

## **Placement and Residential Licensing Unit**

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**Notice of Serious Incident** 

Case Number: 026817

Date of Incident: 1/13/2025

**Date Received: 1/14/2025** 

Facility Name: Youth Home, Inc.

Facility Number: 128

**Incident Type: Licensing** 

Report Description: Incident Report for Private placement client in our PRTF program and resides in **House Incident Report** date/time: 01/13/25 11:16am Location of Incident: Outdoors on Youth Home campus Incident Description: Aggressive to Peers, Threat to Safety, ), Patient Injury Staff Involved: Terrence McDaniel, Robert Page, Marilyn Howell, Shelly Zellner Events Leading: Sturgis house had a snow day outside consisting of snowman building, snow dye, and snowball fight. A peer decided to pick up a big piece of ice and threw it at client striking him in the head. Client became enraged and began charging any peer he could. Staff intervened by holding him back. 11:15am-Personal Restraint: Staff intervened by holding him back, personal restraint begins. Patient responded well to verbal commands provided by staff. 11:16am-Personal Restraint End: Due to pt ceasing in charging, personal restraint ended at this time. Client went down to the ground holding his head. 11:17am-Personal Restraint: A client then said quit crying like a bitch, which set client off again and he did attack client and started hitting him. Client was restrained for a second time until he was able to calm down. Client responded well to staff verbal support. 11:18am-Personal Restraint End: The restraint ended at this time and the patient walked to the Recreation office with staff. He was calm and able to process with staff in the office. Patient Debriefing date/time: 01/13/25 11:30am: Client was able to walk to the Recreation office with staff. While calming down in the office, he talked about the incident and what made him so angry with his peers. He calmed himself down quickly and was able to process about his part in the incident. Client was able to verbalize his understanding of how his actions made the situation unsafe for himself and peers. We discussed that he would be placed on Freeze PA due to charging a peer and hitting a staff member. He understood this precaution and was able to take responsibility for his actions. Client left the office calm and was able to go the nursing station without a problem. Client was transported to be a Team Member to be evaluated to rule out a concussion.

Client returned from at 10:25pm. Nursing Assessment date/time: 01/13/25
11:30am: Received client sitting calmly in rec. director's office after being restrained. Pt.
states that he was hit on the left side of his head with a "20lb ball of ice". Pt. states that he
was placed in a restraint twice for beating up a peer for stating "gone ahead and cry like a
little bitch" after he was hit in head in ball of ice. Pt. is AAOx4, PERRLA, speech clear. Pt.
denies any nausea, vomiting, numbness or tingling at this time. Left side of head is tender
to touch but pt denies pain in this area; no injury or deformities noted. Left ear is red,
painful to touch, and has bleeding noted behind it from scratches, area cleaned & tribiotic
ointment applied. Right grip is weaker than left grip, states that this is not new, it is from
his previous shoulder injury. Left knee & shin area is red, blanches to touch, denies pain but
states it is sensitive. Has brace noted to right knee. Abnormal gait noted when ambulating,
pt. states that he from his right knee injury. VS: 97.2, 95% on RA, 146/89, 101, 22. No acute
distress noted, no other signs of injury noted. Pt. was able to ambulate back to house with
this nurse without any issues. Guardian was notified on 01/13/25 at 1:05pm: Mother states
that she was informed about the fight & restraint by the client & therapist about 30mins
prior to me calling during a session. At this time, I also informed her that we were sending
out to the to get evaluated for possible concussion due to current c/o dizziness,
nausea, & headaches since he has a past history of concussions. Mother thanked me for the
update.
Interim Action Narrative: Resident was placed in a restraint, assessed by the nurse, and
transported to the for an evaluation.
Namatina
Narrative:

Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Facility provided documentation for this incident. 1/17/2025, documentation was reviewed and uploaded.