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Notice of Serious Incident

Date of Incident: 2/3/2023

Date Received by DCCECE: 2/3/2023

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Facility Type: Residential

Incident Type: Licensing

Report Description: On 2.2.2023, **Constitution** (AR, DHS Custody, DOB: **Constitution**) reported to his therapist that several days earlier he had injured his hand. He was unable to report an exact date and time for the injury. He stated that he had punched a tree after he became upset with another patient. Upon observation, the therapist observed swelling and a small laceration to a knuckle and reported the injury to the nursing department for assessment. Nursing assessment: Swelling and laceration noted on right hand. Referred for outpatient x-ray at Dallas County Medical Center. No diagnostic report has been received at this time.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: On 2/2/23 client complained to staff of pain in his hand from punching a tree. Client is scheduled for X-ray 2/3/23 with Dallas Co Medical Center. Continue to monitor.

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