Ontario Health
West

June 30, 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.) in respect of Dover Cliffs, formerly Dover Cliffs Operating Inc.
501 St. George Street,
Port Dover, ON N0A 1N0
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.) in respect of Dover Cliffs, formerly Dover Cliffs 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:

1) Each reference to "*Dover Cliffs 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 enclosed amended Licence (1056-L03) has been issued, effective May 1, 2025, to reflect the name change of the Licensee.

3) The enclosed new Licence (1056-L04) has been issued, effective July 1, 2025, and expires on June 30, 2030.

June 30, 2025

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 OH-West-Reports@ontariohealth.ca **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:
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 – Dover Cliffs
- Licence Transfer (1056-L03) – Dover Cliffs New
- Licence (1056-L04) – Dover Cliffs

c. Susan deRyk, Chief Regional Officer, Ontario Health Central & West Regions
Shirley Koch, Director, Capacity, Access and Flow, Ontario Health West
Erin Link, Director, Performance, Accountability and Funding Allocation, Ontario Health West

Signature page follows

June 30, 2025

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 of Dover Cliffs

By:

Ryan Bell

Ryan Bell, Chief Executive Officer

07/02/2025
mm/dd/yyyy

I have authority to bind the health service provider.

2023-24 Description of Home and Services

LTCH Name: Dover Cliffs

A.1 General Information				
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)	Dover Cliffs			
LTCH Master Number (e.g. NH9898)	NH1588			
Address	501 St. George Street			
City	Port Dover		Postal Code	N0A 1N0
Accreditation organization	CARF			
Date of Last Accreditation (Award Date – e.g. May 31, 2020)	May 31, 2023		Year(s) Awarded (e.g. 3 years)	3 Years
French Language Services (FLS)	Identified (Y/N)	N	Designated Y/N	N
Culturally Designated Home	Self Identified (Y/N)	N	Specific Community Serviced (i.e ethnic, linguistic or religious)	N

2023-24 Description of Home and Services

LTCH Name: Dover Cliffs

A.2 Licensed or Approved Beds & Classification / Bed Type

1. Licence Type	Total # of Beds Note: 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	B	C	Upgraded D	New		
Licence ("Regular" or Municipal Approval)			70			June 30, 2030	Licence No: 1056-L04
TOTAL BEDS (1)	70						

Please include information specific to the following types of licences on a separate line below. Temporary Licence, Temporary Emergency Licence, or Short-Term Authorization	**Note:** Each individual licence should be on a separate row. Please add additional rows as required.

2. Licence Type	Total # of Beds	Licence Expiry Date (e.g., May 31, 2025)	Comments/Additional Information
Temporary			
Temporary Emergency			
Short-Term Authorization			
TOTAL BEDS (2)	0		
TOTAL # OF ALL LICENSED BEDS (1) + (2)	70		

2023-24 Description of Home and Services

LTCH Name: Dover Cliffs

Usage Type	Total # of Beds	Expiry Date (e.g., May 31, 2025)	Comments/Additional Information 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 **(not including beds below)**	70	June 30, 2030	Licence No: 1056-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)	70		

*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)

2023-24 Description of Home and Services

LTCH Name: Dover Cliffs

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	x 1	10
Number of rooms with 2 beds	14	x 2	28
Number of rooms with 3 beds	0	x 3	0
Number of rooms with 4 beds	8	x 4	32
Total Number of Rooms	**32**	**Total Number of Beds***	**70**

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

Original Construction Date (Year)	1964
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/Resident Home Areas and Beds

Unit/Resident Home Area	Number of Beds
1st floor	**35**
2nd floor	**35**
Total Number of Beds (Ensure total matches "Total # of all Bed Types (3)" from Table A.2	**70**

Other Reporting

Accommodation Breakdown*

Accommodation Type	Basic	Semi-Private	Private
Total Beds	**32**	**28**	**10**

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