

June 7, 2024

Ms. Tracy Kamino
Chief Executive Officer
Holland Christian Homes Inc.
7900 McLaughlin Road South
Brampton, ON L6Y 5A7
mailto:Jennifer.Anderson@siennaliving.ca
tracy.kamino@hch.ca

DELIVERED ELECTRONICALLY

Dear Ms. Kamino:

Re: CCA s. 22 Notice and Amendment of Long-Term Care Home Service Accountability Agreement ("Amendment Letter")

The Connecting Care Act, 2019 ("CCA") requires Ontario Health ("OH") to notify a health service provider when OH proposes to enter into, or amend, a service accountability agreement with that health service provider.

OH hereby gives notice and advises Holland Christian Homes Inc. (the "HSP") of OH's proposal to amend the Long-Term Care Home Service Accountability Agreement (as described in the CCA) currently in effect between OH and the HSP (the "SAA").

Subject to the HSP's acceptance of this Amendment Letter, the SAA will be amended with effect date of April 18, 2024 as set out below. All other terms and conditions of the SAA will remain in full force and effect.

The terms and conditions in the SAA are amended as follows:

1) The long-term care home amendments to Schedule A, in respect of Faith Manor:

LSAA Amendments		Current L	SAA	Amended LSA	A
A.1 General	Date of Last Accreditation	April 30, 2019		March 27, 2024	
Information	Year(s) Awarded	4		3 years (expires Marc	h 31, 2027)
A.2 Licensed or	Licence Type – Licence - Expiry Date	June 30, 2	2030	July 14, 2051	
Approved Beds &	Usage Type – Long Stay Beds – Expiry Date	June 30, 2030		July 14, 2051	
Classification / Bed Type	Usage Type - Long Stay Beds Comments/Additional Information			Two (2) long-s designed as R Priority Acces	•
Other Reporting	Accommodation Type	Basic	Private	Basic	Private
, ,		70 (Basic Pay)	90 (Private Pay)	70	90

Note: The current executed agreement already reflected the legal name of the Home as "Faith Manor". No changes required.



2) Schedule A: 2023–24 Description of Homes and Services is hereby deleted and replaced by the attached Schedule A: Description of Home and Services.

Unless otherwise defined in this Amendment 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 amendments described in this Amendment Letter by signing below and returning one scanned copy of this letter by e-mail within 10 business days of this letter to: OH-Central.Funding@ontariohealth.ca.

The HSP and OH agree that this Amendment Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature.

Should you have any questions regarding the information provided in this Amendment Letter, please contact Nessrien Ghoniem, Lead, Performance, Accountability and Funding Allocation, Ontario Health Central at Nessrien. Ghoniem@ontariohealth.ca.

Sincerely,

Megan Suddergaard

Vice President System Strategy, Planning, Design and Implementation for

Jeff Kwan

Vice President, Performance, Accountability and Funding Allocation Ontario Health Central Per Vacation Delegation of Authority

Attachment(s): Schedule A: Description of Home and Services Signature Page

c. Susan deRyk, Chief Executive Officer, Ontario Health Central and West Regions

Signature page follows



AGREED TO AND ACCEPTED BY

Holland Christian Homes Inc.		
Tracy Kamino Chief Executive Officer	Date:_	06/10/2024 mm/dd/yyyy
I have authority to bind the health service provider.		
And by:		
Seleyme	Date:_	06/08/2024
Case Gelenynse Geleylase Board Chair		mm/dd/yyyy
I have authority to bind the health service provider.		

LTCH Name: Faith Manor

A.1 General Information						
Name of Licensee: (as referred to on your Long-Term Care Home Licence)	Holland Christian Homes Inc.					
Name of Home: (as referred to on your Long-Term Care Home Licence)	Faith Manor					
LTCH Master Number (e.g. NH9898)	NH3424					
Address	7940 McLaughlin Road South					
City	Brampton Postal Code L6Y 5V8					
		Was L				
Accreditation organization	Accreditation Ca	anada				
Date of Last Accreditation (Award Date – e.g. May 31, 2020)	March 27,	2024	Year(s) Awarded (e.g. 3 years)	3 years (expires March 31, 2027)		
French Language Services (FLS)	Identified (Y/N) N		Designated Y/N	N		
Culturally Designated Home	Self Identified (Y/N)	Y	Specific Community Serviced (i.e ethnic, linguistic or religious)	Dutch Christian		

LTCH Name: Faith Manor

1. Licence Type		ach in		ence should be d additional rov d.		Licence Expiry Date (e.g. May 31, 2025)	Comments/Additional Information
	A B C Upgraded New						
Licence ("Regular" or Municipal Approval)	160					July 14, 2051	
TOTAL BEDS (1)			160				
Please include in separate line belov	v. Tempoi	rary Lic		mporary Eme			Note: Each individual licence should be on a separate row. Please add additional rows as required
2. Licence Type	Total # Beds	-	Licence Expiry Date (e.g., May 31 2025)	,	Com	ments/Additi	onal Information
Temporary	0						
Temporary Emergency	0						
	0						
Short-Term Authorization TOTAL BEDS (2)	0						

LTCH Name: Faith Manor

Usage Type	Total#of Beds	Expiry Date (e.g., May 31, 2025)	Comments/Additional Information Please specify number of beds designated as Behavioural Support Unit (BSU) Beds, Other Designated Specialized Unit Beds and Beds held as Isolation **
Long Stay Beds (not including beds below)	160	July 14, 2051	Two (2) long-stay beds are designated as Reunification Priority Access Beds (RPABs)
Convalescent Care Beds			
Respite Beds			
ELDCAP Beds			
Interim Beds			
Veterans' Priority Access beds			
Beds in Abeyance (BIA)		[Expiry date represents the end date of the BIA Agreement]	
Designated Specialized Unit beds			
Other beds *			
Total # of all Bed Types (3)	160		

^{*}Other beds available under a Temporary Emergency Licence or Short-Term Authorization

^{**} Include beds set aside in accordance with Emergency Plans (O. Reg 246/22 s. 268)

LTCH Name: Faith Manor

A.3 Structural Information

Type of Room (this refers to structural layout rather than what is charged in accommodations or current occupancy).

Room Type	Rooms	Multiplier	Number of beds
Number of rooms with 1 bed	90	x 1	90
Number of rooms with 2 beds	35	x 2	70
Number of rooms with 3 beds	0	x 3	0
Number of rooms with 4 beds	0	x 4	0
Total Number of Rooms	125	Total Number of Beds*	160

*Ensure the "Total Number of Beds" above matches "Total # of all Bed Types (3)" from Table A.2

Original Construction Date (Year)	1985 (120 beds)
Redevelopment: Please list year and details (unit/resident home area, design standards, # beds, reason for redevelopment. If active, please provide stage of redevelopment and forecasted year of completion.)	2021 (160 beds) 1) Built new LTC home on the same site, opened up new "A" facility 160 beds (Expanded – added 40 additional beds) 2) 3) 4)

Number of Units/Resident Home Areas and Beds	
Unit/Resident Home Area	Number of Beds
1st Floor	32
2 nd Floor	32
3 rd Floor	32
4 th Floor	32
5 th Floor	32
Total Number of Beds (Ensure total matches <u>"Total # of all Bed Types (3)"</u> from Table A.2	160

Other Reporting					
Accommodation Breakdow	1*				
	Basic	Semi-Private	Private		
Accommodation Type	70	0	90		
Total Beds	70	0	90		

^{*}For accommodation definition see Fixing Long-Term Care Act, 2021 (https://www.ontario.ca/laws/regulation/220246#BK4)

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