



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

Date of Incident: 5/28/2023

Date Received by DCCECE: 5/31/2023

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: 5/28/2023 11:34am Please describe the incident: Per staff report the resident came to nurses' station and complained of stomach pain. 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 appropriate notifications have been made. Guardianship: [REDACTED] Private Placement

Interim Action Narrative: Resident was assessed by the nurse and APRN. It was ordered for resident to have further evaluation at FCMC.

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist was notified of incident on 5/30/2023 and provided documentation from FCMC. 5/31/2023, Licensing Specialist reviewed provider reported incident. No licensing concerns noted.