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Chatham, ON N7M 5Z8
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Via email

March 2, 2021

Jayne Brooks-Keller,
Administrator
Sun Parlor Home for Senior Citizens
175 Talbot Street, East
Leamington, ON N8H 1L9
jbrookskeller@sunparlorhome.net

Dear Ms. Brooks-Keller:

Re: LHSIA s. 20 Notice and Extension of Long-Term Care Home Service Accountability Agreement(s) ("Extending Letter")

The *Local Health System Integration Act, 2006* ("LHSIA") requires the Erie St. Clair Local Health Integration Network (the "LHIN") to notify a health service provider when the LHIN proposes to enter into, or amend, a service accountability agreement with that health service provider.

The LHIN hereby gives notice and advises Sun Parlor Home for Senior Citizens (the "HSP") of the LHIN's proposal to amend each and every long-term care home service accountability agreement (as described in the LHSIA) currently in effect between the LHIN and the HSP (each a "SAA").

Subject to the HSP's acceptance of this Extending Letter, the SAA will be amended with effect on March 31, 2021. All other terms and conditions of the SAA remain in full force and effect.

In accordance with section 15.12 of the SAA, the terms and conditions in the SAA are amended such that the Schedules in effect on March 31, 2021 shall remain in effect until March 31, 2022, or until such other time as may be agreed to in writing by the LHIN and the HSP.

Unless otherwise defined in this letter, all capitalized terms used in this letter have the meanings set out in the SAA.

Please indicate the HSP's acceptance and agreement to the amendment of the SAA as described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on March 26, 2021 to: Annette Masalsky, Administrative Assistant, at annette.masalsky@lhins.on.ca.

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Erie St. Clair **LHIN**

2.

The HSP and the LHIN agree that the Extending Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature. The electronic signature of a party may be evidenced by one of the following means and transmission of the Extending Letter may be as follows:

- 1) a manual signature of an authorized signing representative placed in the respective signature line of the Extending Letter and the Extending Letter delivered by facsimile transmission to the other party;
- 2) a manual signature of an authorized signing representative placed in the respective signature line of the Extending Letter and the Extending Letter scanned as a PDF and delivered by email to the other party;
- 3) a digital signature, including the name of the authorized signing representative typed in the respective signature line of the Extending Letter, an image of a manual signature or an Adobe signature of an authorized signing representative, or any other digital signature of an authorized signing representative with the other party's prior written consent, placed in the respective signature line of the Extending Letter and the Extending Letter delivered by email to the other party; or
- 4) any other means with the other party's prior written consent.

Should you have any questions regarding the information provided in this Extending Letter, please contact Erin Link, Director, Performance & Accountability at Erin.Link@lhins.on.ca.

Sincerely,



Mark B. Walton,
Regional Lead (Interim), West Region, Ontario Health,
and Chief Executive Officer, Erie St. Clair, South West,
Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs

cc: Gary McNamara, Warden, Sun Parlor Home for Senior Citizens
Mark Brintnell, Vice President, Quality, Performance and Accountability, Ontario Health (West)
Erin Link, Director, Performance & Accountability, Erie St. Clair LHIN

Signature page follows

Erie St. Clair **LHIN**

AGREED TO AND ACCEPTED BY

Sun Parlor Home for Senior Citizens

By:

Mary Birch, Clerk
I have authority to bind the health service provider.

Date:_____
mm/dd/yyyy

And By:

Gary McNamara, Warden
I have authority to bind the health service provider.

Date:_____
mm/dd/yyyy

And By:

Jayne Brooks-Keller, Administrator
I have authority to bind the health service provider.

Date:_____
mm/dd/yyyy