London-Middlesex Long Term Care Homes **Collaborative Emergency Shelter Plan**

- To provide a summary of resources available and 24-hour contact for decision makers at all London-Middlesex Long Term Care **Purpose:** Homes in the event that any Long-Term Care Home needs emergency shelter for its residents.
- This is a mutual agreement between the *evacuating home* and the *receiving home* to provide assistance in the event an Scope: evacuation of either location is required.

Please note: Each resident's original "home" is ultimately responsible for ensuring appropriate care and services for those residents remaining under the care of said LTC home, regardless of the resident's relocation status during a disaster. All costs incurred for care and services provided are the responsibility of the resident's "home".

Responsibilities of the Evacuating Home include, but are not limited to:

- Ensure appropriate care and services for the resident(s)
- Promptly notify the receiving home of the potential to evacuate
- Promptly notify the receiving home when the decision to evacuate has been made
- Evacuate residents, utilizing own resources, to the receiving home
- Supplement the receiving home's staff
- Make arrangements with external providers to provide the following items as quickly as possible:
 - Resident medications and medication storage unit 0
 - Medical supplies and equipment 0
 - Food and water 0
 - Medical Records 0
 - Blankets as needed 0
 - Staff 0

Responsibilities of the Receiving Home include, but are not limited to:

- Provide a person of contact upon notification of imminent evacuation.
- Receive residents and direct to area where they will be sheltered.
- Coordinate appropriate use of medical supplies and services.
- Integrate evacuating home's staff into resident care planning
- Integrate evacuating home's Kitchen staff.
- Provide dietary needs using food supplies from evacuating home.

In the event of a disaster or other emergency that damages both homes, the senior management of both locations, in collaboration with local emergency response supports, determine to what extent each home may be able to assist the other.

This agreement will be automatically renewed on January 31st of each year, without action by the participating homes who have consented to participate in the Shelter Agreement. Any home may terminate this agreement with a thirty (30) day written notice".

PARTICIPATING HOMES

- 1. Babcock Community Care Centre
- 3. AgeCare Parkhill
- 5. Country Terrace
- 7. Dearness Home
- 9. Elmwood Place
- 11. Henley Place
- 13. McCormick Home
- 15. Meadowpark London
- 17. Mount Hope Centre for LTC
- 19. Southbridge London
- 21. Strathmere Lodge
- 23. Westmount Gardens

- 2. AgeCare London
- 4. Chelsey Park
- 6. Craigwiel Gardens
- 8. Earls Court
- 12. Kensington Village
- 14. McGarrell Place

- 22. The Village of Glendale Crossing

If the automated system is used to alert homes of a potential evacuation, alerts will also go to Middlesex-London Ontario Health Team, Middlesex London Health Unit, Home and Community Support Services, City of London.

It is the responsibility of each Executive Director/ Administrator to keep their Home's information up to date should it change during the calendar year.

- 10. Extendicare London

- 16. Middlesex Terrace
- 18. Peoplecare Oakcrossing
- 20. Sprucedale Care Centre

Date:	February 21, 2023	
LTC Home:	Babcock Community Care Centre	
	196 Wellington Street, Wardsville, ON	
Address	N0L2N0	
Telephone #:	519-693-4415	
Fax#:	519-693-4876	
Name of person completing this form:	Joe Babcock	
E-mail Address:	admin@babcockonline.com	
		1
Number of square feet of Shelter you are able to provide:	1000	
How many residents could you accommodate?	2	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	Yes	
Bathrooms?	Yes	
Emergency Contact Name:	Joe Babcock	
(if you have an emergency pager or cell phone it	miaht be helpful as when someone calls	
they will need to talk with someone that can n		
they will need to talk with someone that can n	nake a decision in a short time frame.)	519-693-4415
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Administrator	519-693-4415
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Administrator Work	519-693-4415 519-359-3645 – text ok
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Administrator Work Home	
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Administrator Work Home	
they will need to talk with someone that can n Position: Contact Information:	nake a decision in a short time frame.) Administrator Work Home Cell (Indicate if Text ok)	
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name:	Administrator Work Home Cell (Indicate if Text ok)	
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Administrator Work Home Cell (Indicate if Text ok) Jeff Babcock Administrative Director	519-359-3645 – text ok
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Administrator Work Home Cell (Indicate if Text ok) Jeff Babcock Administrative Director Work	519-359-3645 – text ok 519-693-4415
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Administrator Administrator Work Home Cell (Indicate if Text ok) Jeff Babcock Administrative Director Work Home	519-359-3645 – text ok 519-693-4415
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Administrator Administrator Work Home Cell (Indicate if Text ok) Jeff Babcock Administrative Director Work Home	519-359-3645 – text ok 519-693-4415
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Administrator Work Home Cell (Indicate if Text ok) Jeff Babcock Administrative Director Work Home Cell (Indicate if Text ok)	519-359-3645 – text ok 519-693-4415
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Administrator Work Home Cell (Indicate if Text ok) Jeff Babcock Administrative Director Work Home Cell (Indicate if Text ok) Janet Lunn	519-359-3645 – text ok 519-693-4415 519-868-8224 – text ok
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Administrator Work Home Cell (Indicate if Text ok) Jeff Babcock Administrative Director Work Home Cell (Indicate if Text ok) Janet Lunn Work	519-359-3645 – text ok 519-693-4415 519-868-8224 – text ok

Unable to accept covid positive residents

Data	July 19, 2022	
Date: LTC Home:	July 18, 2023 Chartwell London LTC	
Address	2000 Blackwater Road London	
Telephone #:	519-434-2727	
Fax#:	519-679-3442	
Name of person completing this form:	Sarah Tutti	
E-mail Address:	stutti@chartwell.com	
	Stattl@chaitwch.com	
Number of square feet of Shelter you are able to provide:	280	
How many residents could you accommodate?	2	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	No, mattresses available	
Bathrooms?	Yes	
Emergency Contact Name:	Manager on Call	
(if you have an emergency pager or cell phone it	might be helpful as when someone calls	
they will need to talk with someone that can n	nake a decision in a short time frame.)	
Position:	Manager on Call	
Contact Information:	Work	519-434-2727
	Home	
	Cell (Indicate if Text ok)	226-236-9725
Alternate Contact Name:	Maureen Cooke	
Position:	PSSM	
Contact Information:	Work	519-434-2727 Ext 238
	Home	
	Cell (Indicate if Text ok)	
Director of Care:	Deborah Adetinkan	
	Work	519-434-2727 Ext 225
	Home	
	Cell (Indicate if Text ok)	519-694-1969

Date:	February 16 2023	
LTC Home:	Chartwell Parkhill LTC	
Address	250 Tain Street, Parkhill, ON NOM 2K0	
Telephone #:	519-294-6342	
Fax#:	519-294-0107	
Name of person completing this form:	Tania Taylor	
E-mail Address:	tataylor@chartwell.com	
Number of square feet of Shelter you are able to provide:	600 -sunroom, 60-lounge, 100- 2 nd lounge	
How many residents could you accommodate?	15	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	No- but mattresses available	
Bathrooms?	Visitor- accessible washrooms	
Emergency Contact Name:	Tania Taylor	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
Position:	Administrator and Director of Care	
Contact Information:	Work	519-294-6342 ext 222
	Home	226-234-4914
	Cell (Indicate if Text ok)	519-808-4479
Alternate Contact Name:	Jennifer Muma	
Position:	Environmental Manager	
Position: Contact Information:	Environmental Manager Work	519-294-6342 ext 230
	5	519-294-6342 ext 230
	Work	519-294-6342 ext 230 519-520-7628
	Work Home	
	Work Home Cell (Indicate if Text ok)	
Contact Information:	Work Home Cell (Indicate if Text ok)	
Contact Information:	Work Home Cell (Indicate if Text ok) Tania Taylor	519-520-7628
Contact Information:	Work Home Cell (Indicate if Text ok) Tania Taylor Work	519-520-7628 519-294-6342 ext 222

Date:February 21, 2023LTC Home:Chelsey Park LTCAddress310 Oxford Street West, London ONTelephone #:519-432-1855 Ext. 225Fax#:519-679-7524Name of person completing this form:Shannon IdesonE-mail Address:sideson@southbridgecare.com	
Address310 Oxford Street West, London ONTelephone #:519-432-1855 Ext. 225Fax#:519-679-7524Name of person completing this form:Shannon Ideson	
Telephone #:519-432-1855 Ext. 225Fax#:519-679-7524Name of person completing this form:Shannon Ideson	
Fax#:519-679-7524Name of person completing this form:Shannon Ideson	
Name of person completing this form: Shannon Ideson	
E-Indi Address. Sideson@southbridgecare.com	
Number of square feet of Shelter you are able to provide: 600 sq feet	
How many residents could you accommodate? 8	
Can you provide food for those you are sheltering? yes	
Can you provide beds? 8	
No/ public washroom in hallway male and	
Bathrooms? female washrooms	
Emergency Contact Name: Shannon Ideson	
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)	
Position: Executive Director	
Contact Information: Work 519-432-1855 ex	+ 225
Home	
Cell (Indicate if Text ok) 519-318-3590	
Alternate Contact Name: Sue Tozer	
Position: Education Lead	
Contact Information: Work 519-432-1855 ex	+ 267
Home	
Cell (Indicate if Text ok)	
Director of Care: Saheed Garuba	
Work 519-432-1855 ex	t 264
Home	
Cell (Indicate if Text ok) 519-317-4924	

	E-hman 24 2022	
Date:	February 24, 2023	
LTC Home:	Omni Quality Living-Country Terrace 10072 Oxbow Dr.	
Address Telephone #:	519-657-2955	
Fax#:	519-657-8516	
Name of person completing this form:	Karen Dann	
E-mail Address:	kdann@omniqualityliving.com	
L-mail Audress.	Kuann@onniquaityiving.com	
Number of square feet of Shelter you are able to provide:	500	
How many residents could you accommodate?	8	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	At least Mattress	
Bathrooms?	Yes	
Emergency Contact Name:	Karen Dann	
(if you have an emergency pager or cell phone it		
they will need to talk with someone that can n		
Position:	Administrator	
Contact Information:	Work	519-657-2955
	Home	
	Cell (Text ok)	519-859-8662
Alternate Contact Name:	Will Martyn	
Position:	Environmental Service Manager	
Contact Information:	Work	519-657-2955
	Home	
	Cell (Text ok)	226-973-7294
Director of Nursing:	Anne Marggraf	
Contact Information:	Work	519-657-2955
	Home	
	Cell (Text ok)	519-902-5035

Country Terrace is in the middle construction until the end of 2024.

Date:	February 27, 2023	
LTC Home:	Craigwiel Gardens	
	221 Ailsa Craig Main Street, Ailsa Craig, Ontario.	
Address	NOM 1A0	
Telephone #:	519 293-3215	
Fax#:	519 293 3941	
Name of person completing this form:	Sarah Campbell	
E-mail Address:	scampbell@craigwielgardens.on.ca	
Number of square feet of Shelter you are able to provide:	400	
How many residents could you accommodate?	4	
Can you provide food for those you are sheltering?	YES	
Can you provide beds?	NO	
Bathrooms?	YES	
Emergency Contact Name:	Sarah Campbell	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
Position:	CEO	
Contact Information:	Work	519 293-3215 EXT.222
	Home	519 472-9267
	Cell (Indicate if Text ok)	519-494-1950
		1
Alternate Contact Name:	Jeff Taylor	
Position:	Maintenance Coordinator	
Contact Information:	Work	519 293-3215 EXT. 278/234
	Home	
	Cell (Indicate if Text ok)	519 777-8402
Director of Care:	Nicole Fleischauer	
	Work	519 293-3215 EXT.223
	Home	
	Cell (Indicate if Text ok)	519 872-2468

Date:	February 10, 2023	
LTC Home:	Dearness Home	
Address	710 Southdale Road	
Telephone #:	519-661-0400	
Fax#:	519-661-0446	
Name of person completing this form:	Eileen Marion-Bellemare	
E-mail Address:	ebellemare@london.ca	
Number of square feet of Shelter you are able to provide:	700	
How many residents could you accommodate?	10	
Can you provide food for those you are sheltering?	yes	
Can you provide beds?	no	
Bathrooms?	yes	
Emergency Contact Name:	Leslie Hancock	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
Position:	Administrator – Leslie Hancock	
Contact Information:	Work	519-661-2489 x8260
	Home	
	Cell (Indicate if Text ok)	226-448-5292
Alternate Contact Name:	Shane Buchner	
Position:	Manager of Environmental Services	
Contact Information:	Work	519-661-2489 X8229
	Home	
	Cell (Indicate if Text ok)	226-926-2376
		l l
Director of Care:	Eileen Marion-Bellemare	
	Work	519-661-2489 x8263
	Home	
	Cell (Indicate if Text ok)	226-268-6190

February 23, 2023 Earls Court Village 1390 Highbury Ave north 519-601-5088 519-601-5388 Rob Bissonnette rbissonnette@svch.ca 840 4 yes No, but mattresses available Visitor accessible washroom sonnette Ipful as when someone calls ion in a short time frame.) re Director	
1390 Highbury Ave north 519-601-5088 519-601-5388 Rob Bissonnette rbissonnette@svch.ca 840 4 yes No, but mattresses available Visitor accessible washroom sonnette Ipful as when someone calls ion in a short time frame.)	
519-601-5088 519-601-5388 Rob Bissonnette rbissonnette@svch.ca 840 4 yes No, but mattresses available Visitor accessible washroom sonnette Ipful as when someone calls ion in a short time frame.)	
Rob Bissonnette rbissonnette@svch.ca 840 4 yes No, but mattresses available Visitor accessible washroom connette Ipful as when someone calls ion in a short time frame.)	
rbissonnette@svch.ca 840 4 yes No, but mattresses available Visitor accessible washroom connette Ipful as when someone calls forn in a short time frame.)	
840 4 yes No, but mattresses available Visitor accessible washroom connette Ipful as when someone calls fon in a short time frame.)	
4 yes No, but mattresses available Visitor accessible washroom sonnette Ipful as when someone calls ion in a short time frame.)	
4 yes No, but mattresses available Visitor accessible washroom sonnette Ipful as when someone calls ion in a short time frame.)	
4 yes No, but mattresses available Visitor accessible washroom sonnette Ipful as when someone calls ion in a short time frame.)	
yes No, but mattresses available Visitor accessible washroom connette Ipful as when someone calls fon in a short time frame.)	
No, but mattresses available Visitor accessible washroom connette Ipful as when someone calls fon in a short time frame.)]
onnette Ipful as when someone calls ion in a short time frame.)]
lpful as when someone calls ion in a short time frame.)]
lpful as when someone calls ion in a short time frame.)	
ion in a short time frame.)]
]
ve Director	
Work	519-601-5088 Ext 501
Home	519-851-5915 (cell)
Cell (Indicate if Text ok)	
	1
	519-601-5088 ext 501
-	
	519-520-9793
aram]
Work	519-601-5088 ext 501
Home	
Cell (Indicate if Text ok)	519-933-7327
r	

Date:	May 23, 2023	
LTC Home:	Elmwood Place	
Address	3400 Morgan Ave London ON N6L 0G7	
Telephone #:	519-433-7259	
Fax#:	519-660-0158	
Name of person completing this form:	Dawn Mackintosh	
E-mail Address:	Dawn.mackintosh@reveraliving.com	
		-
Number of square feet of Shelter you are able to provide:		
How many residents could you accommodate?	4	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	3 cots and 1 Queen non-medical bed	
Bathrooms?	yes	
		1
Emergency Contact Name:	Dawn Mackintosh	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
Position:	Executive Director	
Contact Information:	Work	226-926-4755
	Home	Same as below
	Cell (Indicate if Text ok)	226-926-2451
Alternate Contact Name:	Jennifer Kunz	
Position:	Resident Services Coordinator	
Contact Information:	Work	519-433-7259 x 2004
	Home	519-476-4768
	Cell (Indicate if Text ok)	yes
Director of Care:	Sarah Hind	
	Work	519-433-7259 x2003
	Home	
	Cell (Indicate if Text ok)	Yes 226-973-4786

Date:	December 22, 2023	
LTC Home:	Extendicare London	
	860 Waterloo Street, London, ON; N6A	
Address	3W6	
Telephone #:	519-433-6658	
Fax#:	519-642-1711	
Name of person completing this form:	Jeff Turnbull	
E-mail Address:	jturnbull@extendicare.com	
		1
Number of square feet of Shelter you are able to provide:	600	
How many residents could you accommodate?	5	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	No	
Bathrooms?	Yes	
Emergency Contact Name:	Janet Lakie	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
Position:	Janet Lakie-Administrator	
Contact Information:	Work	519-433-6658 Ext. 212
	Home	
	Cell (Indicate if Text ok)	
Alternate Contact Name:	Jeff Turnbull	
Position:	Support Services Manager	
Contact Information:	Work	519-433-6658
	Home	519-317-2913 text ok
	Cell (Indicate if Text ok)	519-668-4393 text ok
	-	
Director of Care:		
	Elvira	519-433-6658 Ext. 236
	Cell (Indicate if Text ok)	
Director of Care:	Michelle Lemhenyi Elvira Villenueva Michelle Elvira	519-433-6658 Ext. 217 519-433-6658 Ext. 236

Date:	February 16, 2023	
LTC Home:	Henley Place	
Address	1961 Cedarhollow Blvd. London	
Telephone #:	519-951-0220	
Fax#:	519-951-0212	
Name of person completing this form:	Rae Ajayi	
E-mail Address:	RAjay@primacareliving.com	
Number of square feet of Shelter you are able to provide:	2500	
How many residents could you accommodate?	13	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	No	
Bathrooms?	Yes	
Emergency Contact Name:		
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
(if you have an emergency pager or cell phone it they will need to talk with someone that can n Position:		
they will need to talk with someone that can n	nake a decision in a short time frame.)	519 951 0220 x 5130
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Executive Director	519 951 0220 x 5130
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Executive Director Work	519 951 0220 x 5130 226-984-9327
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok)	
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name:	hake a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior	
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Anake a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner	
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name:	Anake a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner Work	
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	hake a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner Work Home Mork Executive Director Work Home Cell (Indicate if Text ok)	226-984-9327
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Anake a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner Work	
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Anake a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner Work Home	226-984-9327
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Make a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner Work Home Cell (Indicate if Text ok)	226-984-9327 647-515-1110
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Analysia a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner Work Home Cell (Indicate if Text ok) Work Work	226-984-9327
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Make a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner Work Home Cell (Indicate if Text ok)	226-984-9327 647-515-1110
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Make a decision in a short time frame.) Executive Director Work Home Cell (Indicate if Text ok) Matthew Melchior Owner Work Home Cell (Indicate if Text ok)	226-984-9327 647-515-1110

Date:	February 15, 2023	
LTC Home:	Kensington Village	
Address	1340 Huron St, London, Ontario, N5V 3R3	
Telephone #:	519-455-3910	
Fax#:	519-455-1570	
Name of person completing this form:	Michelle Dawson	
E-mail Address:	mdawson@svch.ca	
Number of square feet of Shelter you are able to provide:	700	
How many residents could you accommodate?	6	
Can you provide food for those you are sheltering?	yes	
Can you provide beds?	yes	
Bathrooms?	yes	
		1
Emergency Contact Name:	Michelle Dawson	
(if you have an emergency pager or cell phone it		
they will need to talk with someone that can n		1
Position:	Executive Director	
Contact Information:	Work	519-455-3910 x 230
	Home	
	Cell (Indicate if Text ok)	519-200-8153 (ok to text)
	Leelle Dooleenne	
Alternate Contact Name:	Leslie Ducharme Director of Operations	
Position: Contact Information:	Work	
Contact Information:	Home	
	Cell (Indicate if Text ok)	519-319-6510 (ok to text)
		519-519-0510 (0K to text)
Director of Care:	Melanie Campbell	
	Work	519-455-3910 x 228
	Home	
	Cell (Indicate if Text ok)	226-377-4629 (ok to text)

Beds on Retirement side would be able to accommodate Residents, which would include beds. Staff would ideally accompany the Residents from their LTC home.

Date:	February 03, 2023	
LTC Home:	McCormick Home	
Address	2022 Kains Road, London On N6K 0A8	
Telephone #:	519-432-2648	
Fax#:	519-472-1486	
Name of person completing this form:	Lisa Maynard	
E-mail Address:	Imaynard@mccormickcare.ca	
Number of square feet of Shelter you are able to provide:	1750	
How many residents could you accommodate?	5	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	No	
Bathrooms?	Yes	
Emergency Contact Name:	Lisa Maynard	
(if you have an emergency pager or cell phone it		
they will need to talk with someone that can n	nako a docicion in a chort timo framo)	
	iake a decision in a short time frame.	1
Position:	Administrator	
		519-432-2648 Ext. 2321
Position:	Administrator Work Home	519-432-2648 Ext. 2321
Position:	Administrator Work	519-432-2648 Ext. 2321 519-317-3776
Position: Contact Information:	Administrator Work Home Cell (Indicate if Text ok)	
Position: Contact Information: Alternate Contact Name:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis	
Position: Contact Information: Alternate Contact Name: Position:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services	519-317-3776
Position: Contact Information: Alternate Contact Name:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services Work	
Position: Contact Information: Alternate Contact Name: Position:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services Work Home	519-317-3776 519-432-2648 Ext. 2379
Position: Contact Information: Alternate Contact Name: Position:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services Work	519-317-3776
Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services Work Home Cell (Indicate if Text ok)	519-317-3776 519-432-2648 Ext. 2379
Position: Contact Information: Alternate Contact Name: Position:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services Work Home Cell (Indicate if Text ok) Kerri Gaffney	519-317-3776 519-432-2648 Ext. 2379 519-933-7090
Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services Work Home Cell (Indicate if Text ok) Kerri Gaffney Work	519-317-3776 519-432-2648 Ext. 2379
Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services Work Home Cell (Indicate if Text ok) Kerri Gaffney Work Home	519-317-3776 519-432-2648 Ext. 2379 519-933-7090 519-432-2648 Ext. 2322
Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Administrator Work Home Cell (Indicate if Text ok) Jim Davis Manager of Environmental Services Work Home Cell (Indicate if Text ok) Kerri Gaffney Work	519-317-3776 519-432-2648 Ext. 2379 519-933-7090

Date:	February 27, 2023	
LTC Home:	McGarrell Place	
Address	355 MCGARRELL DRIVE LONDON ON N6G0B1	
Telephone #:	519-672-0500	
Fax#:	519-472-7987	
Name of person completing this form:	CHRISTEN MCLEOD	
E-mail Address:	Christen.mcleod@reveraliving.com	
		1
Number of square feet of Shelter you are able to provide:	1000 sq ft	
How many residents could you accommodate?	10	
Can you provide food for those you are sheltering?	YES	
Can you provide beds?	NO	
Bathrooms?	YES	
Emergency Contact Name:	CHRISTEN MCLEOD	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
Position:	Christen McLeod- Executive Director	
Contact Information:	Work	519-672-0500 X2002
	Home	
	Cell (Indicate if Text ok)	519-494-0165 TEXT-YES
Alternate Contact Name:	Jeff Taylor	
Position:	ESM	
Contact Information:	Work	519-672-0500 X2007
	Home	
	Cell (Indicate if Text ok)	519-902-8473 YES
		1
Director of Care:	Lincy Thankaraj Sisil	
	Work	519-672-0500 X2003
	Home	
	Cell (Indicate if Text ok)	226-448-4267

Date:	February 23, 2023	
LTC Home:	Meadowpark London	
Address	1210 Southdale Road East London	
Telephone #:	519-686-0484	
Fax#:	519-686-9932	
Name of person completing this form:	Emaculada Chesher	
E-mail Address:	echesher@jarlette.com	
		1
Number of square feet of Shelter you are able to provide:	0	
How many residents could you accommodate?	0	
Can you provide food for those you are sheltering?	0	
Can you provide beds?	0	
Bathrooms?	0	
Emergency Contact Name:	Emaculada Chesher	
(if you have an emergency pager or cell phone it		
they will need to talk with someone that can n		1
Position:	Administrator	
Contact Information:	Work	519-686-0484 Ext. 31
	Home	
	Cell (Indicate if Text ok)	519-870-6103
Alternate Contact Name:	Jason Milloy	
Position:	Environmental Supervisor	
Contact Information:	Work	519-686-0484 Ext. 15
	Home	
	Cell (Indicate if Text ok)	226-234-9062
Diversion of Course	Jashu Dhilis	
Director of Care:	Inanu Philip Work	510 696 0494 Evt. 22
		519-686-0484 Ext. 32
	Home	427.096.5507
	Cell (Indicate if Text ok)	437-986-5507

Date:	February 3, 2023	
LTC Home:	Middlesex Terrace	
Address	2094 Gideon Drive Delaware, On NOL 1E0	
Telephone #:	519-652-3483	
Fax#:	519-652-8733	
Name of person completing this form:	Melissa Cranston	
E-mail Address:	mcranston@middlesexterrace.ca	
Number of square feet of Shelter you are able to		
provide:	600 sq feet	
How many residents could you accommodate?	2	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	Yes	
Bathrooms?	Yes	
		1
Emergency Contact Name:	Melissa Cranston or Carol Bradley	
(if you have an emergency pager or cell phone it they will need to talk with someone that can r		
Position:	Executive Director]
Contact Information:	Work	519-652-3483 Ext 38
Contact mormation.	Home	515-052-5465 EXT 56
	nome	Melissa- 519-996-2219
	Cell (Text OK)	Carol- 226-228-5789
	*on call cell number – 548-888-3483	
Alternate Contact Name:	Cassie Boros	
Position:	Director of Culinary & Environmental Services	
Contact Information:	Work	519-652-3483 Ext 23
	Home	
	Cell (Text OK)	519-281-8685
Director of Care:	Angela Dayman	
	Work	519-652-3483 Ext 39
	Home	
	Cell (Text OK)	519-859-3189

Date:February 03, 2023LTC Home:Mount Hope Centre for Long Term CareAddress21 Grosvenor St. London, ON N6A 1Y6Telephone #:519-646-6100Fax#:519-646-6148Name of person completing this form: E-mail Address:Tanya PolE-mail Address:tanya.pol@sjhc.london.on.caNumber of square feet of Shelter you are able to provide: How many residents could you accommodate?10 (Could consider more)	
Address21 Grosvenor St. London, ON N6A 1Y6Telephone #:519-646-6100Fax#:519-646-6148Name of person completing this form: E-mail Address:Tanya PolKumber of square feet of Shelter you are able to provide:Image: Completing the second	
Telephone #: 519-646-6100 Fax#: 519-646-6148 Name of person completing this form: Tanya Pol E-mail Address: tanya.pol@sjhc.london.on.ca	
Fax#: 519-646-6148 Name of person completing this form: Tanya Pol E-mail Address: tanya.pol@sjhc.london.on.ca Number of square feet of Shelter you are able to provide: Image: Completing the second seco	
Name of person completing this form: Tanya Pol E-mail Address: tanya.pol@sjhc.london.on.ca Number of square feet of Shelter you are able to provide:	
E-mail Address: tanya.pol@sjhc.london.on.ca Number of square feet of Shelter you are able to provide:	
Number of square feet of Shelter you are able to provide:	
How many residents could you accommodate? 10 (Could consider more)	
Can you provide food for those you are sheltering? Yes	
Can you provide beds? Yes	
Bathrooms? Yes	
Emergency Contact Name:On-Call Leader Pager #10580	
(if you have an emergency pager or cell phone it might be helpful as when someone calls	
they will need to talk with someone that can make a decision in a short time frame.)	
Position: Tanya Pol- Executive Director	
Contact Information: Work 519-646-6100-	Ext.65395
Home	
Cell (Indicate if Text ok) 519-859-0549	
Alternate Contact Name:	
Position:	
Contact Information: Work	
Home	
Cell (Indicate if Text ok)	
Director of Care: Leah Normandin	
Work 519-646-6100 E	Ext. 65287
Home	
Cell (Indicate if Text ok) Pager # 10788	

Date:	February 3 2023	
LTC Home:	Oakcrossing LTC	
Address	1242 Oakcrossing Rd London Ontario	
Telephone #:	519-641-00231	
Fax#:	519-641-0028	
Name of person completing this form:	Deborah Sims	
E-mail Address:	dsims@peoplecare.ca	
Number of square feet of Shelter you are able to provide:		
How many residents could you accommodate?	10	
Can you provide food for those you are sheltering?	yes	
Can you provide beds?	3 plus pull outs	
Bathrooms?	Shared yes	
	Daharah Circa	
Emergency Contact Name:	Deborah Sims	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
they will need to talk with someone that can n Position:		
Position: Contact Information:	Deborah Sims- Executive Director Work	519-641-0021 Ext 103
Contact mormation.	Home	519-496-2171
	поше	515-450-2171
	Call (Indicate if Taxt ak)	VAS
	Cell (Indicate if Text ok)	yes
Alternate Contact Name:		yes
Alternate Contact Name:	Cell (Indicate if Text ok) Victoria Livingston	yes
Position:	Victoria Livingston	,
	Victoria Livingston Work	519-641-0021 Ext 109
Position:	Victoria Livingston Work Home	519-641-0021 Ext 109 519-476-3090
Position:	Victoria Livingston Work	519-641-0021 Ext 109
Position: Contact Information:	Victoria Livingston Work Home Cell (Indicate if Text ok)	519-641-0021 Ext 109 519-476-3090
Position:	Victoria Livingston Work Home	519-641-0021 Ext 109 519-476-3090
Position: Contact Information:	Victoria Livingston Work Home Cell (Indicate if Text ok) Victoria Livingston	519-641-0021 Ext 109 519-476-3090
Position: Contact Information:	Victoria Livingston Work Home Cell (Indicate if Text ok) Victoria Livingston Work	519-641-0021 Ext 109 519-476-3090
Position: Contact Information:	Victoria Livingston Work Home Cell (Indicate if Text ok) Victoria Livingston Work Home	519-641-0021 Ext 109 519-476-3090

Date:	Estructure 10, 2022	
LTC Home:	February 10, 2023 Southbridge London	
Address	3715 Southbridge Ave	
Telephone #:	226-289-3731	
Fax#:	226-289-3737	
Name of person completing this form:	Suzi Holster	
E-mail Address:	sholster@southbridgecare.com	
L-IIIali Autress.	shoister@southbridgetare.com	I
Number of square feet of Shelter you are able to provide:	1125 SQ FT –main floor activity /chapel room (additional area if vacant beds –private and basic rooms)	
How many residents could you accommodate?	2 (main floor space) + any vacant room beds	
Can you provide food for those you are sheltering?	yes	
Can you provide beds?	No, only if have vacant residents/beds	
Bathrooms?	yes	
Emergency Contact Name:	Suzi Holster	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		I
they will need to talk with someone that can n Position:		
they will need to talk with someone that can n	nake a decision in a short time frame.)	226-289-3731 Ext 1001
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Executive Director – Suzi Holster	N/A
they will need to talk with someone that can n Position:	nake a decision in a short time frame.) Executive Director – Suzi Holster Work	N/A
they will need to talk with someone that can n Position: Contact Information:	nake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok)	N/A
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name:	nake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot	N/A
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	nake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care	N/A 519-670-3173 Text okay
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name:	Anake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care Work	N/A 519-670-3173 Text okay 226-289-3731 ext 1002
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	hake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care Work Home	N/A 519-670-3173 Text okay 226-289-3731 ext 1002 N/A
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Anake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care Work	N/A 519-670-3173 Text okay 226-289-3731 ext 1002
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	hake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care Work Home Cell (Indicate if Text ok)	N/A 519-670-3173 Text okay 226-289-3731 ext 1002 N/A
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position:	Anake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care Work Home Cell (Indicate if Text ok) Same as above	N/A 519-670-3173 Text okay 226-289-3731 ext 1002 N/A
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Anake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care Work Home Cell (Indicate if Text ok) Same as above Work	N/A 519-670-3173 Text okay 226-289-3731 ext 1002 N/A
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Anake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care Work Home Cell (Indicate if Text ok) Same as above Work Home Cell (Indicate if Text ok)	N/A 519-670-3173 Text okay 226-289-3731 ext 1002 N/A
they will need to talk with someone that can n Position: Contact Information: Alternate Contact Name: Position: Contact Information:	Anake a decision in a short time frame.) Executive Director – Suzi Holster Work Home Cell (Indicate if Text ok) Jody Abbot Director of Care Work Home Cell (Indicate if Text ok) Same as above Work	N/A 519-670-3173 Text okay 226-289-3731 ext 1002 N/A

Date:	February 6, 2023]
LTC Home:	Sprucedale Care Centre	
Address	96 KITTRIDGE AVE.E	
Telephone #:	519-245-2808	
Fax#:	519-245-1767	
Name of person completing this form:	BEV RIPLEY	
E-mail Address:	bev@sprucedale.ca	
		_
Number of square feet of Shelter you are able to provide:	1775 square feet	
How many residents could you accommodate?	15	
Can you provide food for those you are sheltering?	Short Term	
Can you provide beds?	NO	
Bathrooms?	YES	
		1
Emergency Contact Name:	Corrie VanHeeswyk	J
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
Position:	Executive Director – Corrie VanHeeswyk]
Contact Information:	Work	519-245-2808 ext. 7127
	Home	
	Cell (Indicate if Text ok)	519-854-9422
		1
Alternate Contact Name:	Bev Ripley	-
Position:	Director of Environmental Services	
Contact Information:	Work	519-245-2808 ext.7114
	Home	
	Cell (Indicate if Text ok)	519-852-5488
		1
Director of Care:		F10 245 2000 at 74.04
	Work Home	519-245-2808 ext.7101
	Cell (Indicate if Text ok)	226-919-4943

Date:	February 8, 2023	
LTC Home:	Strathmere Lodge	
Address	599 Albert St. Strathroy, ON N7G 3J3	
Telephone #:	[519] 245-2520	
Fax#:	519] 245-5711	
Name of person completing this form:	Brent Kerwin	
E-mail Address:	bkerwin@middlesex.ca	
Number of square feet of Shelter you are able to provide:	1500	
How many residents could you accommodate?	20	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	No	
Bathrooms?	Yes	
		1
Emergency Contact Name:	Brent Kerwin	
(if you have an emergency pager or cell phone it they will need to talk with someone that can m		
Position:	Administrator – Brent Kerwin	
Contact Information:	Work	(519) 245-2520, ext. 6222
contact mormation.	Home	(519) 719-9987
	Cell (Text ok)	(519) 719-9987
		(
Alternate Contact Name:	Augustine Caines	
Position:	Office Supervisor	
Contact Information:	Work	(519) 245-2520, ext. 6246
	Home	(519) 762-0356
	Cell (Text ok)	(519) 281-2525
Director of Care:	Sonya Gillett	
	Work	(519) 245-2520, ext. 6234
	Home	
	Cell (Text ok)	(519) 355-4657

Accommodation would be provided in our "Rose Room", which has two wheelchair-accessible washrooms. Lack of privacy could be an issue; arrangements would have to be made to acquire and erect privacy curtains.

Would not accept evacuated residents if they were COVID+, or if we were in outbreak.

Data	February 8, 2023	
Date: LTC Home:	The Village of Glendale Crossing	
Address	3030 Singleton Ave London ON N6L0B6	
Telephone #:	519-668-5600	
Fax#:	519-668-5604	
Name of person completing this form:	Holly Ross	
E-mail Address:	Holly.Ross@schlegelvillages.com	
	The second second second second second	1
Number of square feet of Shelter you are able to provide:		
How many residents could you accommodate?	6	
Can you provide food for those you are sheltering?	Yes	
Can you provide beds?	No	
Bathrooms?	Yes	
		1
Emergency Contact Name:	Holly Ross	
(if you have an emergency pager or cell phone it they will need to talk with someone that can n		
Position:	Assistant General Manager	
Contact Information:	Work	519-668-5600 Ext 8003
	Home	
	Cell (Indicate if Text ok)	
Alternate Contact Name:	Cindy Awde	
Position:	General Manager	
Contact Information:	Work	519-668-5600 Ext 8203
	Home	
	Cell (Indicate if Text ok)	226-919-7190 Ok to text
Director of Care:	Melissa Green	
	Work	519-668-5600 Ext 8005
	Home	
	Cell (Indicate if Text ok)	

		1
Date:	February 6, 2023	
LTC Home:	Westmount Gardens	
Address	590 Longworth Road	
Telephone #:	519-472-6424	
Fax#:	519-472-8852	
Name of person completing this form:	Scott Mumberson	
E-mail Address:	Scott_mumberson@srgroup.ca	J
		1
Number of square feet of Shelter you are able to provide:	1600	
How many residents could you accommodate?	10	
Can you provide food for those you are sheltering?	yes	
Can you provide beds?	no	
Bathrooms?	yes	
Emergency Contact Name:	Scott Mumberson	
(if you have an emergency pager or cell phone it	might be helpful as when someone calls	
they will need to talk with someone that can n	nake a decision in a short time frame.)	1
Position:	Scott Mumberson- Administrator	
Contact Information:	Work	519-472-6424 Ext 401
	Home	226-234-1073
	Cell (Indicate if Text ok)	519-808- 1784 Text ok
		1
Alternate Contact Name:	James Fooks	
Position:	Environmental Service Manager	
Contact Information:	Work	519-472-6424 Ext 428
	Home	
	Cell (Indicate if Text ok)	226-237-4184
		1
Director of Care:	Carrie Morton	
	Work	519-472-6424 Ext 416
	Home	
	Cell (Indicate if Text ok)	