



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: 4/23/2023

Date Received by DCCECE: 4/24/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type:

Incident Type: Licensing

Report Description: Residents Name/DOB: [REDACTED] Date/Time of incident: 4/23/2023 9:02am Please describe the incident: Per staff report the resident was in a physical altercation with multiple peers. Actions Taken: The resident was taken to the nurse's station and assessed. The resident obtained multiple direct blows to the face. The resident was then assessed by the APRN. The APRN referred the resident to FCMC for further evaluation. The resident was diagnosed with: [REDACTED]

[REDACTED] The resident is not to participate in any physical activities until further notice. The resident has been peer restricted from all peers involved in the physical altercation. The resident was also placed on assault precautions which will be re-evaluated within 72 hours (about 3 days) for safety. All appropriate notifications have been made. Guardianship [REDACTED] Foster Care

Interim Action Narrative: Resident was assessed by nursing and referred to FCMC for further evaluation. He will not participate in any physical activities until further notice. Resident was placed on peer restriction and assault precautions.

Maltreatment Narrative:

Licensing Narrative: 4/25/2023- Program Coordinator visited the facility and reviewed the camera footage. Resident [REDACTED] was taken to the emergency room and treated for his injuries. Resident [REDACTED] was peer restricted, placed on assault precautions, and moved to another unit. Nursing body check paperwork reviewed, and a copy of the hospital discharge paperwork was received.



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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: Helena Coplin

Record Visit Date: 4/25/2023

Home Visit Date: 4/25/2023

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 12:15PM to 2:45PM

Current census: 55

Program Coordinator visited the facility and discussed the incident that occurred with resident [REDACTED] on 4/23/23. Video footage was reviewed of the 300-hall dated and timed 4/23/23 from 9:02am-9:11am.

Video review showed residents transitioning into the dayroom when a fight between [REDACTED] and [REDACTED] erupts after resident [REDACTED] shoves his seat back into a resident's legs. Staff intervene quickly and remove resident [REDACTED] from the dayroom to calm down in the hallway. A second fight then erupts between [REDACTED] and [REDACTED] as staff appear to be discussing what just happened with the other two residents. Staff again intervene quickly and separate the residents who calm down quickly. Once resident [REDACTED] comes back to the day room you can see resident [REDACTED] and [REDACTED] charge at each other and begin to fight. Staff attempt to intervene, but residents [REDACTED], [REDACTED], and [REDACTED] along with [REDACTED] begin to attack [REDACTED]. Three staff are seen intervening to separate the residents as they are fighting. Resident [REDACTED] was removed from the hall and can be seen on camera in the cafeteria being assessed by staff.

Resident [REDACTED] was taken to the emergency room and treated for his injuries. Resident [REDACTED] was peer restricted, placed on assault precautions, and moved to another unit.

Nursing body check paperwork reviewed, and a copy of the hospital discharge paperwork was received.

Provider Comments:

CCL Staff Signature :

Date: 6/7/2023

Provider Signature :

Date: 6/7/2023