

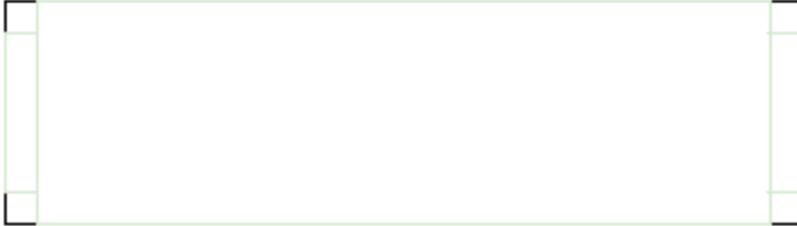
DEFICIENCY/PENALTY REVIEW

Date: _____

Facility Name: _____

Facility Number: _____

Invoice Number: _____



DEAR LICENSEE:

Per your request of _____, a review was made of the following Deficiency and/or Penalty Notices:
(DATE)

The results are as follows:

- Deficiency Dismissed
- Penalty Assessment Dismissed
- Penalty Assessment Amount Amended from \$ _____ to \$ _____.
- Extension of Correction Due Date Approved to _____ .
(DATE)
- Extension Date Denied
- Request Denied
- Request Denied: Appeal Not Submitted Timely

DATE OF REVIEW DECISION

Justification (Required):

REVIEWER SIGNATURE	REVIEWER NAME/TITLE	DATE