

October 1, 2020

State of New Jersey  
Department of Health  
PO Box 360  
Trenton, NJ 08625-0360

RE: Chestnut Hill Convalescent Center  
License # 061605  
#315085

**Infection Control Contract**

To Whom It May Concern:

I, Donald E. Lynch, of full age, hereby certify that I am employed with Chestnut Hill Convalescent Center in the capacity of Administrator; that I am duly authorized to make the representations contained within this attestation on behalf of Chestnut Hill Convalescent Center and to bind Chestnut Hill Convalescent Center thereto; that Chestnut Hill Convalescent Center is in compliance with all requirements in Executive Directive 20-026(1) and I attest that Chestnut Hill Convalescent Center has:

- a. One hundred (100) or more beds and no on-site hemodialysis services and has contracted with an infection control service pursuant to the requirements of E.D. 20-026(1)

Sincerely,

Donald E. Lynch MPA LNHA  
Administrator