



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

Date of Incident: 2/13/2023

Date Received by DCCECE: 2/14/2023

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: 2.13.2023/ 8:32pm Please describe the incident: Per the staff report, the came to the nurse's station complaining of stabbing stomach pains and vomiting 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]. The resident was placed on a 24-hour quarantine to prevent spreading throughout the facility. Staff will continue to monitor the residents progress while in quarantine. Guardianship: Private Placement

Interim Action Narrative: Resident was assessed by nursing. APRN ordered for resident to be evaluated at FCMC. Diagnosis: [REDACTED]. Resident was placed on 24 hour quarantine to prevent spreading.

Maltreatment Narrative:

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