



Placement and Residential Licensing Unit

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

Case Number: 023220

Date of Incident: 8/13/2024

Date Received: 8/14/2024

Facility Name: Youth Home, Inc.

Facility Number: 128

Incident Type: Licensing

Report Description: Incident Report for [REDACTED]
[REDACTED] client in our PRTF program and resides in Mabee House Incident Report
date/time: 08/13/24 5:13pm Location of Incident: Mabee House Intervention Type:
Personal Restraints, Chemical Restraints, Acute Placement Incident Description:
Aggressive to Adults, Threat to Safety, Property Destruction Staff Involved: [REDACTED]

[REDACTED] Events Leading: Client was upset about her still being on freeze from yesterday. Client went to her room and closed her door behind her. Staff went to open the door to ensure supervision and she closed it again. Staff sat outside of client's door to ensure she did not close it again. Client did not like staff sitting at her door and began pulling out chunks of her hair. Staff tried holding her hands so she would stop pulling her hair out and she began kicking staff. 5:13pm Personal Restraint: milieu restraint 5:24pm Personal Restraint End: Client became tearful and laid her head on staff. The personal restraint ended. Client talked to staff about her dog, bandit, that she alleges was run over by her mom. Staff offered verbal support. Client continued to sob and yelled, "It's all my fault!" She stood up and charged to the bathroom, slamming the door. Staff managed to get the door open. Staff tried to offer to client that she could sit in the bathroom if she left the door cracked, but client was continuing to escalate and slamming the door. Client stood up and ripped the shower curtain off of the shower, then started swinging the shower rod at staff. Client struck a nurse with the shower rod, and while the rod was down, a staff and CT grabbed the rod and removed it from the client's hands. 5:25pm Personal Restraint: A personal restraint was initiated due to physically aggressive behaviors. Client sat on the floor while restrained and continued yelling and breathing loudly. Staff continued to offer water, verbal support, and let client know that she could call

dad when she is calm. Client pretended to pass out and then regained consciousness within one minute. After she regained consciousness, she continued fighting the restraint. With staff support, client began to calm down and become tearful. 5:38pm Personal Restraint End: Client sat between staff members and cried while talking about abuse from her sister. Client told staff her sister threatened to shoot her if she told anyone about the abuse. Staff offered client support. Client then hallucinated her sister and her sisters voice and talked to staff about what she was seeing and hearing. 5:53pm Other/None: Staff offered to walk client to her room to lay down and take a break. Staff used supportive touch and walked client to her room. After some prompting, client was able to walk to her room and lay down. Staff continued to offer support. Nursing staff informed client that they had a shot that could take the voices away. 5:58pm Chemical Restraint: Client was hesitant but cooperative with taking the shot while she held staff's hands and talked about the show Bluey. Nursing administered a chemical restraint. Patient Debriefing date/time: 08/13/24 6:15pm: During debriefing, client asked staff not to say anything to her therapist about the things she said regarding her sister. Staff decided not to address her concern and just reassured her that she was safe and focused on staying calm. She said that her elbows hurt from thrashing on the ground. Nursing heard this and assessed her. She talked more about trust issues with her mom. She said that she could stay calm with a meal and a phone call to dad. After the chemical, she still appeared on edge and on the verge of tearfulness. Client was transported to acute by MEMs at 8:38. Nursing Assessment date/time: 08/13/24 5:13pm: Upon nurses arrival to unit at about 1635, pt is in assigned room rocking back and forth pulling at hair, scratching at wrists, and popping hairband to wrist. Pt bumped head against wall about 4 times. Pt states that she is 'overwhelmed' and 'wants to leave'. Pt able to calm down after sitting and talking w/ nurse [REDACTED] Pt states that she 'wants to quit the program', says that she 'misses her dog and family'. Upon assessment, pt is A&Ox4. Speech clear. No h/a, dizziness, n/v. Eyes PERRLA. No bumps, bruises, or bleeding noted to head. Gait steady. Full ROM in all extremities w/o pain. Redness to L forearm from scratching wrist. Redness to R wrist from popping hair tie. Bruises that are purple/black noted to L forearm and upper arm, pt states that these are 'old'. Unsure of origin. VS as follows; BP 113/83, HR 97, RR 20, temp 99.2F. Resp even, unlabored. Zyprexa 5mg ODT given per MAR. Pt sat in nurses station to debrief. Pt expressed wants to leave, pt encouraged to work on therapy in order to d/c when tx is complete. Encouraged pt to journal/read and use other coping mechanisms. Pt walked out of nurses station and attempted to barricade self in room. This RN called an all call. Pt attempted to kick door of milieu down. [REDACTED] QBHP stepped in front of door. Pt threw self backwards onto floor. Pt laid on floor with eyes closed for about 1 to 2 minutes. Pt responsive to sound, opening and closing eyes when there is verbal stimuli. Resp even, unlabored. Pt got up quickly from floor, then began to destroy property in milieu. Pt began to knock over locker, rip papers off of wall. Pt was placed in PR, while in PR was grabbing staff badges, attempting to hit head on wall. Pillow placed to wall. Pt attempting to throw self onto floor, attempted to run while in PR. PR ended at 1717 after pt stated she could be calm. Pt started to talk to staff about feeling overwhelmed, then ran into bathroom and attempted to barricade self in bathroom. Pt grabbed shower rod and began waving it around, threatening staff. Pt made contact with multiple staff members. Pt put in PR at 1724. Pt continued to attempt to run while in PR. Pt closed eyes, had fainting-like

episode for about 1 minute, resp even/unlabored. Pt able to be startled w/ verbal stimuli. Pt continuing to yell/scream, expresses both A/VH, states that '██████ is going to come after her', states that her sister '██████ shocked her using the TV remote and that she 'was going to shoot her if she told'. Told her that she was safe, encouraged her to look at what was real and focus on what was around her. Pt able to open eyes, name all present staff members. Pt continuing to shift between escalating and deescalating. Notified provider on call of situation. Order placed for CR. Pt released from PR at 1740. Talked to pt about chemical restraint to help w/ pt's A/VH, mood swings, violent outbursts. Pt allowed this RN to administer thorazine 50mg/2mL IM to R gluteal medius area. Unable to do full assessment as pt is still elevated, begins to yell when talked to. Pt able to deny h/a, no n/v. Eyes PERRLA, resp even/unlabored, full ROM noted in all extremities. Gait steady when walking to day area for med pass. Pt rec'd HS medications. Assessed after administration of HS medications. Pt is A&Ox4. VS as follows; BP 96/59, HR 93, RR 17, temp 98.1. Pt denies h/a, dizziness, n/v. Pt states 'I'm just tired'. Pt has bruise to bilat elbows d/t hitting elbows against during restraint. Bruises purple/red, about 1in in length, 1/2 in. width. Bruises present to upper arms d/t pulling against staff attempting to escape restraint, 3 bruises to R arm that are red/purple, about 3cm in diameter and 3 bruises to L arm that are red, about 1cm in diameter. No further s/sx of injury/deformity. No further c/o. Provider on call notified. Therapist on call present for most of incident. Pt transported to acute care by MEMs at 2038. Guardian was notified on 08/13/24 at 5:37pm, 9:12pm, and 9:21pm Audreyanna was transferred via MEMS at 8:38pm to Rivendell for an acute stay where she still remains at this time.

Interim Action Narrative: Resident was placed in restraint for safety, assessed by the nurse, and transported to acute care via MEMS.

Maltreatment Narrative:

Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Program Coordinatotr inquired about nursing note and camera footage. Facility provided documentation and has been uploaded. 8/15/2024, facility reported that camera footage was saved. Program Coordinator will schedule a day and time to review. 8/21/2024, Program Coordinator reviewed camera footage for this provider reported incident. Staff were observed keeping resident safe from harming herself and verbal de-escalation was used throughout the incident.



Division of Child Care & Early Childhood Education

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

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: Adria Riley

Record Visit Date: 8/21/2024

Home Visit Date: 8/21/2024

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 9:15 am to 10:30 am

Census: 43

Licensing received a complaint on 8/13/2024 for ELS Case #023220.

Program Coordinator reviewed camera footage with [REDACTED] (IT Department).

This incident happened at Mabee House. The resident was observed laying on the floor near the entrance door with staff members by her, ratio 2:1. Program Coordinator observed two (2) more staff members enter the house, ratio 4:1. Staff were heard requesting for the resident to get off the floor. Resident was heard stating, "leave me alone."

When the resident got off the floor she went to a different area of the milieu and attempted to close a door but was unable to due to staff intervening. The resident was observed leaving the area and walking back into the milieu where she began displaying destructive behavior. Resident was observed throwing a chair and crate. She also was observed tearing paper/signs off the doors. The resident pushed over a locker where residents keep belongings in.

Once the resident started banging on the window of a door, staff encouraged the resident to stop the behavior, or they (staff) would have to keep her safe by restraining her. The resident ignored the request from staff and was placed in a restraint while standing. When the resident began resisting the resident, she was placed on a couch with a staff member.

During this time, more staff members were observed entering the house, ratio 7:1. Once the resident saw the male staff member, she became more escalated, and the male staff member left the house. While on the couch, Program Coordinator heard staff using verbal de-escalation attempting to calm the resident down and requesting that she breathe.

The resident could be heard talking with staff, but it was unclear what resident was saying. Resident complained about being hot and staff were observed removing the resident's jacket and fanning her to cool her off. Once the resident appeared calm, staff were observed listening and continued to fan the resident.

Resident was observed leaving the milieu and went down the bedroom hallway with staff following behind her. Program Coordinator heard resident stating, "leave me alone." Resident was observed going into the bathroom with staff standing by and in the doorway. Staff were heard requesting the resident to stop doing what she was doing. Program Coordinator was unable to see what the resident was doing due to no camera in the bathroom.

The resident was observed threatening the staff members with what appeared to be a shower rod. Staff members were heard requesting the resident to put the shower rod down. Staff were able to get the shower from the resident and she was placed in another restraint, ratio 6:1.

Resident was observed resisting the restraint while sitting on the floor. Staff continued to use verbal de-escalation and pillows were used for safety due to the resident trying to head bang. The resident was

encouraged to calm down and breathe. During this time staff members were observed swapping out/repositioning the restraint. Eventually the resident calmed down and staff escorted the resident to her bedroom.

During camera footage review, staff were observed keeping the resident.

Provider Comments:

CCL Staff Signature :

Date: 8/21/2024



Provider Signature :

Date: 8/21/2024



