

Division of Child Care & Early Childhood Education

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Notice of Serious Incident

Date of Incident:9/8/2022	
Date Received by DCCECE: 9/8/2022	
Facility Name: Perimeter Behavioral of Forrest City	
Facility Number: 142	
Facility Type: Residential	
Incident Type: Licensing	
Report Description: Residents Name/DOB: Date/Time 9/7/2022 6:30pm Please give a description of the incident: Per staff report the complained of pain in his right hand from playing basketball. The resident was the APRN and referred to Forrest City Medical Center for an X-Ray. The resided diagnosed with an oblique fracture through the dorsal aspect of the epiphysis of phalanx of the third digit at the DIP joint. No other acute fracture of dislocation proximal and distal carpal rows are adequately aligned. The soft tissues are greaterarkable. Actions Taken: Nursing staff will continue to monitor the resident the milieu and the school. The nursing staff is awaiting an ortho referral to matappointment.	resident s assessed by ent was of the distal on. The ossly ts' progress in
Interim Action Narrative:	
Maltreatment Narrative: Outcome:	
Licensing Narrative: No licensing concerns noted.	