

Initial Report
Premises/Facility under investigation (name and address)

Carrie Matson
Markham, Ontario

Type of Premises/Facility

Foot Care Services

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

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 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	Corrective measures for Premises/Facility: <ul style="list-style-type: none"> 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 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	Health.inspectors@york.ca

Final Report

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

2025/04/23

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

The operator has been instructed to contact Public Health prior to resuming the provision of foot care services

Brief description of corrective measures taken:

Re-inspection conducted on August 17, 2023. The operator demonstrated the corrective measures to provide single use, sterile 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 use of single use sterile devices. The operator has been instructed to contact Public Health prior to resuming the provision of foot care services utilizing multiuse foot care equipment/devices.

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

August 17, 2023

Final Report Comments and Contact Information

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

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