



**Placement and Residential Licensing Unit**

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

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**Notice of Serious Incident**

**Case Number: 024639**

**Date of Incident: 10/9/2024**

**Date Received: 10/10/2024**

**Facility Name: Perimeter Behavioral of Forrest City**

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description: Resident, [REDACTED], went to Forrest City Medical Center for x-ray of left foot after complaint of pain after playing basketball. Resident is on activity restriction until reassessment by Physician.**

**Interim Action Narrative: 10.9.24 Resident went to FCMC for x-ray**

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**Maltreatment Narrative:**

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**Licensing Narrative: Licensing Specialist reviewed for concerns 10.11.24 Facility provided FCMC discharge paperwork.**