



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

Date of Incident: 10/2/2023

Date Received by DCCECE: 10/3/2023

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: Arkansas Date/Time of incident: 10/2/23-13:00  
Please give a description of the incident: Resident was sent out for chest X-Ray from  
previous orders due to dizziness and increased heart rate for follow up. Corrective Actions  
Taken: Resident was assessed and checked by nurse. The Resident was sent to Forrest City  
Medical Center for follow up Chest X-Ray. The procedure was XR Chest 2 View. Diagnosis  
was: [REDACTED]. The lungs are clear.  
The osseous structures are intact; no acute cardiopulmonary abnormality. Additional  
Information: Guardian Notified: [REDACTED] Father

Interim Action Narrative: Resident was assessed by nursing and sent to FCMC for follow-up  
and x-ray.

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Maltreatment Narrative:

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Licensing Narrative: Licensing Specialist informed of provider reported incident via email.  
10/4/2023, Licensing Specialist reviewed provider reported incident for licensing concerns.