



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

Date of Incident: 9/16/2023

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  
DatPlease give a description of the incident: Resident reported, and fever observed by nurse.  
Resident also reported worsening feelings of pain and flu like symptoms. 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.  
Diagnosed with [REDACTED] and given prescription for [REDACTED]  
[REDACTED]. Sent back to facility for continued monitoring. Additional  
Information: None currently. Guardian Notified: Mother [REDACTED] e/Time of  
incident: 9/16/23-16:00

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

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Maltreatment Narrative:

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Licensing Narrative: Licensing Specialist informed of provider reported incident on  
9/18/2023 via email. 9/19/2023, Licensing Specialist reviewed provider reported incident for  
licensing concerns.