



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: 026913

Date of Incident: 1/17/2025

Date Received: 1/18/2025

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type: Licensing

Report Description: On 01.17.24, the 11-7 shift supervisor notified the Risk Manager of horseplaying on C2. [REDACTED] custody) and a staff member were playing a game called hot hands/or slapping hands. [REDACTED] received some redness to her hand and complained of pain to the nurses. Reported to the [REDACTED]: [REDACTED].

Interim Action Narrative: [REDACTED].

[REDACTED] Narrative:

Licensing Narrative: Program Coordinator checked [REDACTED] was [REDACTED]. Licensing Specialist inquired of the facility is there camera footage of this incident and witness statement? Is staff member still employed and if so, will there be any training? Facility reported to Licensing: there is no camera footage to review, only witness statements. Facility reported to Licensing the staff member will be retrained on boundaries. Licensing inquired about the state of the resident. Facility reported CO. 1/22/2025, licensing informed that unit C2 is for the [REDACTED] residents and that an interpreter would be needed. Licensing will inquire on how to set up a [REDACTED] through the agency. Facility reported that staff member is currently on leave and scheduled to return at the end of the month. Staff member will be trained on boundaries before he returns. 1/23/2025, [REDACTED]

████████ scheduled with ██████ ██████ for 1/28/2025 at 10am. 1/24/2025. witness statements received and uploaded. Licensing Specialist informed. Licensing Specialist reviewed statements. 1/30/2025, emailed ██████ with requested information to schedule an interpreter. 2/2/2025, received conformation from ██████ for 2/4/2024. 2/4/2025, visited the facility with ██████ and interviewed 6 residents. Licensing reviewed the personnel file of the staff member named in this incident. This incident is the only this staff member has been involved in. Facility provided documentation of training and will be cited 109.1.g. Facility has been asked for a CAP to be submitted by 2/13/2025. 2/6/2025, sent 521 for signature. Signed 521 received and uploaded to inspection. 2/13/2025, Licensing followed up with facility regarding their CAP for this incident. CAP received and uploaded under the inspection ██████



Division of Child Care & Early Childhood Education
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521 Visit Compliance Report

Licensee: Little Creek Behavioral Health

Facility Number: 255

Licensee Address: 161 SKUNK HOLLOW
CONWAY AR 72032

Licensing Specialist: Kendra Slade

Person In Charge: Jlynn Price

Record Visit Date: 2/4/2025

Home Visit Date: 2/4/2025

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulation Number: 100.109.1.g

Regulation Description: Unprofessional conduct in the practice of child welfare activities shall include, but not limited to the following:

Finding Description: Due to staff member horseplaying (hot hands/slapping hands) with a resident.

Action Due Date: 2025-02-13

Action Due Description: Facility shall provide a written corrective action plan that identifies the steps the facility will take to ensure this does not occur again by 2/13/2025.

Comply Date:

Sub-Regulation Level 1 Description: Engaging in behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to children.

Action Due Description: Facility shall provide a written corrective action plan that identifies the steps the facility will take to ensure this does not occur again by 2/13/2025.

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 9:45 am to 11:00 am

Census: 56

Licensing received a provider reported incident on 1/18/2025 for ELS Case #026913.

Program Coordinator Slade was greeted by Little Creek Behavioral Health staff. Two interpreters (Will Gorum and Karen Owens) from C Plus assisted Licensing with interviewing the residents from Unit C2. Nurse Nedra assisted by bringing the residents to the conference to be interviewed.

Licensing interviewed six (6) residents, which included the resident named in this provider reported incident. Five (5) residents reported playing card games or Xbox with staff members. Two (2) residents stated they have seen peers play the hot hands/slapping hands game, but not with staff.

The resident named in this provider reported incident, reported playing the hot hands/slapping hands game with the staff member named in this provider reported incident. Per resident, they were just playing, she was hit hard, and she turned red. She stated that this had not happened before and she did not feel that it was intentional.

Staff member CS submitted a witness statement in which he stated: "Iengaged in playing the hand slapping [sic] game. In no way shape or form did I ever intend to hurt, trigger, or intimidate any of the residents."

Program Coordinator reviewed the personnel file for staff member CS. This was the only incident that he had been involved in. CS has been employed with this facility since September 2024. Per Nurse Nedra, staff member will not return to this unit (C2) and he will be moved to another unit.

CS completed training (Expectations of Employee Behavior) on 1/29/2025. Documentation of this training was provided to Licensing and uploaded into the system as a facility record.

PRLU finds staff member, CS, engaged in "behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to children. Facility will be cited for violating licensing standard **109.1.g of the Minimum Licensing Standards for Child Welfare Agencies**, due to staff member horseplaying (hot

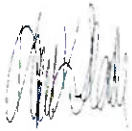
hands/slapping hands) with a resident. Pursuant to Licensing standard **110.8**, the facility shall provide a written corrective action plan that identifies the steps the facility will take to ensure this does not occur again by 2/13/2025.

***** Pursuant to A.C.A. § 9-24-406(e) (3-4): If you believe that the Department's notice of noncompliance is in error, you may ask for reconsideration. The request for reconsideration must be in writing and delivered to the Department by certified mail within twenty (20) business days of receipt of the notice of noncompliance. The request must specify the parts of the notice that are alleged to be in error, explain why you believe those parts are in error, and include documentation to support the allegation of error. Once received the Department shall issue a decision on your request within twenty (20) days after receipt of the request.

Provider Comments:

CCL Staff Signature :

Date: 2/4/2025



Provider Signature :

Date: 2/4/2025

