



**Placement and Residential Licensing Unit**

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

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**Notice of Serious Incident**

**Case Number: 024410**

**Date of Incident: 9/30/2024**

**Date Received: 10/1/2024**

**Facility Name: Piney Ridge Treatment Center**

**Facility Number: 203**

**Incident Type: Licensing**

**Report Description:** [REDACTED]  
[REDACTED] reported he was having auditory and visual hallucinations after he had gotten in Referral was made for acute care, he was transferred to Arkansas Childrens Hospital via EMS under the direction of Melissa Chambers from DCFS. Our staff stayed at the hospital with him until a DCFS worker was able to meet them. [REDACTED] was then admitted to Bridgeway in Little Rock for acute care.

**Interim Action Narrative:**

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**Maltreatment Narrative:**

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**Licensing Narrative: 10/2/2024 -** The provider reported incident was reviewed by the licensing specialist. Licensing specialist will follow up with the facility if the resident will be returning after acute.