



Division of Child Care & Early Childhood Education
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Notice of Serious Incident

Date of Incident:10/28/2022

Date Received by DCCECE: 10/31/2022

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type: Residential

Incident Type: Licensing

Report Description: Residents Name/DOB: [REDACTED] **Date/Time of incident:** 10.28.2022 2:21pm **Please give a description of the incident:** Per staff report the resident had complained of lower back pain. The resident stated he had just woken up and his back was hurting. **Actions Taken:** The resident was assessed by nursing and sent out to FCMC for further evaluation. **The resident was diagnosed** [REDACTED]. **Please see the attached FCMC report. Guardianship:** [REDACTED]

Interim Action Narrative: Resident was assessed by nursing and referred to FCMC for further evaluation. **Diagnosis:** [REDACTED].

Maltreatment Narrative:

Outcome:

Licensing Narrative: Resident was assessed by nursing and referred to FCMC. **Diagnosis:** [REDACTED] **No licensing concerns noted.**