



**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: 024196**

**Date of Incident: 9/22/2024**

**Date Received: 9/23/2024**

**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 by order of Physician for further assessment to his head after accidentally bumping heads with a peer while horseplaying. Please see attached d/c paperwork from FCMC. Resident returned to milieu same day at 2025 (8:25 pm) without issue. By order of Physician: Neuro checks every 48 hours and Resident is on activity restriction for seven days.**

**Interim Action Narrative:**

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**Maltreatment Narrative:**

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**Licensing Narrative: 9/25/2024- Licensing visited the facility to discuss the case and review camera footage. The facility was unable to locate exactly when and where the resident was injured in the video review. Camera footage was reviewed of the gym and courtyard on 9/22/2024 from 16:40-16:52. Video showed the gym was non-compliant with ratio regulations 2:17. The facility reports they will speak with the staff to determine the correct time frame of when the resident was injured so that licensing can review the correct video at a later date. 10/8/24- Licensing Specialist and Program Manager went to facility and determined that no further action was needed.**



**Division of Child Care & Early Childhood Education**

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## 521 Visit Compliance Report

**Licensee:** Perimeter Behavioral of Forrest City

**Facility Number:** 142

**Licensee Address:** 603 KITTLE ROAD  
FORREST CITY AR 72335

**Licensing Specialist:** Chelsea Vardell

**Person In Charge:** Immanuel Morris

**Record Visit Date:** 9/25/2024

**Home Visit Date:** 9/25/2024

**Purpose of Visit:** Special Visit

### Regulations Out of Compliance:

**Regulation Number:** 900.907.3

**Regulation Description:** Staff/child ratio shall be at least 1:6 during waking hours and 1:8 during sleeping hours.

**Finding Description:** Video review of the gym on 9/22/2024 showed the staff/child ratio at 2:17.

**Action Due Date:**

**Action Due Description:**

**Comply Date:**

**Action Due Description:**

### Regulations Needing Technical Assistance:

### Regulation Not Applicable:

**Regulations Not Correctable:**

**Narrative:**

Program Manager and licensing specialist visited the facility to discuss the case and review camera footage. The facility was unable to locate exactly when and where the resident was injured in the video review. Camera footage was reviewed of the gym and courtyard on 9/22/2024 from 16:40-16:52. Video showed the gym was non-compliant with ratio regulations 2:17. The facility reports they will speak with the staff to determine the correct time frame of when the resident was injured so that licensing can review the correct video at a later date.

The facility is being cited for 907.3 for failing to maintain a ratio of 1:6 in the gym on 9/22/2024.

**Provider Comments:**

CCL Staff Signature :

Date: 9/26/2024

Provider Signature :

Date: 9/26/2024



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## 521 Visit Compliance Report

**Licensee:** Perimeter Behavioral of Forrest City

**Facility Number:** 142

**Licensee Address:** 603 KITTLE ROAD  
FORREST CITY AR 72335

**Licensing Specialist:** Andrea Adamson

**Person In Charge:** Immanuel Morris

**Record Visit Date:** 10/8/2024

**Home Visit Date:** 10/8/2024

**Purpose of Visit:** Special Visit

### **Regulations Out of Compliance:**

### **Regulations Needing Technical Assistance:**

### **Regulation Not Applicable:**

### **Regulations Not Correctable:**

### **Narrative:**

Licensing Specialist and Program Manager went to the facility to review footage of the case 024196 as a follow up to the last licensing visit. However, the facility was still unable to locate the exact time in which the

child was injured for video review. The facility management stated that they have put in a discharge request for this resident as he has failed to make any progress while in treatment and continues to engage in aggressive behaviors with peers.

**Provider Comments:** *Andrea Adamson*

CCL Staff Signature :

Date: 10/10/2024

Provider Signature :  Director of Quality Risk Mgmt

Date: 10/10/2024