

York Region Infection Prevention and Control Lapse Report

Initial Report							
Premises/Facility under investigation (name	and a	ddress))				
Natural Healing Centre							
10350 Yonge Street							
Richmond Hill, Ontario							
L4C 5K9							
Type of Premises/Facility							
Personal Service Setting							
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd) 2023/10/30		Date of Initial Report posting (yyyy/mm/dd) 2023/11/14					
				How the IPAC lapse was identified			
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		now the IPAC lapse was identified					
(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Referral					
Summary Description of the IPAC Lapse		1					
 Inadequate cleaning & disinfection of patien 	nt care/	medical	l equin	ment/devices			
 Concerns with reprocessing of reusable for 							
IPAC Lapse Investigation	Yes	No		Please provide further details/steps			
— Ao Lapse III vestigation	103	110	IVA	ricase 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	Corre	ctive m	easur	es for Premises/Facility:			
	 Clean and disinfect outline marker sharpeners in accordance with the Manufacturer's Instructions for Use. 						
	Only use medical devices that are legally authorized for use in Canada.						
	Change or discard disposable covers after each use. After, clean and disinfect the treatment surface that was being protected with disposable covers.						
	 Use alcohol-based hand rub (ABHR) that has at last 70% alcohol, and Natural Product Number (NPN) and expiry date. 						
	syringes, sterility of	ringes, erility of scard in	ard single-use equipment, including needles and ges, at point-of-care immediately after use. Where ity of the needles is compromised, do not use and ard into a designated puncture-resistant sharps ainer.				



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IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps				
	ac Us	Use products that are not expired. Discard products in accordance with the Manufacturer's Instructions for Use. Store and dispense all products in a manner which prevents cross contamination.						
Date any order(s) or directive(s) were is:			-					
Ticket served to the operator on Septembe	-	Re-insp	ection	n was pending.				
Initial Report Comments and Contact Inf	formation:							
Any additional Comments: (Please do no	ot include	ny nor	cono	Linformation or personal boolth				
information)	ot include (any per	Sona	i information or personal health				
If you have any further questions, please co	ontact.							
Health Connection								
Telephone Number	Email	Email Address						
1-800-361-5653	Health	Health.inspectors@york.ca						
Final Report	1							
Date of Final Report posting (yyyy/mm/c	dd)							
November 14, 2023								
Date any order(s) or directive(s) were is:	sued to the	owner	/oper	rator (if applicable) (yyyy/mm/dd)				
Brief description of corrective measures	s taken							
Re-inspection satisfactory, corrective meas		ned to h	nave b	peen completed.				
Date of all corrective measures were cor	nfirmed to	have be	en c	ompleted (yyyy/mm/dd)				
November 1, 2023								
Final Report Comments and Contact Info	ormation							
Any Additional Comments: (Please do n information)	ot include	any per	sona	l information or personal health				
If you have any further questions, please co	ontact Heal	h Conn	ectior	n				
		Email Address						
Telephone Number	Emai	l Addres	SS					