

Division of Child Care & Early Childhood Education

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Date of Incident: 9/27/2023
Date Received by DCCECE:9/28/2023
Facility Name: Perimeter Behavioral of Forrest City
Facility Number: 142
Incident Type: Licensing
Report Description: Serious injury requiring outside medical attention Residents Name/DOB: State: Texas Date/Time of incident: 9/27/23-16:00 Please give a description of the incident: Resident punched a wall when angry in the quiet room while trying to regulate himself. 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 be sent to Forrest City Medical Center for assessment and X-Ray. Results of X-Ray are: None, Diagnosis-Right hand pain, contusion per Physician at Forrest City Medical Center. Additional Information: None currently. Guardian Notified: Brenda Zeiters CPS Worker
Interim Action Narrative: Resident was assessed by nursing and referred to FCMC for an assessment and x-ray.
Maltreatment Narrative:

Notice of Serious Incident

Licensing Narrative: Licensing Specialist reviewed provider reported incident for licensing

concerns.