



**Placement and Residential Licensing Unit**

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

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**Notice of Serious Incident**

**Case Number: 021000**

**Date of Incident: 4/26/2024**

**Date Received: 4/30/2024**

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

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description:** [REDACTED] Private Placement Resident reported swelling and pain of the right index finger and reports that it has been swollen for a week and he does not know the origin of the pain and swelling. When asked why he waited so long to report his injury, the resident was not able to give an explanation. No bruising was noted. It is observed that resident may have PTSD from past ER visit that resulted in hospitalization as to why he did not disclose injury earlier. After consultation with the APRN from Nurse resident was sent to the Forrest City Medical Center. Findings from X-Ray was normal, soft tissues are normal, no acute findings from the Medical Center.

**Interim Action Narrative:**

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**Maltreatment Narrative:**

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**Licensing Narrative:** Facility reported computer issues since 4/29/2024. Serious Occurrence Reporting Form emailed to Licensing. 5/2/2024, Program Coordinator entered incident into ELS.