

Division of Child Care & Early Childhood Education

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437 P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Date of Incident: 12/7/2023

Date Received by DCCECE: 12/8/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

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Report Description: Serious injury requiring outside me	edical attention Residents
Name/DOB:	Date/Time of incident: 12/7/23-
09:20 Please give a description of the incident: Resident	was brought to the Nurses station
and complained of chest pain. Corrective Actions Taker	n: Nurse consulted with APRN who
advised that resident be sent to the Forrest City Medica	l Center for evaluation. Resident
diagnosed with	sent back to the facility for
continuance of care and Tylenol as needed. Additional	Information: None currently.
Guardian Notified:	
Interim Action Narrative: Resident was assessed by the	nurse and evaluated at FCMC.

Licensing Narrative: Licensing Specialist informed of provider reported incident via email. 12/11/2023, Licensing Specialist reviewed provider reported incident for licensing concerns.