Placement and Residential Licensing Unit
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Notice of Serious Incident

Case Number: 023110

Date of Incident: 8/8/2024

Date Received: 8/9/2024

Facility Name: Youth Home, Inc.

Facility Number: 128

Incident Type: Licensing

Report Description: Incident Report for [redacted] Private placement client in our PRTF program and resides in Sturgis House Incident Report date/time: 08/08/24 8:11pm Location of Incident: Sturgis House Incident Description: Self Injury(Not Suicidal), Medical Emergency(Trip to ER/Urgent Care), Patient Injury Staff Involved: [redacted] Events Leading: Pt had a therapy session with his therapist and was feeling depressed and sad afterwards. He found a spring in his room and uncoiled it. He put the ends together placed the spring in his "throat" and used water to swallow it earlier in the day. Nursing Assessment 1 date/time: 08/08/24 8:30pm: Nurse called to Sturgis d/t report that pt had 'swallowed a spring' and was being sent to ER for evaluation. Upon arrival to unit, pt is smiling and organizing in milieu. Pt tells this RN that he 'had a spring from a pen in the seclusion room' and 'swallowed the spring after therapy session around lunch time'. Pt states that he intentionally 'undid the spring so that when swallowed it would expand'. Pt states he found it on the floor of the milieu. This is inconsistent information to what was given to both staff, and [redacted] LPN. Pt tells this RN that it was in an attempt to harm self. States the he was feeling 'sad and depressed'. Pt is A&Ox4. Vitals as follows: BP 142/107, HR 103, RR 20, SPO2 98%, temp 99F. Pt endorses pain in midline chest, states that it feels like 'something is stuck'. Lungs clear to auscultation. Breathing unlabored, even. Pt endorses pain in upper L quadrant when area is palpated. States that it feels 'not sharp but not dull'. Normoactive bowel sounds in all four quadrants. Pt stated that he had 1 BM today that was difficult to pass. Pt sent to ACH ER for further evaluation. Did not return on this RN's shift. No updated given to this RN. Nursing Assessment 2 date/time: 08/08/24 12:35am: Arrived back on campus @ around 12:12am.Upon arrival was resting FOH. Alert and oriented. No visible signs or symptoms of distress. Complaining about getting vitals done again.....wanted to go lay down. Vitals: 117/59 80 20 97.3 pulse ox 97%. Made no complaints

of pain or discomfort. Continues to be on FOH and Eyeball. Will continue to monitor. Guardian was notified on 08/08/24 at 8:20pm and again on 08/09/24 at 7:30am. ER paperwork was sent via email to [redacted] on 08/09/24.

Interim Action Narrative: Resident was assessed by the nurse and transported to ACH for an evaluation. Resident was also placed on restrictions, front of house and eyeball.

Maltreatment Narrative:

Licensing Narrative: Provider reported incident reviewed by licensing for concerns. Facility provided documentation for this incident. Program Coordinator will inquire about camera footage to determine when/where the resident found the pen. 8/13/2024, facility reported via text they are still going through camera footage. 8/21/2024, Program Coordinator spoke with [redacted] who reported that they have reviewed different dates of camera footage and interviewed the resident. No camera footage havve been found to indicate when or where the resident found the spring. When asked about where the spring was found, the resident changed the location and date again. Because of the resident's behavior, he has remained on eyeball sight and is scheduled to be re-evaluat4ed.