



Division of Child Care & Early Childhood Education
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Notice of Serious Incident

Date of Incident: 10/24/2022

Date Received by DCCECE: 10/26/2022

Facility Name: Youth Home, Inc.

Facility Number: 128

Facility Type: Residential

Incident Type: Licensing

Report Description: Incident Report for [REDACTED]
[REDACTED] Incident Report date/time: 10/24/2022 4:53pm Invention Type: Personal Restraints, Locked Seclusions Incident Description: Excessive Rule Violation, Threat to Safety Staff Involved: Darryel Sanders-Personal Restraint, Seclusion, Reporting; Cedric Payne-Personal Restraint; Joseph Davis-Nurse IR Events Leading: Staff observed PT being defiant and testing limits with other staff members. Staff members informed the shift lead that PT was upset for being placed on RS after school this afternoon. PT continued testing limits as he walked in and out of his room without permission. Staff redirected PT numerous times to follow staff instructions and to stay in his room until given permission to do so. A few minutes later PT again exited his room ignoring staff request to return to his area. PT told staff that he could come out of his room if he wanted to no matter what staff said. Pt then threw his sheets out of his room in defiance of staff's redirection PT came out of his area again telling staff that they could not make him stay in his room. PT continued throwing items out of his room, yelling and cursing at staff and displaying unpredictable behavior. 4:53pm Personal Restraint: Due to PT's unpredictable and unsafe Bx staff decided to place PT in a personal restraint so that the safety of the cottage could be maintained. 4:54pm Personal Restraint End: PT was placed in the seclusion area due to his unpredictable and unsafe Bx. 4:55pm Locked Seclusion: After PT was placed in locked seclusion, he began demanding to be released, banging his head against the door and cursing at staff. Staff asked PT to talked to him about what were the causes that made him so angry and how can he help his resolve his issues. Staff insured PT that once he can show signs that he is calm and ready to contract to safety that he could go to the comfort room. PT refused to respond to staff's request. Staff continues to communicate to Pt in an attempt to deescalate his unpredictable bx. 5:00pm Locked Seclusion: While observing PT, staff

witnessed PT sit on the floor placing his hand around his neck as to choke himself. Staff continued to communicate with PT urging him to stop attempting to harm himself. PT then used his left hand to "filp" staff of with his middle finger. As staff again urged PT to move his hands from around his neck PT for a second time flipped staff off with his middle finger. PT was observed still being able to breathe AEB his abdomen and chest expanding and collapsing with each breathe taken. Staff contacted the on-duty nurse to address PT medical condition. Staff and the on-duty nurse entered the seclusion room to prevent PT for causing harm to himself. 5:02pm Locked Seclusion End: Staff and the on-duty nurse entered the seclusion room to prevent PT for causing harm to himself. 5:03pm Personal Restraint: PT was placed in a personal restraint to prevent him from self-harming. 5:05pm Personal Restraint End: After communicating with staff, PT became calm and compliant. Medical staff examined PT for any signs of abrasions or bruising around his neck. PT was able to contract to safety and go to the comfort room to regain his focus. Patient Debriefing date/time: 10/24/22 5:30pm: PT was informed that his RS had restarted due to his Bx. PT was able to accept staff's information without being oppositional or non-compliant. PT informed staff that he would return to his room and begin his RS. Nursing Assessment date/time: 10/24/22 5:30pm: Client testing limits by throwing objects from his room and refusal to follow staff direction. Client was placed in personal restraint and escorted to locked seclusion where he continued to yell profanities at staff and hit the door. Client then placed both hands around his neck and started attempting to choke himself. Door was opened and client was placed in a personal restraint to stop self harming behavior. Client eventually calmed down and processed with staff. Small reddened area noted to front of neck. No bruising noted, skin intact. Client contracted for safety. Client denies other pain/injury from this incident. No other needs identified now, will continue to monitor. Guardian was notified by nurse on 10/24/22 at 5:44pm Client Injuries: small red mark to front of neck Follow-up to injury: none reported Additional comments: Patient was still upset about being placed on Restricted status earlier in the shift.

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: Client placed in multiple restraints and in seclusion due to aggressive behavior and self-harm gesture. Client was able to calm down and remains at facility.