

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

Aura Beauty Spa
1200 Highway 7 West
Unit: 4
Vaughan, Ontario L4J 0E1

Type of Premises/Facility

Personal Service Setting (PSS)

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd) 2024/09/03	Date of Initial Report posting (yyyy/mm/dd) 2024/09/24
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Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)	How the IPAC lapse was identified Complaint
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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".
- "Mini high temperature sterilizer CH-360T" is not a licensed sterilizer, and did not meet reprocessing requirements for the tools used at the setting.

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	Corrective measures for Premises/Facility: <ul style="list-style-type: none"> Discontinue the use of "Mini high temperature sterilizer CH-360T" as a form of reprocessing for the tools used at the setting. . 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." 			

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

Verbal Order issued 2024/08/23. Written Order issued 2024/08/27.

Initial Report Comments:

Verbal Order was issued on 2024/08/23, ordering operator to correct conditions related to cleaning and disinfection of equipment/tools and to stop using "Mini high temperature sterilizer CH-360T" as a form of reprocessing for the tools used at the setting. Written Order was issued on 2024/08/27.

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

Reinspection is pending.



York Region
Infection Prevention and Control Lapse Report

If you have any further questions, please contact Health Connection

Telephone Number 1-800-361-5653	Email Address Health.inspectors@york.ca
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Final Report**Date of Final Report posting (yyyy/mm/dd)**

2025/04/22

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

Verbal Order issued 2024/08/23. Written Order issued 2024/08/27.

Brief description of corrective measures taken

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

2024/10/01

Final Report Comments and Contact Information

Reinspection was conducted, and all corrective measure were confirmed to have been implemented on October 1, 2024.

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
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