



**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:** 027773

**Date of Incident:** 2/22/2025

**Date Received:** 2/23/2025

**Facility Name:** Elizabeth Mitchell Centers

**Facility Number:** 157

**Incident Type:** Licensing

**Report Description:** On 2/22/2025, client [REDACTED] was transported to [REDACTED] due to [REDACTED]. More labs were drawn by [REDACTED] to confirm abnormal numbers, and client was admitted to [REDACTED]. The client a [REDACTED] and the guardian was notified.

**Interim Action Narrative:**

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[REDACTED] Narrative:

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**Licensing Narrative:** 02/24/2025 Licensing Specialist inquired of the facility will the resident return after discharge from [REDACTED]? Facility reported to Licensing the resident will return to the facility after discharge from [REDACTED].