

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

[REDACTED]

Date: 1/20/21 Licensing Specialist: Ezell Breedlove

CHRIS #: [REDACTED]

Facility Type:  Residential Type: \_\_\_\_\_  
 Placement  Private  
 DCFS  
Foster Home Name: \_\_\_\_\_  
 Unlicensed Facility

Facility Name: Little Creek Behavioral Health  
Agency Name: \_\_\_\_\_  
Address: 161 Skunk Hollow Road Conway, AR 72032  
County: Faulkner  
Phone: (501)585-7698  
License #: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date Licensed: \_\_\_\_\_

Facility Status:  Provisional  
 Regular  
 Probationary

Allegation: Neglect  Abuse  Sexual Abuse

Provider Reported Incident (PRI):  Complaint:

PRI converted to Complaint:  Date:

Date of Incident: [REDACTED]

Involved Child/Children (IC): [REDACTED] (IC1)  
[REDACTED] (IC2)

DOB/Age: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_

Involved Staff Member(s) (S-1, S-2): [REDACTED] therapist at LCBH (S1)

DCFS  CACD  Investigator: \_\_\_\_\_

**Brief summary of allegation:** On 01/14/21, (S1) sent an email stating that in her session with (S1), (S1) informed her about a physical altercation with (IC2) on the unit on 01.12.21. When the physical altercation was broken up, (IC1) was placed in a restraint following his continued aggression.

The incident was called into the child abuse hotline on 01.18.21 and accepted due to (IC1) still having a bruise on his arm. Since there was no proof of how the bruise came about, the offender was ruled unknown with Ark. child abuse hotline; the referral number is 2071369.

**List all reported injuries to the child:** At the time of the incident, (IC1) was assessed by nursing, and there were no injuries. Later that day, (IC1) complained of shoulder pain and received a Tylenol. During his therapy session, (IC1) showed (S1) a bruise on his arm.

**Interim corrective action for this incident:** No licensing standards were violated.

If no interim corrective action, please explain: \_\_\_\_\_

**Date of most recent monitor visit and deficiencies cited during visit:** 12/16/20, 908 ensure meds are logged at the time dispensed. 911.15f, draw strings shall be removed (corrected on site), 914.7 fire drills shall be completed monthly. TA provided for trash.

**Brief summary of monitor visit compliance history:** Little Creek was Licensed on 1-22-20 and has had substantial compliance.

**History of founded licensing and founded maltreatment complaints:** No founded licensing complaints

Is there a current corrective action agreement? If yes, list the dates and reason? \_\_\_\_\_

**Final Corrective Action:**

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**R – Reporter**

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