



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: 024851

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 chest pain APRN after consulting with the Nurse ordered resident to go to Forrest City Medical Center for Chest Xray; After assessment Medical Center [REDACTED]. Flonase Nasal Spray 50mg 1 spray n each nostril prescribed.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: Program Coordinator was informed of the incident via email. 10.24.24- Licensing Specialist emailed facility requesting discharge paperwork. 10.24.24- Facility responded with requested paperwork.