Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: March 24, 2025

Inspection Number: 2025-1216-0002

Inspection Type:
Proactive Compliance Inspection

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): March 11, 12, 13, 14, 17, 19, 20, 21, 24, 2025
The inspection occurred offsite on the following date(s): March 18, 2025

The following intake(s) were inspected:

- Intake: #00140867 - Proactive Compliance Inspection - 2025

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards

Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident

The licensee has failed to ensure that a resident's plan of care related to skin and wound provided clear direction to staff.

The resident's skin and wound tab in PointClickCare (PCC) identified specific areas of altered skin integrity at the time of inspection. The resident's Treatment Administration Record (TAR) identified a different number and different locations of areas of altered skin integrity. The Skin and Wound Program Lead was unable to determine what wound one of the interventions in the TAR was referring to and confirmed that the naming conventions used between the TAR and the skin and wound tab did not align and therefore were unclear.

Sources: Resident's TAR, skin and wound tab in PointClickCare, Interview with the skin and wound program lead.

WRITTEN NOTIFICATION: Family Council

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 65 (7) (a)
Family Council
s. 65 (7) If there is no Family Council, the licensee shall,
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council

The licensee failed to ensure that on an ongoing basis residents' families and persons of importance to residents were advised of their right to establish a Family Council.

For over two years, the home has been without a Family Council and the home has not taken active ongoing steps to inform and encourage families to form one.

Sources: Record Reviews of the home's monthly newsletter and interview with Administrator

WRITTEN NOTIFICATION: Air Temperature

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that temperatures required to be measured under O. Reg 246/22 s. 24 (2) were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

In review of the long-term care home's temperature logs from February 1, 2025-February 25, 2025 temperatures were only documented in the morning. Temperature logs from February 25, 2025 to March 10, 2025 included documentation of temperatures for morning and afternoon between 12 pm. and 5 p.m. but no documentation of evening or night temperatures. These two time frames also included multiple dates with no documentation of any temperatures taken for the day.

Sources: Temperature logs, Interview with maintenance staff and Administrator.

WRITTEN NOTIFICATION: General Requirements

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the written record relating to the Skin and Wound annual evaluation for 2023 included a summary of the changes made and the date that those changes were implemented.

The Skin & Wound Annual Evaluation did not clearly identify any changes made throughout the year or the date of any changes that were implemented. The

Director of Care (DOC) agreed the evaluation did not clearly document the changes or dates, and acknowledged that the evaluation template did not provide an area for documentation of the changes made, if any, to the program.

Sources: Annual Program Evaluation Skin and Wound 2023, and interview with the Director of Care and Skin and Wound Program Lead.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident received weekly wound reassessments.

The skin and wound tab in PointClickcare (PCC) and progress notes for a resident indicated they had a new wound which was identified and assessed. There was not another documented assessment again for two weeks. The Skin and Wound Program Lead verified in interview that there was a weekly wound assessment that had been missed.

Sources: Skin and Wound Program Lead interview, The resident's skin and wound tab in PointClickCare and progress notes.

WRITTEN NOTIFICATION: Skin and Wound

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented.

The licensee has failed to ensure that when a resident who was exhibiting an area of altered skin integrity was assessed by a Registered Dietician (RD) after a referral was not responded to for seventeen days.

Progress notes for a resident indicated that the new area of altered skin integrity was identified and a referral to the RD was entered on the same date, which indicated the resident was exhibiting a skin condition which was likely to require or respond to nutritional intervention. The RD was interviewed and informed their typical response time to a referral would be one week, however this referral was not of high priority. After the interview was conducted, the referral was completed with no new interventions required.

Sources: RD Interview, Skin and Wound Program Lead interview, Resident progress notes and referral to RD.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (b)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(b) the identification of any risks related to nutritional care and dietary services and hydration;

The licensee has failed to comply with their program of nutritional care and dietary services.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure there was an organized program of nutritional care and dietary services, and this program must be complied with.

Specifically, a Registered Dietitian (RD) failed to comply with the home's nutritional care and dietary services program when they did not complete an assessment for a resident after a change in status with nutritional implications, to identify risks related to nutritional care and dietary services.

The home's nursing team sent a dietitian referral when they identified the resident as a nutritional risk, at the time of the status change. The home's "Dietitian Referral" policy stated the RD would lock the referral when the assessment was completed, but the RD locked the referral without completing an assessment due to working offsite.

Sources: observation if the resident, review of the resident's plan of care and dietitian referrals, and the home's "Dietitian Referral" policy, and interviews with the RD and the Food Services Manager (FSM).

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee failed to ensure that a staff personal support worker was part of the continuous quality improvement committee.

The last two quarterly continuous quality improvement committee meetings held by the home did not have a staff personal support worker represented as the home did not consider them as part of the continuous quality committee.

Sources: Record Reviews of Quality/PAC Committee Meeting Minutes, and staff interviews with Administrator and Quality Lead.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

9. One member of the home's Residents' Council.

The licensee failed to ensure that a member of the home's Residents' Council was part of the continuous quality improvement committee.

The home did not consider a member of the home's Residents' Council as part of the continuous quality committee, as the last two quarterly continuous quality improvement committee meetings held by the home did not have a member of the home's Residents' Council invited and present during the meetings.

Sources: Record Review of Quality/PAC Meeting Minutes, and staff Interviews with Administrator and Quality Lead.

COMPLIANCE ORDER CO #001 Dining and snack service

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

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

The licensee shall:

A) Retrain specific staff on the home's process to ensure they are aware of residents' diets. Record of the training must be kept in the home until this order is complied.

B) Retrain specific staff on a resident's diet order. Record of the training must be kept in the home until this order is complied.

C) Retrain specific staff on a second resident's diet order. Record of the training must be kept in the home until this order is complied.

D) Conduct three audits per week, for three weeks, of the diet and fluid orders provided to residents dining in a specific dining room. The audits are to ensure residents receive the correct food texture and fluid consistency according to their plans of care, and to verify that food service workers and other staff assisting residents are aware of the residents' diet orders. Each audit must include at least three residents who require certain diets. The audits will be conducted on different days each week, during at least two different dining service times, and with varied resident selections within the identified dining room. Records of these audits must be kept in the home until this order is complied with. Each audit record should include the name of the auditor, the date and time of the audit, the names of the residents audited, whether the residents received the correct diet orders, the name of the food service worker serving the dining room, and the name of the staff who assisted the resident with their meal.

Grounds
The licensee has failed to comply with their dining service, as a part of their program of nutritional care and dietary services.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure there was an organized program of nutritional care and dietary services, including a dining service process to ensure food service workers and other staff assisting residents were aware of the residents' diets, and this program must be complied with.

Specifically, staff failed to comply with the home's dining service process to ensure

they were aware of a two resident's diet orders.

The home's Dining Program policy stated the Diet Listing Sheet was to remain current at all times for reference during meal service, and for staff to follow the therapeutic menu to ensure all residents received the correct food as per their diet order. The Food Services Manager (FSM) stated the staff were to refer to the Dining Listing Sheet, which was accessible to the food service workers and nursing staff in the dining room servery and the drink carts, to ensure the residents were receiving the correct diet and fluid orders.

During a meal services, two residents were observed to have a diet which was different than listed within their plans of care, when asked the staff believed these were the correct diets for the residents.

Staff not having followed the home's process to ensure they were aware of residents' diet orders increased risk that residents would have adverse effects of being served the incorrect diet order.

Sources: observation of two meal dining services, review of resident plans of care, the home's "Dining Program" policy, and the Dining Listing Sheet in the servery, and interviews with staff, and the home's FSM.

This order must be complied with by April 17, 2025

COMPLIANCE ORDER CO #002 Registered dietitian

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 80 (2)
Registered dietitian
s. 80 (2) The licensee shall ensure that a registered dietitian who is a member of the

staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

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

The licensee shall:

A) Audit the on-site hours worked by any registered dietitian (RD), who is a member of the staff of the home, to ensure the hours satisfy the minimum of 30 minutes per resident per month requirement. The audit must include the RD on-site hours provided during the period of one month, and must continue monthly until this order is complied. The record of all audits must be maintained until this order is complied.

B) If the hours during the monthly audit in part A of this order are found to not meet the minimum requirement, the licensee is to document what is being done to ensure the clinical and nutritional needs of all residents are being met.

C) Ensure the nutritional care needs of two specific residents are met in a timely manner that is consistent with prevailing practice.

Grounds
The licensee has failed to ensure an RD, who was a member of the staff of the home, was on-site at the home for a minimum of 30 minutes per resident per month for the period of two months

The RD admitted that the on-site minimum hours were not met for the time period of two months.

Two residents identified throughout the inspection had dietary referrals awaiting assessment, which were not responded to until concerns were raised by the

inspectors onsite.

Sources: review of resident's plans of care and dietary referrals, and RD professional services invoices, and interviews with nursing staff, the FSM, and the Administrator.

This order must be complied with by May 9, 2025

COMPLIANCE ORDER CO #003 Registered dietitian

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 80 (4)
Registered dietitian
s. 80 (4) Every licensee of a long-term care home shall ensure that a written back-up plan is in place that addresses situations when a registered dietitian who is a member of the staff of the home is not able to be on-site in accordance with subsection (2), which must, at a minimum, identify actions and strategies the licensee will take to comply with the requirements of that subsection.

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

The licensee shall:

A) Create and implement a written back-up plan that meets the requirements of O. Reg. 246/22, s. 80, that addresses situations when a registered dietitian (RD), who is a member of the staff of the home, is not able to be on-site in accordance with subsection (2).

B) Provide training to the RD's, and the Food Services Manager (FSM) on the written back-up plan created in part A of this order.

C) Keep a documented record of dates when the written back-up plan needed to be implemented. The documented record will be kept in the home until this order is complied with.

Grounds
The licensee has failed to ensure a written back-up plan was in place that addressed situations when a registered dietitian (RD), who was a member of the staff of the home, was not able to be on-site for the minimum hours required in O. Reg. 246/22, s. 80 (2).

The RD's working in the long-term care home explained in interviews that they were unable to be on-site for the minimum required house over the period of two months.

The home's Administrator and Food Services Manager (FSM) stated the home did not have a plan in place to address when the RD's were not able to be on-site for the minimum monthly requirement. The lack of plan impacted two residents, please see NC #011, and created risk to any other resident who required on-site nutrition and dietary services during the affected time period.

Sources: interviews with RD's, dietary staff, and the Administrator.

This order must be complied with by April 17, 2025

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.