



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

Case Number: 018480

Date of Incident: 1/9/2024

Date Received by DCCECE: 1/10/2024

Facility Name: Youth Home, Inc.

Facility Number: 128

Incident Type: Licensing

Report Description: Incident Report for [REDACTED] is a [REDACTED] client in our PRTF program and reside in Mabee House Incident Report date/time: 01/09/24 5:45pm Location of Incident: Outdoors Incident Description: Self Injury (Not Suicidal), Runaway, Medical Emergency (Trip to ER/Urgent Care) Staff Involved: [REDACTED]

[REDACTED] Events Leading: Patient was upset with peer about signing up for hygiene. PT then stormed back to room and began to crack coloring pencils, throwing water bottle and cursing staff. After staff spoke to PT to calm her down, PT then went into closet. Staff continued to speak to pt to calm her down which didn't work. Staff tapped out and let another male staff watch door which female staff was in room trying to continuously calm pt down when male staff shouted, "She's coming your way". When staff saw pt, she was running towards door. Staff engaged but couldn't get to pt in time where she burst through the door. PT continued to run down street and run into a yard hiding behind a small shack. after being seen, pt then ran into bushes stating, "I'm scared". Staff went into bushes behind pt telling her that it'll be okay and pt then calmed down reaching hand out to staff. Patient walked back to unit with staff displaying no aggression following staff instructions not resisting. Client admitted to staff that she swallowed chemicals while back on unit. Mems were contacted and client was transported to ACH and then acute placement. Nursing Assessment date/time: 01/09/24 6:15pm: Pt eloped from Mabee house and was found multiple houses down hiding in shrubbery. She returned to Mabee house at about 1810. Upon arrival back to Mabee house, pt is wearing wet clothing covered in mud/leaves. Pt given a few minutes to calm down and offered water by this RN. Upon assessment, pt is oriented to self/situation. Pt c/o h/a at 5/10, 'some' dizziness. Eyes PERRLA. No bruising, skin even/intact in cranial area. Full ROM in all extremities, pt tells nurse that 'my feet kind of hurt but they're too cold to tell'. Pt able to move toes/foot freely. Pt has 2 superficial scratches to L arm, scant blood at site. 1

superficial scratch to R inner ankle, scant blood at site. Pt tells this nurse that she rec'd these 'from some barbed wire'. After initial assessment, pt told to change into clothing that is warm/dry and then nurse can further evaluate and debrief. Pt then tells staff that she drank something from behind a house that she believes to be chemicals. Staff told this RN. When asked by this RN what chemicals they may be, pt stated 'it was dark, I don't know'. Pt says that it was 'in a bin' and that she 'fell into the bin' which led to the unknown substance splashing onto her legs/arms and into her mouth. Pt unsure how much she drank, what the substance could be, and if it had a smell or taste. Skin intact, no redness/bruising noted. Pt says that her throat is 'tingly'. Pt appears to be SOB and is coughing intermittently. Pt says that she is 'nauseous' and that her stomach hurts at 5/10 on the pain scale. Pt says she is 'throwing up a little bit in my mouth'. VS as follows: BP 156/93, HR 113, RR 22, SPO2 97%. Provider on call notified of potential chemical exposure and pt's reported symptoms. Provider told this RN to contact emergency personal. 911 called at 1818. Pt changed into warm/dry clothing w/ staff near doorway in case of dizziness/fatigue. Pt able to walk halfway down the hallway before pt began c/o further dizziness/nausea. Pt stood hunched in hallway holding onto sweatshirt. Nurse asked staff to bring pt a chair. After sitting for a few minutes, pt able to ambulate safely into milieu to wait for emergency response. Pt continuing to c/o throat 'tingling', dizziness, and nausea. Emergency response arrived at 1840. MEMs escorted pt to ACH ER at 1901. ACH ER is d/cing pt to BridgeWay after medical clearance is complete. Provider notified. No further needs at this time. Guardian was notified on 01/09/24 at 7:06pm

Interim Action Narrative: Staff used verbal de-escalation, followed resident when she eloped, transported to ACH, and then to acute placement.

Maltreatment Narrative:

Licensing Narrative: 1/10/2024, Program Coordinator received documentation for this provider reported incident. 1/11/2024, Program Coordinator reviewed provider reported incident for licensing concerns. Program Coordinator will inquire about the chemicals and if resident will be returning. The chemicals were ingested when the resident eloped. She admitted to drinking some chemicals that she found behind a house. Resident will be returning to the facility after discharge from acute care.