

## **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: 027832

Date of Incident: 2/24/2025

**Date Received: 2/25/2025** 

Facility Name: Yellow Rock Behavioral Health

Facility Number: 203

**Incident Type: Licensing** 

Report Description: On 2/24/25 at approximately 1452,
private) the resident was in recreational therapy playing football. The resident was running
to catch the ball and rolled his right ankle. Nursing was called to the gym. Upon
assessment, the resident?s ankle was red and swollen. Resident was sent to
to get an x-ray. The consult says
. Guardians was notified by phone. Voicemail left for . DON notified. All
appropriate parties notified. He will follow up in two weeks. He has a tall walking boot. We
are reaching out to darify what " means."
Interim Action Narrative:
Narrative:

Licensing Narrative: Licensing reviewed the report. Nursing notes and incident report documentation has been received, reviewed and uploaded to ELS.