



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

Date of Incident: 10/20/2023

Date Received by DCCECE: 10/23/2023

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:
10/20/23/13:50 Please give a description of the incident: Resident was observed and
complained of shortness of breath. 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
[REDACTED] Additional Information:
Guardian Notified: [REDACTED] Mother

Interim Action Narrative: Resident was assessed by the nurse and sent to FCMC for
assessment/x-ray.

Maltreatment Narrative:

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