



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

Date of Incident: 8/31/2023

Date Received by DCCECE: 9/5/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Residents Name/DOB: [REDACTED] State: Texas Date/Time of incident: 8/31/23-12:10 Please give a description of the incident: Resident reported to Nurse of pain in his right hand. He disclosed to the Nurse that he punched the wall in his room and a pole outside today because he is angry. Corrective Actions Taken: Resident was assessed and checked by nurse. The nurse consulted with APRN who recommended that [REDACTED] be sent to Forrest City Medical Center for assessment and X-Ray. Fracture was indicated in hand. Resident sent back to facility for monitoring and pain medications PRN. No other significant findings indicated.

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

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist informed of provider reported incident via email. 9/5/2023, Licensing Specialist informed that resident has a follow-up appointment with Jonesboro Ortho on 9/25/2023 at 11 am. 9/6/2023, Licensing Specialist reviewed provider reported incident for licensing concerns.