

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Incident Report

Date: 1/3/21 **Licensing Specialist:** Charlotte Galusha

Facility Type: Residential Type: Residential/Transitional Living

Placement Private
 DCFS
Foster Home Name: _____

Unlicensed Facility

Facility Name: Piney Ridge Treatment Center
Address: 2805 E Zion Rd. Fayetteville, AR 72703
County: Washington
Phone: 479-587-1408
License #: 203

Owner Name: Acadia
Address:
Phone:

Date Licensed: 12/16/08

Facility Status: Application
 Provisional
 Regular
 Probationary
 Suspended
 Revoked

Provider Reported Incident (PRI): **Complaint:**

PRI converted to Complaint: **Date:**

Date of Incident:

Involved Child/Children (IC): [REDACTED] **DOB/Age:** [REDACTED]

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Involved Staff Member(s): None

Brief summary of allegation: IC reported that he punched a bed frame the night before because he was upset.

List all reported injuries to the child: Hand was swollen and an x-ray ordered. The x-ray revealed an acute nondisplaced transverse fracture mid 4th metacarpal. Child was ordered to see Ozark Orthopedics.

Follow up by PRLU: No further follow-up required at this time.

IC – Involved Child/Children (include the age or date of birth)

R – Reporter

IS – Involved Staff Member(s) (S-1, S-2, etc.)

W – Witness (W-1, W-2, etc.)