

Division of Child Care & Early Childhood Education

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Notice of Serious Incident

Date of Incident: 1/2/2023

Date Received by DCCECE: 1/3/2023

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Facility Type: Residential

Incident Type: Licensing

Report Description:	I wanted to inform you of an incident that occurred at The Centers
•	01/02/2023. On 01/02/2023, at approximately 1349 hours, client
	, DOB: preported to Centers staff he had hurt his left
pinky finger playing	basketball the previous day (01/01/2023). Centers medical personnel
assessed	?s left hand and noted the fifth digit on his left hand had some slight
swelling. Although	had full ROM in the finger, he reported it was painful to
bend.	was given an ice pack for the finger, but he denied the ice pack was
effective. The on-ca	ll provider was contacted and out of an abundance of caution, gave the
order for	to be transported to Arkansas Children?s Hospital (ACH) for
further evaluation. (Centers staff transported to ACH. Once at ACH,
?s left har	nd was x-rayed, and it was determined there were NO fractures present.
After	?s medical evaluation at ACH, he was transported back to Destiny
House. Centers med	dical staff will continue to monitor ?s
guardian was notific	ed about this incident. Mr
Centers. As always,	please do not hesitate to contact me if you need any additional
information.	

Interim Action Narrative: Resident was assessed by medical personnel and given an ice pack. On call provider was notified and ordered for resident to be evaluated at AR Children's Hospital. Diagnosis: no fractures present.

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Outcome:

Licensing Narrative: Licensing Specialist will inquire about discharge summary from AR Children's Hospital. 1/5/2023, Licensing Specialist informed that resident was assessed by nursing this morning. Nursing rewrapped the fourth and fifth fingers (buddy tape) on residents left hand. Resident refused OTC pain medication. Licensing Specialist was informed that resident's fingers were buddy tape originally by AR Children's Hospital.