

## **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:  State: Arkansas Date/Time of incident: 10/3/23- 16:14 Please give a description of the incident: Resident reported pain in his right hand after hitting the wall because he was angry. 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:  Additional Information: None currently. Guardian Notified:  Father 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 for licensing concerns.