



**Placement and Residential Licensing Unit**

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**Notice of Serious Incident**

**Case Number:** 019718

**Date of Incident:** 12/28/2023

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

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

**Facility Number:** 142

**Incident Type:** Licensing

**Report Description:** Resident complained of pain in his right hand after punching a wall. Staff was seen by APRN and sent to the Forrest City Medical Center. After assessment and x-ray it is a Boxer's fracture to the right hand. Resident sent back to the facility for continuance of care after hand was cared for at hospital.

**Interim Action Narrative:** Resident was 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. Program Coordinator entered provider reported incident into ELS for documentation purposes.