



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

Date of Incident: 9/20/2023

Date Received by DCCECE: 9/21/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Serious injury requiring outside medical attention Residents
Name/DOB: [REDACTED] **State:** Texas **Date/Time of incident:** 9/20/23-13:45
Please give a description of the incident: Resident complained of lower back pain with shooting pains to right leg, bruise to left ear, and swelling of right ring finger. Resident expressed that he had experienced pain for the past three days and would not disclose the origin of his injuries even after staff prompts and requests. **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. The physician did not confirm any further injuries or conditions. No discharge instructions and Tylenol as needed. X-Ray completed on finger and no findings present. **Additional Information:** None currently. **Guardian Notified:** Jessi Sternat CPS Case Manager

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

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist reviewed provider reported incident for licensing concerns. 9/22/2023, Licensing Specialist inquired about resident's date of birth.