
Dear Provider,

Following the the assessment of compliance with regulation of the contingency plans and preparedness for COVID 19 of **[populate with Centre Name]** carried out on **[populate with Actual Date of assessment]** the following regulations were found to be compliant.

Delete rows below as required and this sentence

Capacity and capability	
Regulation 4: Written policies and procedures	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of Incidents	Compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life care	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Urgent action is required by you to address the areas of non-compliance identified. These can be found in the attached compliance plan.

Please confirm by return email that you have taken and completed action to address the non-compliances by replying to **[dcd@hiqa.ie or dcop@hiqa.ie]** by [Status due date 2 Days after correspondence issued].

Should you require further assistance, please contact the Regulatory Support Team by telephone on **01 814 7400** or by email at **[dcd@hiqa.ie or dcop@hiqa.ie]**.

Yours sincerely,

[Inspector name]

Inspector of social services

Office of the Chief Inspector
Health Information and Quality Authority