

975 Alloy Drive, Suite 201  
Thunder Bay, ON P7B 5Z8  
Tel: 807 684-9425 • Fax: 807 684-9533  
Toll Free: 1 866 907-5446  
www.northwesthin.on.ca

975, promenade Alloy, bureau 201  
Thunder Bay, ON P7B 5Z8  
Téléphone : 807 684-9425  
Sans frais : 1 866 907-5446  
Télécopieur : 807 684-9533  
www.northwesthin.on.ca

May 5, 2017

Ted Scholten  
President and Chief Executive Officer  
Riverside Health Care Facilities Inc.  
110 Victoria Avenue  
Fort Frances, ON P9A 2B7

Dear ~~Mr.~~ Ted Scholten:

RECEIVED MAY - 9 2017

Re: Rainycrest Long-Term Care 2017-2018 L-SAA Refresh

For your records, please find enclosed a fully executed copy of the Long-Term Care Home Service Accountability Agreement (the "L-SAA") Amending Agreement with respect of services provided at **Rainycrest Long-Term Care** commencing April 1, 2017.

Should you have any questions, please do not hesitate to contact Kevin Holder, Senior Consultant at [kevin.holder@lhins.on.ca](mailto:kevin.holder@lhins.on.ca) or (807)584-5590.

Sincerely,



Laura Kokocinski  
Chief Executive Officer

Encls.

**LONG-TERM CARE HOME SERVICE ACCOUNTABILITY AGREEMENT (L-SAA)  
AMENDING AGREEMENT**

**THIS AMENDING AGREEMENT** (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2017

**BETWEEN:**

**NORTH WEST LOCAL HEALTH INTEGRATION NETWORK** (the "LHIN")

**AND**

**RIVERSIDE HEALTH CARE FACILITIES Inc.** (the "HSP")

**IN RESPECT OF SERVICES PROVIDED AT:**

**RAINYCREST LONG TERM CARE** (the "Home")

**WHEREAS** the LHIN and the HSP (together the "Parties") entered into a long-term care home service accountability agreement that took effect April 1, 2016 (the "LSAA");

**NOW THEREFORE** in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows:

**1.0 Definitions.** Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the LSAA. References in this Agreement to the LSAA mean the LSAA as amended and extended.

**2.0 Amendments.**

**2.1 Agreed Amendments.** The LSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, "**Schedule**" means any one, and "**Schedules**" means any two or more as the context requires, of the Schedules appended to this Agreement, including:

- Schedule A. Description of Home and Beds;
- Schedule B. Additional Terms and Conditions Applicable to the Funding Model;
- Schedule C. Reporting Requirements;
- Schedule D. Performance; and
- Schedule E. Form of Compliance Declaration.

For clarity, the Schedules appended to this Agreement, and in effect for the Funding Year beginning April 1, 2017, are the Schedules in effect for the Funding Year that began April 1, 2016 ("2016-17"), except that:

- 2.2.1 Schedule A may have been amended;
- 2.2.2 the footnote in Schedule C has been amended; and,
- 2.2.3 Schedule D has been amended to reflect only the Funding Year beginning April 1, 2017.


2.3 Reporting. The LSAA is hereby amended by deleting Section 6.2(c) and replacing it with the following:

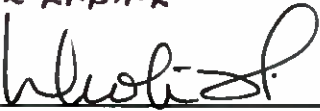
Reporting. The HSP will report on its community engagement and integration activities as requested from time to time by the LHIN.

- 3.0 **Effective Date.** The amendment set out in Article 1 shall take effect on April 1, 2017. All other terms of the LSAA shall remain in full force and effect.
- 4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

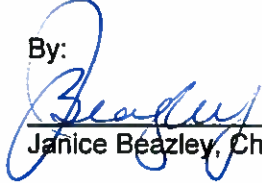
IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

**NORTH WEST LOCAL HEALTH INTEGRATION NETWORK**

By:  April 6, 2017  
Date  
Dan Levesque, Interim Chair  
GIL LABINE

And by:  May 4, 2017  
Date  
Laura Kokocinski, CEO

**RIVERSIDE HEALTH CARE FACILITIES Inc.**

By:  March 30/17  
Date  
Janice Beazley, Chair

And by:  March 30/17  
Date  
Ted Scholten, President and CEO

**Schedule A**  
**Description of Home and Beds**

<b>A.1 General Information</b>			
LTCH Legal Name / Licencee	Riverside Health Care Facilities Inc.		
LTCH Common Name	Rainycrest		
LTCH Facility ID Number LTCH Facility (master number for RAI MDS)	HF2152		
Address	110 Victoria Avenue		
City	Fort Frances	Postal Code	P9A 2B7
Geography served (catchment area)	Rainy River District. 10 First Nation Communities. Rainycrest provides care and services to outlying area residents as well, such as Sioux Lookout, Nipigon and Dryden.		
Accreditation organization			
Date of Last Accreditation	October 23, 2015	Year(s) Awarded	4

<b>A.2 Licensed or Approved Beds &amp; Classification / Bed Type</b>							
Bed Types	Total # of Beds					Term of Licence	Comments/Additional Information
	A	B	C	D	New		
Regular Long Stay Beds			148			June 30, 2025	
Convalescent Care Beds			4			June 30, 2020	
Respite Beds			2			Annually (Jun 30, 2025)	
Beds in Abeyance							
ELDCAP Beds							
Interim Beds			6			June 30, 2020	
Veterans' Priority Access Beds			4			June 30, 2025	
Other Beds *							
<b>Sub Total # all Bed Types</b>			164				
<b>Total # all Bed Types</b>	164						

\*Other beds available under a Temporary Emergency Licence or Short-Term Authorization

**Schedule A**  
**Description of Home and Beds (cont'd)**

<b>A.3 Structural Information</b>					
<b>Type of Room</b> <i>(this refers to structural layout rather than what is charged in accommodations)</i>					
Number of rooms with 1 bed	104	Number of rooms with 2 beds	30	Number of Floors	1
Number of rooms with 3 beds	0	Number of rooms with 4 beds	0	Total # Rooms	134
Original Construction Date (Year)	1983				
Renovations: Please list year and details (unit/resident home area, design standards, # beds, reason for renovating)	1) 2014 – Convalescent Care room updates/renovations 4 beds 2) 3) 4)				
<b>Number of Units/Resident Home Areas and Beds</b>					
<i>Unit/Resident Home Area</i>				<i>Number of Beds</i>	
<b>Secure Unit</b>				<b>21</b>	
<b>Unit 1 – East Wing</b>				<b>84</b>	
<b>Unit 2 – West Wing</b>				<b>59</b>	

## **Schedule B**

### **Additional Terms and Conditions Applicable to the Funding Model**

**1.0 Background.** The LHINs provide subsidy funding to long-term care home health service providers pursuant to a funding model set by MOHLTC. The current model provides estimated per diem funding that is subsequently reconciled. The current funding model is under review and may change during the Term (as defined below). As a result, and for ease of amendment during the Term, this Agreement incorporates certain terms and conditions that relate to the funding model in this Schedule B.

**2.0 Additional Definitions.** Any terms not otherwise defined in this Schedule have the same meaning attributed to them in the main body of this Agreement. The following terms have the following meanings:

**"Approved Funding"** means the allowable subsidy for the Term determined by reconciling the Estimated Provincial Subsidy (as defined below) in accordance with Applicable Law and Applicable Policy

**"Construction Funding Subsidy" or "CFS"** means the funding that the MOHLTC agreed to provide, or to ensure the provision of, to the HSP, in an agreement for the construction, development, redevelopment, retrofitting or upgrading of beds (a "Development Agreement").

**"CFS Commitments"** means

- (a) commitments of the HSP related to a Development Agreement, identified in Schedule A of the service agreement in respect of the Home, in effect between the HSP and the LHIN on June 30, 2010, and
- (b) commitments of the HSP identified in a Development Agreement in respect of beds that were developed or redeveloped and opened for occupancy after June 30, 2010, (including, without limitation, any commitments set out in the HSP's Application as defined in the Development Agreement, and any conditions agreed to in the Development Agreement in respect of any permitted variances from standard design standards.)

**"Envelope"** is a portion of the Estimated Provincial Subsidy that is designated for a specific use. There are four Envelopes in the Estimated Provincial Subsidy as follows:

- (a) the "Nursing and Personal Care" Envelope;
- (b) the "Program and Support Services" Envelope;
- (c) the "Raw Food" Envelope; and
- (d) the "Other Accommodation" Envelope.

**"Estimated Provincial Subsidy"** means the estimated provincial subsidy calculated in accordance with Applicable Policy.

**"Reconciliation Reports"** means the reports required by Applicable Policy including the Long-term Care Home Annual Report and, the In-Year Revenue/Occupancy Report.

**"Term"** means the term of this Agreement.

### **3.0 Provision of Funding.**

- 3.1 In each Funding Year, the LHIN shall advise the HSP of the amount of its Estimated Provincial Subsidy. The amount of the Estimated Provincial Subsidy shall be calculated on both a monthly basis and an annual basis and will be allocated among the Envelopes and other funding streams applicable to the HSP, including the CFS.
- 3.2 The Estimated Provincial Subsidy shall be provided to the HSP on a monthly basis in accordance with the monthly calculation described in 3.1 and otherwise in accordance with this Agreement. Payments will be made to the HSP on or about the twenty-second (22<sup>nd</sup>) day of each month of the Term.
- 3.3 CFS will be provided as part of the Estimated Provincial Subsidy and in accordance with the terms of the Development Agreement and Applicable Policy. This obligation survives any termination of this Agreement.

### **4.0 Use of Funding.**

- 4.1 Unless otherwise provided in this Schedule B, the HSP shall use All Funding allocated for a particular Envelope only for the use or uses set out in the Applicable Policy.
- 4.2 The HSP shall not transfer any portion of the Estimated Provincial Subsidy in the "Raw Food" Envelope to any other Envelope:
- 4.3 The HSP may transfer all or any of the part of the Estimated Provincial Subsidy for the Other Accommodation Envelope to any other Envelope without the prior written approval of the LHIN, provided that the HSP has complied with the standards and criteria for the "Other Accommodation" Envelope as set out in Applicable Policy.
- 4.4 The HSP may transfer any part of the Estimated Provincial Subsidy in the (a) Nursing and Personal Care" Envelope; or (b) the "Program and Support Services Envelope; to any Envelope other than the Other Accommodation Envelope without the prior written approval of the LHIN provided that the transfer is done in accordance with Applicable Policy.
- 4.5 In the event that a financial reduction is determined by the LHIN, the financial reduction will be applied against the portion of the Estimated Provincial Subsidy in the "Other Accommodation" Envelope.

### **5.0 Construction Funding Subsidies.**

- 5.1 Subject to 5.2 and 5.3 the HSP is required to continue to fulfill all CFS Commitments, and the CFS Commitments are hereby incorporated into and deemed part of the Agreement.
- 5.2 The HSP is not required to continue to fulfill CFS Commitments that the MOHLTC has agreed in writing: (i) have been satisfactorily fulfilled; or (ii) are no longer required to be fulfilled; and the HSP is able to provide the LHIN with a copy of such written agreement.



- 5.3 Where this Agreement establishes or requires a service requirement that surpasses the service commitment set out in the CFS Commitments, the HSP is required to comply with the service requirements in this Agreement.
- 5.4 MOHLTC is responsible for monitoring the HSP's on-going compliance with the CFS Commitments. Notwithstanding the foregoing, the HSP agrees to certify its compliance with the CFS Commitments when requested to do so by the LHIN.
- 6.0 Reconciliation.**
- 6.1 The HSP shall complete the Reconciliation Reports and submit them to MOHLTC in accordance with Schedule C. The Reconciliation Reports shall be in such form and containing such information as required by Applicable Policy or as otherwise required by the LHIN pursuant this Agreement.
- 6.2 The Estimated Provincial Subsidy provided by the LHIN under section 3.0 of this Schedule shall be reconciled by the LHIN in accordance with Applicable Law and Applicable Policy to produce the Approved Funding.
- 6.3 In accordance with the Applicable Law and Applicable Policy, if the Estimated Provincial Subsidy paid to the HSP exceeds the Approved Funding for any period, the excess is a debt due and owing by the HSP to the Crown in right of Ontario which shall be paid by the HSP to the Crown in right of Ontario and, in addition to any other methods available to recover the debt, the LHIN may deduct the amount of the debt from any subsequent amounts to be provided by the LHIN to the HSP. If the Estimated Provincial Subsidy paid for any period is less than the Approved Funding, the LHIN shall provide the difference to the HSP.

## Schedule C Reporting Requirements

<b>1. In-Year Revenue/Occupancy Report</b>	
<b>Reporting Period</b>	<b>Estimated Due Dates<sup>1</sup></b>
2016 – Jan 01-16 to Sept 30-16	By October 15, 2016
2017 – Jan 01-17 to Sept 30-17	By October 15, 2017
2018 – Jan 01-18 to Sept 30-18	By October 15, 2018
<b>2. Long-Term Care Home Annual Report</b>	
<b>Reporting Period</b>	<b>Estimated Due Dates<sup>1</sup></b>
2016 – Jan 01-16 to Dec 31-16	By September 30, 2017
2017 – Jan 01-17 to Dec 31-17	By September 30, 2018
2018 – Jan 01-18 to Dec 31-18	By September 30, 2019
<b>3. French Language Services Report</b>	
<b>Fiscal Year</b>	<b>Due Dates</b>
2016-17 – Apr 01-16 to March 31-17	April 28, 2017
2017-18 – Apr 01-17 to March 31-18	April 30, 2018
2018-19 – Apr 01-18 to March 31-19	April 30, 2019
<b>4. OHRs/MIS Trial Balance Submission</b>	
<b>2016-2017</b>	<b>Due Dates (Must pass 3c Edits)</b>
Q2 – Apr 01-16- to Sept 30-16 (Fiscal Year)	October 31, 2016
Q2 – Jan 01-16 to Jun 30-16 (Calendar Year)	
Q3 – Apr 01-16- to Dec 31-16 (Fiscal Year)	January 31, 2017 – Optional Submission
Q3 – Jan 01-16 to Sept 30-16 (Calendar Year)	
Q4 – Apr 01-16- to March 31-17 (Fiscal Year)	May 31, 2017
Q4 – Jan 01-16 to Dec 31-16 (Calendar Year)	
<b>2017-2018</b>	<b>Due Dates (Must pass 3c Edits)</b>
Q2 – Apr 01-17 to Sept 30-17 (Fiscal Year)	October 31, 2017
Q2 – Jan 01-17 to June 30-17 (Calendar Year)	
Q3 – Apr 01-17 to Dec 31-17 (Fiscal Year)	January 31, 2018 – Optional Submission
Q3 – Jan 01-17 to Sept 30-17 (Calendar Year)	
Q4 – Apr 01-17 to March 31-18 (Fiscal Year)	May 31, 2018
Q4 – Jan 01-17 to Dec 31-17 (Calendar Year)	
<b>2018-2019</b>	<b>Due Dates (Must pass 3c Edits)</b>
Q2 – Apr 01-18 to Sept 30-18 (Fiscal Year)	October 31, 2018
Q2 – Jan 01-18 to June 20-18 (Calendar Year)	
Q3 – Apr 01-18 to Dec 31-18 (Fiscal Year)	January 31, 2019 – Optional Submission
Q3 – Jan 01-18 to Sep 30-18 (Calendar Year)	
Q4 – Apr 01-18 to March 31-19 (Fiscal Year)	May 31, 2019
Q4 – Jan 01-18 to Dec 31-18 (Calendar Year)	

<sup>1</sup> These are estimated dates provided by the MOHLTC and are subject to change. If the due date falls on a weekend, reporting will be due the following business day.

**Schedule C**  
**Reporting Requirements (cont'd)**

<b>5. Compliance Declaration</b>	
<b>Funding Year</b>	<b>Due Dates</b>
January 1, 2016 – December 31, 2016	March 1, 2017
January 1, 2017 – December 31, 2017	March 1, 2018
January 1, 2018 – December 31, 2018	March 1, 2019
<b>6. Continuing Care Reporting System (CCRS)/RAI MDS</b>	
<b>Reporting Period</b>	<b>Estimated Final Due Dates<sup>1</sup></b>
2016-2017 Q1	August 31, 2016
2016-2017 Q2	November 30, 2016
2016-2017 Q3	February 28, 2017
2016-2017 Q4	May 31, 2017
2017-2018 Q1	August 31, 2017
2017-2018 Q2	November 30, 2017
2017-2018 Q3	February 28, 2018
2017-2018 Q4	May 31, 2018
2018-2019 Q1	August 31, 2018
2018-2019 Q2	November 30, 2018
2018-2019 Q3	February 28, 2019
2018-2019 Q4	May 31, 2019
<b>7. Staffing Report</b>	
<b>Reporting Period</b>	<b>Estimated Due Dates<sup>1</sup></b>
January 1, 2016 – December 31, 2016	July 7, 2017
January 1, 2017 – December 31, 2017	July 6, 2018
January 1, 2018 – December 31, 2018	July 5, 2019
<b>8. Quality Improvement Plan</b> <i>(submitted to Health Quality Ontario (HQO))</i>	
<b>Planning Period</b>	<b>Due Dates</b>
April 1, 2016 – March 31, 2017	April 1, 2016
April 1, 2017 – March 31, 2018	April 1, 2017
April 1, 2018 – March 31, 2019	April 1, 2018

## Schedule D Performance

### 1.0 Performance Indicators

The HSP's delivery of the Services will be measured by the following Indicators, Targets and where applicable Performance Standards. In the following table: *n/a* means 'not-applicable', that there is no defined Performance Standard for the indicator for the applicable year. *tdf* means a Target, and a Performance Standard, if applicable, will be determined during the applicable year.

INDICATOR CATEGORY	INDICATOR P=Performance Indicator E=Explanatory Indicator	2017/18	
		Performance	
		Target	Standard
<i>Organizational Health and Financial Indicators</i>	Debt Service Coverage Ratio (P)	1	≥1
	Total Margin (P)	0	≥0
<i>Coordination and Access Indicators</i>	Average Long-Stay Occupancy / Average Long-Stay Utilization (E)	n/a	n/a
	Wait Time from CCAC Determination of Eligibility to LTC Home Response (E)	n/a	n/a
	Long-Term Care Home Refusal Rate (E)	n/a	n/a
	Percentage of Residents Who Fell in the Last 30 days (E)	n/a	n/a
<i>Quality and Resident Safety Indicators</i>	Percentage of Residents Whose Pressure Ulcer Worsened (E)	n/a	n/a
	Percentage of Residents on Antipsychotics Without a Diagnosis of Psychosis (E)	n/a	n/a
	Percentage of Residents in Daily Physical Restraints (E)	n/a	n/a

## 2.0 LHIN-Specific Performance Obligations

Requirement	Description
1. Client Transitions in Care requirement	<p>To improve resident transitions between care providers, the LTCH will work with partner HSPs, including hospitals, community based care providers and primary care to formalize communication channels and protocols and implement measures to ensure timely communication occurs when a resident is:</p> <ul style="list-style-type: none"> <li>• Discharged from a program/service/hospital;</li> <li>• Admitted to and/or successfully referred to a program/service/hospital;</li> <li>• Unable to complete a referral or admittance to a program/service; or</li> <li>• Put on waitlist for referred program/service.</li> </ul>
2. Health Services Blueprint requirement	<p>The North West LHIN is implementing the North West LHIN Health Services Blueprint (the "Blueprint"), a ten-year plan to reshape the health care system in the North West LHIN. More details about the Blueprint are available at <a href="http://www.northwestlhin.on.ca/Page.aspx?id=2958&amp;ekmensef=2f22c9a72246">http://www.northwestlhin.on.ca/Page.aspx?id=2958&amp;ekmensef=2f22c9a72246</a>. To advance the implementation of the Blueprint, the HSP will:</p> <ul style="list-style-type: none"> <li>• Align their strategic and operating activities with the Blueprint;</li> <li>• Continue to collaborate with stakeholders with planning, implementation and reporting related to the implementation of the Blueprint (e.g. providing human resource expertise, information, data and analysis to the North West LHIN, working groups or Local, District and Regional Planning Tables as necessary to inform and support the planning and implementation activities);</li> <li>• Participate in Community Engagement activities facilitated by the North West LHIN about the Blueprint;</li> <li>• Lead subsequent Community Engagement activities about the Blueprint and related implementation activities with staff, partner and public stakeholders, including: <ul style="list-style-type: none"> <li>○ Education;</li> <li>○ Formalize planning tables; and</li> <li>○ Initiate planning and implementation activities.</li> </ul> </li> <li>• Play an active role in the implementation of the Blueprint through: <ul style="list-style-type: none"> <li>○ The development and strengthening of partnerships;</li> <li>○ Identifying and actioning opportunities to improve the client experience and improve transitions in care across the continuum;</li> <li>○ Participation in value stream mapping sessions;</li> <li>○ Realignment of services and related delivery as necessary;</li> <li>○ Coordination of implementation activity, including stakeholder analysis, communications and change initiatives; and</li> <li>○ Implementation of standardized, quality based care pathways, processes and associated standardized costings.</li> </ul> </li> </ul>
3. Behavioural Supports Ontario (BSO) requirement	<p>The Health Service Provider will work with the North West LHIN and partners to:</p> <ul style="list-style-type: none"> <li>• Implement the Behavioural Supports Ontario Action Plan including the development of memorandums of understanding with the Regional Behavioural Health Service Provider (SJCG) and participate in quality improvement training related to the Behavioural Support Ontario Strategy;</li> <li>• Integrate care for the target population through the creation of common care pathways and commit to training of front-line staff as it relates to this strategy.</li> <li>• Support timely repatriation of residents who are admitted to specially designated behavioural support units.</li> </ul>
4. Emergency Preparedness requirement	<p>To minimize risks to the North West health system, the HSP will develop or review and update its emergency preparedness plan annually and include in the plan the process for communication with the North West LHIN in the event of an emergency situation.</p>
5. Diversity/Cultural Competency requirement	<p>The HSP will submit a Board approved cross-cultural competency plan that is acceptable to the LHIN by August 30, 2013.</p>
6. Home First requirement	<p>To contribute to an improved health system, the HSP will align their strategic and operating activities with, and proactively adopt the North West LHIN's "Home First" philosophy. As requested by the North West LHIN, the HSP will collaborate with stakeholders with planning, implementation and reporting related to adoption of the Home First philosophy.</p>
7. e-Health requirement	<p>The HSP will participate in and contribute to the development and implementation of a single harmonized North West LHIN e-Health Strategic Plan and subsequent iterations of that plan.</p>
8. Information Technology requirement	<p>The HSP will ensure that any Information Technology/Information System implementations material to provincial (eHealth Ontario) and local (North West LHIN) e-Health Strategic and Tactical Plans will be aligned with and contribute to the advancement of these Plans.</p>
9. MJAA requirement	<p>The HSP will work collaboratively with the North West LHIN and other HSPs within the North West LHIN to support the achievement of the Local Health System Performance targets as set out in Schedule 4 of the Ministry-LHIN Accountability Agreement.</p>

**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 North West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

**From:** The Board of Directors (the "Board") of the [insert name of License Holder] (the "HSP")

**For:** [insert name of Home] (the "Home")

**Date:** [insert date]

**Re:** [January 1, 201X – December 31, 201x] (the "Applicable Period")

---

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the Home on a day to day basis, e.g. the Chief Executive Officer or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, 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, 2016.

---

[insert name of individual authorized by the Board to make the Declaration on the Board's behalf],  
[insert title]

**Schedule E**  
**Form of Compliance Declaration (cont'd)**

**Appendix 1 - Exceptions**

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]