



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: 026790

Date of Incident: 1/11/2025

Date Received: 1/13/2025

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Incident Type: Licensing

Report Description: On 1/11/2025, client [REDACTED] reporting numbness, tingling, and pain in her hands. Upon assessment the nurse noted that her fingers appeared discolored. She was taken to [REDACTED] for evaluation. The diagnosis was [REDACTED]. She was released and transported back to Centers. The client is a DHS placement and the guardian but has been notified.

Interim Action Narrative: Resident was assessed by the nurse and evaluated at [REDACTED].

[REDACTED] Narrative:

Licensing Narrative: 01/13/2025 Licensing reviewed provider reported incident and uploaded documents reported via emailed from facility.