Exhibit B

Report of Outcome of Investigation of Death, Abuse, Neglect, Exploitation or Illegal, Unethical or Unprofessional Conduct

|  |  |
| --- | --- |
| *Date of This Report:* | *Hospital:* |
| *Please Check One:**[ ]  Death* *[ ]  Abuse/Neglect**[ ]  Exploitation**[ ]  Illegal, Unethical or Unprofessional Conduct* |
| *Name and Contact Information of Person Submitting Report:* |
| *Date of Alleged Incident:* |
| *Name of Alleged Victim:* |
| *Date Investigation Report Received by Hospital:* |
| *Outcome of Investigation:* |
| *Actions taken by Facility:* |