

**GUARDIANSHIP AND ADMINISTRATION BOARD
HOBART**

Mr H.D.H. review of Guardianship Order made 3 July 2006

GAB No. XXXX of 2006

STATEMENT OF REASONS

Anita Smith (President)
Malcolm Schyvens (Board member)
Catherine Wilding (Board member)

Hearing: 15 June, 14-15 August 2007

Guardianship – review of terms of guardianship order – request to move represented person from nursing home to private care - best interests

Guardianship and Administration Act 1995 (Tas), ss 6, 19, 20, 21, 25, 27

1. Mr H.D.H. has been the subject of two previous guardianship proceedings, details of which are recorded in statements of reasons dated 9 June 2005 and 3 July 2006. The latest of these orders is the subject of this application to review. The composition of the Division has been identical for all three guardianship proceedings.
2. At the conclusion of the hearing on 3 July 2006 the Board ordered as follows:
 1. “That the Public Guardian continue as the represented person’s guardian.
 2. That the powers and duties of the guardian are limited to:
 - (i) decisions about restricting visits to the represented person as may be necessary in his best interests and to prohibit visits by any person if the guardian reasonably believes that they would have an adverse effect on the represented person,
 - (ii) decisions concerning any temporary accommodation for the represented person, and
 - (iii) consent to any health care that is in the best interests of the represented person and to refuse or withdraw consent to any such health care.
3. By way of clarification, the Board orders that:

- (i) decisions about “visits” for the purposes of order 2(i), above, includes but is not limited to making decisions about the suitable circumstances and environment for contact with any person, whether within the represented person’s permanent place of accommodation or away from those premises,
- (ii) “temporary accommodation” for the purposes of order 2(ii), above, includes but is not limited to occasions when the represented person leaves his permanent place of accommodation for one or more nights,
- (iii) “health care” for the purposes of order 2(iii), above, includes but is not limited to obtaining specialist assessments, reports or opinions and access to existing medical, psychological, psychiatric, hospital, nursing home records and personal or other information relating to the represented person as required to perform the functions conferred by the Board

4.

That the order remains in place until 8 June 2008.”

Process of the Review Application:

3. On 2 March 2007 Ms C.C., whose relationship to Mr H.D.H. is discussed in previous statements of reasons, sought an extension of the Public Guardian’s powers to a full or plenary order.
4. The Board consulted with the Public Guardian, Mr T. Williams, counsel for Ms C.C. and Mr D. Zeeman, counsel for Mr H.D.H.’s son, Mr M.H., about the nature of the proceeding for an extension and decided that the application would proceed as an application to review the order, with Ms C.C. as applicant. Mr M.H. opposed the extension of the order.
5. On 18 May 2007 the Board convened a directions conference. It was agreed at that conference that:

“The substance of the issue under review is whether the powers of the guardian may be extended to consider permanent accommodation decisions and any other issues (e.g. any effect on the ‘person responsible’ and general ‘best interests’ issues) that may be consequent upon that proposed extension. The permanent accommodation decision specifically noted from the application is the question of whether Mr H.D.H. resides with Ms C.C. in Northern Tasmania or at the Aged Care Facility.”

6. The Board members conducted two visits on 24 May 2007 and 13 June 2007 to Mr H.D.H., only one of which was successful in eliciting a response from him and even then the Board members were not able to interpret anything about his wishes from the brief encounter they had with him.
7. The Board heard the first day's evidence on 15 June 2007. Evidence was taken from two central medical witnesses and an ACAT assessor. The Board then adjourned until 14 August 2007. Further evidence, as discussed below, was taken on 14 and 15 August 2007.
8. Relevant legislative provisions are annexed at Appendix A. The Board had available to it the documents referred to in Appendix B.

The Case for Revision of the Order:

9. There is no dispute by any party to the proceedings that Mr H.D.H. is a person with a disability and incapable because of that disability of making reasonable judgments about his person and circumstances at least to the extent of the terms of the order. The Board was satisfied that the conditions of section 20 continue to be met.
10. During all proceedings Mr H.D.H. has resided permanently in "Aged Care Facility" in Southern Tasmania. Ms C.C.'s case was that, if Mr H.D.H. is dependent upon full time care, then it is better that his care is administered by a person who loves him and who is loved by him, namely Ms C.C. She argued that care could only be delivered by Ms C.C. at her home in Northern Tasmania, hence a move from "Aged Care Facility" to Northern Tasmania is necessary in Mr H.D.H.'s best interests. Motivating Ms C.C.'s application was the perceived success of Mr H.D.H.'s 7 week stay in Northern Tasmania in December 2006 and January 2007 as reported by Ms C.C., the Public Guardian, Dr R. Sutherland and Dr Frank Nicklason. The

Public Guardian did not, in the August hearings, promote a view as to this assertion.

11. At the re-commencement of proceedings on 14 August 2007 Mr Williams characterised the hearing into two questions. The first he submitted, a threshold question, was whether Mr H.D.H. is capable of appreciating the difference between the environments at “Aged Care Facility” against Ms C.C.’s home in Northern Tasmania (“the first question”). If he can appreciate the differences, then the second question was which of the two environments was most likely to promote his best interests (“the second question”). The second question involved an examination of whether Ms C.C.’s home in Northern Tasmania could provide a safe system of care and also whether the loss of contact with his Southern Tasmanian friends would have an impact on his best interests.

The “First Question”:

(a) Medical Evidence on 15 June 2007

12. A report from Dr R. Sutherland, Mr H.D.H.’s General Practitioner, dated 7 June 2007 detailed issues of incontinence, a potential cerebral vascular event on 28 February 2007 and stated:

“When I saw him in March he was more cooperative and settled than he had been for some time. I attempted to ask him whether he would like to move permanently to the North of the State. I also told him that this would mean he would lose (*sic*) his place at “Aged Care Facility”. Because he is very deaf and because of his mental difficulties it was very difficult to know how much he understood the implications of these questions. It appeared that his time in Northern Tasmania had been reasonably tolerable for him but he also expressed some reservations about permanently moving up there. As I said, I doubt he is capable of understanding the implications of such a move.”

13. Dr Jane Tolman, a geriatrician and Director of Aged Care at the Royal Hobart Hospital, outlined, on 15 June 2007, her consultation

with a number of persons interested in Mr H.D.H.'s welfare before making her assessment of the question in issue. She described Mr H.D.H. as a man in the latter stages of a dementing illness whose awareness of his surroundings fluctuates. She said that he has very heavy care needs and spends most of his time sitting in a chair. She said that she was of the view that Ms C.C. loves Mr H.D.H. and cares for him very deeply and, at first, supported Ms C.C.'s proposal. She then consulted with other friends of Mr H.D.H. who informed her of some of their concerns previously aired in Board hearings and began to re-assess her view.

14. Further consultation by Dr Tolman with nursing staff of "Aged Care Facility", who disclosed some misguided physical care administered by Ms C.C., caused Dr Tolman to become more opposed to Ms C.C.'s proposal. She summarised this as follows:

"[The process of assessment] is done a lot on experience and the experience is that a carer, a single person one person even a married couple or even a married couple with lots of supportive children would find it extremely difficult to look after one man like this at home. Now in a nursing home you have got lots of checks and balances. You have got protocols, you have got rules, you have got supervisors, you have got people like Ms T who is supervised from way on high who is not emotionally involved and then the next level down you have got Ms C, the nurse, she is supervising the carers and so on all the way down so there are all these checks and balances. In somebody's private home I would be really worried and the whole thing is complicated because Ms C.C. loves him and the emotional overlay so I would be frankly very worried about this in a home."

15. Dr Tolman was cross-examined about her use of hearsay evidence to base her assessment, however this did not, in the Board's view, detract from the thrust of her evidence which was that Mr H.D.H. has lost the capacity to appreciate aspects of his environment to the extent that efforts towards rehabilitation are futile and promotion of

comfort in his present environment is preferable to any radical changes.

16. Dr Frank Nicklason, Staff Specialist Physician – General and Geriatric Medicine, had a different view. There were two obvious reasons for this. One was that he, unlike Dr Tolman, reported that he had been successful in eliciting meaningful responses and conversation with Mr H.D.H., the other was that he had observed Mr H.D.H. *in situ* in Northern Tasmania. Dr Nicklason perceives Ms C.C.'s presence in Mr H.D.H.'s life as transformative and a genuine force for good. In his evidence on 15 June 2007 he described one occasion of seeing Mr H.D.H. alone in his room at "Aged Care Facility" when he was 'at sea', bereft, pathetic and aimlessly fidgeting. When he later saw Mr H.D.H. in the company of Ms C.C., he was communicative, had the character of a 'real gentleman' and he believed that the external activity with Ms C.C. had made a real improvement.
17. Dr Nicklason was impressed at the level of physical care that Ms C.C. was able to provide and the supports that she has established to make life in the Northern Tasmanian home safe for Mr H.D.H.. Dr Nicklason endorsed the changes in the administration of Risperidone for Mr H.D.H. during his stay in Northern Tasmania. He stated:

"I mean what was, what is obvious to me or what I believe quite strongly is that a lot of the behaviour that comes with people who have cognitive and communication problems particularly when they're in an environment that is often not entirely conducive to their disabilities is that it can lead to troubled behaviours. ... So the important thing is that if that medication can be used in a setting where there is no way of changing that environment, that is the physical environment and the amount of care and one on one attention and that is the case in the nursing home Mr H.D.H. wasn't able to get one on one loving attention all the time. It's just the nature of nursing homes and as a result of that and the result of his cognitive impairment and communication impairment, that lead to disturbances of his behaviour. Now, moving from that environment to an

environment that was I understand familiar to Mr H.D.H. and being looked after by a person who had a long term and loving relationship who was still recognised as a long term and loving companion, it would clearly be reasonable to have a trial without that medication.”

18. Dr Nicklason’s view was that one of the greater benefits for Mr H.D.H. was that Mr H.D.H. interprets Ms C.C.’s assistance as helpful, therefore he submits to help more frequently and with more ease at her suggestion than at the suggestion of paid nursing home staff. The Board understood that after a trial without Risperidone, treatment with that drug was resumed.
19. Dr Nicklason admitted in cross-examination that he had not seen Mr H.D.H. since January 2007. He also agreed that he had not interviewed Mr H.D.H.’s wider circle of friends but had relied more heavily upon Ms C.C.’s input and his own observations. Dr Nicklason agreed to seek the input of other friends and to re-assess his opinion in light of alleged acrimony amongst Mr H.D.H.’s circle of friends.
20. At the conclusion of evidence on 15 June 2007 the Board wrote to both medical practitioners asking that they update their reports based on Mr H.D.H.’s present state of health.

(b) Medical evidence on 14 August 2007:

21. Dr Nicklason wrote in a report dated 10 July 2007 that Mr H.D.H.’s overall condition had deteriorated in recent weeks including increased problems of immobility and attendant problems with faecal retention and faecal incontinence. He reported a conversation with Mr H.D.H. on 3 July 2007 thus:

“I asked Mr H.D.H. if he would like to be living with Ms C.C.. He questioned me – “up North?” (I said yes). He replied “that would be a pleasure”.”

22. Dr Tolman provided a written report dated 10 August 2007 in which she concludes:

“Mr H.D.H. is too demented to be able to make a choice about living arrangements. His care needs are such that the only appropriate care will be provided in a residential aged care facility.”

She was of the view that the statement reported from Dr Nicklason’s discussion on 3 July 2007 was:

“... simply a remnant of his previous intelligence and socialisation. Such phrases appear almost as a reflex. I doubt even that he would have any comprehension about what such words would mean.”

23. Dr Tolman requested a report from Dr Toby Croft, Neuropsychologist. Dr Croft reported on 3 August 2007 that he had attempted cognitive testing but abandoned it because he was unable to obtain any reliable responses from Mr H.D.H.. He stated:

“He is, as noted, barely able to respond to simple requests and appears quite unable to understand, appreciate or weigh up pros and cons of future living options.”

24. In her evidence on 14 August 2007 Dr Tolman repeated her assertions that Mr H.D.H. is incapable of sustained feelings of happiness and that the best care for him is to promote his comfort and meet his needs for hydration and nutrition. In essence she rejected notions that the effects of dementia make a person similar to a baby in their needs for love and physical stimulation. She asserted that a baby’s needs are developmentally based and the process of dementia is the opposite of development. She also stated that any means of transport for Mr H.D.H. must be “torture” and new environments would be “damaging.”

25. Dr Nicklason adhered to his view that, even subsequent to his recent decline, Mr H.D.H. is capable of meaningful interaction with Ms C.C. and himself. He gave evidence of an unfortunate interaction between Mr H.D.H. and another resident of “Aged Care Facility”, which lead him to conclude that environment is inappropriate. He admitted openly to being an advocate for the position that Mr H.D.H.’s best interests would be served by a move to Northern

Tasmania. Of interest was his evidence that families and people with long association often obtain better responses from people with dementia because they know the person's language and methods of communication. Dr Nicklason was cross-examined about his questioning and assessment style. He attributed Mr H.D.H.'s deterioration in health since January to the lack of one-to-one care and stated it was probable that Mr H.D.H. would improve again, in a general sense, if he returned to Northern Tasmania. Dr Nicklason expressed a clear belief that Mr H.D.H. is in love with Ms C.C. and wishes to be with her.

26. After hearing evidence on the first question the Board ruled that although it had been a useful construct by which to characterise the evidence, the question itself could not be extricated from the best interests test to the extent of making a threshold determination.
27. The Board's perspective was this: Dr Tolman adopted a traditional scientific viewpoint, that is she could not make inferences where there were no observable facts to base it upon. Dr Nicklason, however, adopted an advocacy stance. In terms of the question that they wrestled with under questioning – whether Mr H.D.H. is capable of feeling or responding to a loving relationship – they took divergent views based upon those different stances, both of which are valid and play an important part in the practice of medicine. Ultimately, the Board agreed with Dr Tolman, that it is impossible to know the extent to which Mr H.D.H. experiences happiness or love.
28. The difference in the evidence so far as the Board was concerned was that in the face of evidence about Ms C.C.'s recklessness with regards to aspects of Mr H.D.H.'s reputation, his other significant relationships and his physical decline, Dr Nicklason's reaction was that a loving environment provided by Ms C.C. was paramount, whereas Dr Tolman doubted the capacity of Ms C.C. to provide for

all of Mr H.D.H.'s needs. Therefore, because those issues were concerned more with the second question, the Board concluded that the balance of the evidence should be heard.

The “Second Question”:

29. Ms C.C. read from diary notes of certain indicative statements from Mr H.D.H.. On 30 July 2007 Mr H.D.H. was stated to have said to Ms C.C. at “Aged Care Facility”: “I had a wish for the day, you walked through the door, that was my wish.” On the 15th August, “I could lose my heart to you”. On the 16th he said, “That’s the line separating people” which Ms C.C. interpreted to be an insight into their history of being separated. The Board does not accept that interpretation. There was no evidence of any statements made by Mr H.D.H. on the day he was to return to “Aged Care Facility” from Northern Tasmania. Of his charming statements, the Board takes note but does not take them to be an indication of his wishes with respect to his long-term accommodation needs.
30. Ms D.I. gave evidence on 15 June 2007 that the waiting lists for nursing home places may vary according to geography and the care needs of a potential resident. A letter from the CEO of “Aged Care Facility”, Ms Q, confirmed that the *Aged Care Act 1997 (Cth)* allows 52 overnight absences per financial year. If overnight absences exceed 52 nights, the government subsidies for a resident cease. It was not suggested that Mr H.D.H. might continue his place at “Aged Care Facility” without government subsidies. While Mr H.D.H. would be eligible for respite at “Aged Care Facility” if he lived elsewhere, respite is currently booked up 4 months in advance. Additionally Ms Q stated regarding a potential readmission:

“In the current situation, I believe that the likelihood of being able to offer Mr H.D.H. a permanent place in the foreseeable future is unlikely.”

The Board concludes, therefore, that if Mr H.D.H. moved to Northern Tasmania, but later needed to return to residential care, it is highly unlikely that he could return to the status quo. In essence, Ms C.C.'s proposal has no fallback position other than putting Mr H.D.H.'s name on the waiting lists of other Aged Care Facilities.

31. Ms C.C. gave evidence that upon arrival at her home in December 2006, Mr H.D.H. said twice "Who's kept me from this?" She described the format of care that she provided and the visits from external helpers during his 7-week stay. She also described the kind of limited activities that she promotes with Mr H.D.H. in her visits to "Aged Care Facility". She admitted that she overestimated her ability to care 21 hours per day for Mr H.D.H. and the new system of proposed care involves more outside assistance from a support organisation, Optia. She also stated that the yurt which had been assigned to Mr H.D.H. was not as suitable as first thought, so another house on the property would be re-developed to accommodate him.
32. When asked why, as is detailed in the decision of 6 June 2005, Ms C.C. did not offer residential care for Mr H.D.H. before the nursing home place was obtained or seek a permanent accommodation power in the first application, Ms C.C. expressed regret but also stated that she and he had never planned to live together while he had capacity (even though he was of advanced age), but that they were two people who met when they wanted to meet.
33. There was not a great deal distinguishing Ms C.C.'s evidence in this hearing to her evidence at the last hearing. At the previous hearing she was attesting to the benefit and safety of visits by Mr H.D.H. to her home. On this occasion, she was attesting to the benefits and safety of a permanent move there, but with no substantial reason why the condition of the order should be extended.

34. The Board noted the evidence of Ms E.S, Ms K.I. and Ms U.H., all of whom were part of the system of care Ms C.C. provided, and were satisfied that the premises in Northern Tasmania either before or after the planned changes is a safe system of care for the purposes of short term visits on a future occasion when Mr H.D.H. is well enough to travel.
35. The evidence of C.E., F.I., (friends of Mr H.D.H.) Ms C.D. and Ms T.U. (professional staff at "Aged Care Facility") on 15 August 2007 did not prove that Ms C.C. is not a fit carer for the purpose of temporary stays. They did however indicate levels of decline in Mr H.D.H.'s mental health. In particular, Ms C.D. and Ms T.U. indicated that one effect of Mr H.D.H.'s decline is that he is now more compliant and less aggressive with nursing home staff attempting care routines.
36. The most remarkable difference in the facts between the previous hearing and this hearing was the level of deterioration in Mr H.D.H.'s capacity for conversation and interpersonal interaction in the intervening period. Although he remains in good physical health for a man of his age, the descriptions of his level of cognition were markedly poorer than on any previous occasion. It was also evident that this deterioration had occurred during the course of this calendar year, i.e. since his return from the extended visit to Northern Tasmania, perhaps linked to a marked cerebral vascular event on 28 February 2007. The Board is not satisfied that the reason for this decline is the absence from Northern Tasmania.
37. The Board was also not convinced that a move to Northern Tasmania is the only means by which Mr H.D.H.'s care can be coupled with the benefits that arise from Ms C.C.'s attentions. Mr H.D.H.'s estate still maintains a home in Hobart, as does Ms C.C.. His estate may also be capable of affording the kinds of adjustments and care arrangements that would assist him to live permanently or

temporarily back in his or Ms C.C.'s home. These avenues had not been fully explored, however the Board is not suggesting that there is now any potential advantage in doing so. In short, the move to Northern Tasmania presents more advantages to Ms C.C. than it does to Mr H.D.H.. There are existing or potential avenues available to promote the care that she provides without the need for him to lose the place at "Aged Care Facility". The Board was very concerned at the prospect that a move to Northern Tasmania might not be Mr H.D.H.'s last move and that if it did not succeed, he would be placed in the general waiting list for residential care, taking "pot-luck" as to which facility he might be admitted to. He is now a very, very old man. It is in his best interests to promote a settled existence and to reduce uncertainty.

38. The Board deliberately, in its last statement of reasons, promoted a sense of freedom for Mr H.D.H.'s movement. In setting the terms of the order so wide last time, the Board hoped that the orders would set up the parameters of contact for the rest of Mr H.D.H.'s life. If the Board's last order was interpreted to be a 'trial run' at a permanent move, that interpretation was unfortunately misguided. The freedom that the Board's last order afforded was backed by the safety net of a suitable and comfortable place at "Aged Care Facility" where a range of friends and family might visit and attend to his care needs.
39. Many represented persons become the subject of numerous applications for review in this jurisdiction. However, this file is unique within the history of the operation of the Guardianship and Administration Board in that more hearing time has been devoted to hearing applications regarding Mr H.D.H. than any other person who has ever become the subject of an application under the Act.
40. While there is no evidence that the protracted engagement with this part of legal system has had any negative effect upon Mr H.D.H., it

has undoubtedly had an impact upon his financial estate because of the payment of legal fees. By way of full disclosure, lest the intentions of this Board may be misinterpreted again at Mr H.D.H.'s expense, the Board does not see the existence of the order authorising temporary accommodation as part of a staged process towards a permanent move. We believe that, subject to any radical changes in Mr H.D.H.'s personal circumstances, in light of the principles established in section 6 of the Act, this is the best possible order for the long-term accommodation, care and friendship needs of Mr H.D.H..

41. As to the second question, the Board believes that the environment at "Aged Care Facility", supplemented by temporary visits to Northern Tasmania when indicated by the condition of Mr H.D.H.'s health, is most likely to promote Mr H.D.H.'s best interests. Ultimately the question for Ms C.C., as applicant, is whether the existing order needs amendment in Mr H.D.H.'s best interests. The Board was not satisfied at the conclusion of the review that it did. Accordingly no amendment is made and the application is dismissed.

Signed By:

Anita Smith
PRESIDENT

For and on behalf of:

Malcolm Schyvens
BOARD MEMBER

Catherine Wilding
BOARD MEMBER

APPENDIX “A”

Legislation:

- (i) The provision for review of orders is section 67 of the Act:

67. Review of orders

The Board may at any time –

- i. of its own motion; or
- ii. on application by, or on behalf of, a represented person; or
- iii. on the application of any other person –

hold a hearing to review a guardianship order or administration order.

- (j) The requirements for appointment of a guardian are contained within section 20 and 21 of the Act:

20. Guardianship order

(1) If the Board, after a hearing, is satisfied that the person in respect of whom an application for an order appointing a guardian or an order appointing an administrator is made–

- 1. is a person with a disability; and
- 2. is unable by reason of the disability to make reasonable judgements in respect of all or any matters relating to his or her person or circumstances; and
- 3. is in need of a guardian–

the Board may make an order appointing a full or limited guardian in respect of that person and any such order may be subject to such conditions or restrictions as the Board considers necessary.

- a. In determining whether or not a person is in need of a guardian, the Board must consider whether the needs of the proposed represented person could be met by other means less restrictive of that person's freedom of decision and action.
- b. The Board must not make an order under subsection (1) unless it is satisfied that the order would be in the best interests of the proposed represented person.
- c. The Board must not make an order appointing a full guardian unless it is satisfied that an order for limited guardianship would be insufficient to meet the needs of the proposed represented person.
- d. Where the Board makes an order appointing a limited guardian in respect of a person the order to be made is that which is least restrictive of that person's freedom of decision and action as is possible in the circumstances.

- e. Two or more guardians of a person, each with different functions, may be appointed under one or more limited guardianship orders.

21. Persons eligible as guardians

(1) The Board may appoint as a full guardian or limited guardian any person who is of or over the age of 18 years and consents to act as guardian if the Board is satisfied that that person –

- (a) will act in the best interests of the proposed represented person; and
- (b) is not in a position where the person's interests conflict or may conflict with the interests of the proposed represented person; and
- (c) is a suitable person to act as guardian of the proposed represented person.

(2) In determining whether a person is suitable to act as a guardian of a represented person, the Board must take into account –

- (a) the wishes of the proposed represented person so far as they can be ascertained; and ...
- (d) whether the person proposed as guardian will be available and accessible to the proposed represented person so as to fulfil the requirements of guardianship of that person.

Once appointed the following provision regulates the exercise of the guardian's authority:

27. Exercise of authority by guardian

- (1) A guardian must act at all times in the best interests of the person under guardianship.
- (2) Without limiting subsection (1), a guardian acts in the best interests of a person under guardianship if the guardian acts as far as possible –
 - (a) in consultation with that person, taking into account, as far as possible, his or her wishes; and
 - (b) as an advocate for that person; and
 - (c) in such a way as to encourage that person to participate as much as possible in the life of the community; and
 - (d) in such a way as to encourage and assist that person to become capable of caring for himself or herself and of making reasonable judgments relating to his or her person; and
 - (e) in such a way as to protect that person from neglect, abuse or exploitation.

APPENDIX 'B'

Formal Documents:

Guardianship Order dated 3 July 2006
Statement of Reasons 9 June 2005
Statement of Reasons 3 July 2006
Application by Ms C.C. for review dated 2 March 2007 (incl. letter of same date to OPG)

Reports:

Dr J. Tolman, Director of Aged Care RHH, file note dated 6 June 2007
Dr R. Sutherland, General Practitioner dated 7 June 2007
Dr J. Tolman, Report dated 10 August 2007
Dr F. Nicklason dated 10 July 2007
Dr Toby Croft, Neurologist, 3 August 2007
Dr F. Nicklason dated 12 August 2007
Dr F. Nicklason addendum dated 13 August 2007

Public Guardian dated 27 April 2007
Board Report on Visit 24 May 2007
Board Report on Visit 13 June 2007

Extracts from Mr H.D.H.'s Resident File – "Aged Care Facility".

Statements:

Ms. E.S., Community Health (Northern Tasmania), 15 May 2007
Ms. Q, "Aged Care Facility" dated 31 May 2007
Ms C.C. dated 6 June 2007 (including quotes and invoices for support costs)
C.E. and F.I. dated 6 June 2007
C.E. dated 7 June 2007
Ms. D.I., ACAT Assessor dated 6 June 2007
F.I. dated 10 July 2007
Mr. H.C. and Ms C.D. email dated 8 August 2007
Ms C.C. dated 13 August 2007

Procedural Correspondence:

President GAB letter to "Aged Care Facility" CEO dated 22 May 2007
OPG letter to Dr F. Nicklason dated 10 July 2007
President GAB letters to D. Zeeman, T. Williams and OPG dated 19 March 2007
T. Williams letter to GAB Registrar dated 19 March 2007
OPG letter to GAB Registrar dated 26 March 2007
D. Zeeman letter to GAB Registrar dated 4 April 2007
T. Williams letter to GAB Registrar dated 11 April 2007
T Williams letter to GAB SILO dated 20 June 2007
President GAB email to parties dated 13 August 2007
OPG email to GAB President dated 13 August 2007

Misc:

Download, Department of Health and Ageing – Revised Residential Care Fees and Charges