



MUI ANNUAL REPORT

AGENCY PROVIDER NAME:

This is the MUI ANNUAL REVIEW (January 1 through December 31) for the year _____

Total Number of MUIs in this report period: _____

Total Number of MUIs for the same period last year: _____

Total Number of MUIs for the same period 2 years ago: _____

Total Number of MUIs for the same period 3 years ago: _____

Number of MUIs by category type:

MUI Category	Current year	Previous year	2 years ago	3 years ago
Accidental/suspicious death				
Attempted suicide				
Death-natural				
Exploitation				
Failure to Report				
Law Enforcement				
Medical Emergency				
Misappropriation				
Missing Individual				
Neglect				
Peer-to-Peer Act				
Physical Abuse				
Prohibited Sexual Relations				
Rights Code Violation				
Sexual Abuse				
Significant Injury				
Unapproved Behavior Support				
Unscheduled Hospitalization				
Verbal Abuse				



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Explain the reasons for any significant differences from year to year and any MUI categories with a high number of incidents (use additional pages as necessary):

Agency Trends and Patterns – current year

Identify and explain any agency-wide trends and any trends by residence, region, or program:

Description of action plans and preventive measures to address these trends/patterns:

Previous year's agency-wide trends or trends by residence, region, or program:

Were the action plans and preventive measures effective?



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Individual Trends and Patterns

Individuals with 5 or more MUIs in 6 months or 10 or more MUIs in 12 months in the current year:

Name

MUI types

Action plans and preventive measures taken to address this trend/pattern

Date the action plans and preventive measures were added to the individual's plan:

(Use additional pages to add individuals if needed. Email to Fallon.Kevin@CuyahogaBDD.org)

Date review was completed: _____

Name of person completing this review: _____

SUBMIT