



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: Arkansas  
Date/Time of incident: 9/14/23-12:32 Please give a description of the incident: Resident reported to Nurse continued diarrhea and abdominal 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 his stomach. No findings indicated by physician at Forrest City Medical Center. Sent back to facility for continued monitoring. Additional Information: None currently. Guardian Notified: Mother

Interim Action Narrative: Resident was assessed by nursing and referred to FCMC for an assessment.

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Maltreatment Narrative:

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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 about late reporting. 9/20/2023, Licensing Specialist informed that staff member was unable to log into his computer from his residence.