



**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: Idaho Date/Time of incident: 10/20/23/13:13  
Please give a description of the incident: Resident was observed coughing and wheezing  
and complained of chest pain. 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 [REDACTED]. Additional  
Information: Guardian Notified: Nicolette Segura Case Manager

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

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Maltreatment Narrative:

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