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**Initial Report**


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**Premises/Facility under investigation (name and address)**

All You Can Nail  
239-7181 Yonge Street  
Thornhill, ON  
L3T 0C7

**Type of Premises/Facility**

Personal Service Setting – Manicure/Pedicure

<b>Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)</b> 2025/12/15	<b>Date of Initial Report posting (yyyy/mm/dd)</b> 2025/12/23
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<b>Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)</b>	<b>How the IPAC lapse was identified</b> Complaint
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**Summary Description of the IPAC Lapse**

- Cleaning and disinfection of reusable equipment was not conducted in accordance with the “Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019”.
- Disinfectant used on reusable equipment was not accompanied by a Health Canada Natural Product Number (NPN).

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes, was the issue referred to the regulatory college?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Were any corrective measures recommended and/or implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please provide further details/steps	<b>Corrective measures for Premises/Facility:</b> <ul style="list-style-type: none"> <li>• Clean and disinfect reusable equipment in accordance with the “Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019”.</li> <li>• Use disinfectants that have either a Health Canada Natural Product Number (NPN) or a Drug Identification Number (DIN).</li> </ul>			

**Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)**  
HPPA Section 13 Order was issued on 2025/12/09.

**Initial Report Comments:**

HPPA Section 13 Order was issued on 2025/12/09, requiring the operator to correct deficiencies related to cleaning and disinfection of equipment and maintenance of records for accidental exposures to blood or body fluids and high-level disinfection.

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

If you have any further questions, please contact:



**York Region**  
**Infection Prevention and Control Lapse Report**

Health Connection

Telephone Number

1-800-361-5653

Email Address

[Health.inspectors@york.ca](mailto:Health.inspectors@york.ca)

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**Final Report**

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

2025/12/23

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

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**Brief description of corrective measures taken**

Re-inspection was conducted on December 12, 2025, confirming that all corrective measures were implemented.

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

2025/12/12

**Final Report Comments and Contact Information**

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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

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Email Address

[Health.inspectors@york.ca](mailto:Health.inspectors@york.ca)