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Notice of Serious Incident

Date of Incident: 8/14/2023

Date Received by DCCECE: 8/15/2023

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Incident Type: Licensing

Report Description: I wanted to notify you of an incident that occurred at The Centers (EMAC) on 8/14/2023. On 8/14/2023, client , DOB: became dysregulated and began to punch walls with her right hand. Centers? medical personnel assessed and noted her right hand was moderately swollen. Out of an abundance of caution, Centers? staff transported to Ortho AR for further evaluation. Once at Ortho AR, medical personnel X-rayed ?s right hand and determined there were NO fractures present. After her evaluation at Ortho AR, was transported back to EMAC. Centers? medical personnel will continue to monitor guardian was notified about this incident. is a private placement at The Centers. As always, please do not hesitate to contact me if you need any additional information.

Interim Action Narrative: Resident was assessed by nursing and referred to Ortho AR for further evaluation.

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist reviewed provider reported incident for licensing concerns.

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