

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

**Purpose:** To provide a summary of resources available and 24-hour contact for decision makers at all London-Middlesex Long Term Care Homes in the event that any Long-Term Care Home needs emergency shelter for its residents.

**Scope:** This is a mutual agreement between the *evacuating home* and the *receiving home* to provide assistance in the event an 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
  - Medical supplies and equipment
  - Food and water
  - Medical Records
  - Blankets as needed
  - Staff

**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 31<sup>st</sup> 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. AgeCare London                | 2. AgeCare London                    |
| 3. Babcock Community Care Centre | 4. Chelsey Park                      |
| 5. Country Terrace               | 6. Craigwiel Gardens                 |
| 7. Dearness Home                 | 8. Earls Court                       |
| 9. Elmwood Place                 | 10. Extencicare London               |
| 11. Henley Place                 | 12. Kensington Village               |
| 13. McCormick Home               | 14. McGarrell Place                  |
| 15. Meadowpark London            | 16. Middlesex Terrace                |
| 17. Mount Hope Centre for LTC    | 18. Peoplecare Oakcrossing           |
| 19. Southbridge London           | 20. Sprucedale Care Centre           |
| 21. Strathmere Lodge             | 22. The Village of Glendale Crossing |
| 23. Westmount Gardens            |                                      |

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.***

<b>Date:</b>	July 18, 2023
<b>LTC Home:</b>	AgeCare London
<b>Address</b>	2000 Blackwater Road London
<b>Telephone #:</b>	519-434-2727
<b>Fax#:</b>	519-679-3442
<b>Name of person completing this form:</b>	Sarah Tutti
<b>E-mail Address:</b>	Sarah.Tutti@AgeCare.ca

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 make a decision in a short time frame.)*

<b>Position:</b>	Manager on Call	
<b>Contact Information:</b>	Work	519-434-2727
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Maureen Cooke	
<b>Position:</b>	PSSM	
<b>Contact Information:</b>	Work	519-434-2727 Ext 238
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Jemy Joseph	
	Work	519-434-2727 Ext 225
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

Date:	February 16 2023
LTC Home:	AgeCare Parkhill
Address	250 Tain Street, Parkhill, ON N0M 2K0
Telephone #:	519-294-6342
Fax#:	519-294-0107
Name of person completing this form:	Tania Taylor
E-mail Address:	Tania.Taylor@AgeCare.ca

Number of square feet of Shelter you are able to provide:	600 -sunroom, 60-lounge, 100- 2 <sup>nd</sup> 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 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:	Administrator and Director of Care	
Contact Information:	Work	519-294-6342 ext 222
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Jennifer Muma	
Position:	Environmental Manager	
Contact Information:	Work	519-294-6342 ext 230
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Tania Taylor	
	Work	519-294-6342 ext 222
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

Date:	February 21, 2023
LTC Home:	Babcock Community Care Centre
Address:	196 Wellington Street, Wardsville, ON N0L2N0
Telephone #:	519-693-4415
Fax#:	519-693-4876
Name of person completing this form:	Joe Babcock
E-mail Address:	admin@babcockonline.com

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 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:	Administrator	
Contact Information:	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Jeff Babcock	
Position:	Administrative Director	
Contact Information:	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Janet Lunn	
	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

Unable to accept covid positive residents

Date:	October 29, 2024
LTC Home:	Chelsey Park LTC
Address	310 Oxford Street West, London ON
Telephone #:	519-432-1855 Ext. 225
Fax#:	519-679-7524
Name of person completing this form:	Shannon Ideson
E-mail 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
Bathrooms?	No/ public washroom in hallway male and 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 ext. 225
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Sue Tozer	
Position:	Education Lead	
Contact Information:	Work	519-432-1855 ext. 267
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Laureen Gracey	
Contact Information:	Work	519-432-1855 ext. 264
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

<b>Date:</b>	December 16, 2024
<b>LTC Home:</b>	Omni Quality Living-Country Terrace
<b>Address</b>	10072 Oxbow Dr.
<b>Telephone #:</b>	519-657-2955
<b>Fax#:</b>	519-657-8516
<b>Name of person completing this form:</b>	Rob Bissonnette
<b>E-mail Address:</b>	rbissonnette@omniqualityliving.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:** Rob Bissonnette

*(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.)*

<b>Position:</b>	Administrator -Rob Bissonnette	
<b>Contact Information:</b>	Work	519-657-2955
	Home	
	<b>Cell (Text ok)</b>	
<b>Alternate Contact Name:</b>	Warren Calhoun	
<b>Position:</b>	Maintenance Manager	
<b>Contact Information:</b>	Work	519-657-2955
	Home	
	<b>Cell (Text ok)</b>	
<b>Director of Nursing:</b>		
<b>Contact Information:</b>	Work	519-657-2955
	Home	
	<b>Cell (Text ok)</b>	

**Other pertinent information:**

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

<b>Date:</b>	April 12, 2024
<b>LTC Home:</b>	Craigwiel Gardens
<b>Address:</b>	221 Ailsa Craig Main Street, Ailsa Craig, Ontario. NOM 1A0
<b>Telephone #:</b>	519 293-3215
<b>Fax#:</b>	519 293 3941
<b>Name of person completing this form:</b>	Sarah Campbell
<b>E-mail Address:</b>	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 might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	CEO	
<b>Contact Information:</b>	Work	519 293-3215 EXT.222
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>		
<b>Position:</b>		
<b>Contact Information:</b>	Work	519 293-3215 EXT 234
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Nicole Fleischauer	
	Work	519 293-3215 EXT.223
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

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 might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Administrator – Leslie Hancock	
<b>Contact Information:</b>	Work	519-661-2489 x8260
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Shane Buchner	
<b>Position:</b>	Manager of Environmental Services	
<b>Contact Information:</b>	Work	519-661-2489 X8229
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Eileen Marion-Bellemare	
	Work	519-661-2489 x8263
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**



<b>Date:</b>	February 23, 2023
<b>LTC Home:</b>	Earls Court Village
<b>Address</b>	1390 Highbury Ave north
<b>Telephone #:</b>	519-601-5088
<b>Fax#:</b>	519-601-5388
<b>Name of person completing this form:</b>	
<b>E-mail Address:</b>	

Number of square feet of Shelter you are able to provide:	840
How many residents could you accommodate?	4
Can you provide food for those you are sheltering?	yes
Can you provide beds?	No, but mattresses available
Bathrooms?	Visitor accessible washroom

**Emergency Contact Name:**

*(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.)*

<b>Position:</b>	Acting Executive Director- Beth Desjarlais-Teff	
<b>Contact Information:</b>	Work	519-601-5088 Ext 501
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Dave Pranger	
<b>Position:</b>	Director of Environmental Services	
<b>Contact Information:</b>	Work	519-601-5088 ext 506
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Gemma Nott	
	Work	519-601-5088 ext 501
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

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:	<a href="mailto:dawn.mackintosh@extendicare.com">dawn.mackintosh@extendicare.com</a>

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

**Emergency Contact Name:** Dawn Mackintosh

*(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.)*

<b>Position:</b>	Executive Director	
<b>Contact Information:</b>	Work	226-926-4755
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Jennifer Kunz	
<b>Position:</b>	Resident Services Coordinator	
<b>Contact Information:</b>	Work	519-433-7259 x 2004
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Shirley Nieman Interim DOC	
	Work	519-433-7259 x2003
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

Date:	October 29, 2024
LTC Home:	Extendicare London
Address:	860 Waterloo Street, London, ON; N6A 3W6
Telephone #:	519-433-6658
Fax#:	519-642-1711
Name of person completing this form:	Jeff Turnbull
E-mail Address:	Janet.lakie@extendicare.com

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 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:	Janet Lakie-Administrator	
Contact Information:	Work	519-433-6658 Ext. 212
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Cathy Marchand	
Position:	Support Services Manager	
Contact Information:	Work	519-433-6658 Ext. 205
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Michelle Lemhenyi	
	Elvira Villeneuve	
	Michelle	519-433-6658 Ext. 217
	Elvira	519-433-6658 Ext. 236
	Cell (Indicate if Text ok)	

**Other pertinent information:**

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:** Rae Ajayi

*(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	519 951 0220 x 5130
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Matthew Melchior	
Position:	Owner	
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Amy McLean	
	Work	519-951-0220 x5210
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

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:	<a href="mailto:mdawson@svch.ca">mdawson@svch.ca</a>

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

**Emergency Contact Name:** Michelle Dawson

*(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	519-455-3910 x 230
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Leslie Ducharme	
Position:	Director of Operations	
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Melanie Campbell	
	Work	519-455-3910 x 228
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

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

<b>Date:</b>	February 03, 2023
<b>LTC Home:</b>	McCormick Home
<b>Address</b>	2022 Kains Road, London On N6K 0A8
<b>Telephone #:</b>	519-432-2648
<b>Fax#:</b>	519-472-1486
<b>Name of person completing this form:</b>	Lisa Maynard
<b>E-mail Address:</b>	lmaynard@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 might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Administrator	
<b>Contact Information:</b>	Work	519-432-2648 Ext. 2321
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Jim Davis	
<b>Position:</b>	Manager of Environmental Services	
<b>Contact Information:</b>	Work	519-432-2648 Ext. 2379
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Kerri Gaffney	
	Work	519-432-2648 Ext. 2322
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

<b>Date:</b>	February 27, 2023
<b>LTC Home:</b>	McGarrell Place
<b>Address</b>	355 MCGARRELL DRIVE LONDON ON N6G0B1
<b>Telephone #:</b>	519-672-0500
<b>Fax#:</b>	519-472-7987
<b>Name of person completing this form:</b>	CHRISTEN MCLEOD
<b>E-mail Address:</b>	Christen.mcleod@reveraliving.com

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 might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Christen McLeod- Executive Director	
<b>Contact Information:</b>	Work	519-672-0500 X2002
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Jeff Taylor	
<b>Position:</b>	ESM	
<b>Contact Information:</b>	Work	519-672-0500 X2007
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Lincy Thankaraj Sisil	
	Work	519-672-0500 X2003
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

<b>Date:</b>	February 23, 2023
<b>LTC Home:</b>	Meadowpark London
<b>Address</b>	1210 Southdale Road East London
<b>Telephone #:</b>	519-686-0484
<b>Fax#:</b>	519-686-9932
<b>Name of person completing this form:</b>	Emaculada Chesher
<b>E-mail Address:</b>	<a href="mailto:echesher@jarlette.com">echesher@jarlette.com</a>

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 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:** Administrator

**Contact Information:**

Work	519-686-0484 Ext. 31
Home	
<b>Cell (Indicate if Text ok)</b>	

**Alternate Contact Name:** Jason Milloy

**Position:** Environmental Supervisor

**Contact Information:**

Work	519-686-0484 Ext. 15
Home	
<b>Cell (Indicate if Text ok)</b>	

**Director of Care:** Indhu Philip

Work	519-686-0484 Ext. 32
Home	
<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**



Date:	November 08, 2024
LTC Home:	Middlesex Terrace
Address:	2094 Gideon Drive Delaware, On N0L 1E0
Telephone #:	519-652-3483
Fax#:	519-652-8733
Name of person completing this form:	Carol Bradley
E-mail Address:	cbradley@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

**Emergency Contact Name:** Carol Bradley

*(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.)*

<b>Position:</b>	Executive Director	
<b>Contact Information:</b>	Work	519-652-3483 Ext 38
	Home	
	Cell (Text OK)	

<b>Alternate Contact Name:</b>	Leader on Call	
<b>Position:</b>		
<b>Contact Information:</b>	Work	
	Home	
	Cell (Text OK)	

<b>Director of Care:</b>	Angela Dayman	
	Work	519-652-3483 Ext 39
	Home	
	Cell (Text OK)	

**Other pertinent information:**

Date:	February 03, 2023
LTC Home:	Mount Hope Centre for Long Term Care
Address:	21 Grosvenor St. London, ON N6A 1Y6
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

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)	

Alternate Contact Name:		
Position:		
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Leah Normandin	
Contact Information:	Work	519-646-6100 Ext. 65287
	Home	
	Cell (Indicate if Text ok)	

Other pertinent information:

<b>Date:</b>	February 3 2023
<b>LTC Home:</b>	Oakcrossing LTC
<b>Address</b>	1242 Oakcrossing Rd London Ontario
<b>Telephone #:</b>	519-641-00231
<b>Fax#:</b>	519-641-0028
<b>Name of person completing this form:</b>	Deborah Sims
<b>E-mail Address:</b>	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

**Emergency Contact Name:** Deborah Sims

*(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.)*

<b>Position:</b>	Deborah Sims- Executive Director	
<b>Contact Information:</b>	Work	519-641-0021 Ext 103
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Victoria Livingston	
<b>Position:</b>		
<b>Contact Information:</b>	Work	519-641-0021 Ext 109
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Victoria Livingston	
	Work	
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

<b>Date:</b>	February 10, 2023
<b>LTC Home:</b>	Southbridge London
<b>Address</b>	3715 Southbridge Ave
<b>Telephone #:</b>	226-289-3731
<b>Fax#:</b>	226-289-3737
<b>Name of person completing this form:</b>	Suzi Holster
<b>E-mail Address:</b>	sholster@southbridgecare.com

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 might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Executive Director – Suzi Holster	
<b>Contact Information:</b>	Work	226-289-3731 Ext 1001
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Jody Abbot	
<b>Position:</b>	Director of Care	
<b>Contact Information:</b>	Work	226-289-3731 ext 1002
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Same as above	
	Work	
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

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

**Emergency Contact Name:** Corrie VanHeeswyk

*(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 – Corrie VanHeeswyk

**Contact Information:**

Work	519-245-2808 ext. 7127
Home	
<b>Cell (Indicate if Text ok)</b>	

**Alternate Contact Name:** Bev Ripley

**Position:** Director of Environmental Services

**Contact Information:**

Work	519-245-2808 ext.7114
Home	
<b>Cell (Indicate if Text ok)</b>	

**Director of Care:** Jennifer Turnbull

Work	519-245-2808 ext.7101
Home	
<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

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

**Emergency Contact Name:** Brent Kerwin

*(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:	Administrator – Brent Kerwin	
Contact Information:	Work	(519) 245-2520, ext. 6222
	Home	
	Cell (Text ok)	

Alternate Contact Name:	Augustine Caines	
Position:	Office Supervisor	
Contact Information:	Work	(519) 245-2520, ext. 6246
	Home	
	Cell (Text ok)	

Director of Care:	Sonya Gillett	
	Work	(519) 245-2520, ext. 6234
	Home	
	Cell (Text ok)	

**Other pertinent information:**

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.**

<b>Date:</b>	February 8, 2023
<b>LTC Home:</b>	The Village of Glendale Crossing
<b>Address:</b>	3030 Singleton Ave London ON N6L0B6
<b>Telephone #:</b>	519-668-5600
<b>Fax#:</b>	519-668-5604
<b>Name of person completing this form:</b>	Holly Ross
<b>E-mail Address:</b>	Holly.Ross@schlegelvillages.com

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

**Emergency Contact Name:** Holly Ross

*(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.)*

<b>Position:</b>	Assistant General Manager	
<b>Contact Information:</b>	Work	519-668-5600 Ext 8003
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Cindy Awde	
<b>Position:</b>	General Manager	
<b>Contact Information:</b>	Work	519-668-5600 Ext 8203
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Anne Marggraf	
	Work	519-668-5600 Ext 8005
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

<b>Date:</b>	December 16, 2024
<b>LTC Home:</b>	Westmount Gardens
<b>Address</b>	590 Longworth Road
<b>Telephone #:</b>	519-472-6424
<b>Fax#:</b>	519-472-8852
<b>Name of person completing this form:</b>	Scott Mumberson
<b>E-mail Address:</b>	Scott_mumberson@srgroup.ca

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 make a decision in a short time frame.)*

**Position:** Scott Mumberson- Administrator

**Contact Information:**

Work	519-472-6424 Ext 401
Home	
<b>Cell (Indicate if Text ok)</b>	

**Alternate Contact Name:** James Fooks

**Position:** Environmental Service Manager

**Contact Information:**

Work	519-472-6424 Ext 428
Home	
<b>Cell (Indicate if Text ok)</b>	

**Director of Care:** Kaitlyn Yungblut

Work	519-472-6424 Ext 416
Home	
<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**