

Placement and Residential Licensing Unit

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Notice of Serious Incident

Case Number: 026581

Date of Incident: 1/2/2025

Date Received: 1/3/2025

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Resident, , , was sent out to by order of Physician after complaint of pain to his left pinky. Resident states origin of pain was from a prior physical altercation. Resident returned to the facility, same day, at 1855 (6:55 pm cst) with no further issue. Resident is activity restriction until further evaluation.

Interim Action Narrative:

Licensing Narrative: 1.6.25- Facility sent over SOF paperwork

humanservices.arkansas.gov