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Notice of Serious Incident

Date of Incident:8/24/2022

Date Received by DCCECE: 8/25/2022

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type: Residential

Incident Type: Licensing

Report Description: Residents Name/DOB: Date/Time of Date/Time of incident:8/24/2022 4:00pm Please give a description of the incident: The resident was seen by APRN yesterday. During his appointment, the resident complained about his right should pain. The resident stated he hurt his shoulder playing basketball a few days ago. No complaint was made on the day of the injury. The resident was sent to FCMC on 8/24/2022 for an X-Ray. Actions Taken: None Additional Information: Diagnosis: No findings Guardianship Status: DCFS AR

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: No licensing concerns noted.

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