Instructions for Reviewer:
Copy the text below, insert into an e-mail and change review information in the highlighted areas.

Date: XXX

Compliance Review
Facility/Provider #: xxxxxxx
County: County

Location: Enter Location

Dear **Provider Name**,

This letter will serve as confirmation that **Review Entity** will conduct a compliance review on **Enter Date of Review** at **Enter Start Time of Review**.

Please review the following attachments:

- **Individual Sample Key** – names of individuals to be included in the review
- **Staff Sample Key** – names of staff members to be included in the review
- **Required Documents List** - documents to be made available during the review
- **Review Tool/Self-Review Tool** – the reviewer will complete this tool during the onsite review. It is being provided to you for self-review and preparation.

If you have questions please contact me.