



Date: 1/6/21 Licensing Specialist: Ezell Breedlove

CHRIS #: _____

Facility Type: Residential Type: _____

Placement Private

DCFS

Foster Home Name: _____

Unlicensed Facility

Facility Name: Millcreek of Arkansas

Agency Name:

Address: 1828 Industrial Drive Fordyce, AR 71742

County: Dallas

Phone: (870)352-8203

License #: 187

Owner Name: Habilitation Center Inc.

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:

Involved Child/Children (IC):

DOB/Age:

DOB/Age: _____

DOB/Age: _____

Involved Staff Member(s) (S-1, S-2): _____

DCFS CACD Investigator: _____

Brief summary of allegation: (IC) was upset because patients were saying that he hit a peer while in the gym. (IC) began yelling about how the peers was lying and that he did not hit him. Staff encouraged him that he did not have to yell, and that the situation was over. Staff conveyed to the rest of the patients to stop speaking about what happened at the gym. (IC) continued to yell and stated that he was going to write a statement on staff for not correcting patients when they "spoke down on his name." (IC) targeted a particular staff stating that he was going to get her fired. (IC) was given a witness statement, but he continued to yell over staff and argue with peers. Staff continued to keep the patients separated and the supervisor was called. The situation was able to be calmed down until the supervisor left. (IC) then began to continue to talk about getting staff fired. That is when a peer attacked (IC) with three other patients jumping in. Staff separated all the patients and notified the nurse and supervisor.

List all reported injuries to the child: Laceration noted to bottom right side of lip. Pain rated as 6/10. (IC) sent to DCMC-ER for evaluation. (IC) received 8-10 stitches to bottom lip.

Interim corrective action for this incident: (IC) was moved to a different unit.

If no interim corrective action, please explain: N/A

Date of most recent monitor visit and deficiencies cited during visit: Visit on 9/11/20. Items cited at visit are awaiting corrections.

Brief summary of monitor visit compliance history: Agency has operated within favorable compliance of Minimum Licensing Standards.

History of founded licensing and founded maltreatment complaints: There is 1 founded maltreatment complaint in the last year. There are 18 founded Licensing complaints in the last year.

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

Final Corrective Action:

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

R – Reporter

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