

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: 028569

Date of Incident: 3/27/2025

Date Received: 3/28/2025

Facility Name: Yellow Rock Behavioral Health

Facility Number: 203

Incident Type: Licensing

Report Description: Description of report: On 3/27/25 at approximately 1115: Resident was on the unit complaining of abdominal pain for several days. The resident told the nurse that the pain had suddenly become sharp and stabbing, rated 10/10 in severity. Resident reported that the pain is localized to the RLQ and does not radiate. Nurse assessed the resident and noted

Resident grimacing and noted to be rolling around on the ground moaning and complaining of severe pain. Resident reported to nurse that he had a bowel movement this morning that was WNL for this patient's baseline. Resident denied straining, denied constipation, denied hard stool. APRN contacted. APRN ordered resident to be sent to for evaluation of severe RLQ pain. DON notified. Caseworker called twice with no answer. Caseworker notified via secure email. Resident returned to at approximately 1447. Resident dx with and

Interim Action Narrative:

Narrative:

We Care. We Act. We Change Lives. humanservices.arkansas.gov Licensing Narrative: Licensing Specialist Jarred Parnell reviewed the report. 4/28/2025 -Licensing specialist contacted facility to inquire about the residents name, date of birth, and guardianship status which was not mentioned in the report. Licensing specialist requested nursing notes for the reported incident. Licensing specialist received nursing notes and hospital discharge documentation for resident