



**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: 024849

Date of Incident: 10/18/2024

Date Received: 10/21/2024

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: [REDACTED] Resident reported pain in hand after falling in the gym while playing. APRN after consulting with the Nurse ordered resident to go to Forrest City Medical Center for a Xray of his left hand; After assessment Medical Center [REDACTED]. Referred to Jonesboro Sports Medicine for further assessment and care. Appt. will be set up after answer from the clinic.

Interim Action Narrative:

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Maltreatment Narrative:

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Licensing Narrative: Program Coordinator received an email regarding this incident. 10.24.24- Licensing Specialist emailed facility requesting discharge paperwork and if an appointment had been made with [REDACTED] 10.24.24- Facility responded "[REDACTED] appointment is scheduled for 10/28 @ 2:40." and provided requested paperwork.