ARKANSAS DEPARTMENT OF HUMAN SERVICES

Placement and Residential Licensing Unit
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Notice of Serious Incident

Case Number: 023941

Date of Incident: 9/11/2024

Date Received: 9/12/2024

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 Mabee House Incident Report date/time: 09/11/24 2:59pm Location of Incident: Mabee House Incident Description: Self Injury(Not Suicidal), Threat to Safety Staff Involved: Taylor Tull, Anthony White, Allison DeMay, Ashley Pankey, Valerie Alvarez, Caitlin Henthorne, Ebony Galmore Events Leading: Client received feedback from staffing that didn't include her being taken off extra supervisory precautions, despite struggling with excessive hair pulling for two days prior. Client dysregulated, and attempted to utilize the comfort room. She was observed hitting the walls of this room with significant force. When staff attempted redirection, client escalated, storming down the hall. Because she was on eyeball (line of sight) precaution, staff followed, prompting of her intentions on going. Client ignored these prompts and kicked a crate into staff's leg, nearly tripping staff. Due to her being escalated and her unpredictability in this moment, and her increasingly unstable behaviors of the last couple of days, client was restrained at this time. 2:59pm-Personal Restraint: Pt resisted against the restraint and her momentum took the restraint to a seated floor position as she intentionally dropped to her knees. Pt screamed loudly for several minutes, making it difficult to understand her. Staff attempted to provide verbal support as she tried to thrash her body forward and pull out her own hair. Pt's CT attempted verbal support as well. Pt asked that a particular team member tag out of the restraint and this was granted. Pt screamed to be let go and contiued trying to pull her, not allowing team members to help put her hair in a pony tail. Pt rocked back and forth in restraint while continue to scream and cry loudly. Due to pt remaining unsafe and showing no signs of calming, an order was given for a chemical restraint. 3:13pm-Chemical Restraint: Staff adjusted position of pt and restraint to allow the nurse access to administer chemical restraint via injection. Pt struggled against hold and staff provided verbal support, encouraging pt to take deep breaths. 3:14pm-Personal Restraint: Pt began dry heaving and retching, eventually producing mucus and saliva. Staff

quickly sat up pt to prevent choking. She continued to retch up saliva. Pt pretended to "faint" and laid backwards multiple time in the restraint. Each time she laid still for approximately 10 seconds before quickly lunging forward and struggling again. Nursing and staff confirmed rising chest, breath sounds, etc. throughout. A small plastic tub was placed in her lap and staff let her know she could spit or vomit in the tub as needed. Staff attempted to wipe her face and pt began shredding the paper towels in her hands. Pt screamed she couldn't feel anything. Staff asked pt if she could feel them holding her and she again stated she couldn't feel anything anywhere. Pt bit her hand and continued to try to pull her hair. She also began trying to pinch/claw her thighs and hands. 3:20pm-Personal Restraint: Pt began screaming and crying "I can't see anything" over and over. Staff noted her eyes were closed and hair was in front of her face. She continued yelling this and any attempts at support pt were unsuccessful. Pt rocked back and forth in hold. Eventually pt said something was stabbing her leg. Staff pointed out that was good that she could feel the sensation in her legs while also ensuring nothing was jutting into her leg. Staff again encouraged deep breathing. 3:24pm-Personal Restraint: Pt yelled for her dad. Pt continued with "fainting" episodes and crying. Pt thrashed her arms about and slung the tub containing mucus and her hair, into staff's face. Hold continued. 3:34pm-Personal Restraint End: Staff offered pt water and she accepted. Pt spilt some water on herself and apologized. Staff assured pt no apologies were necessary and continued to support her. Staff encouraged deep breathing. Staff all began taking deep breaths and pt began to follow the lead. Pt was released from the restraint and asked to call her father. Staff encouraged pt to wash her hands and face and she did so. Pt asked to change her clothes as they were covered in mucus. After this she called her father. Patient Debriefing date/time: 09/11/24 3:40pm: Client denied injuries. Client expressed desire to clean herself up and change clothes. Client also asked to call her father. She had questions about an acute placement. Client also questioned how tissues ended up all over the milieu. Client allowed to clean herself up and talk with her father. Nursing Assessment 1 date/time: 09/11/24 4:15pm: Upon arrival to Mabee House, the nurse found the patient in personal restraint. According to staff, the patient was agitated due to the staffing report she received earlier that day. At 15:13, a chemical restraint was administered with approval from the MD. The patient remained in personal restraint until 15:34, when she was calm and deemed safe for release. The patient was provided time to compose herself before speaking with her father. Following the phone call, the nurse conducted a face-to-face assessment at 16:15 with the following vital signs: BP 108/88, HR 101, RR 21, T 98.2 F, SpO2 99% on room air. The nurse observed a bruise on the patient's right arm, which the patient and staff stated was sustained at school on 9/10/24. The patient denied any other injuries and requested to rest due to fatigue. Staff provided bedding, and the patient lay down calmly without any further issues. The UM and CT were present during the incident. The attending physician was notified and provided orders for the patient to be transferred to an acute care facility via MEMS. The patient's father was informed of her behavior at 15:34 and provided consent for the transfer. No additional issues or concerns were noted. Nursing Assessment 2 date/time: 09/11/24 5:19pm: MEMS arrived at Mabee House at 17:19 and received a report. The patient was asleep in the milieu and was awakened by the MEMS personnel. Upon waking, the patient requested to call her father, have dinner, pack her clothes, and take books. The UM, present

at the time of MEMS arrival, approved her request to take the books and dinner. The patient was informed that she could speak with her father upon arrival at the acute facility. The nurse observed that the patient displayed no signs of pain and voiced no concerns other than her reluctance to leave. As the patient was assisted onto the cot, she remained calm. The patient was placed into the MEMS vehicle and departed the facility at 17:40, en route to Rivendell Behavioral Health Center. The UM was present during the patient's departure, and the on-call CT was notified. Guardian was notified on 09/11/24 at 3:34pm [redacted] was transport via MEMS to Rivendell on 09/11/24 at 5:40pm Additional note regarding this incident: CT notified guardian the we cannot accept client back into the program.

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

Maltreatment Narrative:

Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Per report, resident will not be returning to the facility. 9/19/2024, Program Coordinator requested documentation for this incident. Facility reported resident was discharged on 9/16/2024 and provided documentation.