



Stark County Board of
Mental Retardation &
Developmental Disabilities

Investigative Services

1278 South Main Street, North Canton, OH 44720 MUI Hotline (330) 477-4477
MUI Fax: (330) 477-0016 E-Mail: MUIreport@starkmrdd.org

Request for Preventative Measures and/or Related MUI Documentation

| | |
|-----|----------------|
| TO: | MUI Incident # |
|-----|----------------|

| | |
|---|---|
| <input type="checkbox"/> Charlotte Boyer, Phone: 330.479.3716 | <input type="checkbox"/> Darrel Sutton, Phone: 330.479.3726 |
| <input type="checkbox"/> Darlene Pido, Phone: 330.479.3616 | <input type="checkbox"/> Deputy Ross, Phone: 330.479.3724 |
| <input type="checkbox"/> Matthew Klink, Phone: 330.479.3720 | <input type="checkbox"/> Raymond Olivera, Phone: 330.479.3722 |

| | | |
|-------------|-----------------|----------------|
| Individual: | Date Requested: | Date Required: |
|-------------|-----------------|----------------|

A report of a Major Unusual Incident involving the above named individual has been received and is being investigated by the Stark County Board of MRDD MUI Unit. Per MUI rule 5123:2-17-02 (H) (2) All MR/DD employees shall cooperate with administrative investigations conducted by entities authorized to conduct investigations. Providers and county boards shall respond to requests for information within the timeframe requested. Please fax the above information to the assigned IA at #330-477-0016.

Preventative Measures

All persons receiving this document are responsible for individually responding to the assigned IA by the date required above. Please ensure all team members are aware of your response.

In the space provided below, please indicate Preventative Measures implemented to prevent recurrence as a result of the MUI noted above. Please include the date which those actions were implemented. *Attach any additional sheets as necessary. **

Requested Information

| | |
|---|---|
| <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Staff attendance log |
| <input type="checkbox"/> List of current medications | <input type="checkbox"/> Signed staff/witness statements |
| <input type="checkbox"/> Medication sheet | <input type="checkbox"/> Copy of the current ISP |
| <input type="checkbox"/> Hospital discharge summary | <input type="checkbox"/> Copy of the current IEP |
| <input type="checkbox"/> Hospital discharge orders | <input type="checkbox"/> Copy of the current BSP |
| <input type="checkbox"/> Medical follow up information | <input type="checkbox"/> Staff in-service / training records |
| <input type="checkbox"/> Return to work slip | <input checked="" type="checkbox"/> Original M/UI report (completed by the person(s) present at the time of the incident or allegation) |
| <input type="checkbox"/> List of staff names, telephone numbers and work schedules: | |
| <input type="checkbox"/> Other: | |

An M/UI trend or pattern has been identified.

Per MUI rule 5123:2-17-02 (L) (6): The county board shall ensure that trends and patterns of MUIs

are included and addressed in the affected individual's service plan. Please submit documentation verifying the trend or pattern has been identified in the individual's service plan. If applicable, the MUIs noted in the trend or pattern are as follows:

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