

Initial Report					
Premises/Facility under investigation (name	and ac	dress)		
H.N. Beauty Studio					
4-10255 Yonge Street					
Richmond Hill, Ontario L4C 3B2					
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)			
2024/03/08			2024/03/26		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified			
			Complaint		
 Disinfection of reusable equipment was not Guide to Infection Prevention and Control i Intermediate level and/or high-level disinfect reusable non-critical and semi-critical mani 	n Perso ctants w	nal Ser vere no	vice S t availa	ettings, 3rd Edition, July 2019". able on site for the reprocessing of	
IPAC Lapse Investigation	Yes	No	N/A	Please 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?					
Please provide further details/steps	 Corrective measures for Premises/Facility: 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. 				

3rd edition, First Revision: July 2019."
Use disinfectants for the reprocessing of reusable equipment/devices that have an expiry date, a Drug Identification Number (DIN), Natural Product Number (NPN), and/or Medical Device License (MDAL) with Health Canada (with exception of Chlorine Bleach).

- Keep and maintain written records for equipment and instruments that receive high-level disinfection.
- Refrain from providing manicure and pedicure services on a client's non-intact skin or open areas (e.g., cuts, wounds, rashes, sores), or visible skin infections (cuts, rashes, and sores and nail fungus).

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) Verbal Order Issued 2024/03/08. Written Order Issued 2024/03/13

Initial Report Comments: Verbal order was issued on March 8, 2024, ordering operator to correct conditions related to manicure and pedicure services, followed up with a written order on March 13, 2024.



York Region

Infection Prevention and Control Lapse Report Any additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, please contact	Ct			
Health Connection				
Telephone Number	Email Address			
1-800-361-5653	Health.inspectors@york.ca			
Final Report				
Date of Final Report posting (yyyy/mm/dd) 2024/03/26				
Verbal Order Issued 2024/03/08. Written Order	d to the owner/operator (if applicable) (yyyy/mm/dd) Issued 2024/03/13			
Brief description of corrective measures tak	en			
Corrective measures were implemented, and ed	ducation provided 2024/03/13			
Date of all corrective measures were confirm	ned to have been completed (yyyy/mm/dd)			
Reinspection conducted and all corrective measured	sures were confirmed to have been completed 2024/03/13			
Final Report Comments and Contact Information				
Any Additional Comments: (Please do not ir information)	nclude any personal information or personal health			

If you have any further questions, please contact

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