

Fields marked with an asterisk (*) are mandatory.

A long-term care home Administrator is defined in the Act, under sections 2 and 76 and pursuant to s. 270 of the Regulation, the Administrator must complete an attestation as prepared by the licensee and attest to the following annually:

1. Home Information

Licensee Legal Name *

University Health Network

Name of the Home *

Lakeside Long Term Care Centre

Mailing Address

Unit Number

Street Number *
150

Street Name *
Dunn Avenue

PO Box

City/Town *

Toronto

Province *

Ontario

Postal Code *

M6K 2R6

2. Attestation Statement

I hereby attest that (please check one):

All the requirements in accordance with section 90 of the Act and sections 268 and 269 of the Regulation have been complied with, that the information and answers provided in this attestation are complete, true, and correct and that I and the licensee understands that any misrepresentation, falsification, or omission of any material facts in the attestation may render the attestation void.

OR

Not all the requirements in accordance with section 90 of the Act and sections 268 and 269 of the Regulations have been complied with

Note: Licensees must comply with requirements and provisions of the Act and the Regulation. Failure to comply may result in enforcement actions up to and including prosecution and penalties including fines and or terms of imprisonment.

3. Signature

The following is an attestation that every licensee of a long-term care home shall prepare, and the Administrator of the home is to complete, to ensure compliance with the Emergency Plans requirements under the *Fixing Long-Term Care Act, 2021* (Act) and Ontario Regulation 246/22 (Regulation).

Administrator Last Name *	Administrator First Name *
de Leon	Mikkel-Brandon
Administrator Signature *	Date of Attestation (yyyy/mm/dd) *
	2023/10/16

Once complete, please save a copy of this form for your records and send a copy to LTC.Info@ontario.ca with the subject "Emergency Plan Attestation Form"