

## **Division of Child Care & Early Childhood Education**

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**Notice of Serious Incident** 

Date of Incident: 9/14/2023
Date Received by DCCECE:9/18/2023
Facility Name: Perimeter Behavioral of Forrest City
Facility Number: 142
Incident Type: Licensing
Report Description: Residents Name/DOB:  Date/Time of incident: 9/14/23-12:32 Please give a description of the incident: Resident reported that he had pain in his body after falling on 9-11-23. Resident was not able to specify why he fell. Corrective Actions Taken: Resident was assessed and checked by nurse. The nurse consulted with APRN who recommended that be sent to Forrest City Medical Center for assessment and X-Ray of body. No findings indicated by physician at Forrest City Medical Center. Sent back to facility for continued monitoring. A follow-Up appt. was not required for this procedure. Additional Information: None currently. Guardian Notified: Guardian
Interim Action Narrative: Resident was assessed by nursing and sent to FCMC for an assessment.
Maltreatment Narrative:

Licensing Narrative: Licensing Specialist informed of provider reported incident via email. 9/19/2023, Licensing Specialist reviewed provider reported incident for licensing concerns. Licensing Specialist inquired on where resident fell at. 9/20/2023, Licensing Specialist informed that staff member was unable to log into his computer from his residence.

Licensing Specialist informed that resident fell football.	l on the courtyard while playing catch with a