

York Region Infection Prevention And Control Lapse Report

Initial Report				-	
Premise/Facility under investigation (name and address)	\				
Ryna's Nails Beauty)				
3 – 1 Nickel Gate					
Vaughan, Ontario					
L4L 8L7					
Type of Premises/Facility					
Personal Services Setting					
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)) Date	Date of Initial Report posting (yyyy/mm/dd)		
2019/06/04		2019	2019/06/20		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)			How the IPAC lapse was identified Complaint		
Summary Description of the IPAC Lapse		•			
For waxing services, operator failed to discard single-use equipment (e.g. wax cartridges) after each client use.					
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?			X		
Were any corrective measures recommended and/or implemented?	X				
Please provide further details/steps	At the time of inspection, operator was educated on correct infection prevention and control (IPAC) practices. Operator is required to ensure that: • Single-use equipment is discarded immediately after use The operator demonstrated the correct IPAC practices for the above items after education was provided.				
Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)					
Initial 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					
Telephone Number	Email Address				
1-800-361-5653	Health.inspectors@york.ca				
Final Report					
Date of Final Report posting (yyyy/mm/dd) 2019/06/20					
Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)					
Brief description of corrective measures taken					
All used wax cartridges were discarded at the time of the inspection. Operator was able to demonstrate appropriate IPAC practices after education provided.					
Date of all corrective measures were confirmed to have 2019/06/04	e been con	npleted (yyyy/mr	m/dd)	



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Final Report Comments and Contact Information

Timal Report Comments and Contact Information				
Any Additional Comments: (Please do not include any personal information or personal health information)				
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