

**Initial Report**

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

Carrie Matson  
Markham, Ontario

**Type of Premises/Facility**

Foot Care Services

<b>Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)</b>	<b>Date of Initial Report posting (yyyy/mm/dd)</b>
2023/08/15	2023/08/18

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

**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><b>Corrective measures for Premises/Facility:</b></p> <ul style="list-style-type: none"> <li>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".</li> <li>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.</li> </ul>			

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

Verbal Order Issued 2023/08/15. Written Order Issued 2023/08/17

**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

Telephone Number	Email Address
1-800-361-5653	<a href="mailto:Health.inspectors@york.ca">Health.inspectors@york.ca</a>



**York Region  
Infection Prevention and Control Lapse Report**

**Final Report**

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

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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**

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

**Final Report Comments and Contact Information**

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**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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