

# ANNUAL REPORT

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AGENCY PROVIDER NAME: \_\_\_\_\_

MUI ANNUAL REVIEW (January 1 through December 31) for the year \_\_\_\_\_

Agency providers are required to complete the Annual Review by January 31st and send to the County Board by February 28<sup>th</sup>.

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:

<b>MUI Category</b>	<b>Current year</b>	<b>Previous year</b>	<b>2 years ago,</b>	<b>3 years ago</b>
Accidental/suspicious death				
Attempted suicide				
Death-Non-Accidental				
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 Behavioral Support				
Unanticipated 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):

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## **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?

## **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: \_\_\_\_\_