



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: 023402

Date of Incident: 8/21/2024

Date Received: 8/22/2024

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Incident Type: Licensing

Report Description: On August 21, 2024 client [REDACTED] complained of an itchy throat, swelling of lips, swelling on the inside of her mouth, redness and mild swelling to the right hand. The on-call provider was notified, and Benadryl was ordered. The provider also ordered for the client to be transported to Arkansas Childrens Hospital. The client is [REDACTED] from [REDACTED] and her guardian was notified.

Interim Action Narrative: Resident was assessed by the nurse and evaluated at ACH.

Maltreatment Narrative:

Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Program Coordinator inquired if resident was PRTF or residential and the outcome of ACH visit. Facility reported resident is residential and diagnosed with [REDACTED]