



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

Date of Incident: 2/2/2023

Date Received by DCCECE: 2/6/2023

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: 2.2.2023/ 7:30pm Please describe the incident: Per the nurses report, the resident was complaining of sore throat and not being able to yawn. Actions Taken: Resident was sent out to FCMC for further evaluation. The resident returned to the facility with a diagnosis of: [REDACTED]. The resident was placed on a 24-hour quarantine and started a new antibiotic to assist with illness. Nursing and staff will continue to monitor the residents' progress in the milieu and while in school. Guardianship: AR Foster Care

Interim Action Narrative: Resident was sent to FCMC for further evaluation. Diagnosis: [REDACTED] and was prescribed a new [REDACTED]. Resident was placed on a 24-hour quarantine.

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist reviewed provider reported incident. No licensing concerns noted. 2/8/2023, Licensing Specialist confirmed that resident was assessed by the nurse before being evaluated at FCMC.