



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: 3/29/2023

Date Received by DCCECE: 3/30/2023

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: 3/29/2023/ 5:45pm Please describe the incident: Per staff report the resident while in the gym the resident was in physical altercation with a peer. Actions Taken: The resident was taken to the nurse's station and assessed. The resident presented with a small knot on the left side of his head. The resident presented with steady gain, skin intact, and denied any pain or discomfort. The resident was also assessed by the APRN. A referral was made to transport the resident to FCMC for further evaluation. The resident returned with no new order and was diagnosed with [REDACTED]. The resident and his peer were both placed on assault precautions and peer restriction to limit contact. Precautions will be re-evaluated in 72 hours (about 3 days) for safety. Guardianship: Private Placement

Interim Action Narrative: Resident was assessed by nursing. Resident and peer were placed on assault precautions and peer restriction.

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist reviewed provider reported incident. Licensing Specialist will follow-up with facility on the altercation, nursing notes, witness statements, and camera footage. 4/3/2023, Licensing Specialist informed staff intervened by separating the residents. The ratio at the time of this incident, 2:12. 4/12/23- Program Coordinator visited the facility and reviewed camera footage of the incident. The resident was attacked by his peer while playing basketball and staff intervened quickly. The resident was taken for follow up medical care and placed on peer restriction while the aggressor was placed on assault precautions. No further issues have occurred between these two residents since the date of the incident.



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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: Chelsea Vardell

Person In Charge:

Record Visit Date: 4/12/2023

Home Visit Date: 4/12/2023

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Licensing visit conducted from 12:30PM-3:15PM

Current facility census is 51

Program Coordinator discussed the incident on 3/29/23 with [REDACTED], getting punched in the head by resident [REDACTED] while playing basketball in the gym. Video was reviewed from the incident from 15:30-15:42. Camera review shows the residents playing with a ratio of 12 children 2 staff. Resident [REDACTED] is seen punching resident [REDACTED] in the head a few times as they begin to fight when staff immediately ran across the court and separated the two. Resident [REDACTED] was obviously injured as he laid on the ground holding his head. Resident [REDACTED] was taken out of the gym to be assessed by the nurse in which he was then taken to the emergency room for further evaluation. The resident was diagnosed with a unspecified head injury and cleared to return to the facility with no further issues. The residents were placed on peer restriction and resident [REDACTED] was placed on assault precautions for 72 hours. No issues have occurred between the two residents since this incident.

Staff was in ratio at the time of the incident and responded quickly to the incident.

Provider Comments:

CCL Staff Signature :

Date: 4/12/2023

Provider Signature :

Date: 4/12/2023