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Notice of Serious Incident

Date of Incident: 1/15/2023

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: Date/Time of incident: 1/15/2023 8:20am Please describe the incident: Per the staff report, the resident complained of feeling cold, loss of appetite, sore throat, nausea, and a consistent cough. 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: Nursing will continue to monitor the residents' progress in the milieu and school. Guardianship: Private Placement

Interim Action Narrative: Resident was assessed by nursing and further evaluation at

Maltreatment Narrative:

FCMC.

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

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