

Sunshine LLC MUI/UI Procedure

The mission of Sunshine is to improve self-assurance of youth and adult clients through independent supportive living. Sunshine's aim is to give our client positive directions that lead them to a safe place of normal functioning regardless of disabilities, race, religion and ethnicity. To carry out this mission we intend to offer improved living conditions, educational awareness and employment opportunities for the individual.

During work, in case a **Major Unusual Incidents (MUI)** happened:

- **Provider** needs to
 - If it is a true medical or law enforcement emergency, please call 911 immediately.
 - Report to Office Director- Emily Wei immediately.
 - Office phone number: 513-885-1827
 - Cell phone number: 513-885-1827
 - Parents or Guardian
 - SSA serving the individual
 - A MUI or potential MUI should be verbally reported 24/7/365 to the MUI Hotline
 - Call county DODD office to report MUI in **4 hours**.
 - Back to office to fill MUI report. Fax report to county DODD in **8 hours**

Unusual Incident (UI) Definition: An event of occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care of Individual Service Plan (ISP), but is not a Major Unusual Incident (MUI). UI categories include, but are not limited to: dental injuries, falls, and injury that is not a significant injury, medication errors without a likely risk to health and welfare, overnight relocation of an individual due to a fire, natural disaster, or mechanical failure, an incident involving two individuals served that is not a peer-to-peer act Major Unusual Incident, and rights code violations or unapproved behavior supports without a likely risk to health and welfare.

During work, in case a **Unusual Incidents (UI)** happened:

- **Provider** needs to report to Office Director- Emily Wei immediately.
 - Office phone number: 513-885-1827
 - Cell phone number: 513-885-1827
 - Notify client parents/guardian
 - Call county DODD office to report MUI in **8 hours**.
 - Back to office to fill UI IR report no later than 24 hours after the occurrence of a UI. Fax report to county DODD
 - Complete an IR no later than 24 hours after the occurrence of a UI

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- Investigate the UIs, identify the cause and contributing factors when applicable, and develop preventative measures to protect the health and welfare of any at-risk individuals

County DODD Contact info:

Warren County Board of DD 24 hour On-Call MUI Hotline 1-800-800-6847

mui@warrencountydd.org

Fax: (513) 932-1352

Investigative agents

Chris Bunting: (513) 228-6451, chris.bunting@warrencountydd.org

Melissa Hefelfinger: (513) 228-6450, melissa.hefelfinger@warrencountydd.org

Rick Teubner: (513) 228-6452, richard.teubner@warrencountydd.org

Hamilton County Board of DD 24 hour On-Call MUI Hotline 1-866-313-6733

First, remove yourself and/or the individual with disabilities from harm, which may include calling 911. Then, for help or to report abuse, neglect or health and safety issues, call the emergency hotline: [\(513\) 559-6629](tel:5135596629). This line is operated 24 hours a day, seven days a week. During off-hours, an on-call Hamilton County DD Services employee will call you back as soon as possible. The Ohio Department of DD also has a hotline available during routine business hours, which may be used if there are concerns or difficulties in reporting to the county board of DD. The Ohio Department of DD hotline number is [1-866-313-6733](tel:18663136733).

We also have [details on different categories of MUIs](#) and what to do in each situation, as well as information on [how to report an MUI](#). All written reports must be sent via email to muip@hamiltondds.org or via fax (513) 559-6610. Providers can [click here](#) to access MUI forms.

Butler County Board of DD 24 hour On-Call MUI Hotline 513-867-5913

report an incident after normal business hours contact 513-867-5913.

Investigative Agents conduct reviews of all reports of abuse, neglect and other major unusual incidents.

Investigative Agents Contact Information:

Rebekah Lyons, Intake Coordinator, (513) 867-5992

Patrick Campbell (513) 785-4673

Joan O'Hair (513) 785-4675

Ralph Hernandez (513) 785-4676

Kara Frederick, Quality Assurance Director, oversees this department, (513) 785-4677

Clermont County Board of DD

Emergency MUI number 513-732-4828

Fax Number 513-732-5020

Investigation email Investigations@clermontdd.org

Chrystal Wood cwood@clermontdd.org 513-732-5027

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If MUI/UI happened: **Agency director** will work with provider and parents:

1. Ensure the individual's health and welfare is secure.
2. Finished Incident Report

Incident Report (IR) Documentation that contains details about a Major Unusual Incident (MUI) or an Unusual Incident (UI). The report must include, but is not limited to, the following:

- individual's name
- individual's address
- date of incident
- location of incident
- description of incident
- type and location of injuries
- immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals
- name of Primary Person Involved (PPI) and his or her relationship to the individual
- names of witnesses, statements completed by persons who witnessed or have personal knowledge of the incident,
- **notifications** (of the guardian, SSA or Riverside staff, residential provider, or family caring for the individual at home) with name,
- title, time, and date of notice,
- further medical follow-up, and
- name or signature of person completing the Incident Report (IR).

3. Work with SSAs to reviewing case.
4. Following up with county DODD MUI group
5. Analyt the cause reason. Set up prevention plans
6. Keep MUI/UI monthly log files
7. Report to county DODD yearly

Learn more MUI training: [DODD My Learning](#)

Please visit the Ohio DODD website for health and welfare information including the MUI rule, training materials and more.

I have learned Major Unusual Incidents (MUI/UI) new rules. I understand the new rules and will follow the Sunshine LLC MUI /UI procedure if the incident happened.

Provider _____ (Print) Provider _____(sign) Date _____