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: 023608

Date of Incident: 8/29/2024

Date Received: 8/29/2024

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type: Dual

Report Description: On 08.29.24, [redacted] took his peers' snacks during classroom snack time. The staff asked [redacted] to place all the extra snacks on the teacher's desk and return to the classroom during break time. [redacted] became combative with the staff and pushed the staff while the staff was attempting to retrieve the snacks. [redacted] threw all the extra snacks toward the wall and staff, took off his shoes, and began to charge toward the supervisor in the hallway. For safety reasons, [redacted] was placed in a physical restraint. During the restraint, [redacted] was injured due to the continued combativeness on the floor with the staff. [redacted] was placed in a splint and sent to the local ED for further evaluation.

Interim Action Narrative: Resident was assessed by the nurse and taken to the ER for an evaluation. Staff placed on leave pending investigation.

Maltreatment Narrative: AV is [redacted] in long-term treatment at Little Creek Behavioral Health. AO is [redacted] a behavioral health associate supervisor at Little Creek. On 8/29/2024, [redacted] took a peer?s snack. When [redacted] asked him to return the snack, [redacted] got aggressive. [redacted] put him in a restraint. While in the restraint, he kept saying, ?My wrist is hurting. Pop it back into place.? He said ?My wrist is hurting? about three times. Later, a nurse looked at his wrist and saw that it was swollen. The nurse ordered an X-ray. Reporter has not seen the X-ray and cannot say if [redacted]?s wrist is dislocated. He has no visible bruises, but his skin is dark, and they might be hard to see. [redacted] was placed on leave for today (8/29/2024).

Licensing Narrative: Licensing was informed of incident via telephone. Program Coordinator reviewed camera footage and requested documentation. Program Coordinator received an email from the [redacted] about the complaint and visiting the facility. 8/30/2024, facility reported resident has a closed fracture with a follow up appointment on Tuesday. Facility was reminded about providing documentation (witness statements, nursing note, restraint packet, ER discharge summary). 9/3/2024, facility reported that resident had a follow up appointment with Ortho today. 9/5/2024, Director of Risk inquired about ICA. 9/6/2024, facility informed that ICA was approved. Per camera footage review, it could not be determined how the resident injured his wrist. Staff member mentioned will be working with maintenance and will not have any interactions with the residents. Facility provided documentation for this complaint. 9/26/2024, per [redacted] still pending. 10/7/2024, pending per [redacted] 10/11/2024, per [redacted] pending. [redacted] inquired if anything came about of this incident. 10/14/2024, [redacted] inquired about the ICA for the staff member. Program Coordinator requested training documentation for the staff member. Per [redacted] case found unsubstantiated. 10/15/2024, facility inquired if ICA could be lifted. 10/17/2024, Program Coordinator consulted with Program Manager regarding the ICA being lifted. Facility informed that ICA could be lifted. 10/18/2024, case completed.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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 Slade

Person In Charge: Jlynn Price

Record Visit Date: 8/29/2024

Home Visit Date: 8/29/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 2:00 pm to 3:15 pm

Census: 64

Licensing received a complaint on 8/29/2024 for ELS Case #023608.

Program Coordinator discussed complaint and reviewed camera footage with Director of Risk Management and Director of Nursing.

It was reported that the teacher was passing out snacks to the residents and the resident grabbed the snacks that residents did not want. The resident was informed to put the snacks back but instead, the resident grabbed the snacks and left the classroom. Staff attempted to get the snacks from the resident who proceeded to run down the A & B Hall.

Program Coordinator observed the resident come around the corner and down the hall with a staff member behind him. It appeared that the resident had something in his arm the way he was holding his arm while running. When the resident got toward the end of the hallway in front of a door, it appeared that the resident threw something down the hall before going up against the wall.

No one was near the resident when this happened. A male staff member was observed going down the hall near the resident and was placed in a restraint. Due to the angle of the camera, Program Coordinator was unable to determine what was happening at the end of the hallway.

Program Coordinator observed the resident and staff member go from a standing position to sitting on the floor. It appeared that the resident was trying to resist the restraint from the movement of his lower extremities. The ratio of this incident went from 1:1, 2:1, 3:1 and 4:1. Program Coordinator was unable to determine how and when the resident's wrist was injured.

Per Director of Nursing and Director of Risk, the resident threatened to put his wrist back in place. For safety reasons, staff continued to keep resident in a restraint. The ending ratio was 4:1. Staff members and the nurse were observed assessing the resident.

When entering back into the lobby area, the resident was observed with his right wrist in a splint with an ace bandage wrapped around his wrist. Two staff members were also with the resident, he was being transported to the emergency room.

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

Provider Comments:

CCL Staff Signature :

Date: 8/30/2024

Provider Signature :

Date: 8/30/2024

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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 Slade

Person In Charge: Jlynn Price

Record Visit Date: 10/15/2024

Home Visit Date: 10/15/2024

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 10/15/2024.

Licensing received a complaint on 8/29/2024 for ELS Case #023608.

This complaint has been**UNFOUNDED**by Licensing.

Provider Comments:

CCL Staff Signature : Date: 10/15/2024

Provider Signature : Date: 10/15/2024