



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: 10/26/2022

Date Received by DCCECE: 10/27/2022

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: 10.26.2022 6:00pm Please give a description of the incident: Per staff report the resident swallowed a nail or screw he found on the hallway. When asked where the resident found it, he stated he will not tell staff. Actions Taken: The resident was assessed by nursing and sent out to FCMC for further evaluation. The resident was diagnosed [REDACTED] [REDACTED] Maintenance team will conduct a safety sweep twice day to ensure no screw, nails, or other supplies is laying around. Quality Risk Director and Maintenance Supervisor will also conduct a daily check. Residents have been placed on self-harm precautions and will be re-evaluated every 72 hours (about 3 days) for safety. Guardianship: [REDACTED]

Interim Action Narrative: Resident was assessed by nursing and referred to FCMC for further evaluation. Diagnosis: [REDACTED] [REDACTED] Maintenance Team will conduct a sweep twice a day to ensure no screws,

Maltreatment Narrative:

Outcome:

Licensing Narrative: Licensing Specialist will follow-up with facility to see if there is any camera footage. Licensing Specialist informed there is no camera footage due to resident not stating a true timeframe of when or where he actually swallowed the screw/nail. [REDACTED]
[REDACTED], Licensing Specialist can not determine where resident found the screw/nail. No licensing concerns noted.



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Notice of Serious Incident

Date of Incident: 10/31/2022

Date Received by DCCECE: 11/1/2022

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:
10.31.2022 9:54am Please give a description of the incident: Per staff report, a follow-up x-ray
was ordered for the incident from 10.26.22 to identify if the nail/screw had passed. Actions
Taken: The resident was diagnosed: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] The resident will continue to follow up until the screw is
passed. Nursing will continue to monitor the residents' progress while in the milieu and in
school Guardianship: [REDACTED]

Interim Action Narrative: Follow-up x-ray ordered. Diagnosis: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Maltreatment Narrative:

Licensing Narrative:Licensing Specialist will follow-up with facility. 11/4/2022, Licensing Specialist informed x-ray was completed at FCMC. Licensing Specialist will continue to follow-up with facility. 11/21/2022 Licensing Specialist will follow-up with facility. 11/30/2022, Licensing Specialist informed that resident had a follow-up appointment on 11/16/2022 and the nail/screw passed. No licensing concerns noted.