



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

**Case Number: 018866**

**Date of Incident: 1/30/2024**

**Date Received by DCCECE: 1/31/2024**

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

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description: Resident was taken to Nurses station after complaints of nausea and weakness. Resident also appeared pale. Resident was sent to Forrest City Emergency Room for further evaluation. Resident returned to facility at 0203 (2:03 am cst) from the Forrest City Emergency Room with following diagnosis: Viral Infection, unspecified.**

**Interim Action Narrative: Resident was assessed by the nurse and sent to FCMC for an evaluation.**

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**Maltreatment Narrative:**

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**Licensing Narrative: Program Coordinator reviewed provider reported incident for licensing concerns. Facility provided documentation for this incident.**