

Infection Prevention and Control Lapse Disclosure Form

Initial Report

Name of premises under investigation: Almonte Nails and Spa

Address: 10 Houston Dr. Almonte ON

Type of premises: Multi-Service PSS

Date the Board of Health became aware of the Lapse: January 19, 2026

Date of initial posting: January 28, 2026

Date initial report update(s), if applicable: select date

Source of IPAC lapse information: Complaint

Summary description of the IPAC lapse identified (*maximum 4-5 sentence description*):

Complaint received by customer who believes she contracted a fungal nail infection from the premises from a pedicure received in the summer of 2025

IPAC Lapse Investigation

Did the IPAC Lapse involve a member of a regulatory college(s)? YES NO

If YES, was the issue referred to the regulatory college(s)? YES NO

Were other stakeholders notified? YES NO

If YES, who were the other stakeholders that were notified? Choose an item.

Corrective measure(s) required:

1. All reusable equipment and instruments, including dremel bits, must be thoroughly reprocessed between clients in accordance with established infection prevention and control protocols.
2. All required reprocessing steps must be completed consistently for every reusable piece of equipment and instrument.
3. All portable dremel devices used for pedicure services must be removed from use immediately and may only be reinstated with written authorization from a Public Health Inspector.
4. Single use equipment and instruments must not be reused between clients under any circumstances. All single use equipment and instruments must be discarded immediately after use.
5. Used single use equipment and instruments must not be stored on site for future use and must be disposed of promptly.



Method(s) used to correct identified deficiencies:

Educational

Owner/operator was provided with on-site instruction and education and provided with educational materials on instrument/equipment cleaning and disinfection.

Other:

Inspection report issued to operator itemizing deficiencies and corresponding corrective actions required. All critical deficiencies required for continued operation of the premises were corrected at the time of inspection. A reinspection was conducted to confirm correction of all other deficiencies.

Date(s) any order(s) or directive(s) were issued to the owner/operator (if applicable):

select date

select date

Final Report

Date of final report: select date

Brief description of corrective measures taken:

The date all corrective measures were confirmed to be completed: select date

Additional Comments:

If you have further questions, please contact our infection disease team members at extension 2222, using the number below.

Infectious Diseases Program (IDP)

Community Health Protection Department

Phone: 613-345-5685