

**Initial Report**

**Premises/Facility under investigation (name and address)**

2583919 Ontario Inc. O/A Buff Nail Lounge  
6 – 1530 Major Mackenzie Drive West  
Vaughan, Ontario L6A 0A9

**Type of Premises/Facility**

Personal Service Setting

<b>Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)</b>	<b>Date of Initial Report posting (yyyy/mm/dd)</b>
2023/08/03	2023/08/08

<b>Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)</b>	<b>How the IPAC lapse was identified</b>
	Complaint

**Summary Description of the IPAC Lapse**

- Concerns with reprocessing of reusable equipment/instruments
- Concerns with maintaining equipment/instruments in a sanitary condition. Inadequate storage of clean equipment and instruments.

<b>IPAC Lapse Investigation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Please provide further details/steps</b>
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 checked="" 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

**Corrective measures for Premises/Facility:**

- Maintain and store all equipment and instruments in a sanitary condition in a manner that prevents contamination.
- Reprocess (clean and disinfect or sterilize) re-usable equipment/instruments after each use in accordance with the “Public health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3<sup>rd</sup> edition, First Revision: July 2019.”
- Keep and maintain written records for equipment and instruments that receive high-level disinfection.
- Keep and maintain written records for accidental exposures.

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

**Initial Report Comments and Contact Information:**



**Infection Prevention and Control Lapse Report**

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

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If you have any further questions, please contact  
Health Connection

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Telephone Number  
1-800-361-5653

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

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**Final Report**

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**Date of Final Report posting (yyyy/mm/dd)**  
2023/08/08

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

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**Brief description of corrective measures taken**  
Corrective measures implemented during inspection.

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**Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd)**  
2023/07/18

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**Final Report Comments and Contact Information**

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

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