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Notice of Serious Incident

Date of Incident: 10/18/2023

Date Received by DCCECE: 10/20/2023

Facility Name: Perimeter Behavioral of West Memphis

Facility Number: 231

Incident Type: Licensing

Report Description: Resident **DOB DOB Guardian:** Ward of State **DOB DOB Constant and State Constant and States and State States and noted minor swelling and some redness. The Nurse obtained an order for an x-ray. X-Ray results: No acute fracture or dislocation. Normal exam of the left hand.**

Interim Action Narrative: Resident was assessed by the nurse and x-ray completed.

Maltreatment Narrative:

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