



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

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Notice of Serious Incident

Case Number: 022913

Date of Incident: 7/20/2024

Date Received: 7/31/2024

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type: Dual

Report Description: On 07.30.24, I, [REDACTED] Risk Manager, was notified of physical abuse to a resident that she allegedly received during a restraint on 07.20.24. [REDACTED] on 07.30.24. The resident went to a restraint due to her becoming physically aggressive with the staff during an escort, which was from her refusal to return to the unit. After the restraint on 07.20.24, the resident had no pain or bruises/redness on her. The restraint packet also does not note any bruises or redness. However, she showed her peers and the floor supervisor a bruise. Time and date unknown. Three noted to see the bruise located in the resident's inner arm. Camera footage was reviewed by the RM and DON on 07.22.24 for the restraint, and the patient did not show any signs of pain or distress during the restraint. Risk attempted to have the patient assessed on 07.31.24 for a follow-up by nursing, and the patient refused the treatment. [REDACTED] The staff in question will be placed on administrative leave pending the outcome [REDACTED]

Interim Action Narrative:

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[REDACTED]

Licensing Narrative: Facility called Program Coordinator regarding complaint. 7/31/2024, Program Coordinator reviewed complaint for licensing concerns and request permission from [REDACTED] to contact the facility. Program Coordinator requested date of birth of resident and guardianship. 8/1/2024, permission granted to contact facility. Program Coordinator will meet [REDACTED] on 8/2/2024 at the facility. Facility reported there are no nursing notes. The nurses were not made aware of the bruise. When the DON attempted to assess the resident on 07.31.24 the resident refused to be seen. 8/2/2024, Program Coordinator met [REDACTED] at the facility and attempted to interview the resident. The resident refused to speak and would not get out of bed. 8/6/2024, Program Coordinator sat in on the interview with investigators. Resident answered all questions and was cooperative. 8/9/2024, [REDACTED] notified Licensing via email that case would be closed as unsubstantiated. 8/21/2024, checked [REDACTED] case found unsubstantiated.



Division of Child Care & Early Childhood Education  
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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:** 8/2/2024

**Home Visit Date:** 8/2/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

Time of visit: 10:00 am to 10:30 am

Census: 64

Licensing received a complaint on 7/31/2024 for ELS Case #022913.

Program Coordinator met [REDACTED] and [REDACTED] at the facility.

[REDACTED] spoke with [REDACTED] regarding the complaint. [REDACTED] reported that the resident did not report the alleged bruise until 7/30/2024. [REDACTED] stated that [REDACTED] that she [REDACTED] two (2) staff members of the alleged bruise on 7/29/2024.

[REDACTED] went to Starfish Unit to get the resident who refused to get out of bed. [REDACTED] Program Coordinator, and [REDACTED] went to the Starfish Unit. As we entered into the bedroom of the resident, it appeared that she was resting. When [REDACTED] informed resident that we were there to speak with her regarding her bruise, resident stated "Leave me alone."

[REDACTED] informed Program Coordinator that the interview will be rescheduled for a later date and time.

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

**Provider Comments:**

CCL Staff Signature :

Date: 8/2/2024



Provider Signature :

Date: 8/2/2024





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**Facility Number:** 255

**Licensee Address:** 161 SKUNK HOLLOW  
CONWAY AR 72032

**Licensing Specialist:** Kendra Rice

**Person In Charge:** Jlynn Price

**Record Visit Date:** 8/6/2024

**Home Visit Date:** 8/6/2024

**Purpose of Visit:** Revisit Complaint

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

Time of visit: 2:00 pm to 3:30 pm

Census: 64

Licensing received a complaint on 7/31/2024 for ELS Case #022913.

Program Coordinator met [REDACTED] and [REDACTED] at the facility to observe an interview with the resident. Resident was cooperative today and answered all questions.

Resident reported that she was placed in a restraint about three (3) weeks ago due to her aggression. She stated that before being placed in a restraint she flipped over furniture, grabbed a clipboard, and tore up the documents that were on the clipboard. Resident also stated that she poured soda over the documents and took the pen to self-harm. Staff tried to get the pen from her and that was when she was placed in a restraint.

During the restraint is when resident reported that the staff member named in this complaint pinched her. Resident demonstrated to the investigator how the staff member had her arm. She admitted to pinching the staff member as well. Resident pointed to the area where her bruise was located between her right shoulder and elbow. However, resident did not roll her sleeve to show the area on her arm.

Resident reported going from an one person hold, to a two person hold, and last a three person hold. Staff members consisted of two (2) females and one (1) male. Resident stated that she was upset and wanted to get off her unit. She was unable to recall why she was upset.

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

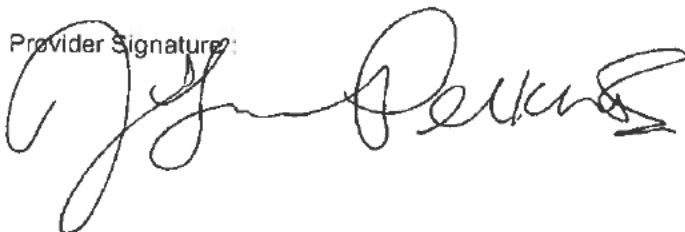
**Provider Comments:**

CCL Staff Signature :

Date: 8/7/2024



Provider Signature:



Date: 8/7/2024



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## 521 Visit Compliance Report

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**Facility Number:** 255

**Licensee Address:** 161 SKUNK HOLLOW  
CONWAY AR 72032

**Licensing Specialist:** Kendra Rice

**Person In Charge:** Jlynn Price

**Record Visit Date:** 8/21/2024

**Home Visit Date:** 8/21/2024

**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 8/21/2024.

Licensing received a complaint on 7/20/2024 for ELS Case #022913.

This complaint has been UNFOUNDED by Licensing.

**Provider Comments:**

CCL Staff Signature :

Date: 8/21/2024



Provider Signature :

Date: 8/21/2024

