



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

Date of Incident: 1/13/2023

Date Received by DCCECE: 1/16/2023

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: 1/13/2023 4:18pm Please describe the incident: Per the staff report, the resident complained of pain and swelling in his Rt ankle from playing kick ball outside. Actions Taken: Resident was assessed by nursing. The APRN was contacted and requested the resident be sent out to FCMC for further evaluation. The resident was diagnosed with the following: [REDACTED] The proximal and distal carpal rows are adequately aligned. The soft tissues are grossly unremarkable. Guardianship: Private Placement

Interim Action Narrative: Resident was assessed by nursing and further evaluation at FCMC per request of APRN.

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist reviewed Provider Reported Incident. No licensing concerns noted.