ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 8/5/2021
Date Reported to DCCECE: 8/5/2021

Agency Name: Little Creek Behavioral Health
Agency Number: 255
Type of Facility: PRTF **Facility License Type**: Regular

Type of Incident: Other

Incident Description: Licensing Specialist received an email forwarded by management from a [redacted] of the facility reporting concerns about the facility along with a [redacted] of a resident at the facility wanting to discuss concerns.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell
Licensing Supervisor Assigned: S. Singleton-Litzsey

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called:No **Was it accepted?N/A** **Outcome:** N/A

Assigned Investigator: N/A

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up: Licensing Specialist received information regarding concerns about the following from a [redacted] at [redacted], the [redacted] and a Family Support Provider from Illinois. The [redacted] reported that she is aware of at least two times when the resident was assaulted by peers and one time she was sexually assaulted by peers. The [redacted] reported that "uncertified restraints happen all the time" and "[redacted] and [redacted] cover it up". The [redacted] reported she had felt so strongly that wrongdoing by management was occurring that she left her job there as a Therapist/Clinical Director. [redacted] of the resident reported the following concerns: *Lack of supervision by staff allowing for the resident to

be attacked by other residents in which the resident had to "go find help", the resident using an employees personal cell phone to make contact with individuals she was not suppose to speak with, the resident had been allegedly involved in an incident in which the resident was in a room with several other female residents and they engaged in sexual contact amongst each other, the resident has self-harmed while at the facility,

*The use of inappropriate or noncertified restraint holds. [redacted] reported that the resident has stated she witnesses restraint holds regularly in which staff is too rough or injures residents.

*Resident was able to use the cellphone of staff members to call people not on her contact list. Due to a history of the resident using cellphones inappropriately this concerned the [redacted] [redacted] reported that staff told her that cellphones were the only way she could call her [redacted] on those days.

*[redacted] reported that the facility is not following the ICPC agreement in which they agreed to notify and gain permission before changing the residents medications and keeping the [redacted] and Family Support worker informed of all incidents involving the resident.

*[redacted] reports the resident found glass outside of the facility and brought it inside then hid it in her pillow case for two days until she was able to take it to the shower and cut both of her arms bilaterally.

*[redacted] reports that while the resident was in a verbal altercation with staff, that she had several issues with previously, the resident called the staff a "fat bitch" and the staff responded "so I am your mom". Family Support Provider from Illinois stated the following concerns *Not sending her the incident reports in a timely manner so she is finding out about incidents directly from the resident instead of from the facility, which is in violation of the ICPC agreement.

*Concerns about sudden medication changes without authorization from the guardian.

*Concerns about the resident's supervision as she has been successful at self-harming and having sexual contact with other residents while being placed at the facility.
8/18/2021-Licensing Specialist reviewed the chart of the resident named in the complaint to check for all correspondence documentation, medication change authorizations, ICPC agreement, and appropriate documentation of all incidents.