



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: 022798

Date of Incident: 7/24/2024

Date Received: 7/25/2024

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Incident Type: Dual

Report Description: 07.24.24: [REDACTED] became upset about his Oreo cookies and displayed physically aggressive behavior. To prevent further escalation with other patients, staff member [REDACTED] intervened. Following this intervention, [REDACTED] reported that he was pinched on his left chest and scratched on his right shoulder. A nursing assessment confirmed a 1/2" x 3" scratch on his right shoulder and a quarter-sized bruise on his left chest. [REDACTED] reported no pain at the time. After the incident was reported, [REDACTED] was to be placed on administrative leave, but he chose to resign effective immediately. His resignation was accepted. The

[REDACTED]

Interim Action Narrative: Staff [REDACTED] resigned pending certain termination.

[REDACTED]

Licensing Narrative: 7/25/24-Permission granted [REDACTED] to contact facility. Facility visited. Camera footage reviewed which shows staff [REDACTED] pinch client [REDACTED] after [REDACTED] throws a chair down. Nursing note indicates that [REDACTED] sustained a bruise from this pinch. Facility cited 109.1g and 905.4g. Staff [REDACTED] [REDACTED] resigned 7/24/24 pending certain termination.



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: Millcreek of Arkansas PRTF

Facility Number: 233

Licensee Address: 1828 INDUSTRIAL DR
FORDYCE AR 71742-7110

Licensing Specialist: Clayton DeBoer

Person In Charge:

Record Visit Date: 7/25/2024

Home Visit Date: 7/25/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Regulation Number: 100.109.1.g

Regulation Description: Unprofessional conduct in the practice of child welfare activities shall include, but not limited to the following:

Finding Description: Staff [REDACTED] pinched client [REDACTED] leaving a bruise.

Action Due Date: 2024-07-24

Action Due Description: Staff [REDACTED] resigned pending certain termination.

Comply Date:

Sub-Regulation Level 1 Description: Engaging in behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to children.

Action Due Description: Staff [REDACTED] resigned pending certain termination.

Regulation Number: 900.905.4.g

Regulation Description: The following actions shall not be used, including as discipline:

Finding Description: Staff [REDACTED] pinched client [REDACTED] leaving a bruise.

Action Due Date: 2024-07-24

Action Due Description: Staff [REDACTED] resigned pending certain termination.

Comply Date:

Sub-Regulation Level 1 Description: Physical injury or threat of bodily harm;

Action Due Description: Staff [REDACTED] resigned pending certain termination.

Narrative:

7/25/24-Facility visited in response to complaint involving [REDACTED] and [REDACTED]. Camera footage reviewed which shows staff [REDACTED] pinch client [REDACTED] after [REDACTED] throws a chair down. Nursing note indicates that [REDACTED] sustained a bruise from this pinch. Facility cited 109.1g and 905.4g. Staff [REDACTED] resigned 7/24/24 pending certain termination.

Provider Comments:

This incident does not reflect the standard practices or the de-escalation techniques that our facility rigorously implements to train staff in the interaction and management of residents in our care. The actions mentioned in this citation were conducted by an individual staff member who strayed from the extensive training and protocols our facility has established. We take incidents of this nature and patient safety with utmost seriousness. The actions taken by this employee were outside of their assigned responsibilities. Our facility made the decision to terminate the employee due to their actions deviating from our company policies. He chose to resign effective immediately. His resignation was accepted and he will not be eligible for rehire at any time.

CCL Staff Signature :

Date: 7/25/2024



Provider Signature :

Date: 7/25/2024



