

### Initial Report

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

John & Jenny Traditional Chinese Medicine Clinic Centre  
8791 Woodbine Avenue Unit 100  
Markham, ON  
L3R 0P4

#### Type of Premises/Facility

Clinical – Traditional Chinese Medicine and Acupuncture

|                                                                                   |                                                                  |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)</b><br>2025/09/02 | <b>Date of Initial Report posting (yyyy/mm/dd)</b><br>2025/09/19 |
| <b>Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)</b>              | <b>How the IPAC lapse was identified</b><br>Referral             |

#### Summary Description of the IPAC Lapse

- Critical equipment was not single-use disposable or cleaned and sterilized 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”.
- Semi-critical equipment was not cleaned and high-level disinfected 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”.
- One-directional workflow for reprocessing was not maintained, posing a risk of equipment re-contamination during reprocessing.
- Reprocessed equipment was not stored in a manner that prevented 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 checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) |
| 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                         | <b>Corrective measures for Premises/Facility:</b> <ul style="list-style-type: none"> <li>• Clean and sterilize all reusable critical equipment between each client 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” or procure single-use, disposable equipment.</li> <li>• Clean and high-level disinfect all reusable semi-critical equipment between each client 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”.</li> <li>• Establish and maintain a one-directional workflow for reprocessing.</li> </ul> |                          |                          |                                                                                               |

## Infection Prevention and Control Lapse Report

- Store reprocessed equipment in a manner that prevents contamination.

**Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)**  
HPPA Section 13 Order issued on 2025/08/29.

### Initial Report Comments:

HPPA Section 13 Order was issued on 2025/08/29, requiring the operator to cease providing cupping therapy services and the use of reusable equipment that requires reprocessing until conditions related to cleaning and sterilization of critical equipment, cleaning and high-level disinfection of semi-critical equipment, reprocessing workflow, and storage of reprocessed equipment are corrected.

**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)

### Final Report

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

**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)**

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