

Schedule E – Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Long Term Care Service Accountability Agreement

To: The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of Riverside Health Care Facilities Inc., (the "HSP")

For: Rainycrest Long-Term Care ("Rainycrest")

Date: February 27, 2014

Re: [January 1, 2013 – December 31, 2013] (the "Applicable Period")


The Board has authorized me, by resolution dated February 27, 2014, to declare to you as follows:

After making inquiries of the President & Chief Executive Officer and other appropriate officers of the HSP, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

- (i) it has complied with the provisions of the *Local Health System Integration Act, 2006* and with any compensation restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the LHIN and the HSP effective April 1, 2013.


Michelle Marinaro
Board Chair