



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: 9/27/2023

Date Received by DCCECE: 10/2/2023

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Incident Type: Licensing

Report Description: On September 27, 2023, client [REDACTED] DOB: [REDACTED] began attempting to destroy property and began trying to tie garments around his neck acting like he wanted to commit suicide. At one point [REDACTED] voiced suicidal ideation. There was nothing for [REDACTED] to tie the items to. [REDACTED] then rolled an ottoman into his bedroom and placed it on his bed. The staff got [REDACTED] off the bed and took him back into the common room. [REDACTED] attempted to fight with the staff and was placed into a physical hold. [REDACTED] was released from the hold after approximately 10 minutes. [REDACTED] guardian is Crittenden County DCFS. [REDACTED] was placed on suicidal and assault precautions.

Interim Action Narrative: Resident was placed in a physical hold for safety and placed on suicidal/assault precautions.

---

Maltreatment Narrative:

---

Licensing Narrative: Licensing Specialist reviewed provider reported incident for licensing concerns. Facility received intent training on when and what to reported regarding provider reported incidents. Facility will not be cited for late reporting. Licensing Specialist inquired about camera footage. 10/4/2023, Licensing Specialist reviewed camera footage.

---



Division of Child Care & Early Childhood Education  
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437  
P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

## 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:** John Hogue

**Record Visit Date:** 10/4/2023

**Home Visit Date:** 10/4/2023

**Purpose of Visit:** Special Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

Time of Visit: 10:00 am to 11:15 am

Census: 28

Licensing Specialist reviewed camera footage on 10/4/2023 for ELS Case 016501.

Licensing Specialist observed a resident sitting in the common area eating a snack with a staff member by the staff's desk area. The resident name in this incident was observed walking down the hall with what appeared to be a piece of clothing around his neck. Staff was observed removing the piece of clothing from the resident's neck, ratio 2:1.

At the time of this reported incident, residents were eating snack and completing hygiene. Licensing Specialist observed resident get different pieces of clothing and tie around his neck loosely. Resident was also observe placing clothing around his neck, resting the clothing on his shoulders. Each time, staff members were observed removing the clothing from the resident.

Resident appeared upset. Licensing Specialist observed resident attempting to move furniture around in the common area and staff blocking resident from moving the furniture out of the area. While staff was moving the furniture back in place, resident was observed rolling an ottoman down the hallway where the bedrooms are located.

Resident was observed rolling the ottoman into his bedroom placing it on top of his bed and attempting to stand on the ottoman. Staff was observed assisting the resident off his bed and out of the bedroom. Resident was escorted back to the common area where he was placed in a restraint. Ratio 1:1, with another staff member who appeared trying to de-escalate the resident.

Licensing Specialist observed a nurse and another staff arrive on the dorm, ratio 4:1. Due to resident's aggression, two other staff members assisted with the restraint, ratio 3:1. Nurse was observed taking notes and on her cell phone. The restraint lasted for 12 minutes. Once resident was released, he walked down the hall toward his bedroom.

**Provider Comments:**

CCL Staff Signature :

Date: 10/4/2023



Provider Signature :

Date: 10/4/2023

