

Ministry of Long-Term Care

Emergency Planning Attestation Form

Fixing Long-Term Care Act, 2021

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 *			PO Box	
	150	Dunn Avenue			
City/Town *			Province *	Postal Code *	
Toronto			Ontario	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 <i>Fixing Long-Term Care Act</i> , 2021 (Act) and Ontario Regulation 246/22 (Regulation).					
Administrator Last Name *			Administrator First Name *		
de Leon			Mikkel-Brandon	Mikkel-Brandon	
Administrator Signature *			Date of Attestation (yyyy/mm/dd) *	Date of Attestation (yyyy/mm/dd) *	
			2023/10/16	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"					