



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: 6/21/2023

Date Received by DCCECE: Elizabeth Mitchell Centers

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Incident Type: Dual

Report Description: Reported that staff is giving kids melatonin with their medications that she brings from home and sprays the kids with melatonin. Name listed is [REDACTED].

Interim Action Narrative: Staff members were suspended pending outcome of investigation.

Maltreatment Narrative: Staff/Nurse was giving residents melatonin with their medications that she brings from home and sprays the residents.

Licensing Narrative: Licensing Specialist reviewed the complaint for licensing concerns. Licensing Specialist visited the facility and reviewed the MARs. 6/23/2023, Licensing Specialist spoke with the DON (Victoria) and inquired about the standing order process and the pre-approved list of medication. Licensing Specialist was informed that Melatonin was not on the pre-approved list and the nurse would have to consult with the medical provider before administering the medication. Licensing Specialist requested a copy of the pre-approved list, consent form, and other documentation regarding standing order. 6/26/2023, Licensing Specialist spoke with three (3) residents at EMCC regarding their medications. 6/30/2023, Licensing Specialist spoke with nine (9) residents at EMCC regarding their medications. Investigator Gossett contacted Licensing Specialist via telephone. 7/12/2023, Licensing Specialist contacted Human Resources and inquired about the LPN's probation requirements. 7/31/2023, Licensing Specialist reached out to the

investigator for an update. 8/8/2023, Investigator Gossett informed Licensing Specialist that case is still pending. 8/14/2023, Licensing Specialist informed by facility that Referral # [REDACTED] was found true and staff members involved will be terminated. Licensing Specialist will follow-up with Investigator Gossett. 8/18/2023, Licensing Specialist followed-up with Investigator Gossett. Licensing Specialist informed case was closed, founded. 8/21/2023, Licensing Specialist followed-up with Program Coordinator. 8/29/2023, Licensing Specialist received approval to complete the 521.



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521 Visit Compliance Report

Licensee: Elizabeth Mitchell Centers

Facility Number: 157

Licensee Address: 6501 WEST 12TH STREET
LITTLE ROCK AR 72204

Licensing Specialist: Kendra Rice

Person In Charge: Eric Knowles

Record Visit Date: 6/22/2023

Home Visit Date: 6/22/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 10:15 am to 10:30 am

Census: 26

Licensing Specialist received a complaint on 6/21/2003, ELS Case #014860.

Licensing Specialist completed a buildings and grounds visit on EMCC. During this visit, Licensing Specialist reviewed the MARS of five (5) residents and spoke with the nurse regarding the medications that were prescribed. Licensing Specialist observed PRN medications that were given on certain dates, timeframe, and initialed by a nurse.

Licensing Specialist inquired about PRN medications and was informed of standing orders. Licensing Specialist was provided with some names of PRN medications (Tylenol, Benadryl, and Melatonin) that would have a standing orders. Licensing Specialist was given examples (pain and allergic reaction) of when PRN medications would be given.

Licensing Specialist is not prepared to leave a finding at this time.

Provider Comments:

CCL Staff Signature :

Date: 6/22/2023



Provider Signature :

Date: 6/22/2023



Centers for Youth and Families

Consent Form

Client Name: _____ Case#: _____
(Last Name) (First Name)

Program: _____

Listed below are consents required of the Centers for Youth and Families. Please read each consent carefully. On the line following each consent place your initials in the area marked 'Yes' if you agree to the procedure or 'No' if you do not. If an area is marked as "not applicable" it means that this procedure does not apply to this particular client. Sign your name in the designated space.

Consent To Participate in Field Trips

I, the parent/legal guardian of the above named client do agree that my child may participate in field trips arranged for and supervised by the staff of the Centers for Youth and Families. I further understand that neither the Centers nor the staff of the Centers will assume liability for any accident or mishap which may occur while on a field trip.

Yes ___ No ___ Not applicable to this client

Consent to Participate in Sports Activities

I, the parent/legal guardian of the above named client do hereby give my permission for my child to participate in sports activities. I understand that the Centers for Youth and Families will not be responsible for any injuries while participating in sports activities.

Yes ___ No ___ Not applicable to this client

Consent for Cutting Hair and Nails

I, the parent/legal guardian of the above named client do hereby give my permission for the staff of the Centers for Youth and Families to cut my child's hair or nails if I am unable to make arrangements for this to be done. I understand that the Centers will not administer permanent wave or hair colors.

Yes ___ No ___ Not applicable to this client

Consent to Use and Wear Make-Up (For Clients Aged 14 and Above Only)

I, the parent/legal guardian of the above named client do hereby give permission for my child to wear make-up. I further understand that neither the Centers nor the staff of the Centers will assume liability for any accident or mishap which may occur from the use and wearing of make-up.

Yes ___ No ___ Not applicable to this client

Consent for Shaving

I, the parent/legal guardian of the above named client do hereby give permission for my child to shave, use a razor and shaving cream/lotion. I further understand that neither the Centers nor the staff of Centers will assume liability for any accident or mishap which may occur from shaving and the use of shaving cream/lotion.

Yes ___ No ___ Not applicable to this client

Consent for Use of Sunscreen

I, the parent/legal guardian of the above named client do hereby give permission for the staff or the client to apply sunscreen. I understand that the sunscreen may be applied to exposed skin, including but not limited to the face, nose, shoulders, arms and legs. I further understand that neither the Centers nor the staff at Centers will assume liability for any accident or mishap which may occur from the use of sunscreen.

Yes ___ No ___ Not applicable to this client

Consent for Internet Access (Day Treatment only)

I, the parent/legal guardian of the above named client give my consent for my child to use the Internet as a part of the education/instructional program with the understanding that:

- a. Centers has installed content filtering software to prevent him/her from accessing adult-related websites
- b. There is a slight chance that my child may access inappropriate material
- c. My child will not use the Internet without adult supervision

Yes ___ No ___ Not applicable to this client

Consent to Administer Non-Prescription Medications

I, the parent/legal guardian of the above named client do hereby authorize the Centers for Youth and Families to administer non-prescription medications as per Centers protocol.

I understand that these non-prescription medications will be used only on an as needed basis while my child is attending one of the Centers programs.

Please list any allergies your child may have: _____

Yes ___ No ___ Not applicable to this client

Consent to Administer Medications Prescribed by Family Physician

I, the parent/legal guardian of the above named client do hereby authorize the Centers for Youth and Families to administer medications prescribed by my family physician as per Centers protocol.

Yes ___ No ___ Not applicable to this client

Consent for Routine Physical, Dental, Immunizations (as needed) and/or Related Diagnostic Tests

I, the parent/legal guardian of the above named client do hereby authorize the Centers for Youth and Families physicians to order any and all of the above routine treatments as deemed necessary. I understand that in the event of any abnormal findings/adverse reactions I will be notified.

Yes ___ No ___ Not applicable to this client

Consent for Vaccine (Residential only)

Seasonal Flu Yes ___ No ___ Not applicable to this client

COVID-19 (for 12 years and older) Yes ___ No ___ Not applicable to this client

I, the parent/legal guardian of the above named client acknowledge that the information on the (VIS) Vaccine Information Sheet was communicated to me and that I both understand and give my consent for this vaccine to be given.

Consent for Search (Residential only)

I, the parent/legal guardian of the above named client do hereby give my permission for the staff of the Centers for Youth and Families to conduct a search upon admission and also on a routine and random basis as per the Client Search Policy.

Yes ___ No ___ Not applicable to this client

I acknowledge with my signature that I have read, reviewed and initialed each of the above consent areas. I also acknowledge that each of these consents were explained to me in language which I could understand.

Signature of Parent/Legal Guardian

Date

Signature of Witness

Date



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521 Visit Compliance Report

Licensee: Elizabeth Mitchell Centers

Facility Number: 157

Licensee Address: 6501 WEST 12TH STREET
LITTLE ROCK AR 72204

Licensing Specialist: Kendra Rice

Person In Charge: Eric Knowles

Record Visit Date: 6/26/2023

Home Visit Date: 6/26/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 3:00 pm to 3:45 pm

Census: 32

Licensing Specialist received a complaint on 6/21/2003, ELS Case #014860.

Licensing Specialist inquired about speaking with residents whose MAR's was reviewed on 6/22/2023. Licensing Specialist was informed by Mr. Mike that residents [REDACTED] and [REDACTED] discharged on 6/22/2023.

Licensing Specialist spoke with residents [REDACTED] [REDACTED], and [REDACTED]. [REDACTED] informed Licensing Specialist that his medications are pills. [REDACTED] informed Licensing Specialist that his medications are pills and a nasal spray. [REDACTED] informed Licensing Specialist that his medications are pills.

Licensing Specialist is not prepared to leave a finding at this time.

Provider Comments:

CCL Staff Signature :

Date: 8/22/2023



Provider Signature :

Date: 8/22/2023



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Licensee: Elizabeth Mitchell Centers

Facility Number: 157

Licensee Address: 6501 WEST 12TH STREET
LITTLE ROCK AR 72204

Licensing Specialist: Kendra Rice

Person In Charge: Eric Knowles

Record Visit Date: 6/30/2023

Home Visit Date: 6/30/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 8:45 am to 9:45 am

Census: 27

Licensing Specialist received a complaint on 6/21/2003, ELS Case #014860.

Licensing Specialist spoke with the following residents at EMCC regarding their medication: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. All residents reported taking medication pills orally.

Resident [REDACTED] reported mixing a powder (MiraLAX) with water or juice and drinking it daily. Resident [REDACTED] reported using body spray to smell good. Residents [REDACTED] and [REDACTED] reported using nasal spray. Resident [REDACTED] reported using spray sunscreen.

Licensing Specialist is not prepared to leave a finding at this time.

Provider Comments:

CCL Staff Signature :

Date: 8/22/2023



Provider Signature :

Date: 8/22/2023



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521 Visit Compliance Report

Licensee: Elizabeth Mitchell Centers

Facility Number: 157

Licensee Address: 6501 WEST 12TH STREET
LITTLE ROCK AR 72204

Licensing Specialist: Kendra Rice

Person In Charge:

Record Visit Date: 8/21/2023

Home Visit Date: 8/21/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit completed on 8/21/2023.

Licensing received a complaint on 6/21/2023 for ELS Case #014860.

This complaint has been founded by licensing. R908.8, medication was administered and was not logged by the person administering the medication.

Provider Comments:

CCL Staff Signature :

Date: 8/22/2023

Provider Signature :

Date: 8/22/2023



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521 Visit Compliance Report

Licensee: Elizabeth Mitchell Centers

Facility Number: 157

Licensee Address: 6501 W 12TH ST
LITTLE ROCK AR 72204-1511

Licensing Specialist: Kendra Rice

Person In Charge: Barbara McCrory

Record Visit Date: 8/29/2023

Home Visit Date: 8/29/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulation Number: 1. 109. 1 .g

Regulation Description: Unprofessional conduct in the practice of child welfare activities shall include, but not limited to the following:

Findings Description: Actions of the nurse giving nonprescribed medication to residents could be viewed as dangerous to the residents.

Action Due Date:

Action Due Description:

Comply Date:

Sub Regulation Description:

Regulation Number: 9. 908. 8

Regulation Description: The administering of all medications, including over-the-counter, shall be logged at the time the medication is given, by the person administering the medication.

Findings Description: Nurse was using gummy and spray melatonin on residents that was not prescribed the medication and no documentation was maintained on when the residents received the medication.

Action Due Date:

Action Due Description:

Comply Date:

Sub Regulation Description:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit completed on 8/29/2023.

Licensing received a complaint on 6/21/2023 for ELS Case #014860.

This complaint has been founded by licensing.

The facility is being cited for the following regulations:

R109.1.g, The actions of the nurse given nonprescribed medication to residents could be viewed as dangerous to the residents.

R908.8, The nurse was using gummy and spray melatonin on residents that was not prescribed the medication and no documentation was maintained on when the residents received the medication.

Provider Comments:

Staff member was terminated and reported to Licensing Board

CCL Staff Signature :

Date: 8/29/2023



Provider Signature :

Date: 8/29/2023

Barbara McCarty