



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

Date of Incident: 10/4/2023

Date Received by DCCECE: 10/5/2023

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: 10/4/23/09:20

Please give a description of the incident: Resident came to Nurse station with complaints of left knee swelling and pain. The origin of the injury was not specified by resident. 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

assessment and X-Ray. Results of X-Ray and assessment are left leg swelling, no acute

findings or dislocation, mild prepatellar tissue swelling. Sent back to facility for continuance

of care. Additional Information: Guardian Notified: [REDACTED] Mother

Interim Action Narrative: Resident was assessed by the nurse and sent to FCMC for an assessment.

Maltreatment Narrative:

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