MUI SEMI-ANNUAL/ANNUAL REPORT

AGENCY PROVIDER NAME: _____

COUNTY:_____

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				

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?

MUI SEMI-ANNUAL/ANNUAL REPORT

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 additional individuals if needed.)

Date review was completed: _____

Name of person completing this review: _____