

**Initial Report**

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

Advanced Health Centre  
 V. Tripolsky  
 20 - 1118 Centre Street  
 Room: 8 (Manicure/Pedicure)  
 Vaughan, Ontario L4J 7R9

**Type of Premises/Facility**

Personal Service Setting (PSS)

<b>Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)</b> 2025/02/07	<b>Date of Initial Report posting (yyyy/mm/dd)</b> 2025/02/14
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<b>Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)</b>	<b>How the IPAC lapse was identified</b> Complaint
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**Summary Description of the IPAC Lapse**

- Cleaning and disinfection of reusable equipment/tools was not conducted in accordance with the “Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019”.
- Single-use equipment/tools were not discarded immediately after use.
- There was no dedicated sink for reprocessing of reusable tools/equipment.

<b>IPAC Lapse Investigation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Please provide further details/steps</b>
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 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.”</li> <li>• Discard single-use equipment/tools immediately after use.</li> <li>• Dedicate a sink within premises that will be utilized for reprocessing of reusable equipment/tools only.</li> </ul>			

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

Inspection report with corrective measures provided to the operator on February 4, 2025.

**Initial Report Comments:**



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

Inspection report with corrective measures and education was provided to the operator on February 4, 2025.

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

Reinspection was conducted on February 6, 2025: corrective measures were confirmed to have been completed. Compliance re-inspection is pending.

If you have any further questions, please contact Health Connection

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

**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**

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

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**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.

Health Connection

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