



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

Date of Incident: 5/8/2023

Date Received by DCCECE: 5/9/2023

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: 5/8/2023 6:01pm Please describe the incident: Per staff report the resident fell while in the gym playing basketball and complained of head pains Actions Taken: The resident was taken to the nurse's station and assessed. The resident was then assessed by the APRN. The APRN referred the resident to FCMC for further evaluation. The resident was diagnosed with: [REDACTED]. All proper notifications have been made. Guardianship Private Placement

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 5/9/2023- Licensing received the notification of this incident and reviewed it for any licensing concerns.