



**Placement and Residential Licensing Unit**

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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]. 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.**

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**[REDACTED] Narrative:**

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