



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

Date of Incident: 10/6/2023

Date Received by DCCECE: 10/9/2023

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: Ohio Date/Time of incident: 10/6/23/14:00 Please
give a description of the incident: Resident came to Nurse station with redness and swelling
to his right hand and did not disclose origin on injury he just said his hand hurt. 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 not findings or significant
injury sent back to the facility for continuance of care. Additional Information: Guardian
Notified: [REDACTED] [REDACTED] Mother

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

Maltreatment Narrative:

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