



CRIMINAL INVOLVEMENT IN LONG TERM CARE:

LESSONS FROM OTHER JURISDICTIONS

© Seniors for Social Action Ontario

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Preamble

Since its election the Ford government has taken significant steps to protect the corporations delivering long term care. It has done so to such an extent as to raise questions in the public mind about its association with this industry.

This report deals with a matter of significant public interest and is intended to stimulate public discussion about why action has not been taken to refer matters that appear to deserve criminal investigation. Its focus is to identify issues related to the need for investigations of potential criminal behavior on the part of individuals and corporations in the long term care sector that needlessly exposed countless residents to suffering or death. It concludes with specific recommendations regarding how these claims should be addressed by specific governmental bodies.

It is now widely known that individuals who supported Mr. Ford's leadership campaign or who were on Cabinet Minister's staffs, or who have strong political ties to the Conservatives, have become lobbyists for the home-care and institutional long term care industries. The former Minister of Finance's previous Director of Communication, Andrew Brander (Crestview Strategy) lobbies for the provincial lobby group representing the long term care industry - the Ontario Long Term Care Association (OLTCA). Christopher Chapin, now a partner with Upstream Strategy Group and former staffer for the Harper government was the Deputy Digital Director for the PC's in the 2018 election and registered to lobby for Caressant Care. Melissa Lantsman, a Vice-President of the Ontario PC Party who ran Ford's war room in 2018 has become a lobbyist for Extendicare. Lauren McDonald, who was Ford's Director of Marketing lobbies for Revera. Michael Wilson, formerly Chief of Staff to Ford's Attorney General also lobbies for Revera, and Leslie Noble, long a PC supporter and former PC campaign manager lobbies for Chartwell (Paling, 2020; NDP, 2020; Press Progress, 2020; Helguero, 2020; Noorsumar, 2020).

That is quite a line up. And we wonder why the Ford government appears to be listening to the corporate long term care industry rather than the bereaved families of those who died in these facilities?

Actions Benefiting the For-Profit Industry

Speaking of those bereaved families, the Ford government took steps to protect this industry and itself from the class action lawsuits filed by these families by upping the ante for what constitutes negligence (D'Mello, 2020).¹

¹ *Supporting Ontario's Recovery Act states: Protection from liability*

2 (1) No cause of action arises against any person as a direct or indirect result of an individual being or potentially being infected with or exposed to coronavirus (COVID-19) on or after March 17, 2020 as a direct or indirect result of an act or omission of the person if, (a) at the relevant time, the person acted or made a good faith effort to act in accordance with, (i) public health guidance relating to coronavirus (COVID-19) that applied to the person, and (ii) any federal, provincial or municipal law relating to coronavirus (COVID-19) that applied to the person; and (b) the act or omission of the person does not constitute gross negligence

One of its first actions in office was to also end comprehensive Resident Quality Inspections in long term care (Pedersen et al, 2020).

Since then it has also eased staff qualifications and hiring restrictions in these facilities (Jeffords, 2020).

Meanwhile the government does not have much to say about increasing standards in them or engaging in tougher enforcement of the Long Term Care Homes Act (Sheriff-Scott, 2020).

Premier Ford has announced \$1.75 billion in funding for new beds and for renovations of long term care facilities, thereby enriching its funding formula, a move that clearly benefits the for-profit long term care industry (Benzie, 2020).

And while these nursing home operators can get their money right away to start building more beds and making more money, the four hours of promised care to residents has to wait since it would increase only over a period of five years (Office of the Premier, 2020). The government also has no means of determining whether or not the funds will actually go to their intended purpose since it appears unable to determine why these facilities and companies are failing to meet even existing staffing standards under the Act (Levy, 2020).

In Phase one of the pandemic, the government invoked restrictions on visitors to prevent anyone, including those with Powers of Attorney for Personal Care, from entering these facilities to see what was really happening - all under the guise of protecting residents. The reality was that residents were dying of dehydration and malnutrition, being drugged with psychotropic medications, and suffering from loneliness and isolation that led to their serious deterioration according to testimony at the Long Term Care Commission (Bogart, 2020; Glover, 2020). All of this was invisible in the absence of visits by family or by independent observers.

The government has also approved Minister's Zoning Orders (MZO's) in numerous locations to speed up developers' access to land, often using long term care facilities as the Trojan horse to override local planning bodies and even the regional conservation authorities (Javed et al, 2020).

And it appears in a hurry to reward even some of the worst operators with expanded licenses for new institutional long term care beds (Mancini et al, 2020b).

Most recently the government allowed a private company, UniversalCare, that itself has a spotty track record, to take over a nursing home in the west end of Toronto. UniversalCare is also now managing several non-profit facilities, meaning that profit is being taken out of what on the surface are facilities operated as non-profits (Wallace, 2020).

Also recently the president of Rose of Sharon's resident family council representing the council, other families, and the larger Korean-Canadian community decried the proposed takeover of the Rose of Sharon long term care facility in Toronto by Rykka Care Centres (King, 2020). Rykka has the second highest deaths per 100 beds of all of the large chains operating in Ontario (Mancini et al, 2020). The province had ordered the takeover of two of Rykka's facilities. Hawthorne Place and Eatonville were also the subject of a scathing military report citing deplorable conditions (King, 2020).

All of these actions and more raise the question – why is the Ford government bending over backwards to protect and reward the nursing home industry, often at the expense of residents and those who care for them?

What Happens When There Are Investigations?

In June 2020, Pietro Bruccoleri died at Woodbridge Vista Care Community in Vaughan in a sweltering room without air conditioning. The coroner's report said Bruccoleri died of "inanition" or "exhaustion caused by lack of nourishment" (Glover, 2020). Woodbridge Vista Care is said to be licensed by 2063414 Ontario Limited (As General Partner of 2063414 Investment Lp), but the CBC reports it to have been operated by Sienna Senior Living, the chain operation with the third highest deaths per 100 of all the big chain operations in Ontario (Mancini et al, 2020). "Mount Sinai geriatrician Dr. Barry Goldlist, who is also a professor of medicine at the University of Toronto, said he doesn't remember ever seeing inanition listed on a coroner's report. Malnutrition is not rare for patients with advanced dementia, he said — but added he would want to see more information about Bruccoleri's condition leading up to his death. "My guess would be that when they looked at the body that they were struck by how malnourished it looked," said Goldlist, who did not see the body himself" (Glover, 2020).

So Mr. Bruccoleri appears to have died of starvation in a chain operated nursing home in Vaughan that press reports show had high death rates (Mancini et al, 2020).

Was there a criminal investigation?

On June 10, 2020, the NDP called on the Ford government "to forward all information and documentation on the Woodbridge Vista Care Community to York regional police, so it can consider an investigation into the death of a senior at the Sienna-operated Woodbridge Vista Care Community in Vaughan" (NDP, June 10, 2020).

The Ministry of Long Term Care sent in its own inspectors instead (Ferguson, 2020b).

Ontario appears to be doing nothing to criminally investigate and charge even the most grievous violations in long term care facilities where there have been extremely high infection and death rates. Instead it has moved to protect these institutions and companies from legal liability by raising the bar on what constitutes negligence for families pursuing class actions.

Even the Trump administration has taken action against the worst operators in the U.S. In early March 2020, Attorney General William Barr announced a "nursing home initiative to coordinate and enhance the civil and criminal efforts to pursue nursing homes that provide grossly substandard care to their residents." Attorney General Barr said "yet, all too often, we have found nursing home owners or operators who put profits over patients, leading to instances of gross abuse and neglect. This national initiative will bring to justice those owners and operators who have profited at the expense of their residents and help to ensure residents receive the care to which they are entitled." (U.S. Department of Justice, 2020). The initiative was intended to target the worst nursing homes in the country and 30 investigations in 9 states are already underway.

A senior Trump administration official suggesting that it was wrong to put profits over patients and that those who do would be subject to criminal investigation? Yes, you read that right.

But in Ontario, the government has moved to protect for-profit operators and even reward those with the worst track records with more beds (Smith Cross, 2020; Payne, 2020).

The malfeasance in all of this is quite clear. The question is why is the Ford government behaving this way? In the absence of any kind of investigation into the government's actions, there are no answers based on evidence in Ontario.

Nothing appears to be happening. Nothing. No police investigations are being publicly reported here even against the facilities with the highest death and infection rates. And when it comes to crimes like money laundering, common in nursing homes in other jurisdictions, Canada and Ontario have some of the most lax laws in the world (Reynolds, 2019).

A B.C. inquiry found that \$5 billion was laundered through B.C.'s real estate market in 2018 alone (Reynolds, 2019), but what about Ontario? The Auditor General of Ontario seems worried. Thousands of suspicious transactions apparently occurred in Ontario's casinos, and these have increased dramatically as suspicious cash transactions have now doubled in Ontario (D'Mello, 2020b; Cooper et al, 2020).

"Kevin Comeau, a retired lawyer and advocate for greater transparency in property ownership, is even more blunt: "While money launderers in B.C. could leave Canada altogether, they're more likely to head to Ontario, because it has among the weakest anti-money laundering laws of all the Western liberal democracies" (Kirby, 2019). So money launderers appear to have headed into Ontario after B.C. cracked down, but is Ontario launching an investigation of the usual targets for money launderers – casinos, real estate, and nursing homes?

Silence.

Do other jurisdictions offer a clue to what may be going on in Ontario's long term care sector?

INVESTIGATIONS IN ONTARIO AND OTHER JURISDICTIONS: MYRIAD CRIMINAL ACTS IN NURSING HOMES

Criminal Negligence

In 2003 a major study in the U.S. found "research suggests that the 2.5 million vulnerable individuals in these settings are at much higher risk for abuse and neglect than older persons who live at home" (Bonnie and Wallace, 2003).

In September of 2020, the Attorney General of Massachusetts criminally charged two leaders of a veteran's facility where 76 residents died due to COVID-19 (Berkman, 2020).

Also in 2020 a grand jury in Massachusetts indicted two former nursing home leaders on criminal neglect charges related to COVID-19 outbreaks and 76 deaths in their facility, the Holyoke Soldiers' Home. The investigation came at the request of families (Spanko, 2020).

In 2018 Halifax police investigated the death of a 40 year old woman with spina bifida for possible criminal negligence after serious concerns about her care and treatment were raised by her family after a severely infected bedsore appeared to have led to her death (Canadian Press, 2018).

In Ontario, 78 residents died at Orchard Villa after residents who were not sick continued to be housed with residents who were. Families demanded a criminal investigation of the Ford government (Durham Radio News, 2020).

Silence.

The Ontario government claimed that it had launched an investigation against five facilities after the scathing military report about conditions in those institutions, but so far, over six months after the alleged investigation was launched, no charges have been laid (Boisvert, 2020).

Recent correspondence with an SSAO member concerning a Freedom of Information request shows no public records of any referrals for criminal investigations.

The Ontario government did, however, raise the bar on what constitutes negligence making it more difficult for family members to even sue operators of facilities where dozens of residents have died.

The Federal government is promising amendments to the Criminal Code. In this year's Throne Speech the Governor General said that the government would work with Parliament to "explicitly penalize those who neglect seniors under their care, putting them in danger." Some lawyers have suggested this is mere window dressing since police already have the tools to charge anyone who commits a crime against an older person (Harris, 2020).

And so far there has been no more news of amendments to Canada's Criminal Code to better protect older adults.

Sexual Assault in Nursing Homes: Women Are Particularly Vulnerable

When in December of 2018 a 29 year old woman, comatose since the age of 3 after nearly drowning, gave birth to a baby at Hacienda Health Care facility in Arizona, a male staff member who's DNA matched that of the baby was arrested and charged with sexual assault. As if this crime was not horrendous enough, this woman had been repeatedly raped and had likely been pregnant before. She also likely knew what was happening to her. "The woman has intellectual disabilities as a result of childhood seizures, and is bedridden and nonverbal. But she can move some of her extremities, respond to sound and make facial gestures, according to her family" (Karimi and Boyette, 2019).

In 2016 CTV did an investigation concerning sexual assaults in Ontario nursing homes. As with everything else, Ontario kept no statistics on the number of sexual assaults in these facilities, but did report 1,967 "suspected or actual incidents of resident to resident abuse" in 2014. After doing its own investigation, CTV discovered 103 reported incidents of sexual assault in 37 nursing homes in Ontario, but indicated that number may be higher since inspection reports are vague in divulging precise numbers of incidents (Bandera, 2016).

These kinds of assaults, often against female residents with developmental or cognitive disabilities, appear to be significantly under-reported therefore the assaults can go on for years with no intervention.

In 2019, Mc Master University found "according to the studies analyzed in the review, sexual assault was the least frequently observed, suspected and reported type of abuse in nursing homes. Victims of sexual assault were more likely to be women with disabilities who received financial assistance to live in a nursing home. The perpetrators were more likely to be male residents or staff with criminal histories. Assaults usually occur in the evening when there are fewer staff" (McMaster University, 2019).

This year York Regional Police charged a 52 year old staff member of the Mackenzie Health Long Term Care facility managed by UniversalCare with the sexual assault of an 82 year old resident (Fraser, 2020). This occurred in a hospital-operated facility managed by a for-profit management company. One wonders at the screening that takes place of employees in facilities like this.

These are often vulnerable women who are unable to ask for help.

This has been going on for years. In 2011 a particularly horrendous story in the Toronto Star detailed the horrific sexual assault on a 71 year old woman with dementia. “Seniors in Ontario nursing homes are being beaten, neglected and even raped by the people hired to care for them, a *Star* investigation has found. In one case, a helpless 71-year-old Toronto woman with advanced dementia was raped in her bed, allegedly by a male nurse identified months earlier by other staff at the home as someone who regularly disappeared on shift “without explanation.” A staff member discovered the male nurse in Danae Chambers’ room in the middle of the night. Chambers, a renowned portrait artist, lay sideways on her bed and the male nurse, pants dropped to his knees, stood against her bare buttocks, according to a provincial inspection report” (Welsh and McLean, 2011).

No action has ever been taken to root out even the most horrendous assaults of residents in these facilities over a period of decades. More attention is paid to assaults on staff.

Misuse of Psychotropic Medications?

On November 12, 2020, Dr. Nathan Stall, a geriatrics and internal medicine clinical associate at Sinai Health System and the University Health Network and Women’s College hospitals testified before the COVID-19 Long Term Care Commission. His testimony was alarming for several reasons, however what he told the Commission about the misuse of anti-psychotic medications and the degree of use of anti-depressants was perhaps of most concern. He stated that people were being heavily drugged with anti-psychotics, benzodiazepines, and anti-depressants to “allow them to tolerate the conditions of the lockdown or because the homes were in crisis, there was no one to provide care for them and they were responding with chemical restraints for these residents” (Stall, 2020).

In December, 2020 Dr. Stall told the Canadian Press “such “knee-jerk reactions to try and medicate the distress of residents in nursing homes” during the COVID-19 pandemic are a serious concern”. He also warned “that antipsychotics come with a “black-box warning” for the elderly. Stall says they increase the “risk of stroke, falls and all-cause mortality, and are not recommended for frail, older adults,” such as those with dementia, who make up about 70 per cent of nursing-home residents in Ontario” (Alkenbrack, 2020). Essentially Dr. Stall was telling the Commission and the public that these drugs increased the risk of death for residents receiving them - residents already debilitated by lack of food, water, and basic care.

It should be noted that in 2005 the U.S. Food and Drug Administration issued a warning about prescribing anti-psychotic drugs for use in older adults. “Treatment with atypical antipsychotic drugs may cause a nearly 2-fold increase in the rate of death in elderly dementia patients” (Kuehn, 2005).

In 2008, the Canadian Medical Association Journal weighed in stating “although the warnings slowed the growth in the use of atypical antipsychotic drugs among patients with dementia, they did not reduce the overall prescription rate of these potentially dangerous drugs” (Valiyeva et al, 2008).

Dr. Stall appeared to be testifying that during the pandemic use of these drugs to chemically restrain residents that were not being properly fed or hydrated increased exponentially, presumably without

anyone being in a position to give informed consent, since POAs were not being let into the facilities. He was referring to a period when essential caregivers, including those with Powers of Attorney For Personal Care (POAs), family members, and external observers were being barred from the facilities during phase one of the pandemic. This means that there was no one allowed in to provide informed consent to the use of anti-psychotic and other medications, and many of the residents with advanced cognitive disabilities were in no position to provide informed consent themselves.

To be clear, during Phase 1 of the pandemic with those holding Powers of Attorney for Personal Care being refused entry to these facilities, and Dr. Stall testifying that those with dementia make up 70% of nursing home residents in Ontario (presumably residents with advanced enough dementia to be in a nursing home), they were not in a position to consent. So who consented to the use of dangerous drugs on residents during this period for non-medically necessary reasons while POAs were not allowed in? These medications were apparently not given for the patients' benefit, but for the benefit of staff and the facility.

In the Consent Guide for Canadian Physicians it is clear what constitutes assault and battery. "A physician may be liable in assault and battery when no consent was given at all or when the treatment went beyond or deviated significantly from that for which the consent was given. Allegations of assault and battery might also be made if consent to treatment was obtained through serious or fraudulent misrepresentation in what was explained to the patient." (Evans, 2016).

Should the police have been asked to investigate the possibility that physicians who prescribed these medications and those who administered them may have committed assault and battery? Should Dr. Stall's testimony to the Commission and his public statements to the press have triggered criminal investigations?

Readers can be the judge of that. However it is safe to say that despite Dr. Stall's testimony there have been no public reports of police having been asked to investigate, and as of this writing, a request by SSAO to the Canadian Medical Association to investigate and comment has gone unanswered.

Beatings, Neglect, and Emotional Abuse

In 2020, the CBC chronicled the verbal and physical abuse of a woman at the Craiglee Nursing Home in Scarborough. She was assaulted and abused by four difference workers as shown on a hidden camera in her room. The government was apparently aware of this facility's long history of physical abuse of residents but it had never had its license threatened much less revoked.

This facility was far from the only one.

"*Marketplace* isolated 21 violation codes for some of the most serious or dangerous offences, including abuse, inadequate infection control, unsafe medication storage, inadequate hydration, and poor skin and wound care, among others. The analysis found that of the 632 homes in the Ontario database, 538 — or 85 per cent — were repeat offenders" (Pedersen et al, 2020).

Also in 2020, a 20 year old was arrested after brutally beating a 75 year old man lying in his bed in a Detroit nursing home. The perpetrator apparently filmed the beating, landing dozens of blows, and turned the camera to show the man bruised and bleeding. The nursing home claimed to be unaware of the assault until it saw the video (Elliott, 2020).

Murders

In 2017, James Acker died in a Hamilton hospital after being brutally beaten at St. Joseph's Villa in Dundas. The attack happened in the early morning hours after another resident went into his room and began beating him. A personal support worker was unable to stop the beating and yelled for help instead of issuing a code white through the PA system. It appears that the Ministry of Health and Long Term Care investigated the incident and cited the facility for not following protocol. There was no indication that police were called although a murder had been committed. By 2014, 3,666 cases of similar abuse and neglect had been reported in Ontario's long term care facilities (Howorun, 2017).

Had someone with dementia killed another person in a family home or on the street, they would likely have been taken to a forensic unit of a mental health facility by police. However, when the murder occurred in a nursing home, only the Inspection Branch was called in to investigate.

180 people died on nurse Elizabeth Wettlaufer's shifts at the Caressant Care Nursing Home in Woodstock, yet no one batted an eye. "At the Caressant Care home in Woodstock, where she worked as a registered nurse from June 2007 to March 2014, Wettlaufer confessed to killing seven elderly residents. Inspectors learned that another 180 residents died during her shifts, according to ministry documents obtained by the Star through a freedom-of-information request." It was not until she turned herself in that she was charged with murder. She later admitted to killing eight residents and trying to kill six others (Contenta, 2018). An inquiry, whose recommendations have largely been ignored, was called into this tragedy. Consequently, there is no way of knowing whether or not other Wettlaufers are functioning with impunity in these facilities. It appears that only resident on resident violence is tracked.

This story goes back decades with residents dying suspiciously and no one investigating their deaths unless family or someone else raises a fuss.

In 2007, Keith Croteau, a man with a developmental disability was murdered by his roommate in a Sudbury Extendicare facility (Lacey, 2007). He was said to have died after a "fight" in the nursing home, but the fact is that he was brutally beaten to death because he was hard of hearing and had turned the TV up too loud, annoying his violent roommate. Doctors tried to blame a brain aneurysm instead of the serious beating for his death. His family wasn't having any of this, and insisted on an investigation that resulted in a charge of 2nd degree murder against the roommate.

Keith Croteau is not alone. At least 29 other homicides have occurred in long term care from 2013 – 2019 and this number is said to be underreported (Mancini, 2019).

Bribery, Money Laundering, Kickbacks and Fraud in Nursing Homes

It took FBI wiretaps to catch the top nursing home official in the state of Oklahoma in 2002 demanding kickbacks after doctoring paperwork for a nursing home owner. "Investigators found VanMeter created a culture of corruption: Homes were tipped off before inspections, inspectors' reports were altered, and serious violations were simply ignored" (CBS News, 2002).

In the Spring of 2019 Philip Esformes a Miami-Dade businessman who had built a nursing home empire was found guilty of 20 charges of bribery and paying kickbacks in one of the largest Medicare fraud cases in the country. He is alleged to have billed one billion dollars for services deemed questionable that residents did not need or never received (Weaver and Ovalle, 2019).

In the Spring of this year, in Quebec, serious questions were raised about the criminal history of Samir Chowieri (drug trafficking, conspiracy for fraud, money laundering, tax evasion) who ran three long term care facilities under the Katasa Group in Quebec, and also owns residential properties in Ottawa. The Parole Board had pardoned his past crimes. Special concerns were raised about the CHSLD Herron in Dorval, where the regional Health authority stepped in after discovering that 31 of 150 residents of that facility had died since mid-March (CBC News, 2020).

In 2014, Extendicare and its subsidiary Progressive Step Corporation had to pay \$38 million to the United States and 8 states to resolve allegations that they billed Medicare and Medicaid “for materially substandard nursing services that were so deficient that they were effectively worthless” (U.S. Department of Justice, 2014).

This year, in Ontario, Extendicare was given \$26,594,560 to build a new 256 bed institution in Stittsville (Vlasveld, 2020) after several of its facilities had to be taken over by hospitals (Ferguson, 2020; Goodwin, N., 2020). Extendicare was also one of the companies that got \$157 million in Federal and Provincial funding for COVID-19 relief while it paid out tens of millions of dollars to its shareholders and revenues were up (Lancaster, 2020; Financial Post, 2020).

If all of this leaves you shaking your head, you are not alone. How is it possible that after a U.S. Justice Department investigation into Extendicare’s activities in the U.S. resulted in serious sanctions, that the same company could be receiving provincial and federal government funding to expand its operations in Ontario, and also received taxpayer funded COVID aid while paying millions to shareholders?

Taxpayers might rightly be angry about public dollars being spent this way.

A Corrupt Inspection System?

In 2020 TVO spoke to a former member of Ontario’s long term care inspection service. Her comments about Ontario’s system of inspections were telling. “Michelle painted a picture of an utterly dysfunctional inspection system rife with incompetence and mismanagement, practices bordering on the corrupt — and worse....” “We generally met as a group prior to entering the homes,” she recalls. “And, on occasion, a senior inspector would say, ‘The administrator here is a friend of a friend. So we’re not going to find anything here, okay?’ On other occasions, Michelle says, she inspected homes on her own, only to be told even before beginning her work what the results of her investigations would be.” “You’re going to find this, this, and this, and you’re going to write it up this way, okay?” Michelle says she was told on several occasions by senior officials” (Paikin, 2020).

Utterly dysfunctional, rife with incompetence and mismanagement, bordering on the corrupt – words used to describe Ontario’s nursing home inspection service by a former inspector.

The question is why? Why has the government allowed this kind of travesty to continue?

It points to residents having no protection at all in a system that is 58% operated for profit, with management companies like UniversalCare, with questionable track records, also taking over management of non-profit facilities, thereby further tilting the balance toward profit taking in long term care (Wallace, 2020).

A News Release dated May 27, 2020 issued by the Office of the Premier stated that "Allegations such as the ones contained in the CAF report triggers the Ministry of Long-Term Care to share its findings with other agencies which may result in:

- Police investigations and potential criminal charges;
- Ministry of Labour inspections into worker health and safety, given the lack of training observed;
- Public health inspections into food preparation, etc;
- Referrals to professional colleges for practice standard violations, given medication management and care observations".

In light of Mr. Ford's statement, a member of SSAO filed a Freedom of Information request as follows:

"I am requesting information from the Ministry of Long-Term Care concerning whether or not any police investigations were triggered by inspectors' findings in the homes listed as being investigated in the News Release, specifically, Eatonville Care Centre, Hawthorne Place Care Centre, Altamont Care Community, Orchard Villa, Camilla Care Community, and Holland Christian Homes Inc. I am further requesting information concerning the nature of any referrals for police investigation."

This was the response:

"A search of the Ministry was conducted into whether any police investigations were triggered by ministry inspections into the following homes: Eatonville Care Centre, Hawthorne Place Care Centre, Altamont Care Community, Orchard Villa, Camilla Care Community, and Holland Christian Homes Inc. No responsive records were located, as ministry inspections did not trigger any police investigations."

In spite of a damning military report, countless press reports of substandard care, high infection and death rates, and the apparent prescription of dangerous anti-psychotic medications to residents, not one facility has lost its license. Not one facility has been heavily fined, because the ability to fine does not exist in the Act and regulations and no changes have been made to allow that to occur.

Canada's Criminal Code

There are currently no Criminal Code provisions that specifically protect older adults, and no mention of elder abuse in the Code. However, in September, 2020 the throne speech indicated that the Federal government plans to introduce amendments that will "explicitly penalize those who neglect seniors under their care, putting them in danger" (Harris, 2020). Matthew Friedberg, a partner at criminal defence firm Caramanna Friedberg LLP calls this "window dressing" suggesting that police already have the tools to hold those committing criminal acts against older adults responsible (Harris, 2020).

Seniors for Social Action Ontario recently met with the COVID-19 Long Term Care Commission and called on it to recommend police investigations in long term care, closer connections between inspectors and police services, and the appointment of a Crown Attorney to the Inspection Branch to institute a prosecution policy. It will be interesting to see if those recommendations become reality, and if they do, whether or not this government will actually implement them.

SSAO is recommending:

- **In light of Ontario government inaction with respect to criminal investigations of nursing homes with high infection and death rates, the Federal government request an RCMP investigation of these facilities – especially those where the military report documents what appears to be criminal negligence.**
- **That the Attorney General of Canada call a public inquiry into criminal acts in nursing homes across the country, including concerns about criminal negligence in care provision, possible money laundering, kickbacks, fraud, bribery, and physical, sexual, financial, and emotional abuse, and murder.**
- **That the COVID-10 Long Term Care Commission recommend criminal investigations into facilities with high infection and death rates and call for a higher degree of police liaison with inspectors, including public health and health and safety inspectors who go into these facilities, and that the Ontario government act on the Commission's recommendations.**
- **That the Attorney General of Canada liaise with his counterpart in the United States to determine if any of their investigations turned up criminal connections that have implications for Canada.**
- **That the Government of Canada launch an investigation of possible money laundering activities across Canada related to long term care facilities, and strengthen the RCMP's capacity to charge and the Attorney General's ability to prosecute money launderers.**
- **That the Government of Canada introduce legislation to close the loopholes allowing real estate companies, real estate investment trusts (REITs), the financial industry, the long term care industry, and lawyers to hide the actual owners of real estate in Canada, and to hide who is behind real estate transactions.**

The people of Ontario have seen and heard enough. It is time for both the provincial and federal governments to act.

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