

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: 026625

Date of Incident: 1/3/2025

Date Received: 1/6/2025

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type:

Report Description: wrote a grievance on 01.03.25, stating, "Her roommate makes her feel really uncomfortable and more stuff, please pull me. It's starting to get bad, and I can't tell her I wrote this, or she will fight me. She is trying to date me and be all up on me and follows me everywhere." Upon speaking with on 01.06.25 around 1000, stated she wanted to be moved to a different unit due to her roommate making passes at her. was asked if anything sexual had occurred between the two, and said no. was asked if she had been touched, and she stated no. Risk spoke with the Clinical Director, Program Director, and Director of Nursing regarding the situation. The shift supervisor reported to the DOC that was seen sitting on the same peer's bed on Friday, after she had stated to multiple staff members and her therapist that the peer/rooommate had horrible boundaries. Risk informed that a 6ft order precaution would be placed on both residents and a room change, not the unit. asked to speak with Risk after lunch and told Risk that she left out on Friday, 1. 3.25; the roommate had picked her up, spun her around, placed her on the bed, and then placed her fingers inside vagina. Risk asked reported this to the staff member in ratio or shift supervisor, and she responded no. if and the peer have been separated into different units for their safety; the incident has been

Interim Action Narrative:

	Narrative:		
AO is			wrote a grievance on 01. 03. 25, stating, "Her roommate
		We	Care. We Act. We Change Lives.
			humanservices.arkansas.gov

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Licensing Narrative: 01/07/2025 Licensing Specialist Horton inquired of the facility the last name, DOB, and guardianship of the resident. Was the hotline accepted? Facility reported to Licensing the requested information. ______, legal custody with ______, supervision with State of ______. The call was accepted referral ______. Program Coordinator _______. _______.

2/5/2025, per sector is still pending. 2/20/2025, this case is pending per 2/27/2025, Licensing Specialist informed to submit a finding.