



**Placement and Residential Licensing Unit**

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**Notice of Serious Incident**

**Case Number:** 019715

**Date of Incident:** 12/27/2023

**Date Received:** 12/28/2023

**Facility Name:** Perimeter Behavioral of Forrest City

**Facility Number:** 142

**Incident Type:** Licensing

**Report Description:** Resident came to the nurses' station due to right hand pain and swelling. Source of injury was not specified. Staff was seen by APRN and sent to the Forrest City Medical Center. After assessment and x-ray [REDACTED] was diagnosed with Linear lucency through the ulnar aspect of the epiphysis of the proximal phalanx of the thumb with tenderness possibly an artifactual fracture. After care at the hospital sent back to the facility for continuance of care.

**Interim Action Narrative:** Resident assessed by APRN and sent to FCMC for further evaluation.

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**Maltreatment Narrative:**

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**Licensing Narrative:** Provider reported incident sent to licensing via email on 12/28/2023 but not entered into ELS by facility. Program Coordinator entered provider reported incident into ELS for documentation purposes.