

PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT	
Initial Report	
Premise/facility under investigation (name and address)	Cali Nails 285-1105 Wellington Rd. S London Ontario N6E 1V4
Type of premise/facility: (E.g. clinic, personal services setting)	Nail Salon
Date Board of Health became aware of IPAC lapse	Dec. 12 th , 2017
Date of Initial Report posting	Public Health Inspection report posted Dec. 12th, 2017. Initial posting January 5 th , 2018.
Date of Initial Report update(s) (if applicable)	
How the IPAC lapse was identified	Complaint
Summary Description of the IPAC Lapse	Client positive for Hepatitis B. Notified Health Unit. Client had manicure and pedicure at Cali Nails during incubation time.
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?	
Were any corrective measures recommended and/or implemented?	Ensure all single use items disposed of after each client. Ensure equipment is washed and scrubbed with soap and water, dried and then immersed in fresh/new 70% isopropyl alcohol immediately for at least 10 minutes then stored dried. Ensure that 1 tsp of bleach used with each gallon of water between clients and 6 tablespoons of bleach for each gallon of water at the end of the day.
Please provide further details/steps	Reinspection on Dec 14 th and Dec. 16 th .
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	
Initial 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	Mary Lou Albanese
Title	Manager, Infectious Disease Control Team
E-mail address	Marylou.albanese@mlhu.on.ca
Phone number	519-663-5317 ext. 2358
Final Report	
Date of Final Report posting:	January 5, 2018
Date any order(s) or directive(s) were issued to the owner/operator (if applicable)	
Brief description of corrective measures taken	Operator corrected all measures as recommended by inspector.
Date all corrective measures were confirmed to have been completed	December 18, 2017
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:	
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Title	Manager
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