



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

**Date of Incident: 8/2/2023**

**Date Received by DCCECE: 8/3/2023**

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

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description: Resident [REDACTED] sent to the FCMC for xray due to lower back pain from recreational activity**

**Interim Action Narrative: Resident referred to FCMC for an x-ray.**

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**Maltreatment Narrative:**

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**Licensing Narrative: Licensing Specialist received provider reported incident via email. 8/4/2023, Licensing Specialist reviewed provider reported incident for licensing concerns. Licensing Specialist inquired about guardianship and more details on reported incident. 8/9/2023, Licensing Specialist informed that upon admission it was disclosed that resident has back issues that flare up from time to time.**