



Placement and Residential Licensing Unit

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Notice of Serious Incident

Case Number: 028757

Date of Incident: 4/2/2025

Date Received: 4/3/2025

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, swelling, and bruising to left hand due to punching a wall in the gym. Roslyn Perry, APRN, notified and orders were received for x-ray at [REDACTED]. **Findings:** No acute fracture or dislocation. The proximal and distal carpal rows are adequately aligned. The soft tissues are grossly unremarkable. **Impression:** No acute osseous abnormality of the left hand. Oriented to person, place, and time. Speech clear, good eye contact, and gait steady. Respirations even and non-labored. Order from APRN for Resident to be placed on activity restriction for three days to prevent further injury and ice pack as needed.

Interim Action Narrative:

[REDACTED] **Narrative:**

Licensing Narrative: 4.3.25- requested nursing notes and discharge paperwork facility sent paperwork requested