

Report LTCR-CC-03-16

To: Chair Burley and Members of the Social Services Committee
From: Lynne Johnson, Director of Long Term Care
Meeting Date: March 1, 2016
Subject: **Declaration of Compliance**
Status: Recommendation adopted by County Council March 1, 2016 per Resolution CC32-16;

Recommendation(s)

WHEREAS annual Declaration of Compliance reporting is a requirement of the 2013-2016 Long-Term Care Service Accountability Agreement;

AND WHEREAS to the best of the knowledge and belief of the Corporation of the County of Grey, its obligations under the Long-Term Care Service Accountability Agreement have been fulfilled for Grey Gables, Lee Manor and Rockwood Terrace;

NOW THEREFORE BE IT RESOLVED THAT the Warden and Clerk be authorized to sign the Declaration(s) of Compliance and they be submitted to the South West Local Health Integration Network.

Background

A requirement of the Long-Term Care Home Service Accountability Agreement (L-SAA) is the annual signing and submission of a Declaration of Compliance. By signing the declaration, the organization is confirming that the provisions of the 2013-2016 L-SAA have been met.

The document is required to be signed at the end of the applicable reporting period and this requires a single annual declaration rather than a blanket delegation by-law.

Financial/Staffing/Legal/Information Technology Considerations

To the best of our knowledge and belief, staff confirm that the three Grey County Long Term Care homes (Grey Gables, Lee Manor, Rockwood Terrace) have fulfilled all obligations under the L-SAA for the reporting period of January 1- December 31, 2015.

Link to Strategic Goals/Priorities

Goal 6- Achieving Excellence in Governance and Service.

Attachments

Declaration of Compliance Jan 1 - Dec 31, 2015

Respectfully submitted by,

Lynne Johnson
Director of Long Term Care

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 West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of the [insert name of License Holder] (the "HSP")

For: [insert name of Home] (the "Home")

Date: [insert date]

Re: January 1, 2015 – December 31, 2015 (the "Applicable Period")

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the Home on a day to day basis, e.g. the Chief Executive Office or the Executive Director] 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, 2013.

[insert name of individual authorized by the Board to make the Declaration on the Board's behalf],
[insert title]

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.
[insert here]