



MUI SEMI-ANNUAL/ANNUAL REPORT

AGENCY PROVIDER NAME:

This is the (check one):

MUI SEMI-ANNUAL REVIEW (January 1 through June 30) for the year

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 Nodge.David@CuyahogaBDD.org)

Date review was completed:

Name of person completing this review: