



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: 026838

Date of Incident: 1/14/2025

Date Received: 1/15/2025

Facility Name: Youth Home, Inc.

Facility Number: 128

Incident Type: Licensing

Report Description: Incident Report for [REDACTED] Private placement client in our PRTF program and resides in [REDACTED] House Incident Report date/time: 01/14/25 6:51pm Location of Incident: [REDACTED] House Incident Description: Suicidal, Threat to Safety Staff Involved: Kelton Johnson, Joseph Davis, Lauryn Gilmore, Montez Peterson, Zharieah Foreman, Meredith Reddin, Dejuan Williams Events Leading: Client was upset after getting news of not moving in treatment phase in her weekly staffing feedback. Client was trying to strangle herself with her pajamas. Client was asked to remove her pajamas from her neck, or staff will have to remove the pajamas from her neck to keep her safe. 6:51pm-Personal Restraint: Client had to be restrained in her room. Client had clothing tied around her neck. Client did not want staff to take clothing wrapped around her neck. Staff have to remove the clothing from her neck. 6:55pm-Personal Restraint: Client had to be walked into the hallway because she was being unsafe. Client would not be compliant. Client was refusing to stop trying to self-harm herself. Client had to be restrained until she complied. 7:00pm-Personal Restraint End: Client finally complied with staff and stop fighting staff. Client started doing breathing exercises. Client started to process with staff about the situation 7:05pm-Personal Restraint: Client started to self-harming again. Client started to scratch herself real hard. Client had to be restrained in the hallway until she contracted to safety. Client started to bag her head on the wall. Staff had to keep her head up to keep her from banging her head. 7:08pm-Personal Restraint End: Client finally shown that she could contract to safety. Client agreed to come up to the FOH. She called her mom, and told her that she was not practicing safe behaviors. Patient Debriefing was completed on 01/14/25 at 7:10pm Injuries to staff or client: Pt denies pain/injury. Redness present to anterior neck, no bruising at this time. Skin intact. Follow-up to injury: Nursing monitored for changes. Nursing Assessment date/time: 01/14/25 7:30pm: This nurse responded to all-call. Per staff, pt had attempted to wrap an article of clothing around neck in order to strangle self. Upon arrival, pt is sitting on bed attempting to get hands around neck to

strangle self. Pt placed in PR and escorted from room d/t unsafe bx. Pt released from PR and attempted to scratch self. Placed in PR d/t attempt to scratch self. Pt released from PR, then began to attempt to strangle self again. Pt in PR for under thirty minutes. Offered water, bathroom breaks. After calming, showing cooperative bx, and agreeing not to harm self, pt released from PR. Upon nurses assessment, pt is alert and oriented to self/situation. Pt states that she is upset that she 'is not on working' when she has been here for 'several months'. Pt ref to contract to safety at this time, states 'I want to harm myself, by scratching. I want to kill myself by strangling and I may try to, I don't know'. Pt's vitals are as follows: BP 137/86, HR 111, RR 19, temp 97.9. Eyes PERRLA. Skin even, expected color for ethnicity. Full ROM noted in all extremities. Gait steady. Pt denies pain/injury. Redness present to anterior neck, no bruising at this time. Skin intact. Scars present to bilat arms. Redness/irritation noted to existing scars. No new SH marks noted. No bruising at this time. Skin intact. Pinpoint petechiae noted to upper R forearm. Petechiae present in two horizontal lines with some spots following veins down arm, appear red/purple. Therapist on call notified. Provider notified. Pt talked w/ on call therapist for several minutes. After conversation, pt able to find goal and contract for safety. States that she would talk to staff present or call for nurse if she beings to feel urge to SH or if she notices any SI. Pt placed on eyeball/FOH/SS. No further findings. No further needs at this time. Guardian was notified on 01/14/25 at 8:00pm and 8:30pm.

Interim Action Narrative: Resident was placed in restraints for safety. Resident was assessed by the nurse. Resident was placed on eyeball/FOH/SS.

 Narrative:

Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Facility provided documentation for this provider reported incident on 1/15/2025 via email. Documenation uploaded on 1/16/2025.