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## Notice of Serious Incident

Date of Incident: 8/24/2023

Date Received by DCCECE: 8/25/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: DOB: DOB: Date of Incident: 8/24/23 Nurse was notified to come and check on resident who had punched the chair with his hand after feeling overwhelmed. Upon assessment the right knuckle was slightly swollen and reddened. Action taken: APRN notified and an order was obtained to send resident to FCMC for further evaluation and treatment. Results: Right hand contusion, PRN Ibuprofen ordered for pain. Proper notifications were made. Guardianship: Faith Guide, AR DHS

Interim Action Narrative: Resident was assessed by the nurse, APRN notified, and resident ordered to FCMC for further evaluation/treatment.

Maltreatment Narrative:

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