



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

Date of Incident: 8/8/2023

Date Received by DCCECE: 8/9/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Type if incident x Serious injury requiring outside medical attention
Residents Name/DOB: [REDACTED] **State:** [REDACTED] **Date/Time of incident:** 8-8-23/10:20 **Please give a description of the incident:** The resident reported to the nurse that he had hand pain and swelling to his right hand. The resident was examined by Staff APRN. Resident rated pain a 7 out of 10. This pain and swelling has most likely come from frequent past incidents of property destruction and physical altercation where the resident has been advised by staff not to use or further injure his hand. **Corrective Actions Taken:** The resident was assessed and checked by APRN who recommended going to FCMC for a medical examination and X-Ray. The resident was diagnosed with a Hand Contusion and was given Ibuprofen and prescribed to take every 8 hours as needed. The resident returned to the facility for further monitoring by Nurses. Resident continues to be on activity restrictions until he has able to stop injuring his hand/body and is cleared by Doctor, Nurse, or APRN. **Additional Information:** None currently. **Guardian Notified:** Sheila Gale, DCFS worker

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

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist informed of provider reported incident via email. 8/10/2023, Licensing Specialist reviewed provider reported incident for licensing concerns.