

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

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## **Notice of Serious Incident**

Date of Incident:8/17/2022
Date Received by DCCECE: 8/18/2022
Facility Name: Elizabeth Mitchell Centers
Facility Number: 157
Facility Type: Residential
ncident Type: Licensing
Report Description: Received report that client slipped in shower and hit head 8/16/22. Client placed on neurological checks. The next day after playing dodge ball client reported neadache. Client transported to ACH for headache 8/17/22. Dr. Montgomery letermined that client had Guardian notified.
nterim Action Narrative:
Maltreatment Narrative: Outcome:

Licensing Narrative: Nurse Manager Andrea Marshall consulted regarding neurological checks. She indicated that these are conducted per Dr.?s orders. Ms. Marshall indicated that if neurological checks were conducted with no cause for concern, it would be reasonable for client to be playing dodge ball following day. All showers inspected that showed no visible signs that would cause client to slip. Client interviewed and asked to show which shower and how he slipped. Client showed that he had mis-stepped on a lip at the edge of the shower and fell. Client stated that his head still hurt. Nurse Manager Andrea Marshall stated that neurological checks were completed 8/17/22. Dr. Montgomery?s order from

ACH 8/17/22 stated for to take Tylenol/Ibuprofen every six hours as needed, rest and a relaxing environment. Centers nursing staff to continue to monitor.