

May 15, 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.), formerly *Baywoods Place Operating Inc.* 330 Main Street East Hamilton, ON L8N 3T9 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.), formerly *Baywoods Place Operating 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:

- Each reference to "Baywoods Place Operating 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 name of the Licensee has been changed from Baywoods Place Operating Inc. to CVH (No. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.).
- 3) The enclosed new Licence (2581-L04) has been issued effective May 1, 2025, until December 31, 2029, to reflect the name change of the Licensee.

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 <u>OH-West-Reports@ontariohealth.ca</u> 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: ME 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-BayWoods Place
- New Licence (2581-L04) BayWoods Place
- cc. Catherine Viveiros, Operations Analyst, Southbridge Health Care LP Susan deRyk, Chief Regional Officer, Ontario Health Central & West Regions Shirley Koch, Director, Capacity, Access and Flow, Ontario Health West Erin Link Petersen, Director, Performance, Accountability and Funding Allocation, Ontario Health West

Signature page follows



OHW26_003QA_BayWoods Place

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 to BayWoods Place

By:

yan t

Ryan Bell U Chief Executive Officer 05/23/2025 mm/dd/yyyy

I have authority to bind the health service provider.



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OHW26_003QA_BayWoods Place

2023-2024 Description of Home and Services

LTCH Name: Baywoods Place

A.1 General Information	A Margarate Con	A - 24-8			
Name of Licensee: (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: (as referred to on your Long-Term Care Home Licence)	BayWoods Place				
LTCH Master Number (e.g. NH9898)	NH1969				
Address	330 Main Street East				
City	Hamilton		Postal Code	L8N 3T9	
	at an and an	Friday S.			
Accreditation organization	CARF				
Date of Last Accreditation (Award Date – e.g. May 31, 2020)	November 6, 2020		Year(s) Awarded (e.g. 3 years)	6 Years (received an extension)	
French Language Services (FLS)	Identified (Y/N)	Y	Designated Y/N	N	
Culturally Designated Home	Self Identified (Y/N)	Ň	Specific Community Serviced (i.e ethnic, linguistic or religious)	N	

LTCH Name: Ba	ay 1100	Jus	1 140					
A.2 Licensed or A	pprove	ed Be	ds &	Classification	n / B	ed Type	1 and an	NAL & ML
1. Licence Type	Total # of Beds <u>Note</u> : 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	В	С	Upgraded	D	New		
Licence ("Regular" or Municipal Approval)			128				Dec 31, 2029	Licence Number: 2581-L0
TOTAL BEDS (1)		128						
Please include information specific to the following types of licences on separate line below. Temporary Licence, Temporary Emergency Licence Short-Term Authorization							Note: Each individual licence should be on a	
		011011		Autionzation	1			separate row. Please add additional rows as required
2. Licence Type	Tota	ll # of	F	icence Expiry Date .g., May 31, 2025)	1	Com	ments/Additi	
	Tota	l # of	F	icence Expiry Date .g., May 31,		Com	ments/Additi	additional rows as required
Temporary Temporary Emergency	Tota	l # of	F	icence Expiry Date .g., May 31,		Com	ments/Additi	additional rows as required
	Tota Be	l # of eds	F	icence Expiry Date .g., May 31,		Com	ments/Additi	additional rows as required
Temporary Temporary Emergency Short-Term	Tota Be	l # of	F	icence Expiry Date .g., May 31,		Com	ments/Additi	additional rows as required
Temporary Temporary Emergency Short-Term Authorization	Tota Be	l # of eds	F	icence Expiry Date .g., May 31,		Com	ments/Additi	additional rows as required

2023-2024 Description of Home and Services

LTCH Name: Baywoods Place

Usage Type	Total # of	Expiry Date	Comments/Additional Information		
с. С 71	Beds	(e.g., May 31, 2025)	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 (<u>not including</u> beds below)	128	Dec 31, 2029	Licence Number: 2581-L04		
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)	128	······································			

*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)

2023-2024 Description of Home and Services

LTCH Name: Baywoods Place

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	10	x1	10
Number of rooms with 2 beds	59	x 2	118
Number of rooms with 3 beds		x 3	
Number of rooms with 4 beds		x 4	
Total Number of Rooms	69	Total Number of Beds*	128

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

Original Construction Date (Year)	1973
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/Reside	nt Home Areas and Beds	5				
Unit/Resident Home Area	Number of Beds					
Westfield House/3rd Flo	26					
Whitehern House/4th Fl	24					
Dundurn House/5th Floo	26					
Bruce Trail House/6th F	26					
Bayfront House/7th Floo	26					
Total Number of Beds (Ensure total matches "Total # of all Bed Types (3)"						
from Table A.2	128					
Other Reporting						
Accommodation Breakdown*						
A	Private					
Accommodation Type						
Total Beds	10					

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