



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: 023861

Date of Incident: 9/9/2024

Date Received: 9/9/2024

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Incident Type: Licensing

Report Description: Received complaint that Millcreek failed to provide appropriate medical care to client [REDACTED].

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 9/9/24-Facility visited in response to complaint stating that [REDACTED] was concerned about a viral illness the resident had and that the facility physician had not provided the client with antibiotics. Nursing notes and physician's orders provided to licensing. The resident received on-site physician services 8/23/24 and 9/3/24. [REDACTED] was sent for chest x-ray to Dallas County Medical Center 8/28/24 which was reported to licensing. Millcreek nursing notes 8/23/24-9/3/24 also reviewed. Licensing is not prepared to make a finding at this time. 10/24/2024- Physician and nursing notes were reviewed showing that the facility was providing care to the resident during her illness. The complaint case has been closed as unfounded. Approved by Program Coordinator. Case complete. .



Division of Child Care & Early Childhood Education

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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: Emerald Burriss

Record Visit Date: 9/9/2024

Home Visit Date: 9/9/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

9/9/24-Facility visited in response to complaint that client [REDACTED] received inappropriate medical care while at Millcreek. Nursing notes and physician's orders provided to licensing and reviewed. Licensing is not prepared to make a finding at this time.

Provider Comments:

CCL Staff Signature :

Date: 9/9/2024



Provider Signature :

Date: 9/9/2024





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Facility Number: 233

Licensee Address: 1828 INDUSTRIAL DR
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Licensing Specialist: Clayton DeBoer

Person In Charge: Emerald Burris

Record Visit Date: 10/22/2024

Home Visit Date: 10/22/2024

Purpose of Visit: Revisit Complaint

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

This is to document that Case#023861 has been investigated and determined to be unfounded.

Provider Comments:

CCL Staff Signature :

Date: 10/22/2024



Provider Signature :

Date: 10/22/2024

