



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Raheen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tuamgraney, Scariff, Clare
Type of inspection:	Unannounced
Date of inspection:	14 May 2026
Centre ID:	OSV-0000611
Fieldwork ID:	MON-0043849

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Raheen Community Hospital situated in an idyllic rural setting in Raheen Woods, three miles from Scariff includes a Community Nursing Unit and a very active Day Centre. The aim of Raheen Community Hospital is the enablement of all residents to live the most fulfilled lives in an environment, which is cognisant of their needs, dignity and privacy. We do this by providing a Quality Assured Residential Community Nursing Unit and Day Care Centre Service to those Older Persons entrusted into our care to achieve and sustain a high quality care environment, which cares for supports and values each resident.

The Day Centre provides day services to a wide geographical area, which spans an expansive area reaching ten community areas in East Clare.

The Community Nursing Unit registered to accommodate 25 residents. It is a two-storey building and the bedroom accommodation comprises eleven single rooms, six-twin rooms and two palliative rooms, all with en-suite facilities. There are varieties of private and communal spaces for residents to relax and enjoy. Communal areas comprise of sunroom/ conservatory, two sitting rooms, church, dining room, family room, kitchen and Sunflower activities area.

The Community Nursing Unit provides 24-hour nursing care to both male and female residents aged 18 or over requiring long-term, short-term, respite and palliative care. Raheen CNU aims to promote a human rights based –approach to health and social care services which upholds the resident's core human rights, principles of fairness, respect, equality, dignity and autonomy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 14 May 2026	10:00hrs to 17:20hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The feedback from residents living in Raheen Community Nursing Unit was consistently positive. There was a calm and welcoming atmosphere in the centre, which was described by one resident as 'hotel standard'. The inspector heard many positive comments from residents, such as 'I love it here', 'the staff can't do enough', and, 'the matron is very nice when she does her rounds'.

Located in Raheen Woods, on the outskirts of Scariff in Co. Clare, the designated centre provides care for up to 25 residents. There were 23 residents living in the centre on the day of the inspection.

The inspector was greeted by the clinical nurse manager on their unannounced arrival to the centre. Following an introductory meeting, the inspector spent time walking through the centre with the person in charge, meeting residents and staff.

The designated centre is laid out over two floors. The first floor of the centre contained offices, storage rooms, and staff facilities. Resident private and communal accommodation was laid out on the ground floor, in three areas, known locally as Brian Boru, McLysaght and Oak. There were six twin bedrooms and 11 single bedrooms, all with ensuite toilet and shower facilities. There were two palliative care suites, one of which was being refurbished at the time of this inspection.

On the walk through of the centre, the inspector observed that resident bedrooms were spacious, clean and nicely decorated. Residents' had personalised their bedrooms with photographs, ornaments and other memorabilia of significance. Several residents reported to the inspector that they were happy with their bedroom accommodation. There was adequate storage of resident property and items of significance in the resident bedrooms. Resident communal areas included a chapel, the sunflower activity room, a dining room, a conservatory, and several sitting rooms. The inspector noted that the residents' living environment was well-maintained. Resident communal rooms were nicely decorated and well-furnished. Utility rooms were seen to be clean and tidy. There was an ongoing maintenance programme in place, and the premises generally met residents' individual and collective needs. However, the inspector observed that a bath was not installed in the residents' assisted bathroom.

Over the course of the day, the inspector visited residents in various areas of the centre. Residents' described their satisfaction with the quality of the service provided, and they told the inspector they could raise any concerns to the person in charge, with ease. Residents reported satisfaction with the quality of food provided which was described as 'divine', and satisfaction with staff responsiveness to their requests for assistance. Residents were seen to be relaxed and comfortable in the company of staff and the inspector observed friendly conversations. It was evident

that the person in charge was well-known to the residents, and they paused to spend time chatting with several residents, during the walkabout of the centre.

In the morning, some residents were observed participating in an exercise class in the communal sitting room. The inspector noted that a group of residents enjoyed a game of bingo in the afternoon. Some residents were seen spending time quietly in the chapel, and other residents were observed spending time independently. A resident, who was observed relaxing in a quiet communal area, remarked to the inspector how peaceful the atmosphere in the centre was. Some residents said they preferred to spend time in their bedrooms. One resident said that it was their 'personal choice', not to attend activities, and they were happy that their wishes were respected. Another resident told the inspector that they did not wish to participate in activities, as they preferred 'a quiet life', and that they had regular opportunities for prayer throughout the day. The resident told the inspector that they were supported to engage in religious activities in the centre.

Residents were seen moving freely throughout the centre. The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to support residents' safety and independence, when mobilising. The outdoor courtyard garden area was easily accessible for residents to go outdoors independently, or with support from staff, if required.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms. The inspector heard positive feedback from one visitor, who described how happy they were that their relative had moved into the centre.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and to follow up on the actions taken by the provider to address areas of non-compliance found on previous inspections of the centre. Overall, this inspection found evidence of good levels of compliance across many areas of the service, however, individual assessment and care planning, premises, record management and governance and management were not fully aligned with the requirements of the regulations.

The Health Service Executive (HSE) is the registered provider of Raheen Community Nursing Unit. The person in charge worked full-time in the centre. Senior clinical and operational management support was provided by two general managers. The

person in charge was supported locally by two clinical nurse managers, who worked full-time in a supervisory role. At the time of inspection, there was a vacancy for one clinical nurse manager. A staff nurse was appointed to this role, as an interim arrangement, while recruitment was underway to fill the position. There were deputising arrangements in place in the absence of the person in charge.

Staffing roster records demonstrated that the centre's nursing and multi-task staffing resources did not align fully with the centres' statement of purpose. This was recorded as a risk in the centres' risk register and escalated by the person in charge to the provider. Records viewed by the inspector demonstrated that recruitment was ongoing to fill vacant posts, and that staffing levels were monitored closely by the person in charge. Agency staff were used to supplement the roster on a daily basis. The inspector found that the staffing number and skill mix on the day of inspection were appropriate to meet the care needs of the residents. There were a minimum of two registered nurses on duty at all times, to oversee the nursing and needs of the residents.

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, and the safeguarding of residents. Records viewed indicated that the majority of staff were up-to-date with the centre's mandatory training requirements. There were supervision systems in place. The clinical management team were knowledgeable regarding the individual care needs of residents living in the centre.

A review of record management in the centre found that staff files contained all of the required information, as set out under Schedule 2 of the regulations. However, management systems did not ensure that resident care records were stored securely in the centre. This inspection also found that some resident care records were not stored cohesively, and some care plans were incomplete. Furthermore, some clinical records were not easily retrievable on the day of inspection. The person in charge had identified deficits relating to the existing paper-based record system, which was recorded as a risk in the centres' risk register, and escalated to the provider. However, it had not been addressed at the time of inspection.

There were communication systems in place and records demonstrated that regular meetings at local and management level were used as opportunities to discuss topics such as recruitment, resident care and complaints. There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. There was a schedule of audits in clinical care areas including care planning, nutritional and infection control. Audits completed contained a quality improvement plan, where required.

A record of all accidents and incidents involving residents that occurred in the centre was maintained. Incidents were reported in writing to the Chief Inspector, as required under Regulation 31: Notification of incidents.

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34: Complaints procedures.

An annual report on the quality of the service had been completed for 2025 which had been done in consultation with residents and set out the service's level of compliance, as assessed by the management team. An associated quality improvement plan was developed for 2026.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the health and social care needs of residents living in the centre, considering the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, and the safeguarding of residents.

There were systems in place to supervise staff.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had maintained a Directory of residents, which included all the required details, as set out in Schedule 3 of the regulation.

Judgment: Compliant

Regulation 21: Records

The registered provider ensure that records were not stored in a safe and accessible manner, as required under the regulations. For example:

- Records containing resident care information were stored in each resident bedroom. These were not securely stored, and therefore easily accessible.
- Some clinical care records were disjointed and information was not easily retrievable.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to ensure that there were sufficient staffing resources in place to consistently maintain planned staffing levels, in line with the current resident care needs and the centre's statement of purpose. For example, at the time of inspection, there were vacancies for eight full-time multi-task attendants and a high level of dependency on agency staff.

Record management systems were not fully effective, as described under Regulation 21: Records.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up-to-date policy in place for the management of complaints. Records demonstrated that complaints documented within the centre's complaint log were managed in line with the requirements of the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures which met the requirements of the regulations.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were that the provider was delivering good quality care to residents, in line with their assessed needs. Residents had good access to health care services and there were frequent opportunities for social engagement. Residents received care and support from a team of staff who knew their individual needs and preferences. However, the findings in relation to assessment and care planning, and premises, did not align fully with the requirements of the regulation.

Residents' care records were recorded using an paper-based system. Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents including those relating to skin integrity, nutrition, and mobility. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, however, some care plans were not reviewed following changes to the resident condition, as required by the regulations.

The designated centre was found to be clean, well-lit and warm. Residents' bedroom accommodation was spacious, individually personalised and tastefully decorated. A programme of maintenance work was ongoing and one palliative care suite was being redecorated at the time of inspection. However, some areas did not align fully with the requirements of Regulation 17: Premises. For example, the residents' assisted bath had previously been removed from the centre previously, to facilitate the completion of refurbishment works in the assisted bathroom. However, at the time of inspection, it had not been reinstalled.

Residents were reviewed by a medical officer, as required. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

Residents were supported to participate in meaningful activities and the weekly schedule included one-to-one therapies, art, live music and a weekly outing.

Residents were supported to maintain links to their community and facilitated to attend the day centre, located on site, if they wished. Bus transport was provided which enabled residents to attend a weekly Friday outing, to areas of interest such as Killaloe, Nenagh Castle and Coole Park. Residents had access to internet, local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys. Residents' meetings were convened regularly, and meeting records indicated that residents were consulted about a variety of topics, including activities, the quality of food, and the complaints procedure. Information regarding advocacy services was available in the centre and discussed at resident meetings. Residents were supported to access this service, if required.

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

There was sufficient space for residents to meet with visitors in private. The inspector observed a number of residents receiving visitors during the inspection and found that appropriate measures were in place for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not fully conform to the matters set out in Schedule 6 of the regulations.

An assisted bath was not installed in the designated centre, and therefore residents did not have the option of bathing rather than showering.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some residents' care plans were not reviewed in response to their changing needs. For example:

- A resident care plan was not updated to demonstrate that they had sustained weight loss over several months. Consequently, their care plan did not reflect the additional nursing interventions required to support their needs.
- A resident daily care plan was not updated to reflect the development of a pressure related wound, and the nursing interventions required to support wound healing.
- A resident daily care plan was not updated to incorporate the daily use of a restrictive practice, following completion of a multi-disciplinary risk assessment.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had regular access to a medical officer. Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, physiotherapy, and occupational therapy through a system of referral.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents to engage in recreational and occupational opportunities.

Residents had access to internet, radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

There was an independent advocacy service available to residents living the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Raheen Community Hospital OSV-0000611

Inspection ID: MON-0043849

Date of inspection: 14/05/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Some resident care information stored in the literature file crystal holders attached to the wall behind each resident's bed is removed. This care information is now securely locked in each resident bedroom. Locker keys are strictly controlled and held by the nurse-in-charge, and the resident has own copy of their locker key. Nurses are a point of access and must lock any resident care information immediately if called away during clinical care delivery. The referenced clinical care records referred to were re-indexed using new standardized, color-coded tab dividers. The master front-sheet has been enhanced for chronological sectioning and rapid data navigation. Technical bids for facility-wide Wi-Fi installation are under evaluation, currently. It is hoped vendor selection and contract signing for an electronic patient content management system will conclude this next quarter, hoping installation of an electronic patient content management system. Point-of-care tablet locations and wall-mounted secure terminal spots are being mapped out. Ongoing care planning monthly audits in progress The CNMs conduct visual random weekly physical clinical care record checks.	

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: At the time of inspection, vacancies existed for eight Multi-Task Attendants and the centre was reliant on agency staffing to maintain planned staffing levels. Recruitment approval was in place and all vacancies had been escalated through the appropriate HSE governance processes. The inspection noted that staffing levels were monitored closely and that agency staff were used to supplement the roster daily. A bespoke recruitment campaign for Multi-Task Attendants at Raheen Community Hospital went live on the HSE recruitment website on 24 July 2026 with a closing date of 12 August 2026. Agency approval remains in place for all vacancies and regular agency staff continue to be utilised to ensure continuity and consistency of care delivery. In addition, a number of current agency staff are progressing through agency conversion processes which will further reduce dependence on agency staffing and strengthen workforce stability within the centre. The Provider continues to monitor staffing resources on a daily basis and escalate any deficits through established governance mechanisms to ensure the effective delivery of care in accordance with the Statement of Purpose. Management systems continue to be strengthened to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Actions completed include: • Ongoing monitoring of staffing resources and vacancies through local and regional governance structures. • Weekly and monthly review of staffing, recruitment progress and agency utilisation. • Continued implementation of quality assurance systems, including audit programmes and quality improvement plans. • Strengthened oversight of record management processes through regular auditing and monitoring arrangements. • Escalation of risks relating to staffing and record management through the centre risk management processes. The inspection acknowledged that governance systems were in place including regular meetings, risk management arrangements, clinical and environmental audits and quality improvement plans. The primary area requiring further improvement related to record management systems and staffing sustainability.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider has approved the reinstatement of an assisted bathing facility within the designated centre. The room configuration has been agreed and the project has progressed to procurement stage. A specialised accessible assisted bath with thermostatic controls has been selected and ordered. The provider has been advised of an approximate 10-week lead-in period from order to delivery and installation. Estates and Maintenance will complete all associated preparatory works to ensure the room is fully operational on installation. In the interim, all residents continue to have access to assisted showering facilities within their ensuite bedrooms. Residents' personal hygiene preferences are reviewed regularly through the care planning process and individual preferences continue to be supported.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Immediate corrective action taken to update the three care plans and ensure care plans are updated continuously as changes occur to resident needs. Weight Trajectory Case: The resident's care plan was updated to reflect their weight trajectory following the inspection. On the day of the inspection this information was available on an annual monthly Nutritional Screening spreadsheet demonstrating the weight trajectory in an additional file at the nurse's station. In addition this data was documented on a weight chart, was reviewed by Dietician on 5/04/2026 and was on a Healthy Meal Plan for Obesity. All clinical staff reminded to ensure any changes to care needs, the care plan is required to be updated continuously in a timely manner as the change occurs and staff document any additional nursing interventions required in the care plan to support needs in addition to their nursing notes. An electronic patient management platform would have reflected this and assisted in timely monitoring of this care plan. Pressure Related Wound Case: Following the inspection the resident's care plan was updated. On the day of inspection a SKINN Bundle and wound management plan were in place with nursing interventions, however the care plan was not updated to reflect the pressure sore. Restrictive Practice Case: The daily care plan has been updated to integrate the Multi-Disciplinary Team (MDT) risk assessment.	

Mandatory shift handover documentation huddles established to oversee nursing staff link daily clinical changes to the care plan document.

An electronic incoming patient content management configuration specification will aid staff to ensure automated flags are built in for weight trajectory, wound logs and restrictive practice therefore preventing manual omissions once an electronic system goes live

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/10/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	15/07/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2026
Regulation 23(1)(d)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/07/2026

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	07/07/2026