

DHS Placement and Residential Licensing Unit Office of the Secretary

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Notice of Serious Incident

Case Number: 019344

Maltreatment Narrative:

Date of Incident: 2/21/2024

Date Received by PRLU: 2/22/2024

Facility Name: Perimeter Behavioral of Forrest City
Facility Number: 142
Incident Type: Licensing
Report Description: Resident, DOB , complained to Nurses of pain to his right hand. Pain was due to swelling from hitting on the desk. Ice pack and ibuprofen administered. Resident also complained of right great toe hurting. Pain due to kicking another Resident in the face. Physician notified and ordered X-Ray at Forrest City Medical Center ER. X-Ray results are ?No acute fracture or dislocation? to either hand or foot. ?Soft tissues are grossly unremarkable.? Resident returned 02.21.24 at 1520 (3:20 pm cst). No issues with Resident reentering the milieu.
Interim Action Narrative:

Licensing Narrative: Agency reports resident is recovering nicely-no complications. No concerns or violations as agency worked within the MLS during this occurrence.