



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
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Notice of Serious Incident

Date of Incident: 1/16/2023

Date Received by DCCECE: 1/17/2023

Facility Name: Youth Home, Inc.

Facility Number: 128

Facility Type: Residential

Incident Type: Licensing

Report Description: Client: [REDACTED] DOB: [REDACTED] Private Placement Date of Incident: 1/16/23 Time: 8:30 PM Staff involved: Cedric Payne - Personal Restraint, Reporting, Observed Darryel Sanders - Personal Restraint, Seclusion, Observed Jeremy Burks - Milieu Valerie Alvarez - Nurse Events Leading: Client began to severe limit test shortly after dinner, Client would not stay in his authorized area, Client began to instigate his peers and was asked to take a timeout and use his coping skills in the comfort room, Client then went to the comfort room where his limit testing continued and he began slamming doors and turning lights on and off , Client eventually decided to leave the comfort room and go back to his assigned area where he was not compliant and continued to be oppositional, Client was then asked again after to go back to the comfort and stay until he was not escalated anymore, Client walked around the milieu instigating peers and making inappropriate noises , Client was walked to the comfort for a a second time, Client began to make comments that he was going to hurt someone then laugh and say he was just joking, Client was not ready to talk and given his squeeze ball to help deescalate him and help him calm down, Client again walked out the comfort room and was directed to go to his room and calm down , Client still was not compliant and continued to test limits as he tested personal space boundaries with staff and used profanity towards staff saying Fuck You , Client was then placed on freeze , Client told staff that since he was placed on freeze he was not going to sleep and began more limit testing and oppositional behavior, Client would not go to this room and again began to go to his peers room calling them names and attempting to instigate even more, Client was given more directives from staff that he was going to the seclusion room , Client advised staff that he did not want to be restrained and would walk to the seclusion room on his own, Intervention Narratives: 8:30 Locked Seclusion: Due to client being a threat to safety and excessive rule violation he was walked

to the seclusion room 8:39 Locked Seclusion End: Client was showing threats of self harm placing his t-shirt around his neck attempting to choke himself, Staff contacted medical staff 8:40 Personal Restraint: Client t-shirt was removed for his safety 8:41 Personal Restraint End: Client was released from personal restraint after t-shirt was removed from client 8:42 PM Locked Seclusion: Client was placed back in locked seclusion and asked to continue to use his coping skills 8:44 PM Lockes Seclusion End: Client pants were removed for his safety after threatening to choke himself 8:45 PM Personal Restraint: Client was placed in a personal restraint to removed his pants and socks for his safety 8:47 PM Personal Restraint End: Client was released from personal restraint after client pants and socks were removed 8:48 PM Locked Seclusion: Client was placed back in locked seclusion to continue to use his coping skills and not become a threat himself 9:06 PM Locked Seclusion End: Client agreed to take a prn to help him calm down 9:06 PM Chemical Restraint: Client was given a prn by the nurse to help client calm down 9:07 PM Unlocked Seclusion: After receiving a prn client began to deescalate and transition to unlocked seclusion and began to debrief 9:22 PM Unlocked Seclusion End: Client debriefed with staff and contracted for safety, Client was upset that he wanted to go outside but would have to give up his video game time and was not able to do both activities 9:18 PM Nursing Face-to-Face Assessment: 09:18pm: [REDACTED] was observed in unlocked seclusion, processing and debriefing with team member. Fairly calm and cooperative at this time. AAOx3. Denies any SI or thoughts of self-harm. Stated "Oh, I only did that to get attention". He was playful during this time as he would make remarks then state "Oh, I'm just kidding". VS: 98/78, HR 82. Respiratory rate is 18 breaths/minute, unlabored, regular. No retractions, accessory muscle use, or nasal flaring. No signs of respiratory distress. No signs of physical markings around neck, neck edema, ptosis, nausea, vomiting, hoarseness, coughing, or difficulty swallowing. Clear, calm, coherent speech. Denies any pain, soreness, or injuries. No apparent physical markings, erythema, bruising, or abrasions noted. Active and passive ROM to all extremities. 9:23 PM Nursing Face-to-Face Assessment: anoa was released from unlocked seclusion at 09:22pm. He started to put his clothes back on and voiced being tired, ready to go to bed. He was notified he will be placed on close observation as a safety measure due to attempted strangulations with clothes. He was receptive towards this, although made sarcastic statements stating "I don't care about being on close observations. I like being on close observations. This won't effect my level. I won't apply for a level for 3 years". He then went to his room for the evening without further incident. 9:22 PM Patient Debriefing: Client was upset that he was not able to go outside and participate in outside activity time , Client was playing video games for his free time and did want not lose his turn playing video games to go outside for free time Staff involved in debriefing - Darryel Sanders, Cedric Payne, Valerie Alvarez Psychiatrist On Call Contacted 1/16/23 at 8:30 PM Nurse Contacted - Valerie Alvarez at 8:34 PM Clinical Therapist On call Contacted - Peggy Kelly, Chief Clinical Officer at 8:53 PM Unit Manager On Call Contacted - Aquarius Walker at 8:36 PM Guardian Contacted at 9:48 PM

Interim Action Narrative: Resident was taken to the comfort room for a timeout and use his coping skills. He was placed in seclusion due to being a threat to safety and excessive rule violation. Resident was assessed by nursing, debrief, and put his clothes back on.

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist will inquire about camera footage and restraint documentation. 1/18/2023, Licensing Specialist reviewed camera footage.



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521 Visit Compliance Report

Licensee: Youth Home, Inc.

Facility Number: 128

Licensee Address: 20400 COLONEL GLENN ROAD
LITTLE ROCK AR 72210

Licensing Specialist: Kendra Rice

Person In Charge: Robbie Lagrone

Record Visit Date: 1/18/2023

Home Visit Date: 1/18/2023

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulations Not Correctable:

Narrative:

Time of visit: 9:15 am to 1:00 pm

Census: 34

Licensing Specialist reviewed camera footage of a Provider Reported Incident on 1/16/2023.

Licensing Specialist observed resident and staff walking to the seclusion room, ratio 2:1. Resident was encouraged to take a time out. The other residents were sitting in the milieu watching television. At 20:00, resident was observed talking with staff and throwing a ball (coping skill) against a wall. At 20:23, Licensing Specialist observed resident walk out of the seclusion room and back into the seclusion room. Resident was observed walking out of the seclusion room and into the milieu. Resident stood by the dorm area and walked into the game room and bounced his ball on the floor and off the walls.

Licensing Specialist heard staff trying to get resident to comply with given directions. Resident's ball was taken by staff. At 20:30, resident went into his bedroom and staff followed, ratio 2:1. Resident was walked to the seclusion room for not following directions. Licensing Specialist heard staff explaining to resident why he was going to the seclusion room. Once in the seclusion room, resident was observed covering his ears while staff was talking to him standing against a wall.

At 20:36, Licensing Specialist observed resident kicking the door. At 20:39, resident removed his shirt and tied the shirt around his neck. Staff member called for another staff member and resident put his shirt back on and started jumping up and down. Licensing Specialist observed staff entering the seclusion to remove resident's shirt. Staff was heard explaining to the resident why his shirt was being removed. Resident was observed trying to leave the seclusion room.

At 20:41, resident took off his pants and placed his pants around his neck. Staff called for another staff member. Licensing Specialist heard resident laughing while staff removed his pants and socks. Once pants were removed, staff closed the door and continued to encourage resident to comply. At 20:48, resident was observed banging on the window.

The nurse was observed entering the area by the seclusion room. Licensing Specialist heard resident telling the nurse he was not going to talk to her. Nurse continued to talk with resident and asked if he needed anything. Resident agreed to PRN medication. At 20:57, Licensing Specialist observed resident adjust his underwear and hit himself on the buttocks. At 21:06, Licensing Specialist observed the nurse give resident PRN medication and debrief with him. Resident was able to debrief with staff, he assessed by the nurse, and was given back his clothes to put on.

Licensing Specialist and Mr. Pulliam (PRTF Lead Unit Manager) discussed the incident. Mr. Pulliam informed Licensing Specialist of the different techniques that were used with resident in this incident. Licensing Specialist did not observe any licensing concerns during review of camera footage.