

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Public Report**

**Report Issue Date:** January 16, 2025

**Inspection Number:** 2024-1216-0005

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Hardy Terrace LTC Operating Limited

**Long Term Care Home and City:** Hardy Terrace, Brantford

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): November 19, 21, 25, 26, 27, 28, 29, 2024

The inspection occurred offsite on the following date(s): December 2, 2024

The following intake(s) were inspected:

- Intake #00126688 complaint related to accommodation billing
- Intake #00128688/ Critical Incident System (CIS) #2720-000026-24 related to Rhinovirus Outbreak
- Intake #00128723/ CIS #2720-000027-24 related to Fall Prevention and Management
- Intake #00130888/ CIS #2720-000028-24 related to accommodation billing
- Intake #00130894/ CIS #2720-000029-24 related to allegation of financial abuse of a resident
- Intake #00131001/ CIS #2720-000030-24 related to allegations of financial abuse of a resident
- Intake #00131851 complaint related to accommodation billing

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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management
- Resident Charges and Trust Accounts

## INSPECTION RESULTS

### COMPLIANCE ORDER CO #001 Residents' Bill of Rights

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 3 (1) 16.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee must:

A) Develop and implement an audit to ensure that residents accounts are reviewed on a weekly basis related to billing concerns or non-sufficient funds. The audits must include:

- i) who conducted the review
- ii) what source type was reviewed
- iii) a second check by an additional staff member
- iv) the date the review was conducted

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- v) names of residents identified as having billing concerns
- vi) corrective action taken to immediately address billing concerns

B) Maintain a documented record of the audits.

C) Develop and implement a process to track and monitor outward billing, to ensure that itemized statement of charges are provided each month, and upon request, to each resident or their representative. The home must maintain a copy of any statements provided and the date provided.

D) Provide training for any staff fulfilling the roles and responsibilities of office manager, related to accommodation charges and billings. The home shall maintain documented records of the training including the person who provided the training, the name of staff trained, training materials, and dates completed.

**Grounds**

The licensee failed to ensure that three residents' right to proper financial care services consistent with their needs were fully respected.

**Rationale and Summary**

**A)** The Ministry of Long-Term Care (MLTC) received a complaint about a resident's billing issues related to accommodation charges. Upon admission, there were processing issues with the resident's billing information. The home failed to immediately take corrective actions when they first identified the issue. The home billed the resident with a lump sum amount after a few months.

During inspection, the home was unable to confirm whether the resident's representative had received statements each month of the accommodation charges since admission.

When the home did not review and respond to information related to the resident's

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financial accounts, there was a missed opportunity to identify discrepancies which had resulted in financial impacts to the resident and their representative.

**Sources:** Critical Incident Report, Resident admission records, Interview with staff and e-mail communication records.

**B)** The Ministry of Long-Term Care (MLTC) received a critical incident report of allegation of financial abuse towards a resident. There was documentation indicating issues with the resident's accommodation billing.

When the home did not review and respond to information related to the resident's financial accounts promptly, there was a missed opportunity to identify discrepancies which resulted in financial impacts to the resident and their representative.

**Sources:** Critical Incident Report and investigative notes, Resident's admission records, Interview with Director of Care, and e-mail communication records.

**C)** The Ministry of Long-Term Care (MLTC) received a complaint about billing inaccuracies and financial mismanagement related to a resident's accommodation billing charges by the home.

The home failed to provide the resident with billing statements for many months. Six months after the resident's admission, the home billed the resident a lump sum. For over a year, the home was charging the resident the incorrect monthly rate which was questioned by the resident's representative on multiple occasions, but the home failed to take action to resolve it.

By not investigating the initial concerns of inaccurate billing rates, and not providing financial billing statements on time, there was a missed opportunity by the home to identify discrepancies of the resident's billing errors.

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**Sources:** Ministry of Long-Term Care INFOLINE, resident financial and email records, and staff interviews.

**This order must be complied with by** February 14, 2025

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).