



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

**Date of Incident: 7/6/2023**

**Date Received by DCCECE: 7/7/2023**

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

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description: Residents Name/DOB: [REDACTED] Date/Time of incident: 7/6/2023 7:30am Please describe the incident: Per staff report the resident complained of pain in his nose, the resident hit his nose after being in physical altercation the previous day with a peer. Actions Taken: The APRN made a referral for the resident to go out to FCMC for an X-Ray of his Rt ankle and foot. The resident X-Ray findings are no acute fracture or dislocation. All proper notifications have been made. Guardianship: MN Private Placement**

**Interim Action Narrative: Resident was referred 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. Licensing Specialist will inquire about x-ray findings. 7/11/2023, Licensing Specialist informed that resident's x-ray findings were: no acute fracture or dislocation.**