



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: 10/28/2023

Date Received by DCCECE: 11/1/2023

Facility Name: United Methodist Children's Home Little Rock Campus

Facility Number: 115

Incident Type: Dual

Report Description: 10/28/23 Member [REDACTED] was in Methodist Children Home. She complained to staff member that she was not taken serious when she complained of being sick and she was having a hard time breathing. Mother reports: When we picked her up this morning she looked like death and cried put in agony when she went to get into the car. Apparently she has been this way since Wednesday, severe pain, vomiting, and white as a ghost, and no one at Methodist thought it was concerning. We took her to the ER at Saline memorial. She has a necrosis of her pancreas, splenomegaly, a cyst on her left kidney, a UTI, fluid filling her abdomen, and is septic. She was transferred to Children's Hospital this afternoon. Right now they don't know if she is going to make it or not. If she hadn't gotten medical attention today, she would have not survived through the night. According to Guardian, [REDACTED]; [REDACTED] should have been taken serious when when she stated she felt like she could not breath instead of being told to stop being so dramatic.

Interim Action Narrative: Resident is currently admitted in care at Arkansas Children's Hospital.

Maltreatment Narrative: Licensing received a complaint on 11/1/2023 regarding a child who was picked up from the facility on 10/28/2023 by her guardian for a visit. The child was complaining of ongoing pain in her stomach, so the guardian took her to the emergency room and was then transported to ACH for further treatment of pancreatitis, a blood clot in her spleen, and sepsis. The child reported she was complaining to the nurses about the pain since Wednesday 10/25/2023 and they gave her ibuprofen on Thursday 10/26/2023.

However, the resident reports that when she continued to complain of pain the staff told her to quit faking it. Nursing notes gathered from the facility do show the resident received 800mg of ibuprofen on 10/26/2023, but there were no other nursing notes for the resident after that time. [REDACTED] ref# [REDACTED].

Licensing Narrative: Licensing received email complaint from [REDACTED] on 11/1/23 as follows: 10/28/23 Member [REDACTED] was in Methodist Children Home. She complained to staff member that she was not taken serious when she complained of being sick and she was having a hard time breathing. Mother reports: When we picked her up this morning she looked like death and cried put in agony when she went to get into the car. Apparently she has been this way since Wednesday, severe pain, vomiting, and white as a ghost, and no one at Methodist thought it was concerning. We took her to the ER at Saline memorial. She has a necrosis of her pancreas, splenomegaly, a cyst on her left kidney, a UTI, fluid filling her abdomen, and is septic. She was transferred to Children's Hospital this afternoon. Right now they don't know if she is going to make it or not. If she hadn't gotten medical attention today, she would have not survived through the night. According to Guardian, [REDACTED]; [REDACTED] should have been taken serious when when she stated she felt like she could not breath instead of being told to stop being so dramatic. Email sent to facility 11/1/23 requesting all nursing notes from 10/16/23-11/1/23. Nursing notes received 11/1/23 from facility for requested timeframe for client [REDACTED] Nursing notes reviewed 11/2/23. Nothing noted in nursing notes that should have been reported to licensing. 11/2/23-Phone call made, and text sent to Compliance Director for UMCH Shannon Rouse to ascertain any updates on client [REDACTED] Email was sent by Shannon Rouse copied to CEO Craig Gammon and Director Kalynn Barrett of UMCH for follow up regarding client's medical status and placement. 11/3/23-Phone call made to Justin King of UMCH who stated that client [REDACTED] has discharged from UMCH. UMCH has been unable to contact [REDACTED] guardians [REDACTED] and [REDACTED]. [REDACTED]. [REDACTED].

11/3/2023- Program Manager called and spoke with the resident's mother who stated that the resident was still admitted in the hospital due to her illnesses. The mother reports that the resident claims she told the nurses she was in pain and was given ibuprofen one time on 10/26/2023, but when she continued to complain of pain they told her to "quit faking it".

11/9/2023- Program Manager spoke to the resident's mother who stated that the resident was discharged from the hospital on 11/7/2023. The resident is now home and recovering. The mother reported there was no identified cause for the medical issues the resident experienced. The mother will send the discharge paperwork to the Program Manager for review.

11/13/2023- Program Manager received an email from the resident's mother with attachments showing the resident's diagnosis from her 10 day stay at Arkansas Children's Hospital along with a timeline of events. Email sent to UMCH 11/14/23 to ascertain what the plan of action is for UMCH's nursing department to correct any issues (if they have identified any) to prevent incidents like what happened with client [REDACTED] Email received

11/14/23 from Craig Gammon of UMCH as follows: MCH has reviewed the circumstances leading up to the client [REDACTED] being hospitalized with pancreatitis. The client did make complaints starting the Wednesday prior to her eventual diagnosis on Saturday. These complaints were of abdominal pain, and she was assessed by the nurse with no other significant symptoms. The APRN was contacted for consultation and based upon the symptoms present and did order ibuprofen for pain. While the client was complaining of stomach pain she was also still participating in other activities, requested to go on the group outing on Thursday afternoon, and participated in the youth self-government meeting on Friday. She left Saturday morning, and we were told by her parents that she experienced increasingly severe abdominal pain and they took her to the emergency room where she was examined and admitted. The specific symptoms she had are also those of other less serious ailments. Pancreatitis in adolescents is on the increase according to the National Pancreas Foundation, but even so it is found at a rate of 1 in 10,000 or .01% of children. Also, while medication is the most often cited cause, the medications in question are specific and were not being ordered for this client at the time of the onset. The development of her illness was over a short period and with a variation in the level of symptoms such that it was not obvious that a larger issue was emerging. I am not a medical professional but that said, I am told that the nursing and medical staff would not have reasonably suspected pancreatitis in the time frame prior to her leaving on pass, and when the pain became severe and persistent, her parents sought out immediate medical attention. Certainly, the staff now have a higher level of awareness of this medical issue, however, the fact that it occurs in only 1-13 of 100,000 children, does make the condition very rare and so unlikely to be immediately suspected. From the information I have it is also not something that can be prevented in most if not all instances. Considering all these factors there does not seem to be a need for change or improvement in the performance of nursing staff within the LR RTC. If you need additional information or the standards require some different form of response, please let me know. 1/2/24-Received notification that maltreatment ref#[REDACTED] was unfounded. No visit conducted for this case. No licensing citations for this case. Client remains discharged from facility.