



**Placement and Residential Licensing Unit**

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**Notice of Serious Incident**

**Case Number: 026805**

**Date of Incident: 1/13/2025**

**Date Received: 1/14/2025**

**Facility Name: Yellow Rock Behavioral Health**

**Facility Number: 203**

**Incident Type: Licensing**

**Report Description: Child's Name:** [REDACTED] **resident in Parental custody Description of report:** On 01/13/2025 this resident was chewing on styro-foam and swallowed a piece. APRN was notified and order for abdominal x-ray was obtained to rule out obstruction. Resident was placed on a [REDACTED], also placed on [REDACTED]. X-ray was completed in house and [REDACTED]. No obstruction noted.

**Interim Action Narrative: Resident was assessed by the nurse and an x-ray was completed.**

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[REDACTED] **Narrative:**

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**Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Licensing requested nurse's note. 1/15/2025 - Licensing specialist reviewed the report. Nursing notes and injury documentation received, reviewed and uploaded to ELS.**