



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: 029330

Date of Incident: 4/25/2025

Date Received: 4/28/2025

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Resident, [REDACTED], presented to Nurses station with complaint of feeling dizziness, shaky; state he has vomited and doesn't feel well. Vital signs: BP 115/76, temperature of 98. Oxygen saturation 96 at room air. Pulse 147. Resident started new medication today, [REDACTED] Physician notified and asked to send out to [REDACTED] for evaluation and to hold [REDACTED] Resident sent out to [REDACTED] accompanied by transport driver and MHT Staff. Resident ambulatory, steady gait, and skin intact. No acute distress. Resident returned from the [REDACTED] at 1455 (2:55 pm) with the [REDACTED] [REDACTED] He returned with orders for [REDACTED]

Interim Action Narrative:

[REDACTED] **Narrative:**

Licensing Narrative: 4.29.25- Uploaded SORF and requested [REDACTED] summary