



**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: 025222**

**Date of Incident: 11/4/2024**

**Date Received: 11/5/2024**

**Facility Name: Millcreek of Arkansas PRTF**

**Facility Number: 233**

**Incident Type: Licensing**

**Report Description:** [REDACTED] told staff that his foot was hurting after a peer stepped on it. He was sent to Dallas County Medical Center for an x-ray of his left foot. The x-ray revealed [REDACTED].

**Interim Action Narrative:** Resident was evaluated at Dallas County Medical Center.

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**Maltreatment Narrative:**

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**Licensing Narrative:** Program Coordinator reviewed provider reported incident for licensing concerns.