

York Region Infection Prevention and Control Lapse Report

Initial Report				
Premises/Facility under investigation (name and address)				
Mariann Home				
9915 Yonge Street				
Richmond Hill, Ontario				
L4C 1V1				
Type of Premises/Facility Long-Term Care				
Date Board of Health became aware of IPAC	lapse	Date o	of Initi	al Report posting (yyyy/mm/dd)
(yyyy/mm/dd)		3(377)		
2023/08/02		2023/08/24		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified		
Referral				
Summary Description of the IPAC Lapse				
Concerns with reprocessing of reusable for	ot care e	equipm	ent/ae	T
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?	\boxtimes			College of Nurses of Ontario (CNO)
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	 Corrective measures for Premises/Facility: Use single use 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 02/08/2023	d to the	owner	/opera	ator (if applicable) (yyyy/mm/dd)
Initial Report Comments:				
Operator was directed 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 conta	ct			



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Telephone Number 1-800-361-5653

Email Address

Health.inspectors@york.ca

Final Report

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

2024/03/14

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) 02/08/2023

Brief description of corrective measures taken

The operator demonstrated the corrective measures to provide 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. 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 reprocessing of reusable foot care equipment/devices .

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd) 2024/01/15

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 Health Connection

Telephone Number Email Address

1-800-361-5653 Health.inspectors@york.ca