



**DHS Placement and Residential Licensing Unit  
Office of the Secretary**

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**Notice of Serious Incident**

**Case Number:** 019215

**Date of Incident:** 2/15/2024

**Date Received by PRLU:** 2/16/2024

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

**Facility Number:** 142

**Incident Type:** Licensing

**Report Description:** Resident, [REDACTED] was transported to Forrest City Medical Center for treatment of an [REDACTED]. Resident returned to facility at 1533 (3:33 pm cst). There were no issues with Resident reentering the milieu. Resident prescribed medication that has been reconciled into medication record.

**Interim Action Narrative:**

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**Maltreatment Narrative:**

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**Licensing Narrative:** Youth has recovered from [REDACTED] after completing prescribed antibiotic treatment. No further medical issues regarding this occurrence. No licensing violations as agency staff sought immediate medical treatment for this youth when they became aware of his symptoms.