



**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

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### Notice of Serious Incident

**Case Number: 023426**

**Date of Incident: 8/23/2024**

**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 right hand due to complaint of pain. Resident states hand pain is a result of a fight last week. Resident returned to the milieu, same day, 1459 (2:59 pm) with no issue.**

**Interim Action Narrative: Resident was evaluated at FCMC.**

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**Maltreatment Narrative:**

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