

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: 027772

Date of Incident: 2/23/2025

Date Received: 2/23/2025

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Incident Type: Licensing

Report Description: On 2/23/2025, client Residential) reported vaginal bleeding, but denied cramping. Due to being **and**, she was taken to **being for** evaluation. Blood work was taken, an ultrasound was performed. Client was diagnosed with **being and being for**. She was prescribed an **being and referred to an <b>being within 2-3** days. The client a **being for and the** guardian was notified.

**Interim Action Narrative:** 

Narrative:

Licensing Narrative: 02/24/2025 Licensing received nursing note and discharge documents from the facility. Documentation has been uploaded.