



**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:** 027952

**Date of Incident:** 3/1/2025

**Date Received:** 3/3/2025

**Facility Name:** Elizabeth Mitchell Centers

**Facility Number:** 157

**Incident Type:** Licensing

**Report Description:** On 3/1/2025, client [REDACTED] [REDACTED] DOB: [REDACTED], (Residential) was transported to [REDACTED] due to complaint of right lower quadrant abdominal pain that was increasing for multiple days. Following evaluation, client was diagnosed with [REDACTED] [REDACTED] Follow Up Care. The client is an out-of-state placement from [REDACTED] and the guardian was notified.

**Interim Action Narrative:**

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[REDACTED] **Narrative:**

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**Licensing Narrative:** 03.03.2025 Licensing Specialist reviewed information and uploaded documents.