

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:** March 30, 2026

**Inspection Number:** 2026-1580-0002

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** City of Toronto

**Long Term Care Home and City:** Seven Oaks, Scarborough

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 25, 26, 27, 30, 2026.

The following intake was inspected:

- Intake: #00173762 - Proactive Compliance Inspection

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

Food, Nutrition and Hydration  
Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

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(b) the resident's care needs change or care set out in the plan is no longer necessary;

A resident's plan of care required specific assessments to be completed by registered nursing staff on every shift. A Registered Nurse (RN) indicated that registered nursing staff were no longer completing assessments on every shift for a period of time, as the resident no longer required the assessments.

On March 27, 2026, the resident's plan of care was updated to remove the assessment requirement.

**Sources:** A resident's clinical records and interview with the RN.

Date Remedy Implemented: March 27, 2026

### **WRITTEN NOTIFICATION: Menu planning**

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

**Non-compliance with: O. Reg. 246/22, s. 77 (5)**

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

On March 26, 2026, in the home's posted menu, tomato soup was to be offered during the lunchtime meal. A resident was not offered tomato soup during their lunch that day.

**Sources:** A resident's plan of care; Observation on a dining room unit on March 26, 2026; The home's planned menu items on March 26, 2026; Interviews with Food Service Worker (FSW) and the Registered Dietician (RD).

### **COMPLIANCE ORDER CO #001 Plan of care**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

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.

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

- a). Educate all front-line staff members who prepare and distribute the snack cart on the third-floor unit related to the home's process of ensuring that residents who have specialized snacks and/or fluids as per their plan of care receive these items and what to do if these specialized snacks and/or fluids are not available on the snack cart.
- b). Conduct two (2) audits a week for a period of three (3) weeks on the third-floor unit during any of the scheduled snack passes to ensure residents who have specialized snacks and/or fluids receive or are offered to them as per their plan of care.
- c). Keep a written record of the education and audits for steps one and two of the order; for the education, ensure the following is included- the person providing the education, when it was done and the education content provided. For the audit, document and record any follow up actions taken if there are any gaps identified during the audit along with the date and times that the audits were done and who it was completed by.

**Grounds**

- i). A resident's plan of care indicated that they received a supplement for their AM snack. During observations on two separate days, none of these items were available on the AM snack cart. A Personal Support Worker (PSW) stated they have never seen any supplements provided for the resident during the AM snack pass.

Failure to ensure that the resident received their required supplement as noted from their plan of care may have resulted in further decline in their nutritional status.

**Sources:** A resident's plan of care; Observations on a resident unit on two separate days; Interview with the RD and a PSW.

- ii). A resident's plan of care indicated offering different types of fluids during the AM snack pass. During an observation, only one of the fluids was offered and given to the resident. A PSW stated they would get only one type of fluid offered and given to the resident during AM snack pass and that one of the fluids on their plan of care not made available to the resident.

Failure to ensure that the resident received their required fluids as noted from their plan of care may have result in further decline in their nutritional status.



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

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**Sources:** A resident's plan of care from the home's sticker labels; Observation on the resident unit; Interview with the RD and a PSW.

**This order must be complied with by** May 13, 2026

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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)

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

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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  
Toronto, ON, M5S 1S4

**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)

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).