



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Date of Incident: 11/30/2022

Date Received by DCCECE: 12/2/2022

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Facility Type: Residential

Incident Type: Licensing

Report Description: [REDACTED] ([REDACTED], DHS Custody, DOB: [REDACTED]) reported to her nurse that she was having thumb pain. She stated that it had been injured while rearranging her bedroom. A peer pushed her bedframe against the wall, causing her hand to become pinned between the bedframe and the wall. She was referred to Dallas County Medical Center ER for assessment and X-rays. X-ray completed 12/1/22. Diagnosis of a [REDACTED]. [REDACTED]. Treatment included directions to splint the injured thumb.

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: [REDACTED] ([REDACTED], DHS Custody, DOB: [REDACTED]) reported to her nurse that she was having thumb pain. She stated that it had been injured while rearranging her bedroom. A peer pushed her bedframe against the wall, causing her hand to become pinned between the bedframe and the wall. She was referred to Dallas County

Medical Center ER for assessment and X-rays. X-ray completed 12/1/22. Diagnosis of a

[REDACTED]
[REDACTED] Treatment included directions to splint the injured thumb. Facility visited 12/5/22. [REDACTED] and [REDACTED] interviewed. [REDACTED] was the client helping [REDACTED] move her bed. [REDACTED] reported that her and [REDACTED] were moving her bed because they were changing rooms. [REDACTED] reported that Ms. Ebony and another unknown staff were in the hallway "they are always watching us...everything we do". [REDACTED] reported that she was helping [REDACTED] move her bed when [REDACTED]'s thumb got smashed behind a door. [REDACTED] reported that "Ms. Ebony", "Ms. Tonisha" and "Ms. Destiny" were in the unit watching them when this happened adding "there's always three of them there". Medical form confirming that X-ray was performed 12/1/22 viewed. No licensing concerns regarding this incident.



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P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

521 Visit Compliance Report

Licensee: Millcreek of Arkansas PRTF

Facility Number: 233

Licensee Address: 1828 INDUSTRIAL DRIVE
FORDYCE AR 71742

Licensing Specialist: Clayton DeBoer

Person In Charge: Chris Butler

Record Visit Date: 12/5/2022

Home Visit Date: 12/5/2022

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulations Not Correctable:

Narrative:

█ reported to her nurse that she was having thumb pain. She stated that it had been injured while rearranging her bedroom. A peer pushed her bedframe against the wall, causing her hand to become pinned between the bedframe and the wall. She was referred to Dallas County Medical Center ER for assessment and X-rays. X-ray completed 12/1/22. Diagnosis of a █. No radio dense foreign body.

Facility visited 12/5/22. [REDACTED] and [REDACTED] interviewed. [REDACTED] was the client helping [REDACTED] move her bed. [REDACTED] reported that her and [REDACTED] were moving her bed because they were changing rooms. [REDACTED] reported that "[REDACTED] and another unknown staff were in the hallway "they are always watching us...everything we do". [REDACTED] reported that she was helping [REDACTED] move her bed when [REDACTED]'s thumb got smashed behind a door. [REDACTED] reported that "[REDACTED]. [REDACTED]", "[REDACTED]" and "[REDACTED]" were in the unit watching them when this happened adding "there's always three of them there". Medical form confirming that X-ray was performed 12/1/22 viewed. No licensing concerns regarding this incident.