

## **Division of Child Care & Early Childhood Education**

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437 P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

**Notice of Serious Incident** 

Date of Incident: 4/1/2023
Date Received by DCCECE: 4/3/2023
Facility Name: Youth Home, Inc.
Facility Number: 128
Facility Type: Residential
Incident Type: Licensing
Report Description: Incident Report for DOB: client in our PRTF program who resides in Sturgis House Incident Report date/time: 04/01/2023 1:35pm Location of Incident: Sturgis House Incident Description: Medical Emergency(Trip to ER/Urgent Care) Staff Involved: Gregory Nesdahl-nurse, Broderick Parker Events Leading: Received notification from Sturgis house that patient was having breathing problems and rapid breathing. Patient presents in his bed supine position upon assessment with rapid breathes. Nursing Assessment date/time: 04/01/2023 1:35pm: Patient presents in his bedroom supine position short rapid breathing, patient endorses tightness in chest and throat. Patient disoriented upon assessment to age city that he lives in. Patient blood pressure at 1:40pm 145/107, 134/97 with pulse at 108. Respirations 28 per minute. On call notified and orders received to have transported to ACH for evaluation. Contact made with (mother) on 4/1/23 at 2:38pm by phone conversation and understanding of event.
Interim Action Narrative: Resident assessed by the nurse. Order received for further evaluation at AR Children's Hospital. Resident was transported to AR Children's Hospital.
Maltreatment Narrative:

Licensing Narrative: Licensing Specialist reviewed provider reported incident. Licensing Specialist will follow-up with facility on outcome of ACH visit. Resident was diagnosed with panic attack.