



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

Date of Incident: 9/25/2023

Date Received by DCCECE: 9/26/2023

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: Florida Date/Time of incident: 9/25/23-08:50
Please give a description of the incident: Resident punched a wall when angry. Resident
complained of pain to right hand and went to the nurse's station. The nurse observed
swelling of right hand. 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. Results of X-Ray and physician assessment
are pending. Additional Information: None currently. Guardian Notified: [REDACTED]
Mother

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

Maltreatment Narrative:

Licensing Narrative: 9/27/2023- Program Coordinator emailed the facility to request a copy
of the Xray results. X-ray findings received, no acute fracture or dislocation per
documentation received from FCMC.