



Placement and Residential Licensing Unit

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

Case Number: 019973

Date of Incident: 3/10/2024

Date Received: 3/20/2024

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type: Dual

Report Description: On March 19th, Risk received a new complaint from [REDACTED] for [REDACTED], stating that an unknown offender physically harmed him. He received the left upper lip and right knee bruise from a physical hold. [REDACTED] was seen with slurred speech, which was not coherent enough for his visit. [REDACTED] did not consent to the medication. The report was turned in through a [REDACTED] caseworker: [REDACTED]. [REDACTED] visited on 03.10.24 and turned in a complaint on 03.19.24.

Interim Action Narrative:

Maltreatment Narrative: The alleged victim is [REDACTED], who is in [REDACTED] state custody; he is currently a client at Little Creek Behavioral Health Center. The alleged offender(s) are staff members at the facility, names and ages unknown. It was reported that on 03/10/24, [REDACTED] was seen by [REDACTED] DHS staff, and he was observed to have a bruised upper lip and right knee, the bruise on the knee was yellow and brown, indicating that it had been there a couple of days. He said that both of the injuries had been caused when he was placed in physical restraint by staff members. He was also noted to have slurred speech and he was disoriented, as to what time it was, and where he was. He said he had been placed on a new medication, by a doctor at the facility. According to the contract with [REDACTED]; they are required to make a request before placing him on medication and [REDACTED] is to be notified when placed in physical restraints, they didn't do either of those things. [REDACTED] indicated that he had been placed in multiple

physical restraints; he was so out of it that he couldn't indicate when he had been placed in any of the restraints.

Licensing Narrative: Program Coordinator reviewed complaint for licensing concerns. Program Coordinator will inquire about more information. Program Coordinator requested permission from investigator to contact facility. Program Coordinator & Licensing Specialist Norton visited the facility and received documentation for this complaint. 4/5/2024, Program Coordinator checked CHRIS case still pending. 4/24/2024, still pending per CHRIS.



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: Little Creek Behavioral Health

Facility Number: 255

Licensee Address: 161 SKUNK HOLLOW
CONWAY AR 72032

Licensing Specialist: Kendra Rice

Person In Charge: Jlynn Price

Record Visit Date: 3/21/2024

Home Visit Date: 3/21/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 12:15 pm to 1:45 pm

Census: 64

Licensing received a complaint on 3/20/2024 for ELS Case #019973.

Program Coordinator Rice and Licensing Specialist Norton spoke with Jlynn Price, Compliance Officer regarding complaint.

Ms. Price informed Licensing that resident was involved in a physical altercation prior to being restrained for physical aggression toward a peer. Per documentation, resident was involved in two physical altercations on 3/7/2024 and 3/8/2024. Per nursing note after each restraint, no bruises were noted.

After the physical altercation on 3/8/2024, per nursing note resident was punched in the face by a peer. Resident was assessed by the nurse and redness was noted on the left side of resident's face. An ice pack was offered, resident refused, and he refused PRN medication.

Licensing reviewed the consent form that was signed by resident's caseworker giving consent for Zyprexa. Per complaint, resident's [REDACTED] stated she did not consent to the medication. Nurse Nedra informed Licensing that resident is also given a medication on the approved medication list for prevention of EPS.

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

Provider Comments:

CCL Staff Signature :

Date: 3/21/2024



Provider Signature :

Date: 3/21/2024





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521 Visit Compliance Report

Licensee: Little Creek Behavioral Health

Facility Number: 255

Licensee Address: 161 SKUNK HOLLOW
CONWAY AR 72032

Licensing Specialist: Kendra Rice

Person In Charge: Jlynn Price

Record Visit Date: 5/3/2024

Home Visit Date: 5/3/2024

Purpose of Visit: Revisit Complaint

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit was completed on 5/3/2024.

Licensing received a complaint on 3/20/2024 for ELS Case #019973.

This complaint has been UNFOUNDED by licensing.

Provider Comments:

CCL Staff Signature :

Date: 5/3/2024



Provider Signature :

Date: 5/3/2024

