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## Notice of Serious Incident

Date of Incident: 11/30/2022

Date Received by DCCECE: 12/1/2022

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Facility Type: Residential

**Incident Type: Licensing** 

Report Description: Parent Custody, DOB: 0 (1997) reported to the nurse that he had fallen earlier in the day. He reported pain and swelling to his right hand. He was sent for assessment and x-rays at Dallas County Medical Center ER. No fractures.

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: Client sent to Dallas Medical for X-ray to right hand. No fractures.