

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: 024920

Date of Incident: 10/21/2024

Date Received: 10/23/2024

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Incident Type: Licensing

Interim Action Narrative:

Report Description: Resident reported that there were roaches in the cafeteria and that they had killed one several days ago and it was still in the same spot. Resident said that there was a dead rat in front of one of her peer's doors. Resident stated that staff yells and cusses at the residents and talks to them any kind of way. Resident said the admin building was nice but the units are nasty.

Maltreatment Narrative:		

Licensing Narrative: Program Coordinator informed of complaint via Teams Meeting and email. Licensing, DCFS, and OLTC nurse walked the grounds and observed seven unists and the cafeteria. No evidence of pests was observed during the walkthrough except for a waterbug observed in a bathroom. CEO Beasley removed the bug from the floor and flused it down the toilet. CEO Beasley reported that pest controls comes out monthly and proivded copies of the invoices for the last 3 months. 10/24/2024, Program Coordinator created a 521 finding.



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: Kendra Slade
Person In Charge: Ben Beasley
Record Visit Date: 10/23/2024
Home Visit Date: 10/23/2024
Purpose of Visit: Subsequent Building and Grounds
Regulations Out of Compliance:
Regulations Needing Technical Assistance:
Regulation Not Applicable:
Regulations Not Correctable:
Narrative:
Time of Visit: 2:15 pm to 3:15 pm

Census: 165

Licensing received a complaint on 10/23/2024 for ELS Case #024920.

Mr. Butler and Mr. Beasley escoted Licensing and DCFS throughout the campus and assisted with questions.

The following units were observed: Tiger, Eagle, Kangaroo, Deerfield, Magnolia, Pebble Creek, and Success. The bathooms, bedrooms, and dayroom areas were observed on each unit. A walkthrough of the cafeteria was also completed. No residents were observed on the units except for Pebble Creek. Other residents were observed on the grounds either walking to their units or participating in activities with staff.

Mr. Beasley provided copies of invoices from the pest control company that the facility uses. Per Mr. Beasley, pest control comes out every month and when called for any issues.

No evidence of pests were observed during the walkthrough.

Provider Comments:

CCL Staff Signature:

Date: 10/24/2024

Provider Signature:

Bruss

Date: 10/24/2024



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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:
Record Visit Date: 10/23/2024
Home Visit Date: 10/23/2024
Purpose of Visit: Complaint Visit
Regulations Out of Compliance:
Regulations Needing Technical Assistance:
Regulation Not Applicable:
Regulations Not Correctable:
Narrative:
Facility visited in response to complaint. Client interviewed. When asked about Millcreek gave negative response adding that he didn't like "the food" and "people are mean to me". When asked if people

him, he indicated he did.	stated he	nts. When asked e felt that staff k	ept him safe. W	Vhen asked a	about sch	ool,	stated
that today he was studying stated his favorite staff was caseworker "Ms. Dedra" a	as "Mr. Koby"	and his therapis	•			_	
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appeared oriented, in a good mood, was polite, communicated well and seemed to easily follow and address all questions.

Date: 10/23/2024

Provider Comments:

CCL Staff Signature : Date: 10/23/2024

Provider Signature:

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