



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: 024198

Date of Incident: 9/20/2024

Date Received: 9/23/2024

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Incident Type: Licensing

Report Description: On 9/20/2024 EMAC client [REDACTED] DOB: [REDACTED] (PRTF Client) was on Dorm 2 and began having seizure like activity occur. The nurses began helping [REDACTED] and checking her vitals. [REDACTED] was transported to Arkansas Children's Hospital where she was assessed and discharged back to Centers on the same day. [REDACTED] is [REDACTED] from [REDACTED] and her guardian was notified of the incident.

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 will inquire about a diagnosis and documentation. Facility reported the resident's diagnosis [REDACTED]