



**Placement and Residential Licensing Unit**

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**Notice of Serious Incident**

Case Number: 020377

Date of Incident: 4/6/2024

Date Received: 4/8/2024

Facility Name: Youth Home, Inc.

Facility Number: 128

Incident Type: Licensing

Report Description: Incident Report for [REDACTED] client in our PRTF program and resides in Chestnut House Incident Report date/time: 04/06/24 2:45pm Location of Incident Report: Outdoors on Youth Home Campus Incident Description: Medical Emergency(Trip to ER/Urgent Care) Staff Involved: William Givens, Tatiana Shelor, Beauticia Moore Events Leading: While the patient was playing a recreational activity, the patient threw the football irritating his left hand leaving it unable to move..After seeing the nurse and being advised from the doctor, staff were advised to urgent care at around 2:45 pm. Nursing Assessment 1 date/time: 04/06/24 12:45pm: This RN was called to evaluate pt for a possible hand injury. pt reported that fell on L hand yesterday, but after the ice was applied he felt better. today, he was playing ball outside and tried to throw the ball and L wrist got twisted and now pt has sever pain, unable to move hand/wrist and reports feeling numbness. LOP 10/10. reports most pain in the wrist area. cap refills < 3sec to all digits. no apparent injury/deformity/swelling/dyscoloration at this time. ibuprofen administered for pain relief per prn orders. ice pack applied to the wrist. Dr. McClellan notified. ordered to send pt to UC for eval/tx of L hand/wrist. Staff notified and will be transporting the pt. departed for UC visit at 2:30 pm. Nursing Assessment 2 date/time: 04/06/24 4:46pm: Returned from UC visit. L hand/wrist wrapped with ace wrap. it was advised by UC to have pt on activity limit/ice/ibuprofen/ace wrap. no Fx was found on XRAY. Dr. McClellan notified and ordered Activity Limit x 48 hr, keep ACE wrap on most of the day, may take it off to shower. Pt was given that information. staff notified. Mom notified via the phone call. Guardian was notified on 04/06/24 at 2:14pm and again at 4:55pm

Interim Action Narrative: Resident was assessed by the nurse and sent to urgent care for further evaluation. Resident placed on activity limit.

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**Maltreatment Narrative:**

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**Licensing Narrative:** Program Coordinator reviewed provider reported incident for licensing concerns.