



Placement and Residential Licensing Unit
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Notice of Serious Incident

Case Number: 023427

Date of Incident: 8/22/2024

Date Received: 8/23/2024

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Resident, [REDACTED] was sent out to Forrest City Medical Center for x-ray to his left hand due to complaint of pain. Resident states hand pain started last week during a fight with another Resident. Resident returned to the milieu, same day, 1459 (2:59 pm) with no issue.

Interim Action Narrative: Resident was evaluated at FCMC.

Maltreatment Narrative:

Licensing Narrative: Licensing reviewed provider reported incident for licensing concerns. Facility provided documentation.