residence	Chartwell		Chartwell Master Care Lp
Chartwell Gibson Long Term Care Residence	Chartwell		Chartwell Master Care Lp
Chartwell Westbury Long Term Care Residence	Chartwell		Regency Ltc Operating Limited Partnership On Behalf Of Regency Operator Gp Inc. As General Partner

<b>Name</b>	<b>Owner</b>	<b>Management Firm</b>	<b>Licensee</b>
Chartwell White Eagle Long Term Care Residence	Chartwell		Chartwell Master Care Lp
Cooksville Care Centre	Rykka (operating partner of Responsive Management Inc).		Rykka Care Centres Lp
Country Village Homes - Woodslee	Southbridge Care Homes	Kanata Living Inc.	Cvh (No. 5) Lp By Its General Partners, Southbridge Health Care Gp Inc. And Southbridge Care Homes (A Limited Partnership, By Its General Partner, Southbridge Care Homes Inc.)
Craiglee Nursing Home	Southbridge Care Homes	Extendicare (Canada) Inc.	Craiglee Nursing Home Limited
Cummer Lodge	City of Toronto		Toronto Long-term Care Homes And Services
Downsview Long Term Care Centre	Gem Healthcare Group		Downsview Long Term Care Centre Limited
Dundurn Place Care Centre	City of Hamilton		Rykka Care Centres Lp
Eagle Terrace	Revera Long Term Care Inc.		Revera Long Term Care Inc.
Eatonville Care Centre	Rykka (operating partner of Responsive Management Inc.)		Rykka Care Centres Lp
Élisabeth-Bruyère Residence	Bruyère Continuing Care Inc.		Bruyère Continuing Care Inc.
Elm Grove Living Centre	Elm Grove Living Centre Inc.		Living Centre Inc.
Erin Mills Lodge Nursing Home	Schlegel Villages Inc.		Schlegel Villages Inc.
Extendicare Bayview	Extendicare (Canada) Inc.		Extendicare (Canada) Inc.

<b>Name</b>	<b>Owner</b>	<b>Management Firm</b>	<b>Licensee</b>
Extendicare Brampton	Extendicare (Canada) Inc.		Extendicare (Canada) Inc.
Extendicare Guildwood	Extendicare (Canada) Inc.		Extendicare (Canada) Inc.
Extendicare Laurier Manor	Extendicare (Canada) Inc.		New Orchard Lodge Limited [a Subsidiary Of Extendicare (Canada) Inc.]
Extendicare Scarborough	Extendicare (Canada) Inc.		Extendicare Toronto Inc. [a Subsidiary Of Extendicare (Canada) Inc.]
Faith Manor Nursing Home			Holland Christian Homes Inc.
Forest Heights Revera	Revera Long Term Care Inc.		Revera Long Term Care Inc.
Garden Court Nursing Home	Shaparrall Limited		Shaparrall Limited
Grace Manor	Holland Christian Homes Inc.		Holland Christian Homes Inc.
Greenwood Court			Tri-county Mennonite Homes
Harold and Grace Baker Centre	Revera Long Term Care Inc.	Revera Long Term Care Inc.	Harold And Grace Baker Centre
Hastings Manor Home for the Aged	The County of Hastings		The Corporation Of The County Of Hastings
Hawthorne Place Care Centre	Rykka (operating partner of Responsive Management Inc).		Rykka Care Centres Lp
Hellenic Home - Scarborough			Hellenic Home For The Aged Inc.
Heron Terrace Long Term Care Community	S & R Nursing Homes Ltd.		S & R Nursing Homes Ltd.
Hillsdale Terraces	Regional Municipality of Durham		Regional Municipality of Durham

<b>Name</b>	<b>Owner</b>	<b>Management Firm</b>	<b>Licensee</b>
Humber Valley Terrace	Revera Long-Term Care Inc.		Humber Valley Terrace Operating Inc.
Ina Grafton Gage Home			Ina Grafton Gage Home Of Toronto
Isabel and Arthur Meighen Manor			The Governing Council Of The Salvation Army In Canada
Kensington Village	Sharon Farms & Enterprises Limited		Sharon Farms & Enterprises Limited
Kipling Acres	City of Toronto		Toronto Long-term Care Homes And Services
Kristus Darzs Latvian Home			Kristus Darzs Latvian Home
Lakeshore Lodge	City of Toronto		Toronto Long-term Care Homes And Services
MacKenzie Place	Revera Long Term Care Inc		Revera Long Term Care Inc.
Madonna Care Community	Sienna Senior Living Inc.		The Royale Development Lp
Manoir Marochel	Southbridge Care Homes		Cvh (No. 4) Lp By Its General Partners, Southbridge Health Care Gp Inc. And Southbridge Care Homes (A Limited Partnership, By Its General Partner, Southbridge Care Homes Inc.)
Markhaven			Markhaven, Inc.
Meadow Park (London)	Jarlette Ltd.		Meadow Park (London) Inc.
Midland Gardens Care Community			2063414 Ontario Limited As General Partner Of 2063414 Investment Lp

<b>Name</b>	<b>Owner</b>	<b>Management Firm</b>	<b>Licensee</b>
Mon Sheong Home for the Aged			Mon Sheong Foundation
Montfort	Revera Long Term Care Inc.		Revera Long Term Care Inc.
Orchard Villa	Southbridge		Cvh (No. 6) Lp By Its General Partners, Southbridge Health Care Gp Inc. And Southbridge Care Homes (A Limited Partnership, By Its General Partner, Southbridge Care Homes Inc.)
Owen Hill Care Community	Sienna Senior Living Inc.		2063414 Ontario Limited As General Partner Of 2063414 Investment LP
Peel Manor	Regional Municipality of Peel		The Regional Municipality Of Peel (See Owner No. 416)
peopleCare A.R. Goudie Kitchener			Peoplecare Not-for-profit Homes Inc.
Peter D. Clark Centre	City of Ottawa		City of Ottawa
Pinecrest (Plantagenet)	Southbridge Care Homes		Cvh (No. 4) Lp By Its General Partners, Southbridge Health Care Gp Inc. And Southbridge Care Homes (A Limited Partnership, By Its General Partner, Southbridge Care Homes Inc.)
Pinecrest Nursing Home (Bobcaygeon)	Medlaw		Medlaw Corporation Limited
Providence Healthcare Long-Term Care Home	Unity Health Toronto		Providence St. Joseph's And St. Michael's Healthcare
ReachView Village	Revera Long Term Care Inc.		Revera Long Term Care Inc.

<b>Name</b>	<b>Owner</b>	<b>Management Firm</b>	<b>Licensee</b>
Residence Saint-Louis			Bruyère Continuing Care Inc.
River Glen Haven Nursing Home	Atk Care Inc.		Atk Care Inc.
Royal Rose Place	Jarlette Ltd.		859530 Ontario Inc. (Operating as Jarlette Health Services)
Seven Oaks	City of Toronto		Toronto Long-term Care Homes and Services
Shelburne Long Term Care Home	Southbridge Care Homes		Cvh (No. 8) Lp By Its General Partners, Southbridge Health Care Gp Inc. And Southbridge Care Homes (A Limited Partnership, By Its General Partner, Southbridge Care Homes Inc.)
Sherbourne Place			Drs. Paul And John Re kai Centre
Sheridan Villa	Regional Municipality of Peel		The Regional Municipality Of Peel
St. Clair O'Connor Community Nursing Home			St. Clair O'connor Community Inc.
Sun Parlor Home for Senior Citizens			The County of Essex
St. Joseph's at Fleming			St Joseph's At Fleming
St. Joseph's Villa, Sudbury			St. Joseph's Health Centre Of Sudbury
St. Patrick's Home			St. Patrick's Home Of Ottawa Inc.
Stoneridge Manor	Revera Long Term Care Inc.		Stoneridge Manor Operating Inc.
Sun Parlor Home for Senior Citizens			The Corporation Of The County Of Essex

<b>Name</b>	<b>Owner</b>	<b>Management Firm</b>	<b>Licensee</b>
The Jewish Home for the Aged			The Jewish Home For The Aged
The Kensington Gardens			The Kensington Health Centre
The Perley and Rideau Veterans' Health Centre			The Perley And Rideau Veterans' Health Centre
The Village of Erin Meadows	Schlegel Villages Inc.		Schlegel Villages Inc.
The Village of Humber Heights	Oakwood Retirement Communities Inc., Schlegel Villages Inc.		Oakwood Retirement Communities Inc.
Trinity Village Care Centre			Lutheran Homes Kitchener-waterloo
Ukrainian Canadian Care Centre			St. Demetrius (Ukrainian Catholic) Development Corporation
Valleyview Residence			Advent Health Care Corporation
Villa Colombo Homes for the Aged			Villa Colombo Homes For The Aged Inc
Villa Colombo Seniors Centre (Vaughan)			Villa Colombo Seniors Centre (Vaughan) Inc.
Villa Forum		Chartwell Seniors Housing Reit	Villa Forum
Villa Leonardo Gambin		Specialty Care Inc.	Friuli Long Term Care Inc.
Vision Nursing Home			Vision '74 Inc.
Wellesley Central Place			Drs. Paul And John Reikai Centre
Wesburn Manor	City of Toronto		Toronto Long-term Care Homes And Services
West Park Health Centre			Cvh (No.1) Lp

Name	Owner	Management Firm	Licensee
		Extendicare (Canada) Inc.	
West Park Long Term Care Centre		Extendicare (Canada) Inc.	West Park Healthcare Centre
Weston Terrace Care Community	Sienna Senior Living Inc.		2063414 Ontario Limited As General Partner Of 2063414 Investment Lp
Westside	Revera Long Term Care Inc.		Revera Long Term Care Inc.
Woodbridge Vista Care Community	Sienna Senior Living Inc.		2063414 Ontario Limited As General Partner Of 2063414 Investment Lp



KATHRYN ROBERTSON by her litigation guardian INNIS  
INGRAM, et al.  
Plaintiffs

-and-

THE CITY OF TORONTO, et al.  
Defendants

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**ONTARIO**  
**SUPERIOR COURT OF JUSTICE**  
PROCEEDING COMMENCED IN  
TORONTO

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**Amended STATEMENT OF CLAIM**

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