

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION



Date: 9/4/20 Licensing Specialist: FATIMA STEPPS

CHRIS #:
Facility Type: Residential Type: Psychiatric/Residential

Placement Private
 DCFS
Foster Home Name: _____

Unlicensed Facility

Facility Name: Millcreek of Arkansas
Agency Name: Millcreek of Arkansas
Address: 1821 Industrial Drive, Fordyce, AR 71742
County: Dallas
Phone: 870-352-8203
License #: 187

Owner Name: Millcreek of Arkansas
Address: 1821 Industrial Drive, Fordyce, AR 71742
Phone: 870-352-8203

Date Licensed: 5/23/2006

Facility Status: Provisional
 Regular
 Probationary

Allegation: Neglect Abuse Sexual Abuse

Provider Reported Incident (PRI): Complaint:

PRI converted to Complaint: Date: 8/26/20

Date of Incident: 8/23/20

Involved Child/Children (IC): DOB/Age:
 DOB/Age:
 DOB/Age:
 DOB/Age:

Involved Staff Member(s) (S-1, S-2): S-1: [REDACTED]
S2: [REDACTED]
S3

DCFS CACD Investigator: Carolyn Gamble

Brief summary of allegation: IC-1 reported to his therapist on 8/25/20 that he was grabbed by staff S-1 and S-2 and was thrown into the bathroom door.

IC-2 reported that he was in the day area when S-1 grabbed him by the shirt, dragged him from the day area to his room, picked him up by the shirt, and threw him to the ground. S-1 then punched him in the arm.

IC-3 reported that patients were yelling and horse playing in the day area. He stated that S-2 said that he would start with him. S-2 told him to go to his room and he said no. S-2 picked him up and slammed him on his bed.

IC-4 reported that S-1 grabbed him by the neck and arm and slammed him on the bed. He stated that he was scared of S-1.

List all reported injuries to the child: Nurse assessment on IC1: 2x3cm splotchy bruise to upper bicep - fading purple color to medial aspect of bruise with yellowish colored edges. 2cm superficial healing scratch with scab present to left forearm. 1/2cm superficial scratch to posterior aspect of left forearm. Patient denies current pain.

Interim corrective action for this incident: S-1 is not working direct and unsupervised with children. S-2 is placed on administrative leave pending investigation findings.

If no interim corrective action, please explain:

Date of most recent monitor visit and deficiencies cited during visit: Visit on 6/26/20. All cited items have been corrected.

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? No.

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

R – Reporter

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