

SCARBOROUGH LONG-TERM HOME DEATHS LINKED TO 1972 STANDARDS

Continued from page 1

Three or four-bed "ward rooms" are part of many aging nursing homes across North York, Scarborough and Etobicoke.

Like Extendicare Guildwood, these older homes were built to standards set for 1972, when many nursing home residents were younger and abler.

Known as "C" bed facilities, these homes are also where COVID-19 outbreaks were costliest in lives.

In Scarborough, Altamont Care Community (53 resident deaths) is a "C" home, as is Extendicare Guildwood (48 deaths, seven others recorded as non-COVID-19) and Seven Oaks (41).

Scarborough's Midland Gardens Care Community, a home with "B" beds — which "substantially exceed" 1972 requirements but don't meet contemporary standards — had 42 deaths.

In North York, Hawthorne Place lost 51 residents to COVID-19, while at Downsview Long Term Care Centre, 64 died.

In Etobicoke, Eatonville Care Centre (42 deaths) and Humber Valley Terrace (36) are also "C" facilities.

Facility age isn't the whole story. Newer or retrofitted nursing homes in Toronto's inner suburbs also had deadly outbreaks, and many "C" homes managed to stop outbreaks without loss of life.

Still, it is only homes



Lamanna family photo

Alessandra Lamanna-La Marca relaxes in 2013 with her mother Maria Luisa Lamanna, who died at North York's Hawthorne Place Care Centre during a COVID-19 outbreak in 2020.

built since 1998 which don't have rooms with three or four beds or other features which make isolating the virus more difficult.

Researchers based at Toronto's Mount Sinai Hospital looked at Ontario Long-Term Care (LTC) outbreaks between March 29 and May 20.

Using simulations, the team, led by Dr. Nathan Stall, found converting all four-bed rooms to two-bed rooms would have averted 19 per cent of COVID-19 infections and deaths. "Reducing crowding in nursing homes could prevent future COVID-19 mortality," they advised.

Ontario's government appeared to draw similar conclusions.

It told homes not to place new residents into ward rooms. On July 15, it announced a "modernized funding model" to rebuild older homes, including grants to cover municipal development charges.

"Murky," convoluted and lasting three to five years, the province's former capital renewal program for homes wasn't viable, and in Greater Toronto land costs were "prohibitive," said Ontario Long Term Care Association CEO Donna Duncan, in a recent interview, adding few facilities were rebuilt since 2007.

The association represents most Ontario nursing homes, including for-profit and not-for-profit

providers.

Measures taken during flu seasons in older homes "really were no match" for the coronavirus. With homes at capacity there was little ability to move residents around, Duncan said.

"There was no place left to move them to."

On July 22, Extendicare said it will limit occupancy in four-bed rooms to two residents in anticipation of a second wave, and that it had recently applied to rebuild all of its "C" bed homes.

Natalie Mehra, executive director of the Ontario Health Coalition, a network of more than 400 grassroots community organizations, said for-profit companies, which own many older homes in Toronto, haven't brought homes up to standards, though governments offered them money over two decades.

"They're running them as they are because they can," argued Mehra, who thinks the province should move such homes into public ownership.

Alessandra Lamanna-La Marca remembers the slow, shuddering elevator to the third floor of North York's Hawthorne Place, its stifling heat in summer, and the urine smells outside her mother's four-bed room.

That room had one shared bathroom, where her mother's wheelchair wouldn't fit.

Ward rooms can be

crowded. Lamanna-La Marca wrote earlier this month that her mother's personal space included a shared closet.

"They often would lose my mother's clothes and I would find her with someone else's clothing," she recalled.

Remaking older homes is "at the bottom of the priority list in many countries," partly because few people plan to live in such places, said Pat Armstrong, a York University sociology professor.

Studying long-term care for a book, Armstrong met Norwegians shocked by four-bed rooms; theirs were all private, she said.

Rather than just "tear it down," Armstrong said, Ontario needs multiple strategies to create flexibility in structures. A four-bed room, for instance, can become a double with a bathroom.

Providing staff with spaces to eat or change clothes, so they aren't taking contamination in or out, is important, she said.

Armstrong believes better LTC for seniors is a human right. Because we'll have to raise taxes to improve it, she's worried Ontarians will lose interest, thinking, "What's the big deal?"

STORY BEHIND THE STORY: Reporter Mike Adler wanted to explore the connection between COVID-19 outbreaks and older nursing home design.

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