

Initial Report					
Premises/Facility under investigation (name	and ac	dress))		
Raha's Nails					
442 Church Street South					
Richmond Hill, ON					
L4C 8T5					
Type of Premises/Facility					
Personal Service Setting					
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)		Date of Initial Report posting (yyyy/mm/dd)			
2024/11/22			2024/12/02		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified			
			Complaint		
Summary Description of the IPAC Lapse					
 Cleaning and disinfection of reusable equip Health Ontario: Guide to Infection Prevention July 2019". 					
Single-use equipment/tools were not discard	rded imr	nediate	ely afte	er use.	
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?		\boxtimes			
If yes, was the issue referred to the regulatory college?			\boxtimes		
Were any corrective measures recommended	\boxtimes				

and/or implemented? Please provide further details/steps **Corrective measures for Premises/Facility:** Clean and disinfect all reusable 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". Discard single-use equipment/tools immediately after • use.

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) Verbal Order issued 2024/11/19. Written Order Issued 2024/11/29.

Initial Report Comments:

Verbal Order was issued on November 19, 2024, followed by the written Order on November 29, 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	Email Address		
1-800-361-5653	Health.inspectors@york.ca		



Final Report

Date of Final Report posting (yyyy/mm/dd) 2025/02/27

2025/02/27

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

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

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

Operator has ceased providing services at 442 Church Street South.

If you have any further questions, please contact:

Health Connection

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