

**CLINTON COUNTY BOARD OF DD
INCIDENT REPORT (UI/MUI)**

Phone: (937) 382-7519, **Fax:** (937) 382-6938, **After Hours:** (937) 725-5074, **Email:** irsubmissions@clintondd.org

All Providers must maintain UI logs. Agency Providers must conduct an annual analysis of all MUI's & submit the report to the CCBDD by February 28th of each year.

Individual:

Address:

Incident Date:

Time:

AM PM

Location of Incident:

Witnesses (use initials for other individuals served):

Describe Incident (who, what, where, when, & how long - attach additional pages & administrative review form, if applicable):

Causes and Contributing factors (what caused/contributed, i.e., illness, change in schedule/medications/staffing, etc.):

Immediate Actions taken and by whom, to ensure the health & welfare of Individual involved and all at risk Individuals:

Preventative measures identified for implementation to prevent reoccurrence (include date/s of implementation):

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INJURIES

(Mark all that apply)

Type of Injury

- Bruise
- Bite
- Laceration
- Scratch
- Swelling

Location of Injury

<input type="checkbox"/> Head/Face	<input type="checkbox"/> Genitals
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Mouth/Teeth
<input type="checkbox"/> Legs/Feet/Toes	<input type="checkbox"/> Back/Buttocks
<input type="checkbox"/> Neck/Chest	<input type="checkbox"/> Hands/Arms
<input type="checkbox"/> Other:	

NOTIFICATIONS

***Immediate to 4-hour** reporting is required for **ALL** allegations of Abuse/Neglect/Peer to Peer Acts/Exploitation/Misappropriation/
 Suspicious/Unexplained or Unanticipated Death/Media Inquiries

*An Incident Report **MUST** be submitted to CCBDD by 3:00pm on the first working day following the day that the provider becomes
 aware of a potential or determined MUI.

*The Provider, at time of incident or upon discovery, **MUST** complete same-day notifications to those identified in the chart below.

*The Provider will not notify the Primary Person Involved (PPI), Spouse/Significant other of the PPI, or when such notification could
 jeopardize the health & welfare of the Individual. Notification is not required for the person who reported the incident, or in the case
 of death when the family is already aware of the death.

Type of Notification	Name & Title	Date	Time
Guardian /Advocate (or person the Individual has identified)			
Service and Support Administrator			
Licensed or Certified Provider (other providers of service, as necessary to ensure continuity of care & support)			
Licensed or Certified Provider (other providers of service, as necessary to ensure continuity of care & support)			
Staff or Family living at Individual's residence			
Law Enforcement (name, jurisdiction, & contact information required)			
Children Services (name & contact information required)			

Director of Operations/Administrator Notification

(Complete within one working day for any potential/determined Neglect/Misappropriation/Physical/Sexual Abuse):

Name:

Date of Notification:

Name of Reporter (Print or Type):

Signature of Reporter and Date:

Additional Medical Follow-up/Preventative Measures/Administrative Comments:

Administrator/Director Signature and Date:

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SSA REVIEW

UI Category (select applicable category below):

<input type="checkbox"/> Bruise	<input type="checkbox"/> Behavior
<input type="checkbox"/> Dental Injury (doesn't require treatment)	<input type="checkbox"/> Emergency Room or Urgent Care Treatment Center Visit
<input type="checkbox"/> Fall	<input type="checkbox"/> Health Concern
<input type="checkbox"/> Medication Error (w/o Likely Risk)	<input type="checkbox"/> Non-Significant Injury
<input type="checkbox"/> Overnight Relocation (fire/natural disaster/mechanical failure)	<input type="checkbox"/> Rights Code Violation (No Risk)
<input type="checkbox"/> Safety Issue	<input type="checkbox"/> Unplanned Hospital Admission or Hospital Stay
<input type="checkbox"/> Unapproved Behavioral Support (No Risk)	<input type="checkbox"/> Peer to Peer Act
	<input type="checkbox"/> Physical
	<input type="checkbox"/> Verbal

Missing Individual (No Imminent Risk of harm - whereabouts are unknown for longer than the specified time in the ISP)

Program Implementation Incident (i.e., failure to carry out a person-centered plan with minimal risk or no risk, failing to provide supervision for short periods of time, automobile accidents w/o harm, self-reported incidents with minimal risk)

Non-Incident (i.e., an incident that is not considered unusual for the individual – explain below)

All incidents must be reviewed and entered into the incident tracking log within 3 business days by SSA.

All incidents are reviewed electronically by the SSM, SSD, and the Superintendent within the incident tracking log. The original UI/MUI Report is filed/uploaded to the Individual's Intellivue file or with the MUI file.

SSA Follow-up/Additional Comments (include preventative measures to be implemented):

SSA Signature and Date:

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MUI Category (select applicable category below):

MUI #:

Category A

- Emotional Abuse
- Unexplained or Unanticipated Death
- Failure to Report
- Misappropriation
- Exploitation
- Physical Abuse
- Prohibited Sexual Relations
- Rights Code Violation
- Sexual Abuse (conduct or contact)
- Neglect

Category B

- Attempted Suicide
- Death Other Than Unexplained or Unanticipated (Natural Causes)
- Medical Emergency
- Missing Individual (LE contacted, imminent risk to self or others)
- Significant Injury Known Cause Unknown Cause
- Peer to Peer Act
 - Exploitation
 - Sexual Act
 - Theft
 - Physical Act (altercation resulting in: examination/treatment by Physician/Physician Assistant, or Nurse Practitioner; **OR** strangulation, bloody nose/lip, black eye, concussion, biting that breaks the skin; **OR** results in an individual being arrested, incarcerated, or the subject of criminal charges)

Category C (Attach Applicable Administrative Review Form – Appendix C, D, or E)

- Law Enforcement
- Unapproved Behavioral Support (results in risk to individual's health and welfare)
- Unanticipated Hospitalization that is:
 - 48 hours or longer
 - Not associated w/ planned procedures/evaluation/diagnostic tests (i.e., ongoing medical care/diagnosed conditions) &
 - Due to one or more of the following:
 - Aspiration Pneumonia
 - Bowel Obstruction
 - Dehydration
 - Medication Error
 - Seizure
 - Sepsis

OR

- Hospital Readmission that is:
 - 48 hours or longer
 - Not associated w/planned procedures/evaluation/diagnostic tests (i.e., ongoing medical care/diagnosed conditions) &
 - Due to any diagnosis that is the same, as a prior hospital admission, lasting 48 hrs. or longer, within the past 30 days.

Name of Alleged PPI (if applicable):

Relationship to Individual:

Administrative Comments:

MUI Contact Signature & Date

SSA Manager Signature & Date

SSA Director Signature & Date