



**Placement and Residential Licensing Unit**

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**Notice of Serious Incident**

**Case Number:** 028939

**Date of Incident:** 4/11/2025

**Date Received:** 4/11/2025

**Facility Name:** Yellow Rock Behavioral Health

**Facility Number:** 203

**Incident Type:** Licensing

**Report Description:** Child's Name: [REDACTED]

[REDACTED] Description of report: This resident was seen today by the APRN, with complaints of runny nose, during their visit she reported pain to her right ankle with ROM. X-ray was ordered and completed with no fracture or dislocation. Date of occurrence: She reported the injury happened over a year ago while in [REDACTED] Corrective action taken by the agency or follow up done: X-ray was completed in house, with no fracture

**Interim Action Narrative:**

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[REDACTED] Narrative:

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**Licensing Narrative:** Licensing specialist Jarred Parnell reviewed the report, received nursing notes, incident report and x-ray results from the facility. The documentation was reviewed and uploaded to ELS.