

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 29, 2026

**Inspection Number:** 2026-1402-0001

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** 2063414 Investment LP, by its general partner, 2063414 Ontario Limited

**Long Term Care Home and City:** Norfinch Community, North York

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 22-23, 27-29, 2026  
The inspection occurred offsite on the following date(s): January 26, 2026

The following intake(s) were inspected:

- Intake: #00167880 - Customized PCI Inspection

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

Contenance Care  
Food, Nutrition and Hydration  
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 (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,

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

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(i) A resident was reassessed resulting in a change to their specified care product; however, the Kardex was not updated to reflect this revised care need. Additionally, an assessment by a professional interdisciplinary team member indicated that the resident's required level of assistance changed, and this change was also not reflected in the Kardex or care plan.

**Sources:** Observation of care, resident's clinical records, and interviews with the Personal Support Workers (PSWs), and the Associate Director of Care (ADOC).

(ii) A resident was reassessed resulting in a change to their specified care product; however, the Kardex and care plan were not updated to reflect this revised care need.

**Sources:** Observation of care, resident's clinical records, and interviews with the PSW and the ADOC.

## WRITTEN NOTIFICATION: Nutritional Care and Dietary Services

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

### Non-compliance with: FLTCA, 2021, s. 15 (1) (a)

Dietary services and hydration

s. 15 (1) Every licensee of a long-term care home shall ensure that there is,

(a) an organized program of nutritional care and dietary services for the home to meet the daily nutrition needs of the residents;

The home's portion sizes policy indicated staff were to serve residents the amount of food on the menu spreadsheet using the correct utensils and equipment.

Afternoon snack cart was provided with scoop size #24 (40 ml) to serve pureed snack instead of scoop size #30 (30ml). Staff served two-three scoops of pureed snack to the residents instead of one scoop. Staff served two mini brownies instead of one.

The Director of Dietary Services (DDS) acknowledged that the residents should be served snacks according to the serving size listed on the menu.

**Sources:** Observation of afternoon snack delivery, Portion Size Policy, Snack Service Policy and Interview with the DDS.

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## WRITTEN NOTIFICATION: Menu Planning

NC #003 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).

An observation revealed that the planned snacks were not provided to residents on a specified diet during the afternoon snack time.

**Sources:** Observation of afternoon snack delivery, Fall-Winter Week 4 Snacks Menu, and Interview with the DDS.

## WRITTEN NOTIFICATION: Dining and Snack Service

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

**Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)**

Dining and snack service

s. 79 (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

A resident was served a food item without someone available to assist them with eating, which was acknowledged by the DDS.

**Sources:** Observation of meal service, resident's plan of care, home's policy, and interview with the DDS.



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

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