

Division of Child Care & Early Childhood Education

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Notice of Serious Incident

Date of Incident:9/29/2022	
Date Received by DCCECE: 10/1/2022	
Facility Name: Perimeter Behavioral of Forrest City	
Facility Number: 142	
Facility Type: Residential	
Incident Type: Licensing	
Report Description: Residents Name/DOB: incident: 9/29/2022 7:35am Please give a description resident complained of chills, cough, headache, dizz by APRN and referred to FCMC for further evaluation assessed by APRN and referred to FCMC for further diagnosed with streptococcal pharyngitis. The reside 24 hours to prevent widespread throughout the facility residents' progress through the milieu and school be Private Placement	iness, nausea. Resident was assessed on. Actions Taken: Resident was evaluation. The resident was ent will remain in isolation for the next ty. Nursing will continue to monitor the
Interim Action Narrative:	
Maltreatment Narrative:	Outcome:
Licensing Narrative: No licensing concerns noted.	