



**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

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### Notice of Serious Incident

**Date of Incident: 6/23/2023**

**Date Received by DCCECE: 6/26/2023**

**Facility Name: Perimeter Behavioral of Forrest City**

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description: Residents Name/DOB: [REDACTED] Date/Time of incident: 6/23/2023 6:10pm Please describe the incident: Per staff report during the resident's routine visit with the facilities APRN, the resident complained that he fell on his right elbow in the gym while playing basketball 8 days ago. There is no direct report of the resident falling in the gym 8 days ago. Actions Taken: The APRN made a referral for the resident to go out to FCMC for an X-Ray of his right elbow. The resident was placed on no physical activity restriction until his X-Ray results were resolved. The resident X-Ray was negative. The physical activity restrictions were lifted. All proper notifications have been made. Guardianship: TX DFPS**

**Interim Action Narrative: Resident was assessed by the APRN and sent to FCMC for further evaluation.**

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**Maltreatment Narrative:**

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**Licensing Narrative: Licensing Specialist reviewed provider reported incident for licensing concerns.**