

Initial Report

Premises/Facility under investigation (name and address)

Tapash Narayan Dey
Nursing Foot Care
Scarborough, Ontario (mobile premises)

Type of Premises/Facility

Foot Care Services

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)	Date of Initial Report posting (yyyy/mm/dd)
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2023/08/23	2023/09/07
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Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)	How the IPAC lapse was identified
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(blank)	Referral
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Summary Description of the IPAC Lapse

- Concerns with reprocessing of reusable foot care equipment/devices

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	College of Nurses of Ontario (CNO)
If yes, was the issue referred to the regulatory college?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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>Corrective measures for Premises/Facility:</p> <ul style="list-style-type: none"> Use single-use sterile foot care equipment/devices or clean and sterilize reusable foot care equipment/devices after each use in accordance with the "PIDAC Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings, 3rd Edition, May 2013". Provide and maintain written infection prevention and control policies and procedures that are based on the most current best practices guidelines for the reprocessing of reusable foot care equipment/devices. 			

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

Verbal Order Issued 2023/08/23. Written Order Issued 2023/08/31

Initial Report Comments:

Operator was ordered to cease providing foot care services.

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

If you have any further questions, please contact
Health Connection



Infection Prevention and Control Lapse Report

Telephone Number

1-800-361-5653

Email Address

Health.inspectors@york.ca

Final Report

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

2023/09/13

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

Operator was allowed to resume the provision of foot care services on 2023/09/07 because the conditions of the initial Order were met. The conditions of the initial Order must continue to be followed.

Brief description of corrective measures taken

The operator demonstrated the provision of single-use, sterile foot care equipment/devices and will not be using multi-use equipment/devices for the provision of foot care. The operator has in place, and has demonstrated knowledge of, written infection prevention and control policies and procedures, that are based on the most current best practices guidelines, for the use of single-use sterile foot care equipment/devices.

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

2023/09/07

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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