

## **Placement and Residential Licensing Unit**

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**Notice of Serious Incident** 

Case Number: 026703

Date of Incident: 1/9/2025

Date Received: 1/9/2025

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

**Incident Type: Licensing** 

| Report Description: admitted to                      | PRTF, Parent custody) was |
|--|---------------------------|
| Interim Action Narrative: Resident was evaluated and |                           |
| Narrative:   |                           |

Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Licensing requested nurse's note and if a timeframe was provided from the hospital. Facility provided a copy of the nurse's note and it has been uploaded. 1/10/25-Email sent to facility to notify licensing if/when client returns to facility and provide hospital discharge paperwork. 1/13/25-Hospital Discharge paperwork sent to licensing. Client returned to facility 1/12/25.