

## 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 South East Local Health Integration Network (the “LHIN”). Attn: Board Chair.

**From:** **The Board of Directors** (the “Board”) of AON Inc. (the “HSP”)

**For:** Moira Place Long-Term Care Home (the “Home”)

**Date:** January 24, 2018

**Re:** January 1, 2017 – December 31, 2017 (the “Applicable Period”)

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The Board has authorized me, by resolution dated January 24, 2018, to declare to you as follows:

After making inquiries of the Administrator 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.



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Tim Harrold  
Senior Vice President

## Schedule E – Form of Compliance Declaration Cont'd.

### Appendix 1 - Exceptions

Please identify each obligation under the L-SAA 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.