



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: 026192

Date of Incident: 12/15/2024

Date Received: 12/16/2024

Facility Name: Piney Ridge Treatment Center

Facility Number: 203

Incident Type: Licensing

Report Description: Child's Name: [REDACTED]
[REDACTED] also) Description of report: On 12/15/2024 this resident reported that his right testicle was swollen and hurting. Resident was referred out to Children's Hospital Emergency Room. He was transported via our transportation, He returned to the facility at 2235 with diagnosis of [REDACTED]. He will use nystatin powder 4 times a day for 10 days and will follow-up with our APRN here at the facility.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: Licensing reviewed the report. Nursing notes and hospital paperwork received, reviewed and uploaded to ELS.