

**SIENNA CLASS ACTION
INTAKE FORM**

Thomson Rogers is a law firm located in Toronto, Ontario. Since 1936, the Thomson Rogers' team has specialized in the areas of personal injury, product liability and institutional abuse. Our experienced and determined team was actively involved in the Indian Residential Schools and recent Niagara College class action settlements.

By completing this form, we will include you in our database and we will provide you with periodic updates on the progress of the class action. Your information will be kept private and will only be used for the purpose of this class action.

We may follow up with you by phone to further discuss you and your family's experience at Sienna Senior Living Inc. ("Sienna"). We also invite you to send us copies of any correspondence and photographs that will help us better understand these issues, as well as a photograph of your family member who resided at Sienna.

LONG-TERM CARE FACILITY

1. Name
2. Address

CONTACT INFORMATION

3. Name
4. Address
5. Phone number
6. Email
7. Relationship to resident

RESIDENT INFORMATION

1. Name
2. Date of birth
3. Languages spoken
4. Date resident moved into the long-term care facility
5. What pre-existing medical conditions did the resident have?

6. What type of room did the resident reside in?
(i.e. private or 2-person or 4-person)
7. What was the monthly cost of the room?
8. Did the resident use any assistive or ambulating devices?
(i.e. wheelchair, walker, cane)
9. Date of COVID-19 diagnosis:
10. How long was she/he showing symptoms prior to diagnosis?
11. When were you or other family members notified of the diagnosis and/or symptoms?
12. Were you aware of any other illnesses or issues that he/she developed since the COVID-19 outbreak?
13. Was the resident hospitalized at any time?
 - a. If yes, what dates?
14. Date of death (if applicable)
 - a. Do you have a copy of the will and death certificate (if applicable)?

FAMILY INFORMATION

1. How many children; grandchildren; siblings does the resident have or is the resident survived by?
2. If applicable, please provide the names and date of birth of any surviving family members and their relationship to the resident.

For the sections below, please only answer if you have information regarding these items. Please state the source of your information i.e. observed personally, informed by worker and/or resident, informed by other family member.

PERSONAL PROTECTIVE EQUIPMENT

1. Were nurses, PSWs, recreational workers, etc. all wearing PPE?
 - a. If so, what PPE were they wearing?

2. Was the home providing PPE to its workers?
 - a. If so, how often, and what did it provide?

3. What measures were taken when someone was diagnosed with COVID?

4. Were PPE provided to residents?
 - a. If yes, what were they given?
 - b. How often were residents given PPEs?
 - c. Were measures taken to ensure proper use?

PHYSICAL DISTANCING

1. When was the last time you entered the long-term care facility?
 - a. Were you provided with any PPE?
 - b. Were you screened before entering? (i.e. temperature taken)
2. When were residents required to stay in their rooms?
3. Were residents allowed to go to each other's rooms?
4. If the resident tested positive for COVID-19, were they separated from negative residents?
 - a. If yes, where were they moved to?

5. Are residents still dining together in the common area?
 - a. If not, when did that end?

6. Are residents still spending time together in recreational or other common areas?
 - a. If not, when did that end?
 - b. Are there limitations on how many people can be in certain rooms?
 - i. If so, are they enforced?

GENERAL CARE

1. Were you aware of any staffing shortages and/or issues at Sienna following the outbreak?
2. Do you have knowledge that a doctor was on site following the outbreak?
3. Did you speak with a doctor/attending physician following the outbreak?
4. Following the outbreak, did the resident receive 3 meals a day?
 - a. If no, were there issues with malnourishment and/or dehydration?
5. Following the outbreak, did the resident receive at least 2 baths a week?
 - a. If no, when was the last time you were aware the resident had been bathed?
6. Did the resident require assistance with mobility and transfers?
 - a. If yes, was the resident moved out of bed following the outbreak?
 - b. How often was the resident moved out of bed?
7. Did the resident develop any pressure ulcers or bed sores?
 - a. If yes, when were you advised?
 - b. Were they provided with proper wound care?
8. Did the resident require assistance with continence care?
 - a. If yes, was the resident properly changed following the outbreak?
9. Are you aware of any other issues with the provision of care to the resident following the outbreak?

Other Comments:

If you have any questions, please contact:

Stephen Birman (416-868-3137) or Lucy Jackson (416-868-3154)

Once completed, please return intake form to:

Laura Fleming at lfleming@thomsonrogers.com

**Or by mail to: Laura Fleming
Thomson Rogers
3100-390 Bay Street
Toronto, ON M5H 1W2**

By checking this box, I confirm that it is my intention to retain Thomson Rogers in the future with respect to this class proceeding. I also consent to Thomson Rogers communicating this intention and my name to the Defendants for the purposes of any discussions regarding this action.