ARKANSAS DEPARTMENT OF HUMAN SERVICES

Placement and Residential Licensing Unit
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Notice of Serious Incident

Case Number: 023554

Date of Incident: 8/24/2024

Date Received: 8/28/2024

Facility Name: Youth Home, Inc.

Facility Number: 128

Incident Type: Licensing

Report Description: Incident Reports for [redacted] client in our PRTF program and resides in Rose House Incident Report 1 date/time: 08/24/24 4:35pm Location of Incident: Rose House Incident Description: Threat to Safety, Property Destruction Staff Involved: [redacted] Events Leading: Patient was walking through living area being defiant to peer property, attempting to hide between washer and dryer when informed by staff that was a safety issue, climbing onto furniture and jumping off of furniture despite staff redirection. Patient obtained a broken rubber hair band and attempted to put it up to her neck in a manor to choke self. Unsafe behavior due to climbing and obtaining items she cannot have on eyeball precaution. 4:35pm Personal Restraint: Patient placed into personal restraint due to performing unsafe behavior such as climbing onto furniture and jumping off it in a reckless manner. Patient was defiant to staff redirection to remain safe and stop jumping off of furniture. Patient currently hyperactive, covert, and attention seeking. Staff continued to educate patient on discontinuing reckless unsafe behavior and her options provided included stop jumping onto and off of furniture or staff would intervene to keep patient safe. 4:45pm Personal Restraint End: Patient verbalizing that she can be safe and wants to be released from intervention. Patient reports understanding of contracting to safety and states "I will stop jumping off furniture and be safe now." Patient beginning to calm and show cooperative affect and released from hold. Patient Debriefing date/time: 08/24/24 4:45pm: Discussed patient safety concerns implied by patient activity which included threat of safety of patient falling and injuring herself from jumping of furniture and causing bodily harm. Intervention hold procedure discussed and all members agreed that intervention was performed in accordance with training in a safe manner. De-escalation verbridge was noted to be satisfactory attempting to challenge patient behavior and educate patient to reframe from unsafe behavior being performed. Nursing Assessment 1 date/time:

08/24/24 4:45pm: Patient presents in rose living area after intervention. Pt calming but still hyperactive and attempting to defy staff direction despite redirection. Pt alert and oriented to person place time and event. Pt denies having injury and physical complaint due to intervention. Pt remains agitated and not able to follow staff directions at this time. Nursing Assessment 2 date/time: 08/25/24 8:36am: Patient was reported from staff to have transported by MEMS to pinnacle point behavioral hospital per transport order received yesterday. Guardian was contacted on 08/24/24 at 6:24pm Incident Report 2 date/time: 08/24/24 5:50pm Location of Incident: Rose House Incident Description: Threat to Safety Staff Involved: [redacted]Events Leading: Client was walking around milieu, climbing and jumping on furniture. She found a broken hair rubber band and was putting it up to her neck, but then agreed to give it to the nurse. After she gave it to the nurse, she took a popsicle stick from the nurse's desk and refused to give it back. She started to attempt to break it in half, creating sharp pieces. The unsafe behavior and threat of using a sharp object initiated hold 1. Hold 2 was initiated by jumping from being unsafe, jumping from furniture. 5:50pm Personal Restraint: Patient was put in personal restraint by the arms to get the popsicle stick from her due to her trying to break it after already displaying unsafe behavior. 5:51pm Personal Restraint End: Client released popsicle stick and restraint ended. 5:52pm Other/None: Client continued walking around the milieu, continuing with attention seeking behavior. She bounced basketballs and volleyballs until they were removed by staff, and threw a popit fidget as if it were a volleyball, until it was also removed. Client did sit down to eat dinner when it was brought to her in the house. She ate the majority of dinner, along with an ensure. She then got up and got into peers things in their lockers and jewelry drawers until these things were removed as well. Staff continued verbal deescalation, asking client what it is she needs, and she would only say she's hungry, when she had just eaten dinner, including an ensure and fruit a few minutes beforehand. Client began climbing/walking on milieu chairs again. Staff continued verbal deescalation. She began jumping from one to another, which initiated the second restraint. 6:15pm Personal Restraint: Client was placed in seated restraint due to jumping on furniture, from chair to chair. She was agitated and not receptive to information for a couple of minutes, wiggling until the hold moved to the floor. She was able to be moved back to a seated restraint. 6:20pm Personal Restraint End: Client calmed and contracted to safety. Patient Debriefing date/time: 08/24/24 6:30pm: Client was calmer and contracted for safety. She did receive and eat another apple after contracting for safety and following staff directions, as she was stating she was still hungry. Client was not apologetic, but was receptive to instructions at this point. Client fell asleep shortly after, on front of house. Nursing Assessment 1 date/time: 08/24/24 5:10pm: Patient presents in living area agitated currently over staff performing intervention to remove popsicle stick patient took from nurse station desk. Patient is alert and oriented times 4 and displaying very hyperactive behavior and not following redirection prompts from staff. Pt encouraged to follow unit rules and directions. Pt denies injury from intervention and no needs at this time. Nursing Assessment 2 date/time: 08/24/24 6:22pm: Patient presents siting on couch with sheriff officers present. Pt denies injury from staff personal hold intervention and denies needs at this time. Pt alert and oriented times 4. Pt is still displaying hyperactive behavior and not following staff

directions. Pt has made statement such as "I don't care". No bruising, abrasions, or scratches observable on patient. Guardian was contacted on 08/24/24 at 6:24pm [redacted] was transported by MEMs on 08/25/24 at 8:36am to Pinnacle Pointe for an acute stay. She remains at Pinnacle Pointe and was discharged from Youth Home due to her PASSE requirements. Once she completes her acute stay, she will be readmitted to Youth Home.

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

Maltreatment Narrative:

Licensing Narrative: Licensing was informed of incident via email and received documentation for this provider reported incident. 8/29/2024, Program Coordinator reviewed provider reported incident and uploaded documentation. Per report, resident will return to the facility after acute care.