

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

**Incident Report**

**Date:** 01/31/21      **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]

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

**Involved Staff Member(s):** None

**Brief summary of allegation:** IC stated he was playing with peers and reported that he ran into a wall with his hand.

**List all reported injuries to the child:** An x-ray was ordered. The x-ray revealed an acute middle phalanx fracture. Child was seen by Ozark Orthopedics and received a cast.

**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.)