

**MUI RULE #5123:17:02**  
**FREQUENTLY ASKED QUESTIONS**

**Major Unusual Incident (MUI) Filings:**

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**QUESTION:** If my agency is certified through DODD and Ohio Department of Mental Health and Addiction Services (OMHAS) and there is an Unapproved Behavioral Support incident while the individual is being served in the OMHAS program, do I have to report that as a MUI to the County Board?

**ANSWER:** Yes, any providers that is licensed or certified through DODD must report MUIs for individuals receiving services. This includes any County Board operated schools.

**QUESTION:** What happens if the MUI occurs between a person served and someone not served? If an incident occurs with a served individual and one not served by DD, then a Physical Abuse, Sexual Abuse, Misappropriation or Verbal Abuse MUI would be filed?

**ANSWER:** Yes, since both peers are not served, a Peer to Peer cannot be filed. In the Incident Tracking System/Other Tab, you would select PPI, Relationship Other. Instead of a DOB you can put in a number or some other place holder as the identifying information. Please note that a certified provider cannot provide the IA with information (name, diagnosis, services provided) about another peer involved in the incident if that person is not served through the DD system.

**QUESTION:** Which county files a MUI for a person served through a waiver, especially if the individual lives in one county but another county is administering the waiver?

**ANSWER:** The County Board who is administering the waiver would be responsible for filing the MUI and investigating and/or coordinating with the other county to ensure that the investigation is completed

**QUESTION:** If a person living in an ICF has a MUI, does the county they originally came from file it?

**ANSWER:** No, the county in which the facility is located is responsible for the filing and investigating of the major unusual incident.

**QUESTION:** Are Remote Support Providers (if only service offered) required to report UI and MUIs?

**ANSWER:** Yes, they would be required to fill out an incident report and report any MUIs according to rule.

**QUESTION:** Is the HPC provider responsible for reporting UIs/MUIs that occur during periods when the plan specifies Remote Supports are in place?

**ANSWER:** No, the Remote Supports provider is responsible for reporting UI/MUI's when they are the provider of service.

**QUESTION:** Are Remote Support providers responsible for completing Unusual Incident logs and MUI annual reviews?

**ANSWER:** Yes, a Remote Supports provider is responsible for the same requirements as any other certified provider for incidents occurring at the time they are providing services. The provider at time of the MUI is required to notify all providers of services as necessary to ensure continuity of care and support for the individual.

**QUESTION:** If an individual is the victim of Human Trafficking (could be captured under many MUI categories), how should I file?

**ANSWER:** We ask that you file the MUI as Exploitation/Human Trafficking. As in many of these cases the victim unfortunately experiences exploitation, abuses and other traumas but we believe exploitation best captures this. If the PPI is determined to be a paid provider, please contact your Regional Manager for further consultation. We may bump up the category to abuse for Registry purposes.

**QUESTION:** Would you file a MUI if an individual is trying to harm themselves/others with silverware and DSP (Direct Support Professional) decide to lock up silverware to immediately ensure health and wellness but this intervention is not addressed in the person's plan.

**ANSWER:** No, this would not be filed as a MUI because there is no risk to health and welfare for locking up silverware. This should be documented as an UI and addressed with the team.

**QUESTION:** Please clarify what "Around the Clock" services means in reporting of MUIs in D (1)-(3) of the rule?

**ANSWER:** Around the clock services refers to an individual who lives in a home where DSP support is scheduled 24- hours a day, regardless if that individual has alone time. If an individual receives around the clock services then you would file the MUI no matter where the incident occurred. All individuals living in an ICF or Shared Living setting receive 24-hour care.

**QUESTION:** Which county files the MUI in a case where an individual move to another county and then makes an allegation about something that occurred prior in their previous county?

**ANSWER:** In cases where an individual moves residence, the county funding for the person would file and investigate the MUI's even if the allegation is to have occurred in another county while the person was residing there. The expectation is that the other County Board would provide assistance to conduct the investigation.

**QUESTION:** Is a Family Resources Provider considered a provider, for purposes of the MUI Rule?

**ANSWER:** Yes, O. R. C. 5126.11 creates the family support services program. It allows the board to make payments to an individual or the family with an individual who desires to remain in and be supported in the family home. Payments are made in the form of reimbursement for expenditures or in the form of vouchers to be used to purchase services. Under the statute the director is to adopt rules to establish the program. The rule is Ohio Administrative Rule, 5123:2-1-09. Under the MUI rule, 5123-17-02, the definition of provider would include the Family Resource Program. Additionally, if an individual receives family Resources, even if this is the only service provider, the individual is still considered served for MUI purposes.

**QUESTION:** Would the investigation initiation date ever come before the discovery date/time?

**ANSWER:** The initiation date/time (when you commence investigation) should always be on or after your discovery date, which is when the County Board determines it to be an MUI.

**QUESTION:** How would you file an incident when an individual is a passenger/driver of a car that is in an automobile accident? The driver of the other car is at fault (impaired, distracted) and the individual is significantly injured?

**ANSWER:** If the definition of significant injury is met and the person is not hospitalized, please file a MUI for Significant Injury (known)-accident. If hospitalized, please file an Unanticipated Hospitalization.

**QUESTION:** How would you file an incident when an individual is a pedestrian and is hit by a car? The car is driven by an unknown party and may be the result of impaired or distracted driving.

**ANSWER:** If the definition of significant injury is met and the person is not hospitalized, please file a MUI for Significant Injury (known)-accident. If hospitalized, please file an unanticipated hospitalization.

### **Investigations/Immediate Actions**

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**QUESTION:** Is an agency required to place a staff on administrative leave for every case of abuse, neglect, or misappropriation?

**ANSWER:** No, immediate actions to protect "at risk" individual(s) can include many actions such as immediate retraining, removal from specific duties (i.e. medication administration, driving, money management), additional oversight, random visits by management, daily check-ins with the individuals, not working alone, or administrative leave.

(D)(4)(b) states that removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical or sexual abuse until such time as the provider has reasonably determined such removal is no longer necessary.

The provider and County Board shall discuss any disagreements regarding reasonable measures (including placing an employee on leave) in order to resolve disagreements. If the provider and county board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, the department shall make the determination. Once immediate actions have been agreed upon, the provider is responsible for notifying the county board or department when there are changes in protective actions (i.e. returning employee to duty, change in supervision levels, etc.). The MUI rule requires that "when a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, the county board or department, as applicable, shall keep the provider informed of the status of the administrative investigation so the provider can resume normal operations as soon as possible, consistent with the health and welfare of at-risk individuals.

**QUESTION:** If an independent provider is alleged to have been involved in a physical or sexual abuse allegation, do they have to be removed from direct contact?

**ANSWER:** Yes, independent providers are considered DD employees for the purpose of the rule. Independent providers should be immediately removed from direct contact for the individual(s) and their protection. The independent provider should cooperate with the investigation. The County Board, in consultation with the Independent Provider, shall determine when removal is no longer necessary. If the County Board and the provider cannot agree, the Department can be consulted.

**QUESTION:** Can an Investigative Agent (IA) accept the investigation of a waiver provider for a MUI?

**ANSWER:** No, the rule only allows the IA to accept an investigation from an ICF if it meets all requirements of the rule. An IA must conduct all MUI investigations that involve a waiver provider. An agency provider can conduct an internal review of the incident (H)(7), but must submit the results of its internal review (with documents and statements) to the county board within fourteen days of the agency becoming aware of the incident.

**QUESTION:** What is the county board discovery date for a MUI? Is it when the provider notifies the county board through their hotline system or is it when the county board receives the incident report by 3pm the next working day following the initial knowledge of the MUI?

**ANSWER:** If the county board receives notification of a MUI through their on-call system and they know it meets the definition for a potential MUI then this is their discovery date. The county board should contact the provider if there is health and welfare concerns or they can gather that information and determine if the incident is an MUI when they receive the UI by 3pm the following working day. The county board should never wait past 5pm the following working day. If the provider has not sent in an incident report, the county board should file with the information received from the on-call system.

#### **Appendix C Case Forms:**

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**QUESTION:** What is the timeline requirement for the SSA to complete and submit the Appendix C forms to the IA or MUI Contact?

**ANSWER:** Best practice is that the Appendix C form be completed and returned to the IA or MUI Contact no later than 14 days from the date the MUI was filed. Local agreements may be determined here as there is no specific rule requirement.

#### **Intermediate Care Facility (ICF) Investigations:**

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**QUESTION:** How should the CB address their concerns when an ICF is interviewing and investigating a case when Law Enforcement is the lead?

**ANSWER:** The County Board can contact the Department if they have concerns. They can accept their investigation once completed or seek additional information if needed as they would in any other investigation.

**QUESTION:** How long does an ICF have to submit a copy of their full report of an administrative investigation?

**ANSWER:** It is best practice that an ICF provide their report to the County Board within 14 calendar days.

#### **Secondary Notifications:**

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**QUESTION:** Can the CB notify a provider that their new DSP was involved in a previous MUI?

**ANSWER:** No, secondary notifications per rule can only be made when law enforcement has been notified of an alleged criminal act. Then, the department may provide notification of the incident to any other provider, developmental center, or county board for whom the primary person involved works, for the purpose of ensuring the health and welfare of any at-risk individual. If your county has a concern regarding a DSP who has a known history as a Primary Person Involved (PPI) or if this PPI is now trying to become an Independent provider, please contact your Regional Manager.

#### **Unapproved Behavioral Supports:**

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**QUESTION:** If a person has an UBS (pending intervention approval) and then have another UBS while the first UBS MUI is open and within 30 calendar days, does a new MUI need to be filed?

**ANSWER:** No, another MUI does not need to be filed, but another Category C form should be completed and provided to the county board. If another UBS occurs after 30 calendar days (even if the other MUI is still open), a new MUI should be filed for UBS.

**QUESTION:** Are there special considerations when investigating a Prone Restraint?

**ANSWER:** Yes, given that Prone Restraints are banned, and pose a potential of serious harm each time utilized, the IA should thoroughly investigate each case. The IA should determine through interviews, records, and other evidence whether the force appeared excessive in relation to the circumstances, or whether an alternative means of intervention might reasonably have been utilized. If this is determined, the allegation should be reclassified as a Physical Abuse allegation, with the investigation completed in compliance with the Appendix A protocol.

In each instance, in which the incident is investigated as an Unapproved Behavioral Support, the IA should explicitly detail the basis on which physical abuse was ruled out. In any case, the immediate actions should include medical assessment and immediate retraining of staff. If the individual places themselves in a prone position and staff immediately release the hold, these incidents may not be considered Unapproved Behavioral Support.

**QUESTION:** Do you file a MUI for the use of a PRN psychotropic medication?

**ANSWER:** If the person had a psychiatric diagnosis and the PRN medication was administered per orders, we would not recommend filing a MUI. We want to make sure this situation is addressed through the team and UI prevention plan process. The intent behind this direction was that the Department did not want to be in the position of questioning a physician and their prescribed medication or treatment. Instead of filing a MUI in these cases, there would be a UI documented with the causes and contributing factors identified and a Prevention Plan implemented. Using the standardized tool, OPSR would review to ensure that the provider/county board were compliant with all rules surrounding Behavioral Supports and approvals. If a person did not have a corresponding psychiatric diagnosis (used just as Behavioral Control) or the medication was not administered as prescribed, then a MUI would be filed for UBS. There would be an investigation and prevention plan developed.

**QUESTION:** Please explain the risk to holding someone's hands that is trying to self-injure and does this need to be filed as an Unapproved Behavioral Support?

**ANSWER:** If the DSP involved can hold the individual's hand, guide and escort without resistance then there may not be a need to file a MUI for an UBS. If the DSP needs to hold the individual's wrist and put pressure on the hands or wrist area due to the resistive behavior of the individual, then we would ask that an MUI be filed as there would be a risk of injury.

**QUESTION:** An individual goes to see their physician and blood work is needed. The individual is upset and nervous and starts to move which makes it unsafe to draw blood. The medical professional asks the DSP to hold the individual's arms and hands down to complete the blood draw, is this a MUI?

**ANSWER:** When DSP put their hands on an individual without a BSP and the individual is resistant to this an MUI should be reported. Holding someone against their will is an aversive strategy and due to the resistance, this puts the individual at risk and a MUI should be filed.

**QUESTION:** Is it a MUI if an individual has tremors and is not physically able to hold their arm still for a blood draw and DSP holds their arm still for the procedure?

**ANSWER:** No, it is not a MUI if the individual is physically unable to hold still and need DSP to hold their arm still.

**QUESTION:** If an individual is afraid of needles and requires a shot and they ask the DSP to help them, is it an MUI if the DSP holds them down?

**ANSWER:** No, it is not an MUI if the individual has chosen to have DSP help hold them during a medical procedure.

**QUESTION:** Should a MUI be filed for UBS for pulling an individual away from others in a chair or is holding a wheelchair or pulling a wheelchair against a person's will a UBS MUI? What about locking the wheelchair or turning the wheel chair off?

**ANSWER:** Yes, if you need to pull the individual away from an incident while they are in their wheelchair, then that is the same as an escort with resistance. Questions to keep in mind would be: is the individual resisting while you're pulling the chair? Are you tipping the chair back so they can't resist? Are you holding their hands so they can't resist? If you need to move a person in a wheelchair due to the aggression of others and they cannot move themselves, then that is not a UBS. Turning off the wheelchair when the person cannot turn it back on would be considered a UBS and should be filed. Yes, the wheelchair is a part of the individual's ambulation and restricting this would be considered a UBS.

**QUESTION:** If a person's plan states that the individual can only be restrained for 2 hours and the individual is restrained longer than the plan allows, is this considered a MUI?

**ANSWER:** Yes, when the hold goes outside of the plan an MUI needs to be filed for Unapproved Behavioral Supports (UBS).

**QUESTION:** If a DSP person is transporting an individual in a car and engages the child safety locks (on door latch) to prevent the person from exiting while car in motion, is this considered an MUI?

**ANSWER:** This would be a UI and not an MUI because of the risk for the individual. We would suggest that the team review the individual's plan to ensure that all needed supports are included and DSP are trained.

**QUESTION:** Would you consider a bite release and/or a hair pull release a UBS?

**ANSWER:** Yes, we would consider both interventions as UBS if not in a team approved plan. Both interventions require force to be applied in order to release the individual's hand from the hair/scalp or mouth and would involve risk of harm to the individual.

### **Significant Injuries:**

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**QUESTION:** Does the size of a 2<sup>nd</sup> or 3<sup>rd</sup> degree burn matter when filing a Significant Injury?

**ANSWER:** All 2<sup>nd</sup> and 3<sup>rd</sup> degree burns should be filed as Significant Injury MUIs.

**QUESTION:** What does immobilization mean? Does this include a splint, bandage wrap and buddy tape?

**ANSWER:** We consider Immobilization to be medical equipment ordered by a physician or physician's assistant, such as an air cast or a large splint with a sling. You do not need to file a MUI for bandage wraps or buddy tape used to tape two fingers/toes together when the injury does not result in a broken bone. Any broken bones would require a Significant Injury to be filed.

**QUESTION:** An Individual is found lying on the floor by their bed when DSP enters the room.

**ANSWER:** The Individual claims they tripped on the rug and fell. The Individual reports he broke his wrist when he tried to break his fall. The injury was not witnessed by anyone so is this considered an Unknown Injury? No, this should be considered a Significant Injury of Known Origin. It should be entered into the ITS dropdown box this way since the individual is telling DSP how the injury occurred.

**QUESTION:** Do you file a MUI if an individual falls and their teeth are knocked out or the teeth are pushed into the Nasal Cavity and surgery is required?

**ANSWER:** If a dental injury occurs due to a fall and requires treatment from a dentist, then the risk is high enough, please file a MUI under the Significant Injury Category.

**Peer to Peer Acts:**

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**QUESTION:** Will there be a prevention plan noted for each individual in a Peer to Peer act.

**ANSWER:** Yes, there will be a prevention plan for each individual listed.

**QUESTION:** Should there be different written summary letters for each peer involved in a Peer to Peer act?

**ANSWER:** Yes, in many cases, there may be different recommendations and preventative measures for each individual. There may be information about one of the involved peers that the other individual's guardian should not receive, as it would be considered confidential.

**QUESTION:** How do I handle summary letters for a Peer to Peer act without breaching confidentiality?

**ANSWER:** The Tool Kit contains examples of summary letters and other resources. Please note: it is important that you do not send confidential information to the guardian for the other individual in a peer to peer act.

**QUESTION:** Are Peer to Peer Acts filed as a group MUI?

**ANSWER:** Yes.

**QUESTION:** Is there a place to document injuries from Peer to Peer acts in ITS?

**ANSWER:** Yes, there is an injury section on the MUI tab for all MUI categories.

**QUESTION:** Is a punch to the head for Peer to Peer Act an MUI if there is no injury?

**ANSWER:** No, if there is no injury, this would not be a peer to per incident.

**QUESTION:** What if the individual says their head hurts where they were punched?

**ANSWER:** Yes, if the individual's head or neck hurts or the force is severe enough to require the individual be taken to the hospital for examination.

**QUESTION:** Do we determine if a Peer to Peer Act is criminal?

**ANSWER:** Please review with your Regional Manager or with your LE contact if you have questions.

**QUESTION:** What if the peer stole \$25 and when asked the peer said, "You got me. I took it", and returns it before an MUI is filed?

**ANSWER:** Do you have to file an MUI? Yes, please file an MUI as this still meets the requirement by rule.

**QUESTION:** If \$25 is missing from an individual and you suspect an individual of taking it, should you file a Peer to Peer or a misappropriation with unknown PPI?

**ANSWER:** Unless the act was witnessed, you should file as a misappropriation with an unknown PPI. If it is later determined to be a peer to peer act, then you can change the decided category.

### **Misappropriation and Exploitation:**

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**QUESTION:** What is the difference between misappropriation and exploitation?

**ANSWER:** Any type of theft, even if the individual does not incur debt, is considered theft and a misappropriation MUI should be filed. Exploitation is when the individual is taken advantage of. Examples include; if the individual is working for free, giving his money to friends who only visit when they need money. Please review the Interpretive Guidelines for further clarification.

**QUESTION:** Why do we need to report Exploitation to Law Enforcement?

**ANSWER:** You should only notify Law Enforcement in cases of Exploitation when there has been a Criminal Act or Unlawful Act committed.

### **Law Enforcement:**

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**QUESTION:** Should you file an MUI if an individual reports that they were arrested but were not being served at the time and they do not want the county board to be involved?

**ANSWER:** Yes, if the individual is stating they do not want any help or assistance the county board can respect that and not interview the individual, but an MUI needs to be filed regardless of whether the individual was receiving services at the time of the arrest. Anytime an individual is charged, incarcerated, or arrested a Law Enforcement MUI is filed.

**QUESTION:** Would you file a Law Enforcement MUI if an individual is cited for jaywalking or receives a speeding ticket?

**ANSWER:** No, these would be considered unusual incidents. For questions, please consult your Regional Manager.

### **Unanticipated Hospitalization:**

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**QUESTION:** If there is a concern regarding neglect related to a hospital admission, how should this be filed?

**ANSWER:** You would file one MUI for an individual with two categories, Unauthorized Hospitalization and Neglect.

**QUESTION:** How will the number of days hospitalized be counted? Will the day of admission be counted as day one and the day of release as the last?

**ANSWER:** Yes, we will consider the day of admission as first day and the day of release as the last day. For example, if Jane was hospitalized on Friday morning and released the following Monday evening, the length of her hospital stay would be 4 days long.

**QUESTION:** Would you file an Unanticipated Hospitalization if an individual was at their doctor's office and the doctor directed them to be taken by squad or staff to the Emergency Room and they are then admitted?

**ANSWER:** Yes, as this was not a planned hospitalization, and an Unanticipated Hospitalization MUI should be filed.

**QUESTION:** How would you count hospital days in a case when individuals are hospitalized multiple times for the same issue and in the same MUI investigation?

**ANSWER:** If a second hospitalization occurs for the same reasons as the first hospitalization, the CB can address the second hospitalization in the first MUI without filing a second one. We recommend when this does occur, that the CB include an interim report into ITS indicating the individual was re-hospitalized and include the date and reasons of the hospitalization, which again should be the same as the first hospitalization. Please contact your Regional Manager if an extension is required. We require the IA to consider neglect in these situations while ensuring all the required medical follow-up, medications, etc., were given from the first hospital discharge. Even though it will be filed as one MUI, we recommend a new form be completed for each hospital stay as the discharge summary will be slightly different. Please add the total days in hospital but be sure to note in the report the length of each hospital stay.

**QUESTION:** Can you include information about a chronic medical condition such as a seizure disorder in a person's service plan and not be required to file an MUI?

**ANSWER:** Yes, a chronic medical condition such as a seizure disorder can be covered in someone's plan as long as it details the personal illness, symptoms, treatment, etc. One example: The individual plan should include the specific symptoms and criteria for hospitalizations. For example, Jane was diagnosed with a seizure disorder in 1995 and prescribed medication to control the severity and duration of these seizures. Even with medication, Jane averages 8-9 Grand-Mal seizures per month. Signs of seizure activity for Jane include unconscious, convulsions and muscle rigidity. DSP will need to ensure Jane's safety during these times and providing ongoing support. Per Jane's Neurologist, any seizure lasting more than 5 minutes will require Diastat to be continued administered by certified DSP and 911 to be called. If Jane is hospitalized for observation/treatment of seizure disorder and not for other injuries/illness or in cases of suspected neglect (family or DSP), a MUI will not need to be filed, as this is part of Jane's routine medical care. All seizure related activities should be documented in the Medication Administration Record and Seizure Activity Log and shared with Jane's Neurologist.

**QUESTION:** Can you cover Psychiatric Hospitalizations due to mental illness in a person's plan and not be required to file an MUI?

**ANSWER:** Yes, this can be covered in someone's plan as long as it details the personal illness, symptoms, treatment, etc. For example, in the last year Jimmy was admitted to the Psychiatric Hospital 7 times due to Schizophrenia. Jimmy was diagnosed with Schizophrenia at 21 years of age and manages it with counseling, family support and medication. However, multiple times a year (typically in the Fall), Jimmy displays more symptoms including hallucinations, a decline in his personal hygiene, refusal to take his medications and increased agitation. Jimmy's team helps him by communicating with his service providers. If Jimmy is displaying these symptoms, his psychiatrist will be notified to discuss treatment options including hospitalization.

### **Medical Emergency:**

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**QUESTION:** Is it a MUI if an individual has an object stuck in their throat, is able to breathe but the ER has to suction the object out?

**ANSWER:** Yes, this should be filed as a Medical Emergency.

**QUESTION:** Would you file a medical emergency if an individual is seen at the ER for j/g tube replacement/correction but never admitted?

**ANSWER:** No, you would not file an MUI. We would ask that an incident report be completed, and an UI investigation done. We also want to make sure this incident is included on the UI log so it can be tracked for patterns and trends. However, if the person is hospitalized due to tube placement, an Unanticipated Hospitalization should be filed.

**QUESTION:** Can the use of Diastat be covered in a person's service plan?

**ANSWER:** Yes, but the use of Diastat is generally considered a lifesaving intervention and would prompt a MUI be filed for Medical Emergency, unless it clearly identified and covered in an individual's plan. Since the use of Diastat is so common for individuals, we have allowed it to be covered in an ISP. If the use of Diastat is covered in the plan, it being administered is not a MUI for Medical Emergency.

### **Neglect:**

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**QUESTION:** When do you file neglect for a medication error? If a DSP gives another individual's medicine to his roommate by mistake, would this be neglect?

**ANSWER:** You would file neglect if there was a duty, failing to provide goods and treatment and there was a risk to health and welfare. The prescribing physician/medical professional can be contacted to see if there is a risk based on the medication given and/or interference of the wrong med given with current medication person is on. Another example of when a neglect MUI would be filed would be if DSP did not administer an individual's diuretic medication for 5 days and the individual's feet became very swollen and painful. The individual was taken to the Emergency Room for treatment.

### **Unusual Incidents:**

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**QUESTION:** Is there a time frame for the completion of Unusual Incident investigations?

**ANSWER:** Best practice would be to complete the UI investigation within 10 business days of the incident. The rule does not identify a specific timeframe for UI completion.

**QUESTION:** What does DODD expect from providers when completing a UI Investigation?

**ANSWER:** For incidents that meet the UI Definition, DODD would like to see a good explanation of the incident with immediate actions. The investigation should include antecedents, cause and contributing factors, as well as sound preventive measures. The investigation should identify trends or a history of previous incidents similar to the one being investigated.

**UI Logs and Analysis:**

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**QUESTION:** Did the requirements for the providers to complete monthly reviews of Unusual Incidents change with the January 1, 2019 rule revisions?

**ANSWER:** No, providers are still required to conduct monthly reviews of Unusual Incidents and complete an UI log.

**QUESTION:** Is a provider required to maintain a UI log and review each month even if they have had no unusual incidents?

**ANSWER:** Yes, providers are required to keep a log each month and be prepared to submit it to the County Board each month and Department upon request. The log should be completed with zero incidents listed. This assures that the UI log review has occurred, and a system is in place.

**QUESTION:** What does a representative sampling mean when the county board is asking providers for UI Logs?

**ANSWER:** There is not a required number of UI logs that have to be reviewed. However, we ask each county to consider the size of the provider, the array of services they provide, and other factors when determining how many UI logs to request. The county board should inform the providers what information they are requesting and at what frequency. Since the revised rule states they only need to review provider logs quarterly this may be the rule of thumb.

**QUESTION:** What is considered a trend when reviewing the Unusual Incident Log and what is expected of a provider when a trend is identified during the review?

**ANSWER:** A provider and team can make the decision on what constitutes a trend based on the risk to the health and welfare of an individual. The MUI Unit has suggested that a UI trend is 3 same or similar incidents in a week or 5 same or similar in a month. When a trend is found the MUI rule dictates the trend is addressed in the ISP of the individual. In order for this to occur, it is best practice that the provider contacts the SSA for the individual, so this trend and the preventive measures can be included in the ISP.

**QUESTION:** Who is required to do an Annual Analysis?

**ANSWER:** Providers, including County Boards as providers, licensed and certified independent and agency providers are required to complete annual analysis reports.

We have allowed for a few exceptions for those providers who may provide one type of specialized service and does not include homemaker personal care. An exempt provider may include one that does payee services only, home modification or meal delivery. These providers are still required to meet all the reporting requirements.

**QUESTION:** What can we do about providers who refuse to do UI logs or provide analysis correctly?

**ANSWER:** We recommend that you provide them with resources from the DODD Health and Safety Tool Kit. All attempts need to be documented. We recommend that you contact your Regional Manager.

## **Training**

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**QUESTION:** Do you have to have initial MUI training prior to direct contact?

**ANSWER:** Yes, if you are in a direct service position, you must have the training prior to direct contact.

**QUESTION:** Do you train DSP on Health and Welfare alerts by the calendar year or from the date they were last trained?

**ANSWER:** It is up to you how you schedule your annual MUI and Alerts training. It is only required that you cover each of the Alerts that were issued since your last training.

**QUESTION:** Are Remote Support Providers (if only service offered) required to have trained DSP on MUIs?

**ANSWER:** Yes.

**QUESTION:** Are the County Board and Provider Board members required to be trained under this rule?

**ANSWER:** Yes

**MUI** means the alleged, suspected or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a reasonable risk of harm.

For persons served by the DD system or that will be served as a result of the incident, MUIs are filed in all cases of Death, Attempted Suicide, a Missing Individual, Law Enforcement, Abuse, Neglect, Exploitation, Misappropriation, Prohibited Sexual Relations, Peer to Peer Acts and Failure to Report. Other categories of MUIs such as Medical Emergency, Rights Code Violations, Significant Injury, Unapproved Behavioral Support, and Unanticipated Hospitalizations are filed when the incident occurs with a DD licensed or certified provider or in a county board operated program.

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6. Significant Injury – p. 16-17

### **Category C**

1. Law Enforcement – p. 17
2. Unanticipated Hospitalization – p. 17-18
3. Unapproved Behavior Support – p. 18-19
4. Unusual Incidents – p. 19-20

<b><u>DEATH- ACCIDENTAL OR SUSPICIOUS DEATH</u></b>	<b>PROBES</b> <ol style="list-style-type: none"><li>1. Person must meet the criteria of being served.</li><li>2. A Protocol A investigation should be completed.</li></ol> <b>EXAMPLES</b> <ol style="list-style-type: none"><li>1. Choking</li><li>2. Drowning</li><li>3. Fire</li><li>4. Suicide</li><li>5. Homicide</li><li>6. Motor Vehicle Accidents</li><li>7. Falls</li><li>8. Drug overdose</li><li>9. Suffocation – SIDS</li></ol>
<b><u>EXPLOITATION</u></b>	<b>PROBES</b> <ol style="list-style-type: none"><li>1. Is the individual used in some way for personal benefit, profit, or gain?</li><li>2. Was the individual a willing participant?</li><li>3. DSP allows the individual to purchase their lunch, and the DSP borrows money on a regular basis, even if they pay the individual back would be filed as an allegation of exploitation.</li></ol> <b>EXAMPLES</b> <ol style="list-style-type: none"><li>1. DSP has an individual stand outside of the mall collecting donations with a bucket stating, "Please support Special Olympic Athletes". At the end of the day, the DSP pockets the money.</li><li>2. Individual is believed to be a victim of Human Trafficking. If the PPI is a paid provider of service, please file as abuse and contact your Regional Manager.</li><li>3. DSP is always talking about how poor she is and how she cannot afford to buy Christmas presents for her grandchildren. The individual is very nice and gives the DSP person \$500 so she can buy presents for the kids.</li><li>4. A "friend" that the individual met on line has an individual co-sign for a loan even though the individual doesn't understand what he/she is signing for.</li><li>5. DSP takes an individual to their home and has him move furniture all day. The individual does not receive fair compensation and states he didn't want to be there at all.</li><li>6. The Pastor of the Church where the individual attends, has the individual clean the church for 6 hours and gives the individual a bottle of water and \$.50 cents.</li><li>7. Individuals are asked to purchase Avon from the home manager, who is a sales consultant.</li></ol>

<p><b><u>FAILURE TO REPORT</u></b></p> <p><b>TYPE/DEFINITION</b></p> <p>A person, who requires to report pursuant to section 5123.61 of the Revised Code, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse, misappropriation, or exploitation that results in a risk to health and safety, welfare or neglect of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department.</p> <p>Pursuant to division (C)(1) of section 5123.61 of the Revised Code, such report shall be made to the department and the county board when the incident involves an act or omission of an employee of a county board.</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"> <li>1. May also be a criminal act that needs reported to law enforcement.</li> <li>2. Registry: DD employee unreasonably failed to report and knew or should have known not reporting would result in a substantial risk of harm for the individual because the individual was placed in the situation again.</li> </ol> <p>Those people required to report:</p> <ol style="list-style-type: none"> <li>a. An employee of the department;</li> <li>b. A superintendent, board member, or employee of a county board;</li> <li>c. An administrator, board member, or employee of a residential facility licensed under section 5123.19 of the Revised Code;</li> <li>d. An administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability; or</li> <li>e. An independent provider.</li> </ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>1. Individual at work reports home DSP keeps hitting his legs with a broom handle. Discoloration and red marks are noted on his calves. Workshop DSP does not report the incident and the individual is allowed to go home after work.</li> <li>2. Individual reports to her home DSP that workshop DSP punched her on the back of the head 3 times prior to departing on the bus. Home DSP does not believe it occurred and tells no one.</li> <li>3. Individual goes to workshop and tells DSP her roommate hits her and tells her she is going to beat her up when no one is around. DSP failed to report, leaving the individual at continued risk of harm.</li> <li>4. Individual tells his new second shift DSP that a peer has been coming into his room at night and raping him. Individual asks the DSP to keep this confidential because he is embarrassed and is afraid to report this. He asks the DSP to keep his promise. The DSP goes home when their shift is over without reporting</li> </ol>
<p><b><u>MISAPPROPRIATION</u></b></p> <p><b>TYPE/DEFINITION</b></p> <p>Depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the Revised Code, including Chapters 2911. and 2913. of the Revised Code.</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"> <li>1. Was there intent to deprive or defraud?</li> <li>2. Value of the item does not matter.</li> <li>3. Length of time, if replaced, does not matter.</li> <li>4. Were items or money taken from the individual?</li> <li>5. Does the property belong to the individual?</li> <li>6. Is there reason to believe the money or item was taken?</li> <li>7. Identity theft is to be filed as Misappropriation. Misappropriation should be filed even when the individual is not out of funds; however, their identity has been stolen. This includes fraudulently filing taxes.</li> <li>8. When the County Board suspects theft.</li> </ol>

**MISAPPROPRIATION CONTINUED**

9. Misappropriation should not be filed when a purchase can be Verified, but the receipt is missing.
10. If an individual is missing an I-Pad, check to see where else it might be.
11. It is theft when it is believed the item/cash has been stolen.

**EXAMPLES**

1. The individual's bank account shows several unauthorized withdrawals.
2. The individual's certificates of deposit (CD's) are withdrawn/cashed without individual's knowledge.
3. Sister gets a cellular phone with the individual's identification and then runs up the bill with personal calls.
4. Friend uses the individual's ATM card to make unauthorized cash withdrawals. Due to an inventory inspection, there is an allegation the DSP is taking some of the groceries to their home when returning from the grocery store. The allegation states the DSP may be eating the individual's food without permission.
5. Individual's brother is using the individual's identity to get utilities in his name.
6. DSP is seen taking four (4) pairs of jeans out of the individual's closet and placing them in her car.
7. Allegation is that the individual's aunt is filing taxes for him without his approval. The individual does not live with the aunt; however, she is keeping the money she receives from the government.
8. There is \$314 unaccounted for when balancing the checkbook. Receipts are missing, and the individual denies making or authorizing any purchases; theft is alleged.
9. Staff borrowing money (with individual's permission) and doesn't pay back.
10. Individual had dental surgery two days ago and was prescribed pain medication as needed. When DSP opens the pill container they find only 2 pills left and there should be 8-10 pills in the container.
11. DSP assists the individual with purchasing multiple gift cards, so the individual can give them out as Christmas presents. The gift cards are placed in the lock box on November 29. It is now December 20, and no one knows where the gift cards are.
12. It was discovered someone used the individual's name and SS number to open a credit card account without the individual's knowledge and \$2,199 was charged to the account.

<p><b><u>NEGLECT</u></b></p> <p><b>TYPE/DEFINITION</b></p> <p>When there is a duty to do so, failing to provide an individual with a medical care, personal care, or other support that consequently results in serious injury or places an individual or another person at risk of serious injury. Serious injury means an injury that results in treatment by a physician, physician assistant, or nurse practitioner.</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"><li>1. When filing a neglect MUI, it is important to know what the risk of health and welfare is to the individual(s).</li><li>2. Risk of legal sanctions.</li><li>3. Does the person have a duty to provide care and it was not provided?</li><li>4. Was the service plan reviewed to identify the risk?</li><li>5. If the neglect is criminal, then law enforcement (LE) and CSB should be contacted.</li><li>6. Allegations of extreme weight loss or gain, teeth issues that involve infection, and poor podiatry care that makes it a health and welfare concern.</li><li>7. Neglect requires risk of serious harm or injury.</li><li>8. Was there a delay in medical care with serious risk of harm?</li></ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"><li>1. An individual had a seizure disorder and is placed in a warm bath and is left alone while DSP goes out to smoke a cigarette.</li><li>2. DSP failed to secure an individual's wheelchair on the bus and when the bus stops, the individual tips over.</li><li>3. The individual's diet requires all food to be cut into dime-sized pieces and DSP gives the individual a slice of pizza.</li><li>4. An individual with a history of eloping is left alone in a vehicle.</li><li>5. The regular 3rd shift DSP calls off to the on-call manager. The on-call supervisor did not secure coverage and the 2nd shift DSP left although no one came to replace him. This places the individual(s) at risk of serious injury.</li><li>6. Individual with constant supervision for aggression against others is left alone in the living room with other housemates while DSP takes an extended break outside the home, resulting in a risk of serious injury.</li><li>7. The transportation DSP drops an individual off at home without ensuring that the home DSP is there to receive them. Due to severe medical conditions, this individual needs to have DSP support at all times and places the individual at risk of serious injury.</li><li>8. DSP is texting while driving individuals and gets into an accident.</li><li>9. Individual had a change in their diet plan and the SSA failed to update the service plan and communicate to all service providers.</li><li>10. Staff do not implement the service plan and individual is arrested or placed at risk of serious injury.</li><li>11. Sexual Offender was not provided supervision and then hurt someone as a result.</li></ol>
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<b><u>PHYSICAL ABUSE</u></b>	<b>PROBES</b>
<b>TYPE/DEFINITION</b> <p>Physical force that can be reasonably expected as a result of physical harm or through actions that include but are not limited to hitting, slapping, pushing, or throwing objects at an individual.</p>	<b>EXAMPLES</b> <ol style="list-style-type: none"><li>1. The level of force could easily result in harm.</li><li>2. Physical harm, injury, or illness regardless of it's gravity or duration.</li><li>3. Law Enforcement (LE) or Children Services is contacted when the situation is an alleged crime.</li></ol> <ol style="list-style-type: none"><li>1. The care provider allegedly slaps the individual in the face.</li><li>2. DSP (Direct Support Professional) pulls the individual's arm behind the individual's back, dislocating the individual's shoulder.</li><li>3. DSP throws a wooden-handled brush at the individual hitting the individual's forehead.</li><li>4. A neighbor is seen kicking an individual repeatedly in the back.</li><li>5. A janitor roughly pushes the individual against a locker, causing the individual to hit his head on the locker.</li><li>6. Teacher noted what appears to be cigarette burns on a 7-year-old individual's shoulder blades.</li><li>7. Individual, who is 23 years old, comes to the day-hab and reports that his mom, whom he lives with, hit him on his hand (knuckles) with a large metal spoon. The individual states, "it hurt really bad" and the individual has some red marks on his knuckles.</li><li>8. Individual is walking home after getting off the bus when he is beat up by 3 young men who he has never seen before.</li><li>9. An individual alleges that the DSP placed their knee in his back.</li><li>10. DSP throws a punch at the individual; the individual ducks the punch.</li><li>11. During a 2-person escort the individual turns his head towards the DSP and spits in his face. The DSP then takes the individual's arm and twists it behind his back and puts pressure on the arm. The individual yells out that his arm hurts and he is sorry. The co-worker assisting with the escort tells the DSP that he needs to stop before he hurts the individual.</li><li>12. There is an altercation between a 14-year old unserved- student at South High and a 15-year old served student in the hall way. The 14-year-old is overheard calling the 15-year-old names and seen punching him in the face. The 15-year-old was heard repeatedly asking him to stop hurting him.</li></ol>

<p><b><u>PROHIBITED SEXUAL RELATIONS</u></b></p> <p><b>TYPE/DEFINITION</b></p> <p>A Developmental Disabilities (DD) employee engages in consensual sexual content or having consensual sexual content with an individual who is not the employee's spouse, and for whom the DD employee was employed or under contract to provide care at the time of the incident and includes persons in the DD employee's supervisory chain of command.</p>	<p><b>PROBES</b></p> <p>Developmental Disabilities' employees who are employed or under contract to provide care to individuals or is in supervision chain of individual.</p> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>1. DSP observed a coworker with an individual in a passionate kiss. Individual reports that he loves his 2<sup>nd</sup> shift DSP and they have been having sex. He wants to marry her.</li> <li>2. Individual shows her home DSP a text she received from her workshop DSP. The text is from a male DSP that is sending pictures of his penis and he is asking her if she is a good lover. The individual reports that she has sex with the male DSP, but feels bad because she knows he is married.</li> </ol>
<p><b><u>RIGHTS/VIOLATION</u></b></p> <p><b>TYPE/DEFINITION</b></p> <p>Any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an individual.</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"> <li>1. Did the act create a likely risk of harm?</li> <li>2. Rights restrictions implemented without HRC approval would be an UI unless there is risk to health &amp; welfare.</li> <li>3. Did the act result in a UBS or staff redirecting the individual in any way?</li> </ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>1. DSP takes the individual to a movie, he does not want to go, and he becomes upset and bangs his head against the wall.</li> <li>2. DSP padlocks the refrigerator and the individual sustains a laceration trying to break the lock.</li> <li>3. DSP refuses to take the individual on a scheduled activity for their own convenience or preference. The scheduled activity is a reinforcer for positive behavior. The individual is upset due to this right violation and becomes aggressive. Law Enforcement is contacted, and the individual is arrested.</li> </ol>
<p><b><u>SEXUAL ABUSE</u></b></p> <p><b>TYPE/DEFINITION</b></p> <p>Unlawful sexual conduct or sexual contact as those terms are defined in section 2907.01 of the Revised Code and the commission of any act prohibited by Chapter 2907. of the Revised Code (e.g., public indecency, importuning, and voyeurism) when the sexual conduct, sexual contact, or act involves an individual.</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"> <li>1. Contact involves touching of any erogenous zone of another, including without limitation to the thigh, genitals, buttocks, pubic region, or if the purpose of sexually arousing or gratifying either person.</li> <li>2. Conduct includes oral sex and penetration including digital or with objects.</li> <li>3. Law enforcement or CSB shall be contacted.</li> </ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>1. The DSP sends a picture of his penis through a text message to an individual served.</li> </ol>

<b><u>SEXUAL ABUSE CONTINUED</u></b>	<ol style="list-style-type: none"><li>2. DSP is masturbating in front of an individual.</li><li>3. An individual alleges DSP made the individual touch the roommate's "private area". While the DSP watched and touched himself.</li><li>4. It was reported that a bus driver was witnessed stroking the thigh of an individual served who is 12 years old. The witness believes this was done for sexual arousal of the driver.</li><li>5. DSP is reported to be fondling an individual's breast.</li><li>6. Individual reports that her husband is forcing her to have sex. The husband is not served by DODD.</li><li>7. A female individual is reporting that her Mom's new boyfriend that lives with them has been touching her private areas when her mom is at work. She does not like to be alone with him due to how he looks at her and touches her.</li></ol>
<b><u>VERBAL ABUSE</u></b>  <b>TYPE/DEFINITION</b>  Using words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual.	<b>PROBES</b> <ol style="list-style-type: none"><li>1. What was the intent of the words or gestures along with individual's reaction?</li><li>2. What specific words were used?</li><li>3. Were the words threatening, coercive, intimidating, harassing or humiliating to the individual?</li><li>4. Threatening words or pictures that are sent through communication means should be filed as an MUI.</li><li>5. There may be times when texting or sending messages through electronic means will rise to the level of menacing and Law Enforcement needs to be notified.</li></ol> <b>EXAMPLES</b> <ol style="list-style-type: none"><li>1. The individual alleges that their father threatened to punch him if he did not do the dishes.</li><li>2. DSP threatens to give the individual's dog away if he tells on him/her for slapping another individual.</li><li>3. DSP tells the individual, "If you don't go to bed right now, I'll kick your butt". The individual is agitated and is being verbally redirected by DSP. Individual starts spitting at DSP. Male DSP is heard telling the individual if he spits at him one more time he will get knocked out. DSP states that he doesn't get paid enough to put up with this.</li><li>4. DSP reports a co-worker yelling at individuals, swearing and calling them derogatory terms.</li><li>5. An employee who is on administrative leave due to an allegation made by an individual is now on Facebook stating, if she gets fired because of the lies the individual is saying, she is coming to the house and beating up the individual for lying. The Individual is now reporting this DSP is texting and threatening her for telling on her.</li></ol>

<b><u>VERBAL ABUSE CONTINUED</u></b>	6. An individual reports that a DSP is texting her and asking if she will have sex with him. Her text back says that she does not like him, but he continues to ask for sex through the text messages.
<b><u>ATTEMPTED SUICIDE</u></b>	<p><b>PROBES</b></p> <ol style="list-style-type: none"> <li>1. Did the individual make an actual physical attempt that resulted in:           <ol style="list-style-type: none"> <li>a. In-patient observation</li> <li>b. Hospital admission</li> <li>c. Receives treatment at the ER. No harm is required.</li> </ol> </li> <li>2. When an individual has the will and means to commit suicide, this should be a red flag for the team and preventive measures need to be in place with extensive training for the DSP.</li> </ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>1. After the individual states she is going to kill herself, she stabs herself with scissors and is hospitalized for a puncture wound.</li> <li>2. The individual tries to hang himself and is admitted to the psychiatric hospital.</li> <li>3. The individual jumps off a fire escape onto the paved road below after threatening to kill himself and is admitted to the hospital with a broken leg.</li> <li>4. The individual attempts to commit suicide by swallowing 30 Tylenol pills; her stomach is pumped at the ER and she is released.</li> </ol>
<b><u>DEATH/OTHER THAN ACCIDENTAL /SUSP</u></b>	<p><b>PROBES</b></p> <p><b><u>Status A</u></b></p> <p>Individuals whose residence was with entities under the jurisdiction of ODH for at least a month – Nursing Homes, CareStar/CareSource, or PCG.</p> <ol style="list-style-type: none"> <li>1. Copy of the death certificate /Autopsy /Coroner Report/Supp. Med. Cert. (was the coroner notified)</li> <li>2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).</li> <li>3. Whether the death was expected or unexpected. (DNR, Type, Date issued)</li> <li>4. What DD services were the individual receiving? (Provide reason death was reported to DODD).</li> </ol> <p><b>Examples (Status A):</b></p> <ol style="list-style-type: none"> <li>1. Death Certificate and Autopsy report received and forwarded to DODD MUI unit. Coroner was notified of death on 3/14/16 by the county board.</li> <li>2. Jane passed away in her room at Sunny Acres Nursing Facility. Jane's death was expected as she had been permanently discharged to Sunny Acres from her I/O waiver home on 12/31/15. She had a DNR-CC that was signed on 12/30/15 due to her diagnosis of Sepsis. Jane had dis-enrolled from the county board workshop and SSA follow up only.</li> </ol>

<b><u>DEATH/OTHER THAN ACCIDENTAL</u></b> <b><u>/SUSP- CONTINUED</u></b>	<p><b>PROBES</b></p> <p><b>Status B</b></p> <p>Cases involving children and adults who live at home and have access to health care or live in the community with no waiver or have less than 20 hours of services weekly. (Access to health care is defined as having access to a primary care physician or advanced practice nurse on some recurring basis--at least annually.) Note there is a statutory requirement (ORC 307.621) for all children less than 18 years of age to be reviewed by local counties.</p> <ol style="list-style-type: none"><li>1. Copy of the death certificate /Autopsy /Coroner Report/Supp. Med. Cert. (was the coroner notified)</li><li>2. Location of death (e.g. emergency room, hospital inpatient, home, nursing home).</li><li>3. Whether the death was expected or unexpected. (DNR, Type, Date issued)</li><li>4. What DD services was individual receiving?</li><li>5. Description of 72 hours prior to hospitalization or Death. (e.g. events, activities).</li></ol> <p><b>Example (Status B):</b></p> <ol style="list-style-type: none"><li>1. If the individual died while in the hospital – enter information for 72 hours prior to hospitalization.</li><li>2. Jack passed away on January 1<sup>st</sup> after a lengthy hospital stay. (Note - if the individual died while in the hospital, the hospitalization should have been closed out and a new Death MUI opened.) Jack was admitted to the hospital for CHF on December 15<sup>th</sup>. On December 12<sup>th</sup> he appeared to be short of breath when he would walk around the house and indicated that he was just tired.</li><li>3. 13<sup>th</sup> - He didn't have much energy and appeared to be wheezing and did not want to participate in many activities but indicated that he was okay.</li><li>4. 14<sup>th</sup> - Jack was coughing and appeared to be confused when he was asked questions. The DSP contacted the physician.</li><li>5. If the individual was not hospitalized prior to death – enter information for 72 hours prior to death.</li></ol>
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**DEATH/OTHER THAN ACCIDENTAL  
/SUSP- CONTINUED****PROBES****Status C**

Person(s) who died of cancer or were in a hospice program at the time of death;

1. Copy of the death certificate /Autopsy /Coroner Report/Support Med. Cert (was the coroner notified)
2. Location of death (e.g. emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. (DNR, Type, Date issued)
4. What DD services was individual receiving?
5. Description of 72 hours prior to hospitalization or death. (e.g. events, activities)
6. If individual died in Hospice or died of cancer, please include pertinent past medical treatment indicating the health care screening that was conducted and dates and results of health care screenings (cancer screenings).
7. An individual living in an ICF or residential setting has been ill and when he is discharged from the hospital he is placed permanently in a nursing home. He dies after residing there for at least 30 days.

**EXAMPLES****Status C – Hospice Cases**

\*If the individual lived in an ICF or a 24/7 residential setting and/or had a waiver in which they received more than 20 hours of service per week within a month of moving into a hospice setting (or received in home hospice care) and passed away, please answer the 12 questions under "Status D".

**Status C – Cancer Cases:**

1. Please include all screenings and the dates they were conducted. What type of Cancer the individual had and when it was diagnosed.
2. If an individual had cancer or was receiving hospice care for a condition other than the cause of death, Status D questions must be answered.

**PROBES****Status D**

12 death questions (All other deaths not covered in the above categories):

1. Copy of the death certificate /Autopsy /Coroner Report/Supp. Med. Cert. (Was the coroner notified?).
2. Location of death (e.g. emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. (DNR, Type, Date issued).

<p><b><u>DEATH/OTHER THAN ACCIDENTAL</u></b> <b><u>/SUSP- CONTINUED</u></b></p>	<ol style="list-style-type: none"> <li>4. What DD services was the individual receiving?</li> <li>5. Description of 72 hours prior to hospitalization or death. (e.g. events, activities).</li> <li>6. If the individual died in Hospice or died of cancer, please include pertinent past medical treatment indicating all health care screenings that were conducted, along with the dates and results of each health care screening (cancer screenings).</li> <li>7. Law Enforcement investigations.</li> <li>8. Med/Psych Diagnosis prior to Death.</li> <li>9. Medications (name, dosage, and how it was received) the individual was taking prior to Death or hospitalization if the death occurred during hospitalization.</li> <li>10. Past Medical History.</li> <li>11. Name of Primary Physician Aspiration/Pneumonia/Respiratory Failure Cases</li> </ol> <p>If the individual was not receiving any active services other than limited SSA due to being on a waiting list, a non-served entry should be completed.</p> <p><b>EXAMPLES (Status D)</b></p> <p>Past Medical History:</p> <ol style="list-style-type: none"> <li>1. List previous surgeries or medical treatments.</li> <li>2. List previous illnesses (pneumonia's) and chronic medical problems.</li> <li>3. Date of the most recent pneumonia vaccine and influenza vaccine.</li> <li>4. Most recent height and weight.</li> </ol> <p>Aspiration/Pneumonia/Respiratory Failure Cases:</p> <ol style="list-style-type: none"> <li>1. What was the diet texture?</li> <li>2. Was the diet followed?</li> <li>3. Date of the most recent swallowing study.</li> <li>4. How did the individual receive their medications?</li> </ol>
<p><b><u>MEDICAL EMERGENCY</u></b></p> <p><b>TYPE/DEFINITION</b></p> <p>Medical emergency means an incident where emergency medical intervention is required to save an individual's life (e.g. choking relief). Techniques such as back blows or cardiopulmonary resuscitation, use of an automated external defibrillator, or use of an epinephrine auto injector may be required.</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"> <li>1. Was the medical condition one of a sudden onset?</li> <li>2. Were any emergency medical interventions given, such as abdominal thrusts, back blows, CPR, AED and/or Epi Pen?</li> <li>3. Was the emergency medical intervention a lifesaving technique that was necessary to prevent the likelihood of death?</li> </ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>1. The individual is on the bus traveling from the workshop to the residence and suffers an apparent heart attack; CPR is performed.</li> <li>2. An individual is stung by a bee and the Epi-Pen is administered.</li> <li>3. The individual chokes on a hotdog and receives abdominal thrusts to clear the airway.</li> </ol>

<b><u>MEDICAL EMERGENCY CONTINUED</u></b>	<ol style="list-style-type: none"> <li>4. An individual with a diagnosed heart condition is taken to the ER for treatment of chest pains and diagnosis confirms a heart attack; the individual receives Nitro tablets.</li> <li>5. EMS is called to individual's residence and Narcan is administered to save their life.</li> </ol>
<b><u>MISSING INDIVIDUAL</u></b> <b>TYPE/DEFINITION</b> <p>An incident that is not considered neglect and an individual's whereabouts, after immediate measures taken, are unknown and the individual is believed to be at or pose an imminent risk of harm to self or others. An incident when an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"> <li>1. Was appropriate supervision provided to the individual?</li> <li>2. What is the Risk to Health and Welfare?</li> <li>3. Imminent Risk Examples for the individual and others could be - sex offender, medication dependent, fragile health, Dementia, MH/Dual Diagnosis, History of Aggression, and/or poor pedestrian skills.</li> <li>4. If not needed in an ISP, are there other circumstances that make immediate discovery of whereabouts of the individual critical to the health/safety of the individual?</li> <li>5. Other risk factors include the neighborhood and the weather.</li> </ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>1. The individual is in the backyard sitting in a lawn chair. DSP is to check on him every 15 minutes but he is now missing when he is checked on. Due to his lack of pedestrian skills and verbal skills the individual is at risk.</li> <li>2. The individual is overdue for time sensitive medication administration critical to cardiac health problems.</li> </ol>
<b><u>PEER TO PEER ACTS</u></b> <b>TYPE/DEFINITION</b> <p>One of the following incidents involving two individuals served.</p>	<p><b>PROBE</b></p> <p>Was supervision being provided according to the service plan?</p>
<b><u>PEER TO PEER EXPLOITATION</u></b> <b>TYPE/DEFINITION</b> <p>The unlawful or improper act of using an individual or individual's resources for monetary or personal benefits, profits, or gain.</p>	<p><b>PROBES</b></p> <p>When one served individual takes advantage of a peer for their own personal benefit or gain.</p> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>1. A peer knows that his roommate always says, "yes" whenever he asks him a question. So, he asked if he could buy his handheld electronic game for a quarter and the roommate agrees.</li> </ol>

<p><b>PEER TO PEER THEFT</b></p> <p><b>TYPE/DEFINITION</b></p> <p>Intentionally depriving another individual of real or personal property in the amount of valued at twenty dollars or more or property of significant personal value to the individual.</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"><li>1. Is misappropriation amount \$20.00 or more or is item considered of significant value to the individual.</li><li>2. Did the individual have intent to deprive and defraud?</li></ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"><li>1. Individual knows the peer has \$20 or more in their top right-hand dresser drawer. Individual takes the cash and hides it or spends it when they have alone time in the community.</li><li>2. Individual knows that his roommate (peer) loves his LA Dodger baseball cap. Individual steals the hat and refuses to tell anyone where the hat is. This upsets the peer because they love that hat and they wear it every day. This would be an allegation of theft, due to the hat having significant value for the owner and the peer is depriving the individual of the item.</li><li>3. UI Section: Individual steals an old Play Station game from his roommate. The game is not worth more than \$11 dollars. [This would not be an MUI]. This would be an Unusual Incident and would require a UI Investigation.</li></ol>
<p><b>PEER TO PEER PHYSICAL ACT</b></p> <p><b>TYPE/DEFINITION</b></p> <p>Physical act which means a physical altercation that:</p> <ol style="list-style-type: none"><li>a. Results in an injury that is treated examination or treatment by a physician, physician assistant, or nurse practitioner; or</li><li>b. Involves strangulation, a bloody nose, a bloody lip, a black eye, a concussion, or biting which causes breaking of the skin; or</li><li>c. Results in an individual being arrested, incarcerated, or the subject of criminal charges.</li></ol>	<p><b>PROBES</b></p> <ol style="list-style-type: none"><li>1. Strangulation: pressure around front of neck to restrict air flow.</li><li>2. Please note that an individual has the right to notify law enforcement and to file charges against a peer even when the county board does not feel it is criminal.</li><li>3. Peer/Peer Act does not have a PPI or a victim. It is an act that occurs between two individuals served. Immediate action, cause and contributing factors and a prevention plan should be the result of the MUI investigation.</li><li>4. Does the County Board feel that this is an alleged crime? Alleged Crimes must be reported to LE.</li></ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"><li>1. Individual is asking to leave his bedroom due to the fire drill. He is very upset and is yelling and trying to hit DSP. As they assist him out of the house he swings and hits 3 peers and one of the peers has a bloody lip.</li><li>2. An individual is teasing a peer. The peer tells the individual to stop it or he will be sorry. Teasing continues, the peer gets up and starts strangling the individual.</li><li>3. Two male individuals get into an argument at the workshop. Individual A pushes Individual B. Individual B punches Individual A in the nose causing it to bleed.</li></ol>

<b>PEER TO PEER PHYSICAL ACT CONTINUED</b>	<ol style="list-style-type: none"><li>4. Individual is agitated and is running through the workshop; an individual is in his path so he pushes her to the floor. The female individual is taken to the hospital and diagnosed with a broken hip.</li><li>5. Individual has been telling peers that he plans to beat up a male peer because he has seen him talking to his girlfriend. The individual has a known history of being aggressive towards others. A few days later the peer is found in the bathroom with a black eye and claims that a peer did this to him. This should be filed as a peer/peer act and reviewed as a possible crime that LE notification would be needed.</li><li>6. Individual strangled his roommate.</li><li>7. Individual reaches in front of a peer who bites him on the arm, causing an open wound.</li><li>8. Individual is pushed down by a peer and hits his head really hard. There are no visible injuries noted but the individual is taken to the doctor to get checked out.</li></ol>
<b>PEER TO PEER SEXUAL ACT</b>  <b>TYPE/DEFINITION</b>  Sexual conduct and/or contact for sexual gratification without the consent of the other individual.	<b>PROBES</b> <ol style="list-style-type: none"><li>1. Was the supervision an issue related to the incident?</li><li>2. Is the sexual act consensual?</li><li>3. Is the sexual act for sexual gratification?</li></ol> <b>EXAMPLES</b> <ol style="list-style-type: none"><li>1. Individual touches a female peer on the breast more than once even though the peer is asking him not to. The individual tells her that he likes her and she is pretty.</li><li>2. DSP walks in on two individuals in the workshop restroom in the same stall. One of the individuals does not communicate verbally and appears to be very upset while the other individual has his hand down his pants. Both are to be supervised in the restroom [Neglect may also be filed].</li><li>3. There is a married couple who are both receiving waiver services. The wife reports that her husband forced her to have sex yesterday.</li><li>4. While an individual is sleeping a peer rubs the individual's feet while he masturbates.</li><li>5. While riding to their community jobs, one peer leans over and kisses the other on the mouth. The other individual tells him to stop but he does not and forcefully kisses her again which makes the individual cry.</li><li>6. If an individual is being asked to send nude pictures to the cell or through social media, a peer to peer exploitation should be filed.</li></ol>

<b>PEER TO PEER VERBAL ACT</b>  <b>TYPE/DEFINITION</b>  The use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.	<b>PROBES</b> <ol style="list-style-type: none"><li>1. Is the verbal act purposeful?</li><li>2. Does the individual who is displaying the verbal act have the ability or opportunity to act on the threat?</li></ol> <b>EXAMPLES</b> <ol style="list-style-type: none"><li>1. An individual with a history of being aggressive tells a peer that he plans on beating him up because he thinks the peer is trying to steal his girlfriend. [This would be filed as verbal act due to purposeful use of words to intimidate, threaten, with ability and opportunity.]</li><li>2. Individual is upset and tells a peer that he is fat and a loser. This upsets the peer and he cries a little bit, but DSP assists and later the individual apologizes for saying the mean things. [This is a UI; was there was a staff person to redirect; name calling is hurtful but can be handled with a UI investigation. Immediate actions, cause and contributing factors and a prevention plan should assist with this incident and prevent reoccurrence.]</li><li>3. Individual shows his workshop DSP the text message she received from a female peer. The text states that if she does not leave the peers boyfriend alone that she will be dead soon. This should be filed as a verbal peer/peer act MUI.</li></ol>
<b>SIGNIFICANT INJURY</b>  <b>TYPE/DEFINITION</b>  An injury to an individual of known or unknown cause that is not considered abuse or neglect and that results in a concussion, broken bone, dislocation, second or third-degree burns, requires immobilization, casting, and/or five or more sutures.  Significant injuries shall be designated in the incident tracking system as either known or unknown cause.	<b>PROBES</b> <ol style="list-style-type: none"><li>1. Not considered abuse or neglect.</li><li>2. Results in injuries requiring a total of 5 or more sutures or staples. Broken bones, regardless of treatment, dislocation, serious burns, altered level of consciousness from an injury or any other serious injury.</li><li>3. Injury that requires immobilization or casting.</li><li>4. Dental Injury that results from a fall that requires treatment from a dentist.</li></ol> <b>EXAMPLES</b> <ol style="list-style-type: none"><li>1. The individual sustains a laceration on the left arm that requires 5 stitches and the cause of the laceration is unknown.</li><li>2. The individual states he fell down the basement stairs and broke his toe.</li><li>3. The individual sustains a large 2nd degree burn on her neck from using a curling iron. The burn is treated by a physician.</li><li>4. The individual sustains a laceration to the head requiring 5 staples for closure and resulted from a fall observed by DSP.</li><li>5. The individual sprains her ankle while playing basketball; a soft cast is put on for immobilization and individual is ordered by the doctor to stay off foot for 5-7 days.</li></ol>

<b><u>SIGNIFICANT INJURY CONTINUED</u></b>	<p>6. An individual is walking fast to get into the swimming pool and slips on the wet surface. The individual falls to the ground and hits his face on the pavement. The individual has his two front teeth knocked out. The DSP puts the teeth in milk and transports the individual to the dentist for medical treatment. (If the example had been that individual woke up with a slight chip on his tooth, this would be considered an UI.)</p>
<b><u>LAW ENFORCEMENT</u></b> <p><b>TYPE/DEFINITION</b></p> <p>Any incident that results in the individual served being tased, charged, incarcerated, or arrested</p>	<p><b>PROBES</b></p> <p>Appendix C Investigation;</p> <ol style="list-style-type: none"> <li>Was the individual, charged, incarcerated or arrested? [CIA]</li> <li>Needs to be filed whether individual is with a provider or not.</li> <li>Probation violations are Unusual Incidents.</li> </ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>Individual is arrested for shoplifting when he pocketed sunglasses while grocery shopping.</li> <li>DSP learns that an individual was arrested for dealing drugs in his neighborhood while DSP was not present.</li> <li>Individual receiving limited services tells his SSA that he was charged with public intoxication and needs to see the Judge next Tuesday.</li> <li>Police show up to an individual's home and while there tase the person. The police never charge, incarcerate or arrest the person and then leave. This should be filed as a Law Enforcement MUI based on the seriousness of the incident, risk to individual and involvement by Law Enforcement.</li> </ol>
<b><u>UNANTICIPATED HOSPITALIZATION</u></b> <p><b>TYPE/DEFINITION</b></p> <p>"Unanticipated hospitalization" means any hospital admission or hospital admission exceeding twenty-four hours that is not pre-scheduled or planned.</p> <p>A hospital admission associated with a planned treatment or pre-existing condition that is specified in the Individual Service Plan indicating the specific symptoms and criteria which require hospitalization.</p>	<p><b>PROBES</b></p> <p>Appendix C Investigation;</p> <ol style="list-style-type: none"> <li>Time spent in the ER/hospital exceeding 24 hours is an Unanticipated Hospitalization MUI.</li> <li>Is the hospitalization to treat an exacerbation of a previously identified medical condition requiring immediate hospital admission not addressed in the ISP?</li> <li>If the criteria for hospital admission with existing conditions are clearly defined in the ISP, it is not an MUI.</li> <li>Admission is no longer a criteria for this category.</li> </ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>The individual has a history of high blood pressure but was hospitalized unexpectedly due to pneumonia.</li> <li>The individual reports severe pain and is admitted for surgery to remove kidney stones.</li> <li>The individual has labored breathing and a rapid heartbeat and is admitted to hospital with a diagnosis of pneumonia.</li> </ol>

<b><u>UNANTICIPATED HOSPITALIZATION CONTINUED</u></b>	<ol style="list-style-type: none"><li>4. The individual is lethargic and unsteady, goes to the ER and is hospitalized for a possible medication error.</li><li>5. Individual complains of chest pains, goes to the hospital and is admitted.</li><li>6. An individual goes to the hospital and is kept 24 hours or longer for observation.</li></ol>
<b><u>UNAPPROVED BEHAVIORAL SUPPORT</u></b>  <b>TYPE/DEFINITION</b>  Unapproved behavioral support" means the use of a prohibited measure as defined in rule 5123:2-2-06 of the Administrative Code or the use of a restrictive measure implemented without approval of the human rights committee or without informed consent of the individual or the individual's guardian in accordance with rule 5123:2-2-06 of the Administrative Code, when use of the prohibited measure or restrictive measure results in risk to the individual's health or welfare. When use of the prohibited measure or restrictive measure does not result in risk to the individual's health or welfare, the incident shall be investigated as an unusual incident.	<p><b>PROBES</b></p> <ol style="list-style-type: none"><li>1. Hands on restraint with resistance and without approval by the Human Rights Committee, Behavior Support Committee or without informed consent.</li><li>2. If a crisis restraint is used, the investigation should have documentation to show that the DSP was trained on the crisis restraint used.</li><li>3. Any restraint in a prone (face down) position is considered an Unapproved Behavioral Support (UBS).</li><li>4. If the individual is in a restraint and rolls to their stomach and the staff immediately disengage this would not be considered a prone restraint but may be considered a UBS.</li><li>5. Medication given at the request of the physician for a medical appointment is not considered an MUI.</li><li>6. If the seatbelt is worn for protection or to provide support for upper body control/movement, etc., an MUI is not required to be filed. If the seatbelt is worn to keep the individual from getting up and moving around the bus during the trip, then an MUI is required to be filed (if it is not addressed in the plan and properly approved).</li><li>7. If the family member initiates the restraint when he/she is being paid to provide services, then the incident should be reported just as any other Unapproved Behavioral Support with a paid provider.</li><li>8. It is not an MUI if an Unapproved Behavioral Support is implemented by a family member; however, if the incident rises to the level of abuse or neglect, it is required to be reported.</li><li>9. Hand-over-hand assistance and guiding is considered prompting and would not be reported as an MUI; however, the prompting should be addressed in the individual's plan</li></ol> <p><b>EXAMPLES</b></p> <ol style="list-style-type: none"><li>1. An individual is upset and aggressive but agrees to go to his bedroom. DSP stands in front of bedroom door and when the individual tries to leave his room, the DSP physically bumps into the individual, stands in front of or uses physical redirection back into the room would be filed as an Unapproved Behavior Support.</li><li>2. The individual's arms are strapped to a wheelchair on the bus to stop the individual from grabbing others' hair during a bus ride.</li></ol>

<b><u>UNAPPROVED BEHAVIORAL SUPPORT CONTINUED</u></b>	<p>3. An individual is running toward the street when the DSP tackles him before he gets there in order to save his life.</p> <p>4. An individual is trying to hit himself in the head with his fists and the DSP grabs his wrists to stop him.</p> <p><b>UI EXAMPLES:</b></p> <ol style="list-style-type: none"><li>1. Redirection can occur without a restraint occurring. Examples – Brief Hands Down without resistance, hair releases used without force, blocks, if the DSP briefly holds the hand of the individual with no resistance this can be investigated as a UI.</li><li>2. If an individual is afraid of needles and must get a shot and they ask the DSP to help them. It is an UI if the individual has chosen to have the DSP help hold them during a medical procedure.</li></ol>
<b><u>UNUSUAL INCIDENTS</u></b>  <b>TYPE/DEFINITION</b>  <p><u>Unusual incident</u> means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. Unusual incident includes, but is not limited to, dental injuries; falls; an 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 behavioral supports without a likely risk to health and welfare; emergency room or urgent care treatment center visits; and program implementation incidents.</p> <p><u>"Program implementation incident"</u> means an unusual incident involving the failure to carry out a person-centered plan when such failure causes minimal risk or no risk. Examples include, but are not limited to, failing to provide supervision for short periods of time, automobile accidents without harm, and self-reported incidents with minimal risk.</p>	<p><b>PROBES</b></p> <ol style="list-style-type: none"><li>1. A Program Implementation incident involves minimal or no risk.</li></ol> <p><b>PROGRAM IMPLEMENTATION EXAMPLES</b></p> <ol style="list-style-type: none"><li>1. An individual with 20 minutes of alone time in the community demands his day program staff take him to McDonalds to purchase cheeseburgers. The staff cannot leave to take him, so he elopes and is gone more than 20 minutes. The staff call the police per his ISP. The individual is returned to the program by a transportation driver who spotted him walking when returning from dropping off first shift individuals. The individual is back at the program before police arrive.</li><li>2. An individual is riding in a car driven by staff. The individual tried to open the car door while the vehicle is moving. The staff engages the child safety locks to prevent the individual from opening the door.</li><li>3. An individual with severe intellectual disability has gone back into his bedroom and gone back to bed/sleep is left behind when staff transport housemates on an outing in the morning. The staff realize he is missing 5 minutes down the road and turn around to get him. The staff find him sound asleep. The individual has no alone time at home or in the community and cannot protect himself should there be an emergency situation in the home.</li><li>4. An individual is dropped off at home with no staff present. The individual uses his key and enters the home. The individual is home alone for an hour. There is no known risk to the individual.</li><li>5. An individual is angry and grabs the steering wheel while staff is driving in a parking lot. The staff hits a parked car. No one is injured. Staff is cited for hitting the car.</li><li>6. An individual with eyes on supervision walks away from staff while they are paying for groceries. The individual makes it to the front door before staff catches up to them.</li></ol>

**UNUSUAL INCIDENTS CONTINUED**

7. An individual with no history of skin breakdown is found to be in a soiled undergarment when the 1<sup>st</sup> shift staff arrive at the home.
8. An individual's staff is there to provide overnight support in case he has a seizure. The staff self-reported she fell asleep for 10 minutes. John was checked on and fine. He suffered no adverse effects.
9. An agency staff was involved in a minor car accident while transporting 2 individuals. Staff was cited for failing to assure clear distance. No one was harmed.