

**Initial Report**

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

Nails For You  
11 Disera Drive  
Unit: 140  
Vaughan, Ontario L4J 0A7

**Type of Premises/Facility**

Personal Service Setting (PSS)

<b>Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)</b> 2024/08/02	<b>Date of Initial Report posting (yyyy/mm/dd)</b> 2024/08/14
---	--

<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**

- Cleaning and disinfection of reusable equipment/tools was not conducted in accordance with “Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019”.
- Single-use equipment/tools were not being discarded after use.
- Products were not dispensed in a manner which prevents cross-contamination.

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
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 type="checkbox"/>	<input checked="" 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>• Clean and disinfect all equipment/tools after each use in accordance with the “Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019.”</li> <li>• Discard all single-use equipment immediately after use.</li> </ul>			

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

Verbal Order issued 2024/07/26. Written Order issued 2024/08/06.

**Initial Report Comments:**

Verbal Order was issued on 2024/07/26, ordering operator to correct conditions related to manicure and pedicure services, followed by a written Order on 2024/08/06.

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

Reinspection was pending.

If you have any further questions, please contact Health Connection



**Infection Prevention and Control Lapse Report**

Telephone Number

1-800-361-5653

Email Address

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

---

**Final Report**

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

2024/08/14

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

Verbal Order issued 2024/07/26. Written Order issued 2024/08/06.

**Brief description of corrective measures taken**

Satisfactory inspection. Corrective measures were confirmed to have been implemented on 2024/08/09.

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

2024/08/09.

---

**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

1-800-361-5653

Email Address

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