

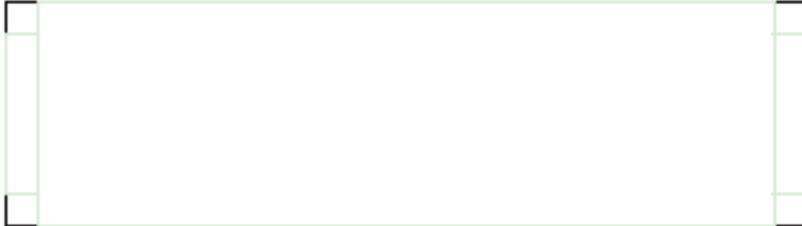
# DEFICIENCY/PENALTY REVIEW

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