

UI/MUI Report Form

<u>Name:</u>	<u>DOB:</u>
<u>Address:</u>	<u>Date of Incident:</u>
	<u>Time of Incident:</u>
<u>Provider Agency/Name & Address:</u>	<u>Location of Incident:</u>

Unusual Incident (CHECK ALL THAT APPLY)

Pick UI or MUI based on definitions.

An event or occurrence involving an individual which is not consistent with routine operations, policy, procedures, or the care and habilitation plan of the individual, but is not "abuse", "neglect", or a "major unusual incident".

Major Unusual Incident (CHECK ALL THAT APPLY)

Alleged, suspected, or actual occurrences of the following:

1. <input type="checkbox"/> Medication Error	8. <input type="checkbox"/> Injury - Self-Inflicted	<input type="checkbox"/> Abuse Category A	<input type="checkbox"/> Missing Person Category B
2. <input type="checkbox"/> Fall w/injury	9. <input type="checkbox"/> Suicide Threat	<input type="checkbox"/> Neglect	<input type="checkbox"/> Medical Emergency
3. <input type="checkbox"/> Non-MUI Peer to Peer	10. <input type="checkbox"/> Transportation	<input type="checkbox"/> Misappropriation	<input type="checkbox"/> Significant Injury: <input type="checkbox"/> Known <input type="checkbox"/> Unknown
4. <input type="checkbox"/> Other Non-MUI Injury	11. <input type="checkbox"/> Atypical Behavior	<input type="checkbox"/> Death: Accidental or Suspicious	<input type="checkbox"/> Death: Not Accidental or Suspicious
5. <input type="checkbox"/> Overnight Relocation	12. <input type="checkbox"/> Non-MUI Law Enforcement	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Suicide Attempt
6. <input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Failure to Report	<input type="checkbox"/> Unauthorized Behavior Support
7. <input type="checkbox"/> ER Visit		<input type="checkbox"/> Rights Violation	<input type="checkbox"/> Unscheduled Hospitalization Category C
		<input type="checkbox"/> Peer to Peer	<input type="checkbox"/> Law Enforcement
		<input type="checkbox"/> Prohibited Sexual Relations	<i>*Please fill out a Category C Form</i>

Injury - Describe Type: *Describe thoroughly or NA if no injury.* Other information attached.

Complete Description of Incident (who, what, where, when, why, how): *What happened - what was going on? Why it happened? How it happened? Who was involved? One primary person completes the form. Witness to incident submits written statement to be attached.*

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Immediate Action to Ensure Health & Safety: *What did you do at that time to make sure people were safe?*

Preventative Measures:

What is being done to reduce the likelihood of recurrence? If it is under your control, it is your responsibility to develop, implement, document. (Alleged abuse, neglect, misappropriations - prevention based on findings.)

Administrative Follow Up: *Section can be used to verify preventive measures.*

Name of PPI:

Relationship to Individual:

DOB of PPI:

Witnesses to Incident:

Others Involved:

Type of Notifications	Name/Title:	Date/Time:
SSA		
Licensed or Certified Provider		
Staff of Family living at the Individual's home & responsible for the individual's care.		
Law Enforcement (Name & contact information)		
CPSA (Name & contact information)		
Investigative Agent		
Support Broker (If applicable)		
Guardian/Advocate		

Guardian Address:

Reporter Signature:

To Be Completed After Internal Review

Causes and Contributing Factors:

Preventive Measures: (For Provider's internal use)