

**Initial Report**

Premise/Facility under investigation (name and address)

**Michelle's Nail Salon  
14-15 – 5100 Rutherford Road  
Vaughan, Ontario  
L4H 2J2**

Type of Premises/Facility

**Personal Services Setting**

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)

**2019/06/27**

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

**2019/07/02**

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 pedicure services, operator failed to dispose of single-use items (e.g., pumice stones) after each client use and clean and disinfect reusable equipment/instruments (e.g., clippers) appropriately.**

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	<p><b>At the time of inspection, operator was educated on correct infection prevention and control (IPAC) practices. Operator is required to ensure that:</b></p> <ul style="list-style-type: none"> <li>• <b>All single-use items are disposed of after each client use</b></li> <li>• <b>Reusable equipment/instruments (e.g., clippers) is cleaned and disinfected appropriately</b></li> <li>• <b>At least one sink is dedicated for handwashing only</b></li> </ul> <p><b>The operator demonstrated the correct IPAC practices for the above items after education was provided.</b></p>			

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

1-800-361-5653

Email Address

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

**Final Report**

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

**2019/07/02**

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

Brief description of corrective measures taken



York Region

## Infection Prevention And Control Lapse Report

All single-use equipment was discarded at the time of the inspection. Reusable equipment/instruments were reprocessed appropriately at the time of inspection. Operator acknowledged that separate, dedicated reprocessing and handwashing sinks must be maintained. Operator was able to demonstrate appropriate IPAC practices after education provided.

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

2019/06/27

### 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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