

Infection Prevention and Control Lapse Report

Initial Report						
Premise/Facility under investigation (name and addre	ess)					
Happy Nails and Spa	,					
10501 Weston Road Units: 5 and 6						
Vaughan, ON., L4H 4G8						
Type of Premises/Facility						
Personal Service Setting (PSS)						
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)			Date of Initial Report posting (yyyy/mm/dd)			
2025/09/05			2025/09/15			
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 equipment/tools Infection Prevention and Control in Personal Service	s was not o Settings, 3	conduc B rd Editi	ted ir	accouly 20	ordance with the "Public health Ontario: Guide to 019."	
Disinfectant used on reusable equipment/tools was not	ot utilized i	in acco	ordan	ce wi	th the Manufacturer's Instructions for Use (MIFU).	
Disinfectant used on reusable equipment/tools was not accompanied by a Health Canada Natural Product Number (NPN).						
IPAC Lapse Investigation	Yes	No	N	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?		×				
If yes, was the issue referred to the regulatory college?						
Were any corrective measures recommended 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." Use disinfectants that have either a Drug Identification Number (DIN), Natural Product Number (NPN), and/or Medical Device License (MDAL) with Health Canada. 					
Date any order(s) or directive(s) were issued to the ov N/A.	wner/oper	ator (i	f app	licab	ole) (yyyy/mm/dd)	
Initial Report Comments and Contact Information						
Any additional Comments: (Please do not include any	/ persona	l infor	matic	on or	personal health information)	
Operator was provided with education on corrective measurements					,	
If you have any further questions, please contact Hea	Ith Conne	ection				
Telephone Number	Email A	Email Address				
1-800-361-5653	Health.	Health.inspectors@york.ca				
Final Report						
Date of Final Report posting (yyyy/mm/dd) 2025/09/15						
Date any order(s) or directive(s) were issued to the ov N/A	wner/oper	ator (i	f app	licab	ole) (yyyy/mm/dd)	
Brief description of corrective measures taken Corrective measures were confirmed to have been imple	mented on	2025/	08/25	5.		
Date of all corrective measures were confirmed to ha 2025/08/25.	ve been c	omple	eted (уууу	/mm/dd)	



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Final Report Comments and Contact Information

Any Additional Comments: (Please do not include any personal information or personal health information)
Reinspection was conducted, and all corrective measures were confirmed to have been implemented on August 25, 2025.

If you have any further questions, please contact Health Connection

Telephone Number	Email Address
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1-800-361-5653 <u>Health.inspectors@york.ca</u>