

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: January 28, 2026
Inspection Number: 2026-1580-0001
Inspection Type: Complaint Critical Incident
Licensee: City of Toronto
Long Term Care Home and City: Seven Oaks, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 15, 16, 19 - 23, 26 - 28, 2026.

The following complaint intakes were inspected:

- Intake: #00165290 related to injuries of unknown cause.
- Intake: #00167708 related to continence care program.

The following Critical Incident (CI) intakes were inspected:

- Intake: #00164807/ CI #M571-000037-25 and intake #00166165/ CI #M571-000038-25 related to disease outbreak.

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

Resident Care and Support Services
Continence Care
Infection Prevention and Control

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 (7)

Plan of care

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s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident's plan of care outlined a specific level of assistance for care tasks. However, the resident received a different level of assistance on multiple shifts.

Sources: Resident's care records; interviews with staff.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The home received a written complaint regarding care concerns for a resident from a substitute decision maker (SDM), and this was not forwarded to the Director.

Sources: Complaint Record and interview with the staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #003 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;

A resident sustained a skin injury. Record review indicated that weekly skin and wound

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assessments were signed off as completed in the Electronic Record on several days, however, the assessments were not completed.

Sources: Resident's clinical records; interview with the staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

Sufficient continence product changes were not provided to a resident so that they were clean, dry and comfortable on several dates.

Sources: Resident's clinical records, Complaint record, and interviews with staff.

WRITTEN NOTIFICATION: Palliative Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 61 (2)

Palliative care

s. 61 (2) The licensee shall ensure that the interdisciplinary assessment of the resident's palliative care needs for their plan of care considers the resident's physical, emotional, psychological, social, cultural, and spiritual needs.

Record reviews completed did not show an interdisciplinary palliative care assessment completed addressing a resident's emotional, psychosocial, cultural, or spiritual needs when palliative care was initiated for a resident.

Sources: Resident's clinical records, Home's Policy on Palliative Approach to Care #RC-0524-00, interviews with staff.

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WRITTEN NOTIFICATION: Palliative Care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 61 (3)

Palliative care

s. 61 (3) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other person or persons designated by the resident or their substitute decision-maker are provided with an explanation of the palliative care options that are available based on the assessment of the resident's palliative care needs, which may include, but are not limited to, early palliative care and end-of-life care.

A resident's SDM did not receive a timely and comprehensive explanation of the available palliative care options, based on the resident's palliative care and end of life needs after the resident was deemed to be on palliative care.

Sources: Resident's clinical records, Home's Policy on Palliative Approach to Care #RC-0524-00 and End of Life Care (EOLC) #RC-0524-02, interviews with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Several residents were not assisted with hand hygiene, prior to their lunch.

Sources: Observations on the fourth-floor and interview with the staff.

WRITTEN NOTIFICATION: Dealing with complaints

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

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Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

A verbal complaint alleging harm to a resident was reported to the registered staff by a family member. Nurse Manager indicated they were not made aware, and an investigation was not completed.

Sources: Resident's clinical records and interviews with staff.

WRITTEN NOTIFICATION: Dealing with complaints

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The response to the person who made a care related complaint, did not include the Ministry's toll-free telephone number and its hours of service nor the contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

Sources: Complaint Record and interviews with staff.