

York Region Infection Prevention and Control Lapse Report

Initial Report				
Premises/Facility under investigation (name	and ad	ldress))	
Nine One Nails				
5-13461 Yonge Street				
Richmond Hill, Ontario L4E 0L2				
Type of Premises/Facility Personal Service Settings				
		Date of Initial Report posting (yyyy/mm/dd)		
(yyyy/mm/dd)		bate of finitial Keport posting (yyyy/finifidu)		
2024/02/22		2024/03/14		
Date of Initial Report update(s) (if applicable)		How the IPAC lapse was identified		
(yyyy/mm/dd)		·		
		Referral		
Summary Description of the IPAC Lapse				
 Cleaning and disinfection of reusable equipment was not conducted in accordance with "Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019". Re-use of single-use equipment Disinfectant used for reprocessing of reusable equipment was not accompanied by a Health Canada 				
Drug Identification Number, Natural Product Number or Class 2 Device License.				
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?				
If yes, was the issue referred to the regulatory college?			\boxtimes	
Were any corrective measures recommended and/or implemented?	\boxtimes			
Please provide further details/steps	 Corrective measures for Premises/Facility: Reprocess (clean and disinfect or sterilize) re-usable equipment/instruments after each use in accordance with the "Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd edition, First Revision: July 2019." Use disinfectants for the reprocessing of reusable equipment/devices that have an expiry date, a Drug Identification Number (DIN), Natural Product Number (NPN), and/or Medical Device License (MDAL) with Health Canada (with exception of Chlorine Bleach). Keep and maintain written records for equipment and instruments that receive high-level disinfection. Discard single-use equipment immediately after use. 			
Date any order(s) or directive(s) were issued				

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) Verbal Order Issued 2024/02/22. Written Order Issued 2024/02/27

Initial Report Comments: Verbal order was issued on February 22, 2024, ordering operator to correct conditions related to manicure and pedicure services, followed up with a written order on February 27, 2024.



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Any additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, please contact

Health Connection

Telephone Number Email Address

1-800-361-5653 Health.inspectors@york.ca

Final Report

Date of Final Report posting (yyyy/mm/dd)

2024/03/14

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)

Verbal Order Issued 2024/02/22. Written Order Issued 2024/02/27

Brief description of corrective measures taken

Corrective measures were implemented, and education provided 2024/02/22

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd)

Reinspection conducted and all corrective measure were confirmed to have been completed 2024/02/27

Final Report Comments and Contact Information

Any Additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, please contact

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