



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: 027455

Date of Incident: 2/7/2025

Date Received: 2/9/2025

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Incident Type: Licensing

Report Description: On 2/7/2025, client [REDACTED] (Residential) reported lower abdominal pain. Due to being [REDACTED], she was taken to [REDACTED] for evaluation. [REDACTED] Following evaluation, she returned to Centers. The client [REDACTED] and the guardian was notified.

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

[REDACTED] Narrative:

Licensing Narrative: Program Coordinator reviewed provider reported incident for licensing concerns. Facility provided documentation for this provider reported incident. Documentation has been reviewed and uploaded to this case.