



NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT

PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT	
Initial Report	
Premise/facility under investigation (name and address)	Cali Nails 1500 Fisher Street, North Bay, ON P1B 2H3
Type of premise/facility: (e.g. clinic, personal services setting)	Personal Services Setting
Date Board of Health became aware of IPAC lapse	1/15/2019
Date of Initial Report posting	1/17/2019
Date of Initial Report update(s) (if applicable)	n/a
How the IPAC lapse was identified	Other
Summary Description of the IPAC Lapse	Complaint received 1/14/2019. Reusable nail instruments and equipment not properly cleaned and disinfected after each client. At the time of review, records of accidental exposures to blood were not being kept.
IPAC Lapse Investigation	
Did the IPAC lapse involve a member of a regulatory college?	No
If yes, was the issue referred to the regulatory college?	Not Applicable
Were any corrective measures recommended and/or implemented?	Yes
Please provide further details/steps	1) Operator to thoroughly clean reusable nail instruments and equipment after each client. 2) Operator to disinfect reusable instruments and equipment after each client. 3) Operator to keep records of accidental exposures to blood on site for at least one year.
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	Issued report of inspection detailing infractions and directives on 1/15/2019.
Initial Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	Complaint investigation was conducted. Corrective measures were required as indicated above
If you have any further questions, please contact:	
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Title	Program Manager, Environmental Health
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Phone number	705-474-1400 ext. 5320
Final Report	
Date of Final Report posting:	
Date any order(s) or directive(s) were issued to the owner/operator (if applicable)	
Brief description of corrective measures taken	
Date all corrective measures were confirmed to have been completed	
Final Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	
If you have any further questions, please contact:	
Name	
Title	
Email address	
Phone number	