



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: [REDACTED] State: Wyoming
Date/Time of incident: 9/14/23-13:50 Please give a description of the incident: Resident reported pain in his right thumb. When asked by the nurse resident could not specify cause or source of pain. 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 of thumb. 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. Resident placed on activity restrictions until cleared to resume activities by medical. Additional Information: None currently. Guardian Notified: Guardian

Interim Action Narrative: Resident was assessed by nursing and referred 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. 9/20/2023, Licensing Specialist informed that staff member was unable to log into his computer from his residence.
