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Notice of Serious Incident

Date of Incident: 12/17/2023

Date Received by DCCECE: 12/18/2023

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Incident Type: Licensing

Report Description: was referred to the Dallas County Medical Center for an outpatient x-ray. reported foot pain resulting from a recreational injury that she sustained while playing volleyball. The nursing staff present on-site noted swelling in her right ankle. Upon further examination, the x-ray report indicated that there was no fracture present in her foot.

Interim Action Narrative:

Licensing Narrative: 12/18/23-Received provider reported incident that on 12/17/23 client was referred to the Dallas County Medical Center for an outpatient x-ray. The provider reported foot pain resulting from a recreational injury that she sustained while playing volleyball. The nursing staff present onsite noted swelling in her right ankle. Upon further examination, the x-ray report indicated that there was no fracture present in her foot. No licensing concerns noted from this report.

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