

Initial Papart						
Initial Report Premises/Facility under investigation (name	and a	droce	<u>```</u>			
Mon Nails and Spa		101635	,			
Unit 10A – 2499 Rutherford Road						
Vaughan, Ontario						
L4K 5C2						
Type of Premises/Facility						
Personal Service Setting		_				
Date Board of Health became aware of IPAC lap (yyyy/mm/dd)		ose Date of Initial Report posting (yyyy/mm/dd)				
2023/12/12			2023/12/18			
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)			How the IPAC lapse was identified			
		Comp	laint			
Summary Description of the IPAC Lapse		<b>c</b> (1				
Inadequate cleaning & disinfection betwee manicure and pedicure services.	n clients	s of the	equip	ment/devices used for provision of		
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?						
Were any corrective measures recommended and/or implemented?						
Please provide further details/steps	<ul> <li>Corrective measures for Premises/Facility:</li> <li>Clean and disinfect reusable equipment/devices as often as necessary to prevent disease transmission and in accordance with the most current edition of Public Health of Ontario's Guide to Infection Prevention and Control in Personal Service Settings.</li> <li>Use disinfectants that are accompanied by a Health Canada assigned Drug Identification Number or Natural Product Number (with exception of chlorine bleach/sodium hypochlorite) or Medical Device License and have expiry date.</li> <li>Follow Manufacturer's Instructions for Use when using disinfectants. Disinfectants are to be used prior to the expiry date or reuse claim.</li> </ul>					
	Use products that are not expired. Discard expired products in accordance with the Manufacturer's Instructions for Use.					
				Il exposure to blood and/or body fluids rsonal service setting as required.		



York Region Infection Prevention and Control Lapse Report

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
	ре		servic	ense all products, used for providing es, in a manner which prevents

**Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)** Verbal order issued on November 10, 2023, followed by a written order on November 21, 2023.

**Initial Report Comments and Contact Information:** 

Re-inspection was conducted on November 21, 2023, where operator failed to ensure equipment made of materials that do not withstand cleaning and disinfection or sterilization is discarded immediately after use. Additional re-inspection was pending.

## 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)** December 18, 2023

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

## Brief description of corrective measures taken:

Re-inspection conducted on November 28, 2023, confirmed that all corrective measures were completed.

## Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd) November 28, 2023

**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 Health Connection

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