

Initial Report

Premises/Facility under investigation (name and address)

Nails For You
107-72 Copper Creek Drive
Marham, Ontario L6B 0T2

Type of Premises/Facility

Personal Service Settings

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)	Date of Initial Report posting (yyyy/mm/dd)
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2024/08/09	2024/08/16
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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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	Complaint
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Summary Description of the IPAC Lapse

- Cleaning and disinfection of reusable equipment/tools was not conducted in accordance with “Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019”.
- Single -use equipment/tools were not being discarded after use.

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
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Did the IPAC lapse involve a member of a regulatory college?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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If yes, was the issue referred to the regulatory college?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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Were any corrective measures recommended and/or implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Please provide further details/steps

Corrective measures for Premises/Facility:

- Clean and disinfect all equipment/tools after each use in accordance with the “Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd edition, First Revision: July 2019.”
- Discard all single-use equipment/tools immediately after use.

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

Verbal Order Issued 2024/08/09. Written Order Issued 2024/08/13.

Initial Report Comments: Verbal order was issued on August 9, 2024, ordering operator to correct conditions related to manicure and pedicure services, followed up with a written order on August 13, 2024.

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

Final Report

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

2024/08/16

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

Verbal Order Issued 2024/08/09. Written Order Issued 2024/08/13

Brief description of corrective measures taken

Corrective measures were implemented, and education provided 2024/08/09.

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

Reinspection conducted and all corrective measures were confirmed to have been completed 2024/08/13.

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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1-800-361-5653

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