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www.healthcareathome.ca/centraleast
www.centraleasthealthline.ca
310-2222 (Area code not required)

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www.healthcareathome.ca/centraleast
www.centraleasthealthline.ca
310-2272 (indicatif régional non requis)

May 27, 2020

Sent Electronically

Mr. Jason Gay
Executive Director
CVH (No 6) - Orchard Villa
1955 Valley Farm Road
Pickering, ON L1V 1X6

Dear Jason Gay:

Re: LHSIA s. 20 Notice and Extension of Service Accountability Agreement(s) (“Extending Letter”)

The *Local Health System Integration Act, 2006* requires the Central East Local Health Integration Network (the “Central East LHIN”) to notify a health service provider when the Central East LHIN proposes to enter into, or amend, a service accountability agreement with that health service provider.

In this COVID-19 outbreak, the Central East LHIN hereby gives notice and advises CVH (No 6) - Orchard Villa (the “HSP”) of the Central East LHIN’s proposal to amend each and every service accountability agreement (as described in the *Local Health System Integration Act, 2006*) currently in effect between the Central East LHIN and your organization (each a “SAA”).

Subject to the acceptance of this Extending Letter, each SAA will be amended with effect on June 30, 2020. All other terms and conditions of the SAA remain in full force and effect. The terms and conditions in the SAA are amended as follows.

- 1) **Term** – With respect to a SAA, in section 2.2, “June 30, 2020” is deleted and replaced by “March 31, 2021”.
- 2) **Schedules** – The Schedules in effect on June 29, 2020 shall remain in effect until March 31, 2021, or until such other time as may be agreed to by Parties.

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 June 30, 2020, to: deborah.hoy@lhins.on.ca, (the "LHIN Contact").

The HSP and the Central East 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 Michelle.Nurse@lhins.on.ca

Sincerely,



Michelle Nurse, Director,
Contract Management, Performance and Accountability,
Ontario Health (East)

- c. Renato Discenza, Chief Executive Officer, Ontario East
Stewart Sutley, Vice President Health System Strategy, Integration, Planning & Performance, Ontario Health (East)

AGREED TO AND ACCEPTED BY

CVH (NO 6) - ORCHARD VILLA

By:

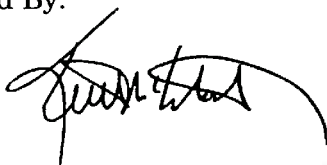


Ryan Bell
Chief Executive Officer

Date: 05/27/2020
mm/dd/yyyy

I have authority to bind the HSP

And By:



Keith McIntosh
Executive Vice President, *Southbridge Health Care GP Inc.*
Managing Director, Southbridge Care Homes Inc.
I have authority to bind the HSP

Date: 05/27/2020
mm/dd/yyyy