



**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:** 027403

**Date of Incident:** 2/6/2025

**Date Received:** 2/7/2025

**Facility Name:** Elizabeth Mitchell Centers

**Facility Number:** 157

**Incident Type:** Licensing

**Report Description:** On 2/6/2025, client [REDACTED] was having a visit with her mother. Her mother reported to staff that client was not feeling well and seemed feverish. Nurse assessed client, noting temperature of 103.4. [REDACTED] [REDACTED] APRN later [REDACTED] [REDACTED]. Client was transported to [REDACTED] by staff. Following evaluation at [REDACTED] client was transported back to EMCC. The client a [REDACTED] and the guardian was notified.

**Interim Action Narrative:** Resident was assessed by the nurse and evaluated at the ER.

---

[REDACTED] **Narrative:**

---

**Licensing Narrative:** Licensing inquired of the facility what is the plan to keep the resident separated from her peers? Facility reported the resident currently has a private room from other residents.