

## **Division of Child Care & Early Childhood Education**

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## **Notice of Serious Incident**

**Date of Incident: 10/23/2023** 

Date Received by DCCECE: 10/25/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

**Incident Type: Licensing** 

Report Description: Serious injury requiring outside medical attention Residents
Name/DOB: State: Arkansas Date/Time of incident: 10/23/23-
17:58 Please give a description of the incident: Resident injured right elbow and complained
of pain and did not disclose what happened to the nurse or staff when prompted Corrective
Actions Taken: Resident was assessed and checked by nurse who observed the skin above
the eye broken that injury had taken place. Nurse consulted with APRN who advised that
be sent to the Forrest City Medical Center for evaluation. Results of examination and
X-Ray are right elbow pain, contusion, no acute fracture, or dislocation Additional
Information: None currently. Guardian Notified: Mother
Interim Action Narrative: Resident was assessed by the nurse and referred to FCMC for an evaluation.
Maltreatment Narrative:

Licensing Narrative: Licensing Specialist was informed of provider reported incident via email. 10/25/2023, Licensing Specialist informed facility that the provider reported incident was not in ELS and to submit the incident. 10/26/2023, Licensing Specialist reviewed the provider reported incident for licensing concerns.