



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: 027109

Date of Incident: 1/27/2025

Date Received: 1/28/2025

Facility Name: Yellow Rock Behavioral Health

Facility Number: 203

Incident Type: Licensing

Report Description: Child's Name: [REDACTED] HE is out of state in parental custody Description of report: On 01/27/2025 this resident was seeing the foot Dr. for an [REDACTED]. Upon assessment they did an x-ray that showed a [REDACTED]. The resident does not know how this [REDACTED] happened, he denied any pain with this, or any knowledge of him hurting it. He will be in [REDACTED] [REDACTED] until his return visit on 02/24/25. He is also on no sports or high impact activity until his return appointment.

Interim Action Narrative:

[REDACTED] **Narrative:**

Licensing Narrative: Licensing reviewed the report. Facility sent nursing notes and serious injury report. The documentation has been reviewed and uploaded to ELS.