

Division of Child Care & Early Childhood Education

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Notice of Serious Incident

Date of Incident: 7/28/2023
Date Received by DCCECE: 8/1/2023
Facility Name: Perimeter Behavioral of Forrest City
Facility Number: 142
Incident Type: Licensing
Report Description: Date/Time if Incident: 7/28/23 @ 1915 PM Client reported to staff he did not feel good and asked if he could go to the restroom. Client came to nurses' station and reported that he had vomited and had a nosebleed at the same time. Action Taken: APRN notified, and an order was obtained to send client to FCMC for further evaluation and treatment. Results: Nausea with vomiting, unspecified. Proper notifications were made. Guardianship: Caseworker-Florida
Interim Action Narrative: Resident was assessed. APRN notified and order obtained for resident to have further evaluation at FCMC.
Maltreatment Narrative:

Licensing Narrative: Licensing Specialist notified of provider reported incident via email. 8/1/2023, Licensing Specialist reviewed provider reported incident for licensing concerns.