



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

Date of Incident: 9/3/2023

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: Arkansas  
Date/Time of incident: 9/3/23-18:30 Please give a description of the incident: Resident reported to staff during basketball game that another peer stepped down on his ankle and reported pain. The resident reported that he did not have pain and did not want to be treated because he wanted to play more basketball. Resident was brought to nursing station for assessment by Nurse. Corrective Actions Taken: Resident was assessed and checked by nurse who observed swelling and explained to [REDACTED] the importance both long and short term of getting his ankle looked at. The nurse consulted with APRN who recommended that ice pack be given to resident and X-Ray on 9-4-23 if further swelling and pain persists and activity restriction. Additional Information: None currently. Guardian Notified: Tessa Mann, DHS Caseworker

Interim Action Narrative: Resident was assessed by nursing, an ice pack was applied, and placed on activity restriction.

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Maltreatment Narrative:

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