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Notice of Serious Incident

Date of Incident: 1/2/2023

Date Received by DCCECE: 1/3/2023

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: 1/2/2022 9:32pmm Please describe the incident: Per staff report, the resident was involved in a physical altercation with a peer. The resident complained of Rt wrist pain. Actions Taken: The nurse evaluated the resident. The resident was sent out to FCMC for further evaluation; he was diagnosed with the following: Date/Time of ensure little to no contact precautions will be reassessed in 72 hours. Nursing and staff will continue to monitor the residents' progress while in the milieu. Guardianship: Private Placement

Interim Action Narrative: Resident was evaluated by the nurse. He was sent to FCMC for further evaluation. Diagnosis: Resident was placed on assault precautions and peer restrictions to ensure little to no contact.

Maltreatment Narrative:

**Outcome:** 

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