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Notice of Serious Incident

Date of Incident: 7/17/2023

Date Received by DCCECE: 7/18/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Date and time of incident: 07/17/23 15:00PM Per staff report the resident was doing cartwheels in the gym and landed on his left hand/wrist and later noticed bruising, swelling and pain to his left elbow. Resident was examined by the nurse on duty and had full range of motion but reported pain upon bending his arm up and down. The APRN made a referral for the resident to go out to FCMC for an x-ray of his left arm. The resident x-ray findings were no acute fracture or dislocation of the left forearm. All proper notifications have been made. Guardianship: Date and the proper description of the left forearm.

Interim Action Narrative: Resident was assessed by nursing and APRN referred him to FCMC for further evaluation.

Maltreatment Narrative:

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