



**Placement and Residential Licensing Unit**

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**Notice of Serious Incident**

**Case Number: 023817**

**Date of Incident: 9/5/2024**

**Date Received: 9/6/2024**

**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 ER by order of Physician due to complaint of back pain. Resident returned to milieu same day at 1615 (4:15 pm) with no issue.**

**Interim Action Narrative: Resident was sent for an x-ray 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. 9/19/2024, Licensing inquired how resident injured his back. Facility reported the resident's back pain was a result of a flare from [REDACTED] Resident was placed on activity restriction until flare subsided.**