



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

Date of Incident: 2/10/2023

Date Received by DCCECE: 2/13/2023

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: 2.10.2023/ 8:00pm Please describe the incident: Per the staff report, the resident came to the nurse's station complaining of abdominal pain and stated he coughed up blood, when nursing asked to see it, the resident stated he had already flushed the toilet. Actions Taken: Resident was assessed by nursing and APRN then sent out to FCMC for further evaluation. The resident returned to the facility with a diagnosis of: [REDACTED] [REDACTED] Staff will continue to monitor the residents' progress while in the milieu and in school. Guardianship: Private Placement

Interim Action Narrative: Resident assessed by nursing and sent to FCMC for further evaluation. Diagnosis: [REDACTED].

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist reviewed provider reported incident. No licensing concerns noted.