



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: 026712

Date of Incident: 1/9/2025

Date Received: 1/10/2025

Facility Name: Yellow Rock Behavioral Health

Facility Number: 203

Incident Type: Licensing

Report Description: Child's Name: [REDACTED]) [REDACTED] resident in [REDACTED] Description of report: On 01/09/25 this resident reported he was coughing up blood. Nurse was able to assess and reports he was coughing/vomiting up a significant amount of blood mixed with mucus. The APRN was notified and she gave instructions to send him to the [REDACTED] to be assessed. He was taken to [REDACTED] [REDACTED]. He returned to the facility at approx. 2am on 01/10/25. [REDACTED] [REDACTED]. Dr. Hollingsworth recommended resident follow up with PCP in 2 days. [REDACTED] [REDACTED].

Interim Action Narrative: Resident was assessed by the nurse and evaluated at the hospital.

[REDACTED] **Narrative:**

Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Facility provided documentation for this incident and documentation has been uploaded.