



Placement and Residential Licensing Unit

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

P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Case Number: 020999

Date of Incident: 4/29/2024

Date Received: 4/30/2024

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: [REDACTED] hurt right hand while playing in the gym, pain and swelling was noted. After consultation with APRN from Nurse resident was sent to Forrest City Medical Center for assessment and X-Ray. Resident was diagnosed with unspecified sprain of right wrist, initial encounter, contusion of right hand, initial encounter. For treatment elastic bandage and RICE therapy recommend and sent back to the facility for further care and treatment from the Nurse. In addition Ibuprofen 600mg oral tablet take every six hours as needed.

Interim Action Narrative:

Maltreatment Narrative:

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