



**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 4:26pm Please describe the incident: Per the staff report, the resident complained of pain and swelling in his Rt hand from playing basketball in the gym. 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 assessed by nursing and further evaluation at FCMC.**

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**Maltreatment Narrative:**

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