

Initial Report					
Premises/Facility under investigation (name Pure Beauty Bar 47 Park Drive Woodbridge, Ontario,	e and ac	ldress)		
L4L 2H4					
Type of Premises/Facility Personal Service Setting					
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd) 2023/07/31		Date of Initial Report posting (yyyy/mm/dd)			
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified			
Summary Description of the IPAC Lapse		Comp	laint		
 Concerns with reprocessing of reusable ed 	quipmen	t/instru	ments		
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	 Re eq with Press 	ctive measures for Premises/Facility: eprocess (clean and disinfect or sterilize) re-usable quipment/instruments after each use in accordance ith the "Public Health Ontario: Guide to Infection revention and Control in Personal Service Settings, d edition, First Revision: July 2019."			
	 Provide a dedicated hand hygiene sink in the personal service setting that is conveniently located to the work area and accessible. 				
	 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. 				
		ep and posure		ain written records for accidental	

Verbal Order issued 2023/07/31 Written Order issued 2023/08/04



York Region Infection Prevention and Control Lapse Report

Verbal order was issued on July 31, 2023, followed by a written order on August 4, 2023, ordering operator to cease providing all personal services until the requirements of the order are satisfied.

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 (y	yyy/mm/dd)

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

Brief description of corrective measures taken -

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd) Final Report Comments and Contact Information

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

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