



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

Date of Incident: 10/3/2023

Date Received by DCCECE: 10/4/2023

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: 10/3/23-13:07

Please give a description of the incident: Resident reported pain and injury to back after horseplaying with another peer outside during recreation time and was taken to the Nurses Station. Corrective Actions Taken: Resident was assessed and checked by nurse. The nurse consulted with APRN who recommended that resident be sent to Forrest City Medical Center for further medical assessment and X-Ray. Findings were: [REDACTED]

[REDACTED]. Additional Information: None currently. Guardian

Notified: [REDACTED] Guardian

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

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist reviewed provider reported incident of licensing concerns.