



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

**Date of Incident: 12/13/2023**

**Date Received by DCCECE: 12/14/2023**

**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] Date/Time of incident: 12/13/23-16:24  
Please give a description of the incident: Resident complained of pain in his left wrist/hand.  
Source or injury or pain was not disclosed by resident after being prompted and asked by  
staff. Corrective Actions Taken: Staff was seen by APRN and sent to the Forrest City  
Medical Center. After assessment and X-Ray there was not any injury found only swelling  
and redness observed sent back to the facility for continuance of care. Additional  
Information: None currently. Guardian Notified: [REDACTED]**

**Interim Action Narrative: Resident was assessed by the APRN and referred to FCMC.**

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**[REDACTED]:**

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**Licensing Narrative: Program Coordinator reviewed provider reported incident for  
licensing concerns.**