



**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: 025721

Date of Incident: 11/24/2024

Date Received: 11/25/2024

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 Rose House Incident Report date/time: 11/24/24 5:12pm Location of Incident: Outdoors on Youth Home campus Incident Description: Medical Emergency(Trip to ER/Urgent Care), Patient Injury Staff Involved: Beauticia Moore, Aloria McKoy, Corvina Franklin, Patrice Dean, Melissa Morrella, Tryneese Settles Events Leading: Client was outside talking and sitting with peers. When client tried to get from the top of the picnic table when her got leg was caught and client slipped and fell. With staff assistance client was to hop back into the house. Nurse made a call to the provider and wanted to send her to ACH ER. Nursing Assessment 1 date/time: 11/24/24 5:15pm: Pt was outside and got her left leg caught at the picnic table and fell. She had bruising and scrapes from her knee to her ankle. Limited range of motion with pain expressed 9/10. Non-weight bearing. AAO x 3. Respirations normal. Ice pack applied to left knee. Notified Dr and obtained order for transport ACH ER. Notified UM for transportation. Notified mother. Pt left with staff at approximately 6:25pm. Nursing Assessment 2 date/time: 11/25/24 5:30am: Patient returned from ACH-ER and was diagnosed [REDACTED]. A short leg splint was placed. Please keep this dry. Patient is non-weight bearing on effected extremity so crutches were provided. Patient should take Tylenol/Motrin for pain. Follow up with ortho in one 1 week. Guardian was notified on 11/24/24 at 5:41pm ER paperwork was emailed to Kendra Slade on 11/25/24.

Interim Action Narrative: Resident was assessed by the nurse and transported to the emergency room for an evaluation.

---

**Maltreatment Narrative:**

---

**Licensing Narrative: Program Coordinator reviewed provider reported incident for licensing concerns. Facility provided documentation for this incident. Resident will follow up with ortho in a week.**