



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

Case Number: 018747

Date of Incident: 1/24/2024

Date Received by DCCECE: 1/25/2024

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: [REDACTED] was taken to Forrest City Medical Center due to nausea and vomiting. The resident passed out due to dizziness but no evidence of concussion, head injury, or bodily injury. The ambulance was called and Resident was transported to the ER for assessment. Resident returned same day. Resident was diagnosed with ?vomiting? and prescribed ?ondansetron 4 mg? (oral) as needed.

Interim Action Narrative: Resident was taken to FCMC via ambulance.

Maltreatment Narrative:

Licensing Narrative: Program Coordinator inquired about resident's DOB. 1/26/2024, Program Coordinator reviewed provider reported incident for licensing concerns.