



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

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**Notice of Serious Incident**

**Case Number:** 019321

**Date of Incident:** 2/21/2024

**Date Received by PRLU:** 2/21/2024

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

**Facility Number:** 142

**Incident Type:** Licensing

**Report Description:** Resident, [REDACTED] DOB [REDACTED], complained to Nurses of chest and back pain described as sharp pain. Nurses took vitals. Physician notified and ordered Resident to be further evaluated at Forrest City Medical Center ER. Today, 02/21/2024, Resident was transferred to Arkansas Children's Hospital for further treatment.

**Interim Action Narrative:**

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**Maltreatment Narrative:**

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**Licensing Narrative:** 02.22.24 LS emailed inquiry regarding this youth status; agency reported on 02.22.24 that this youth was discharged on 02.22.24. No concerns or violations as agency acted within the MLS.