



MUI Semi-Annual/Annual Report

Submit via email at IR@riversidedd.org or fax at (937) 332-3496 or send a paper copy to: Attn IA at 1625 Troy Sidney Road, Troy, Ohio 45373.

Provider Name: _____

Please Select:

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 ____ 2 Years Ago ____ 3 Years Ago ____

Number of MUIs by Category Type:

MUI Category	Current Year	Previous Year	2 Years Ago	3 Years Ago
Acc/suspicious death				
Attempted Suicide				
Death-natural				
Exploitation				
Failure to Report				
Law Enforcement				
Medical Emergency				
Misappropriation				
Missing Individual				
Neglect				
Peer-to-Peer Act				
Physical Abuse				
Prohib Sexual Relat				
Rights Code Violation				
Sexual Abuse				
Significant Injury				
Unapp Behav Supp				
Unsched Hospital				
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):

MUI Semi-Annual/Annual Report, Continued:

Trends and Patterns – Current Year:

Identify and explain any trends, as well as any trends by residence, region, or program:
Description of action plans and preventive measures to address these trends/patterns:
Previous year's trends or trends by residence, region, or program:
Were the action plans and preventive measures effective?

Individual Trends and Patterns: *Individuals with 5 or more MUIs in 6 months or 10 or more MUIs in 12 months.*

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 ISP:
Date review was completed:
Name of person completing this review:

(Use additional pages to add individuals if needed.)