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June 30, 2025

Ryan Bell
Chief Executive Officer
CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) in respect of Forest Heights, Garden City Manor, Hillside Manor, Pinecrest Manor, and Sumac Lodge, formerly Revera Long Term Care Inc.
rbell@southbridgecare.com

**DELIVERED ELECTRONICALLY**

Dear Ryan:

**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 CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) in respect of Forest Heights, Garden City Manor, Hillside Manor, Pinecrest Manor, and Sumac Lodge, formerly Revera Long Term Care 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") due to the transfer of Long-Term Care (LTC) Home Licence.

Subject to the HSP's acceptance of this Amendment Letter, the SAA will be amended with effect on May 1, 2025, 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) Each reference to "*Revera Long Term Care Inc.*" is deleted and replaced with "CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc".

2) The enclosed amended Licences (2707-L02, 2364-L02, 1975-L02, 2600-L02, 2573-L02) have been issued, in respect of Forest Heights, Garden City Manor, Hillside Manor, Pinecrest Manor, and Sumac Lodge, respectively, effective May 1, 2025, to reflect the name change of the Licensee.

3) The enclosed new Licences (2707-L03, 2364-L03, 1975-L03, 2600-L03, 2573-L03) have been issued, in respect of Forest Heights, Garden City Manor, Hillside Manor, Pinecrest

Manor, and Sumac Lodge, respectively, effective July 1, 2025, and expires on June 30, 2030.

4) Four beds in abeyance (BIA) at Sumac Lodge will be extended until June 30, 2028.

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 the signed version of this entire letter via email to OH-West-Reports@ontariohealth.ca **within 10 business days upon receipt of this letter.**

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 Adeela Manzoor, Analyst, Performance and Accountability, at Adeela.Manzoor@ontariohealth.ca.

Sincerely,

DocuSigned by:

8237BC09888B4E9...

Mark Brintnell
Vice President, Performance, Accountability and Funding Allocation
Vice-président, Performance, responsabilité et allocation de financement
Ontario Health (West) | Santé Ontario Ouest

Attachment(s):

- Schedule A – Description of Home and Services – Forest Height
- New Licence (2707_L03) & Licence Transfer (2707-L02) – Forest Height
- Schedule A – Description of Home and Services – Garden City Manor
- New Licence (2364-L03) & Licence Transfer (2364-L02) – Garden City Manor
- Schedule A – Description of Home and Services – Hillside Manor
- New Licence (1975-L03) & Licence Transfer (1975-L02)- Hillside Manor
- Schedule A – Description of Home and Services – Pinecrest Manor
- New Licence (2600-L03) & Licence Transfer (2600-L02) – Pinecrest Manor
- Schedule A – Description of Home and Services – Sumac Lodge
- New Licence (2573-L03) & Licence Transfer (2573-L02) – Sumac Lodge

c. Susan deRyk, Chief Regional Officer, Ontario Health Central & West Regions
Shirley Koch, Director, Capacity, Access and Flow, Ontario Health West
Erin Link, Director, Performance, Accountability and Funding Allocation, Ontario Health West

Signature page follows

**AGREED TO AND ACCEPTED BY**

CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) in respect of Forest Heights, Garden City Manor, Hillside Manor, Pinecrest Manor, and Sumac Lodge

By:

Ryan Bell

Ryan Bell, Chief Executive Officer

07/02/2025
mm/dd/yyyy

I have authority to bind the health service provider.

# 2023-24 Description of Home and Services

**LTCH Name: Forest Heights**

| A.1 General Information | | | | |
|---|---|---|---|---|
| Name of Licensee:<br>(as referred to on your Long-Term Care Home Licence) | CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) | | | |
| Name of Home:<br>(as referred to on your Long-Term Care Home Licence) | Forest Heights | | | |
| LTCH Master Number (e.g. NH9898) | NH1910 | | | |
| Address | 60 Westheights Drive | | | |
| City | Kitchener | | Postal Code | N2N 2A8 |
| | | | | |
| Accreditation organization | CARF | | | |
| Date of Last Accreditation<br>(Award Date – e.g. May 31, 2020) | May 31,2023 | | Year(s) Awarded<br>(e.g. 3 years) | 3 Years |
| French Language Services (FLS) | Identified (Y/N) | N | Designated Y/N | N |
| Culturally Designated Home | Self Identified (Y/N) | N | Specific Community Serviced (i.e ethnic, linguistic or religious) | N |

## 2023-24 Description of Home and Services

**LTCH Name: Forest Heights**

| A.2 Licensed or Approved Beds & Classification / Bed Type | | | | | | | |
|---|---|---|---|---|---|---|---|
| **1. Licence Type** | **Total # of Beds** **Note**: Each individual licence should be on a separate row. Please add additional rows as required. | | | | | **Licence Expiry Date** (e.g. May 31, 2025) | **Comments/Additional Information** |
| | **A** | **B** | **C** | **Upgraded D** | **New** | | |
| Licence ("Regular" or Municipal Approval) | | | 240 | | | June 30, 2030 | Licence No: 2707-L03 |
| **TOTAL BEDS (1)** | 240 | | | | | | |
| Please include information specific to the following types of licences on a separate line below. Temporary Licence, Temporary Emergency Licence, or Short-Term Authorization | | | | | | | **Note:** Each individual licence should be on a separate row. Please add additional rows as required. |

| **2. Licence Type** | **Total # of Beds** | **Licence Expiry Date** (e.g., May 31, 2025) | **Comments/Additional Information** |
|---|---|---|---|
| Temporary | | | |
| Temporary Emergency | | | |
| Short-Term Authorization | | | |
| **TOTAL BEDS (2)** | 0 | | |
| **TOTAL # OF ALL LICENSED BEDS (1) + (2)** | 240 | | |

## 2023-24 Description of Home and Services

**LTCH Name: Forest Heights**

| 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)** | 240 | June 30, 2030 | Licence No: 2707-L03 |
| Convalescent Care Beds | | | |
| Respite Beds | | | |
| ELDCAP Beds | | | |
| Interim Beds | | | |
| Veterans' Priority Access beds | | | |
| Beds in Abeyance (BIA) | | | |
| Designated Specialized Unit beds | | | |
| Other beds * | | | |
| **Total # of all Bed Types (3)** | 240 | | |

*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)

## 2023-24 Description of Home and Services

**LTCH Name: Forest Heights**

### 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 | 34 | x 1 | 34 |
| 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 | 34 | x 4 | 136 |
| **Total Number of Rooms** | **103** | **Total Number of Beds*** | **240** |

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

| | |
|---|---|
| Original Construction Date (Year) | 1983-1985 |
| 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.) | 1) Home has been approved for redevelopment, unable to forecast completion date. |

**Number of Units/Resident Home Areas and Beds**

| *Unit/Resident Home Area* | Number of Beds |
|---|---|
| **Geiger House** | **60** |
| **Hewson House** | **61** |
| **Clarke House** | **60** |
| **Gibbon House** | **59** |
| **Total Number of Beds (Ensure total matches "Total # of all Bed Types (3)" from Table A.2** | **240** |

### Other Reporting

**Accommodation Breakdown***

| Accommodation Type | Basic | Semi-Private | Private |
|---|---|---|---|
| | | | |
| **Total Beds** | **136** | **70** | **34** |

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

| 2023-24 Description of Home and Services |
|---|
| **LTCH Name: Garden City Manor** |

| A.1 General Information | | | | |
|---|---|---|---|---|
| Name of Licensee:<br>(as referred to on your Long-Term Care Home Licence) | CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) | | | |
| Name of Home:<br>(as referred to on your Long-Term Care Home Licence) | Garden City Manor | | | |
| LTCH Master Number (e.g. NH9898) | NH1561 | | | |
| Address | 168 Scott Street | | | |
| City | St. Catherines | | Postal Code | L2N 1H2 |
| | | | | |
| Accreditation organization | CARF | | | |
| Date of Last Accreditation<br>(Award Date – e.g. May 31, 2020) | May 31, 2023 | | Year(s) Awarded<br>(e.g. 3 years) | 3 Years |
| French Language Services (FLS) | Identified (Y/N) | N | Designated Y/N | N |
| Culturally Designated Home | Self Identified (Y/N) | N | Specific Community Serviced (i.e ethnic, linguistic or religious) | N |

## 2023-24 Description of Home and Services

**LTCH Name: Garden City Manor**

### A.2 Licensed or Approved Beds & Classification / Bed Type

| 1. Licence Type | Total # of Beds<br>**Note**: Each individual licence should be on a separate row. Please add additional rows as required. | | | | | Licence Expiry Date (e.g. May 31, 2025) | Comments/Additional Information |
|---|---|---|---|---|---|---|---|
| | A | B | C | Upgraded D | New | | |
| Licence ("Regular" or Municipal Approval) | | | 200 | | | June 30, 2030 | Licence No: 2364-L03 |
| **TOTAL BEDS (1)** | 200 | | | | | | |
| Please include information specific to the following types of licences on a separate line below. Temporary Licence, Temporary Emergency Licence, or Short-Term Authorization | | | | | | | **Note:** Each individual licence should be on a separate row. Please add additional rows as required. |

| 2. Licence Type | Total # of Beds | Licence Expiry Date (e.g., May 31, 2025) | Comments/Additional Information |
|---|---|---|---|
| Temporary | | | |
| Temporary Emergency | | | |
| Short-Term Authorization | | | |
| **TOTAL BEDS (2)** | 0 | | |
| **TOTAL # OF ALL LICENSED BEDS (1) + (2)** | 200 | | |

## 2023-24 Description of Home and Services

**LTCH Name: Garden City 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)** | 200 | June 30, 2030 | Licence No: 2364-L03 |
| Convalescent Care Beds | | | |
| Respite Beds | | | |
| ELDCAP Beds | | | |
| Interim Beds | | | |
| Veterans' Priority Access beds | | | |
| Beds in Abeyance (BIA) | | | |
| Designated Specialized Unit beds | | | |
| Other beds * | | | |
| **Total # of all Bed Types (3)** | 200 | | |

*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)

## 2023-24 Description of Home and Services

**LTCH Name: Garden City 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 | 4 | x 1 | 4 |
| Number of rooms with 2 beds | 90 | x 2 | 180 |
| Number of rooms with 3 beds | 0 | x 3 | 0 |
| Number of rooms with 4 beds | 4 | x 4 | 16 |
| **Total Number of Rooms** | **98** | **Total Number of Beds*** | **200** |

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

| | |
|---|---|
| Original Construction Date (Year) | 1972 |
| 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.) | 1) Home has been approved for redevelopment, unable to forecast completion date. |

**Number of Units/Resident Home Areas and Beds**

| *Unit/Resident Home Area* | **Number of Beds** |
|---|---|
| **Montebello House** | **50** |
| **Burgoyne House** | **50** |
| **Short Hills House** | **50** |
| **DeCew House** | **50** |
| **Total Number of Beds (Ensure total matches "Total # of all Bed Types (3)" from Table A.2** | **200** |

**Other Reporting**

**Accommodation Breakdown***

| **Accommodation Type** | **Basic** | **Semi-Private** | **Private** |
|---|---|---|---|
| | | | |
| **Total Beds** | **16** | **180** | **4** |

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

# 2023-24 Description of Home and Services

**LTCH Name: Hillside Manor**

| A.1 General Information | | | | |
|---|---|---|---|---|
| Name of Licensee:<br>(as referred to on your Long-Term Care Home Licence) | CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) | | | |
| Name of Home:<br>(as referred to on your Long-Term Care Home Licence) | Hillside Manor | | | |
| LTCH Master Number (e.g. NH9898) | NH1751 | | | |
| Address | 5066 Line 34, PR#5 | | | |
| City | Stratford | | Postal Code | N5A 6S6 |
| | | | | |
| Accreditation organization | CARF | | | |
| Date of Last Accreditation<br>(Award Date – e.g. May 31, 2020) | May 31st, 2023, | | Year(s) Awarded<br>(e.g. 3 years) | 3 Years |
| French Language Services (FLS) | Identified (Y/N) | N | Designated Y/N | N |
| Culturally Designated Home | Self Identified (Y/N) | N | Specific Community Serviced (i.e ethnic, linguistic or religious) | N |

## 2023-24 Description of Home and Services

**LTCH Name: Hillside Manor**

### A.2 Licensed or Approved Beds & Classification / Bed Type

| 1. Licence Type | Total # of Beds<br>**Note**: Each individual licence should be on a separate row. Please add additional rows as required. | | | | | Licence Expiry Date (e.g. May 31, 2025) | Comments/Additional Information |
|---|---|---|---|---|---|---|---|
| | A | B | C | Upgraded D | New | | |
| Licence ("Regular" or Municipal Approval) | | | 90 | | | June 30, 2030 | Licence No: 1975-L03 |
| **TOTAL BEDS (1)** | 90 | | | | | | |

| Please include information specific to the following types of licences on a separate line below. Temporary Licence, Temporary Emergency Licence, or Short-Term Authorization | **Note:** Each individual licence should be on a separate row. Please add additional rows as required. |
|---|---|

| 2. Licence Type | Total # of Beds | Licence Expiry Date (e.g., May 31, 2025) | Comments/Additional Information |
|---|---|---|---|
| Temporary | | | |
| Temporary Emergency | | | |
| Short-Term Authorization | | | |
| **TOTAL BEDS (2)** | 0 | | |
| **TOTAL # OF ALL LICENSED BEDS (1) + (2)** | 90 | | |

## 2023-24 Description of Home and Services

**LTCH Name: Hillside 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)** | 90 | June 30, 2030 | Licence No: 1975-L03 |
| Convalescent Care Beds | | | |
| Respite Beds | | | |
| ELDCAP Beds | | | |
| Interim Beds | | | |
| Veterans' Priority Access beds | | | |
| Beds in Abeyance (BIA) | | | |
| Designated Specialized Unit beds | | | |
| Other beds * | | | |
| **Total # of all Bed Types (3)** | 90 | | |

*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)

## 2023-24 Description of Home and Services

**LTCH Name: Hillside 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 | 18 | x 1 | 18 |
| Number of rooms with 2 beds | 10 | x 2 | 20 |
| Number of rooms with 3 beds | | x 3 | |
| Number of rooms with 4 beds | 13 | x 4 | 52 |
| **Total Number of Rooms** | **41** | **Total Number of Beds*** | **90** |

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

| | |
|---|---|
| Original Construction Date (Year) | 1977 |
| 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.) | 1) Home has been approved for redevelopment, unable to forecast completion date. |

**Number of Units/Resident Home Areas and Beds**

| *Unit/Resident Home Area* | **Number of Beds** |
|---|---|
| **Floor 1** | **22** |
| **Floor 2** | **34** |
| **Floor 3** | **34** |
| | |
| **Total Number of Beds (Ensure total matches "Total # of all Bed Types (3)" from Table A.2** | **90** |

### Other Reporting

**Accommodation Breakdown***

| Accommodation Type | Basic | Semi-Private | Private |
|---|---|---|---|
| | | | |
| **Total Beds** | **52** | **20** | **18** |

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

# 2023-24 Description of Home and Services

**LTCH Name: Pinecrest Manor**

| A.1 General Information | | | | |
|---|---|---|---|---|
| Name of Licensee:<br>(as referred to on your Long-Term Care Home Licence) | CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) | | | |
| Name of Home:<br>(as referred to on your Long-Term Care Home Licence) | Pinecrest Manor | | | |
| LTCH Master Number (e.g. NH9898) | NH1031 | | | |
| Address | 399 Bob St. | | | |
| City | Lucknow | | Postal Code | N0G 2H0 |
| | | | | |
| Accreditation organization | CARF | | | |
| Date of Last Accreditation<br>(Award Date – e.g. May 31, 2020) | May 31, 2023 | | Year(s) Awarded<br>(e.g. 3 years) | 3 Years |
| French Language Services (FLS) | Identified (Y/N) | N | Designated Y/N | N |
| Culturally Designated Home | Self Identified (Y/N) | N | Specific Community Serviced (i.e ethnic, linguistic or religious) | N |

## 2023-24 Description of Home and Services

**LTCH Name: Pinecrest Manor**

**A.2 Licensed or Approved Beds & Classification / Bed Type**

| 1. Licence Type | Total # of Beds<br>**Note**: Each individual licence should be on a separate row. Please add additional rows as required. | | | | | Licence Expiry Date (e.g. May 31, 2025) | Comments/Additional Information |
|---|---|---|---|---|---|---|---|
| | A | B | C | Upgraded D | New | | |
| Licence ("Regular" or Municipal Approval) | | | 61 | | | June 30, 2030 | Licence No: 2600-L03 |
| **TOTAL BEDS (1)** | 61 | | | | | | |
| Please include information specific to the following types of licences on a separate line below. Temporary Licence, Temporary Emergency Licence, or Short-Term Authorization | | | | | | | **Note:** Each individual licence should be on a separate row. Please add additional rows as required. |

| 2. Licence Type | Total # of Beds | Licence Expiry Date (e.g., May 31, 2025) | Comments/Additional Information |
|---|---|---|---|
| Temporary | | | |
| Temporary Emergency | | | |
| Short-Term Authorization | | | |
| **TOTAL BEDS (2)** | 0 | | |
| **TOTAL # OF ALL LICENSED BEDS (1) + (2)** | 61 | | |

## 2023-24 Description of Home and Services

**LTCH Name: Pinecrest 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)** | 61 | June 30, 2030 | Licence No: 2600-L03 |
| Convalescent Care Beds | | | |
| Respite Beds | | | |
| ELDCAP Beds | | | |
| Interim Beds | | | |
| Veterans' Priority Access beds | | | |
| Beds in Abeyance (BIA) | | | |
| Designated Specialized Unit beds | | | |
| Other beds * | | | |
| **Total # of all Bed Types (3)** | 61 | | |

*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)

## 2023-24 Description of Home and Services

**LTCH Name: Pinecrest 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 | 1 | x 1 | 1 |
| Number of rooms with 2 beds | 22 | x 2 | 44 |
| Number of rooms with 3 beds | | x 3 | |
| Number of rooms with 4 beds | 4 | x 4 | 16 |
| **Total Number of Rooms** | **28** | **Total Number of Beds*** | **61** |

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

| | |
|---|---|
| Original Construction Date (Year) | 1973-1974 |
| 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.) | 1) Home has been approved for redevelopment, unable to forecast completion date. |

**Number of Units/Resident Home Areas and Beds**

| *Unit/Resident Home Area* | **Number of Beds** |
|---|---|
| **North Wing** | **30** |
| **East Wing** | **31** |
| | |
| | |
| **Total Number of Beds (Ensure total matches "Total # of all Bed Types (3)" from Table A.2** | **61** |

### Other Reporting

**Accommodation Breakdown***

| Accommodation Type | Basic | Semi-Private | Private |
|---|---|---|---|
| | | | |
| **Total Beds** | **16** | **44** | **1** |

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

# 2023-24 Description of Home and Services

**LTCH Name: Sumac Lodge**

| A.1 General Information | | | | |
|---|---|---|---|---|
| Name of Licensee:<br>(as referred to on your Long-Term Care Home Licence) | CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) | | | |
| Name of Home:<br>(as referred to on your Long-Term Care Home Licence) | Sumac Lodge | | | |
| LTCH Master Number (e.g. NH9898) | NH1250 | | | |
| Address | 1464 Blackwell Road | | | |
| City | Sarnia | | Postal Code | N7S 5M4 |
| | | | | |
| Accreditation organization | CARF | | | |
| Date of Last Accreditation<br>(Award Date – e.g. May 31, 2020) | May 31, 2023 | | Year(s) Awarded<br>(e.g. 3 years) | 3 Years |
| French Language Services (FLS) | Identified (Y/N) | N | Designated Y/N | N |
| Culturally Designated Home | Self Identified (Y/N) | N | Specific Community Serviced (i.e ethnic, linguistic or religious) | N |

## 2023-24 Description of Home and Services

**LTCH Name: Sumac Lodge**

### A.2 Licensed or Approved Beds & Classification / Bed Type

| 1. Licence Type | Total # of Beds<br>**Note**: Each individual licence should be on a separate row. Please add additional rows as required. | | | | | Licence Expiry Date (e.g. May 31, 2025) | Comments/Additional Information |
|---|---|---|---|---|---|---|---|
| | A | B | C | Upgraded D | New | | |
| Licence ("Regular" or Municipal Approval) | | | 100 | | | June 30, 2030 | Licence No: 2573-L03 |
| **TOTAL BEDS (1)** | 100 | | | | | | |
| Please include information specific to the following types of licences on a separate line below. Temporary Licence, Temporary Emergency Licence, or Short-Term Authorization | | | | | | | **Note:** Each individual licence should be on a separate row. Please add additional rows as required. |

| 2. Licence Type | Total # of Beds | Licence Expiry Date (e.g., May 31, 2025) | Comments/Additional Information |
|---|---|---|---|
| Temporary | | | |
| Temporary Emergency | | | |
| Short-Term Authorization | | | |
| **TOTAL BEDS (2)** | | | |
| **TOTAL # OF ALL LICENSED BEDS (1) + (2)** | 100 | | |

## 2023-24 Description of Home and Services

**LTCH Name: Sumac Lodge**

| 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)** | 96 | June 30, 2030 | Licence No: 2573-L03 |
| Convalescent Care Beds | | | |
| Respite Beds | | | |
| ELDCAP Beds | | | |
| Interim Beds | | | |
| Veterans' Priority Access beds | | | |
| Beds in Abeyance (BIA) | 4 | June 30, 2028 | Ward rooms made into staff room |
| Designated Specialized Unit beds | | | |
| Other beds * | | | |
| **Total # of all Bed Types (3)** | 100 | | |

*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)

## 2023-24 Description of Home and Services

**LTCH Name: Sumac Lodge**

### 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 | 0 | x 1 | 0 |
| Number of rooms with 2 beds | 42 | x 2 | 84 |
| Number of rooms with 3 beds | 0 | x 3 | 0 |
| Number of rooms with 4 beds | 4 | x 4 | 16 |
| **Total Number of Rooms** | **46** | **Total Number of Beds*** | **100** |

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

| | |
|---|---|
| Original Construction Date (Year) | 1971-1972 |
| 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.) | 1) Home has been approved for redevelopment, unable to forecast completion date. |

**Number of Units/Resident Home Areas and Beds**

| *Unit/Resident Home Area* | **Number of Beds** |
|---|---|
| **East** | **38** |
| **West** | **38** |
| **North** | **24** |
| | |
| **Total Number of Beds (Ensure total matches "Total # of all Bed Types (3)" from Table A.2** | |

### Other Reporting

**Accommodation Breakdown***

| Accommodation Type | Basic | Semi-Private | Private |
|---|---|---|---|
| | | | |
| **Total Beds** | **16** | **84** | **0** |

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