



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Date of Incident: 12/14/2022

Date Received by DCCECE: 12/16/2022

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: 12/14/2022 2:30pm notified of the incident on 12/16/22 at 9:45am Please describe the incident: Per staff report, the resident was in a physical altercation with a peer, during this altercation the resident was hit in the head by a desk. Actions Taken: The nurse evaluated the resident. The resident complained of pain in his head area. Slight swelling and redness were noted. The resident was sent out to FCMC for further evaluation. The resident was diagnosed with [REDACTED]. The resident has been placed on assault precautions and peer restrictions to ensure limited to no contact with his peer. Staff and nursing will continue to monitor his progress while in the milieu. Guardianship: Private Placement

Interim Action Narrative: Resident was assessed by the nurse and sent to FCMC for further evaluation. Diagnosis: [REDACTED]. Resident placed on assault precautions and peer restrictions.

Maltreatment Narrative:

Outcome:

Licensing Narrative: Licensing Specialist will inquire about the location of incident. Licensing Specialist informed that incident happened inside of a classroom. The camera in the classroom is not working. A support ticket has been submitted to corporate. Director of Quality and Risk Management informed Licensing Specialist that administration was not made aware of resident being transported to the ER until 12/16/2022 when reviewing incidents. 12/20/2022, Licensing Specialist informed resident's peer picked up the desk and threw it at the resident because he was screaming. Staff was present in the classroom and intervened by removing the peer from the classroom. 12/22/2022, Licensing Specialist informed residents refused to write witness statements. 1/5/2023, Licensing Specialist inquired about witness statements from staff. Licensing Specialist informed there are no staff witness statements. 1/6/2023, Licensing Specialist interviewed resident. Licensing Specialist informed that staff were present per resident. He reported that he was attacked by his peer because he was crying. Resident reported that he was taken out of the room and escorted to the nurse and he was unsure what happened to his peer. Licensing Specialist did not observe any bruising or swelling to resident's head.



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521 Visit Compliance Report

Licensee: Perimeter Behavioral of Forrest City

Facility Number: 142

Licensee Address: 603 KITTLE ROAD
FORREST CITY AR 72335

Licensing Specialist: Kendra Rice

Person In Charge: Helena Coplin

Record Visit Date: 1/6/2023

Home Visit Date: 1/6/2023

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulations Not Correctable:

Narrative:

Time of Visit: 12:00 pm to 3:30 pm

Census: 58

Licensing Specialist spoke with resident regarding a reported incident on 12/14/2022. Resident was hit in the head by a desk.

Resident informed Licensing Specialist that his peer picked up the desk and hit him because he was crying. Resident stated that staff was present in the classroom. Resident stated that staff removed him from the classroom and took him to the nurse. Resident informed Licensing Specialist he did not know what happened to his peer.

Licensing Specialist and Ms. Coplin (Director of Quality and Risk Management) discussed the incident. Resident has recovered from the injury with no complaints.