

# ANNUAL REPORT

---

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:

| MUI Category                  | Current year | Previous year | 2 years ago, | 3 years ago |
|-------------------------------|--------------|---------------|--------------|-------------|
| 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):

# ANNUAL REPORT

---

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