



**Placement and Residential Licensing Unit**

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**Notice of Serious Incident**

**Case Number: 028226**

**Date of Incident: 3/12/2025**

**Date Received: 3/13/2025**

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

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description:** Resident, [REDACTED] presented to Nurses? station with complaint of pain to his left pinky with a pain rating of 10 (10 being the highest for pain). Resident stated ?I accidentally jammed my finger while playing football (catch) outside. Nurse assessment: Left pinky finger in flexed position and unable to move, cool to touch with minimal swelling noted, Ibuprofen 200 mg (2) given for pain. Orders were obtained from Rosalin Perry, APRN for transport to [REDACTED] for further evaluation and treatment. Resident returned to facility at 2000 (8:00 pm). [REDACTED]

[REDACTED] Resident has an appointment [REDACTED]/2025 at 0900 (9:00 am) for a splint. Resident is on activity restriction until further evaluation to prevent further injury.

**Interim Action Narrative:**

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[REDACTED] Narrative:

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**Licensing Narrative:** 3.13.25- Facility sent SORF as well as medical records from [REDACTED].