

## **Division of Child Care & Early Childhood Education**

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## Notice of Incident

**Date of Incident**: 10/25/2021

Date Reported to DCCECE: 10/26/2021

**Agency Name:** Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: SRU Facility License Type: Regular

Type of Incident: ER Visit

**Incident Description:** Residents reported to staff that resident . had taken an unknown amount or type of medications that she had been cheeking during medication administration by staff.

**Agency's Interim Corrective Action:** Resident was taken to the emergency room for further evaluation.

**Licensing Specialist Assigned:** C. Vardell **Licensing Supervisor Assigned:** A. Clowers

<u>Child Abuse Hotline</u> (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: N/A

Type of Follow-up: N/A

Details from Follow-up: