

**Arkansas Department of Human Services
Division of Child Care & Early Childhood Education
Placement & Residential Licensing Unit**

Licensing Compliance Record

Agency Name: Perimeter of the Ozarks **Person in Charge:** Robert Marsh
Address: 2466 S 48th Street Springdale AR 72762 **Phone:** 479-957-9857
Licensing Specialist: Rachel Carlton
Date of Visit: 01/20/2021 **Purpose of Visit:** Complaint outcome

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
R405.5	Complaint of staff using inappropriate restraint on child is founded. Agency responded appropriately and terminated the offending staff member.		

COMMENTS of Person receiving form:



PERSON SIGNING AS RECEIVING
DCCECE 521 PR

1/20/21
DATE

Rachel Carlton
LICENSING SPECIALIST

01/20/2021
DATE

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION



Date: 1-19-21 Licensing Specialist: Rachel Carlton

CHRIS #: [Redacted]

Facility Type: Residential Type: Psychiatric/Residential

Placement Private
 DCFS

Foster Home Name: _____

Unlicensed Facility

Facility Name: Perimeter of the Ozarks
Agency Name: Perimeter
Address: 2466 S 48th Street Springdale AR 72762
County: Washington
Phone: 479-957-9857
License #: 237

Owner Name: Woodridge, LLC
Address: 2466 S 48th St Springdale, AR 72762
Phone: 479-957-9857

Date Licensed: 4/26/16

Facility Status: Provisional
 Regular
 Probationary

Allegation: Neglect Abuse Sexual Abuse

Provider Reported Incident (PRI): Complaint:

PRI converted to Complaint: Date: [Redacted]

Date of Incident: [Redacted]

Involved Child/Children (IC): IC1: AV [Redacted], [Redacted]
 IC2 DOB/Age:
 IC3 DOB/Age:
 IC4 DOB/Age:

Involved Staff Member(s) (S-1, S-2): S-1: AO [REDACTED]
S2:
S3

DCFS CACD Investigator: Naomi Latdrik

Brief summary of allegation:

V is 17yo and is a foster child who resides at Perimeter Behavioral of the Ozarks. AO is 26yo, who works at the facility as a care taker. It is reported that a grievance was received from AV on AO Thursday evening stating that AO body slammed her on the 8th of January. In the video surveillance AV was walking and placed her hands on the nurse's station and AO was trotting after her. AO came behind AV and picked her up and slung her around to the ground where she hit the ground about 3 feet away. It is reported that AO used a pretty good amount of force during this and AV got up and slapped at him a few times. There isn't any statement if injury from AV and there was no reports of injury to her. AO was also suspended on 5-18-20 due to inappropriate comments to a resident stating that "I hope you beak your neck" and he was put on a 90 day probation on which is finished successfully.

Interim Corrective Action: AO was terminated from the facility due to the body slamming of AV because this was inappropriate handling of child and was not SAMA a restraint program the facility has in place.

If no interim corrective action, please explain

Date of most recent monitor visit and deficiencies cited during visit: Visit on 9/30/20. No deficiencies cited.

Brief summary of monitor visit compliance history: Agency has operated within favorable compliance of Minimum Licensing Standards.

History of founded licensing and founded maltreatment complaints: yes, 4/13/20 founded for 907.20

Is there a current corrective action agreement? If yes, list the dates and reason? no

IC – Involved Child/Children (include the age or date of birth)
R – Reporter
IS – Involved Staff Member(s) (S-1, S-2, etc.)

Narrative:

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

1/19/21 PC from Robert Marsh, Admin, who stated a staff member had used inappropriate restraint on a resident and was terminated for not following protocol. He stated the facility hotlined this incident and it was accepted. He also emailed me the incident report.

Complaint of staff using inappropriate restraint on child is founded. Agency responded appropriately and terminated the offending staff member.



SERIOUS OCCURRENCE REPORTING FORM

Check appropriate box. Once form is completed, send to the Office of Long Term Care and the Disability Rights Center, Inc at the fax numbers listed below.

- Serious Injury requiring outside medical attention
 Resident's attempted suicide
 Allegation of abuse/neglect related to a restraint
 Resident's death

Please give a brief, but complete, description of the occurrence, including how injury was sustained if applicable, the treatment provided, and the outcome.

On the evening of January 14, 2021 (Thursday), a resident submitted a Grievance form to the Clinical Director. It was received by the Clinical Director on January 15, 2021 (Friday). On January 18, 2021 (Monday), the Regional Human Resources Director received the allegation/grievance and began an investigation.

The allegations is as follows: The resident alleged that on or about [REDACTED], Youth Care Worker ("YCW") [REDACTED], "body slammed" her when she tried to jump on the Nursing Station. She stated the incident occurred around "1:00-ish".

No incident or injury was reported prior to this time by the resident to any member of staff and the resident did not indicate she had been injured on the grievance form.

	Name of Perimeter Staff Making Notification	Date	Time	Name of Person Notified
Office of Long Term Care	Robert Marsh, CEO	1/19/21	11:40	Sandra Broughton Fax #: 501-682-6159 or 6171
Disability Rights Center, Inc.	Robert Marsh, CEO	1/19/21	11:40	rstanford@disabilityrightsar.org Fax #: 501-296-1779

Robert Marsh - CEO

1/19/21

Signature and title of staff completing this form

Date:

Name of Facility: Perimeter of the Ozarks	Phone Number: (479)-957-9857
Street Address, City, State, Zip: 2466 S. 48 th Street Suite B Springdale, AR 72762	



**Perimeter of the Ozarks
Residential Treatment Center**

Note: This form along with the fax transmittal sheet must be filed in the clinical record.

Please give a description of the investigation

On [REDACTED], the Regional HR Director began an investigation into the grievance. Video was review of the day in question. At approximately 12:36 p.m., the resident was seen walking across the nursing area and stopped at the right facing end of the Nurses Station. She placed her hands on top of the counter and "hopped" approximately 1/2 to 1 foot off the ground.

[REDACTED], YCW, was seen running after the resident. He reached around, picked her up, swung her 1/4 round and she was thrown to the floor. This is an improper handling of the situation, outside of our Direct Care, TBRI and SAMA training and regulations.

[REDACTED] was brought in for an interview; he did not deny the allegations or issues.

Actions taken

[REDACTED], YCW, was terminated on Monday, [REDACTED] for behaviors inconsistent to Direct Care, TBRI and SAMA procedures, practices and protocols. This has been filed as Gross Misconduct and he is not eligible for rehire.

The Regional HR Manager submitted this issue to the Arkansas State Hotline on [REDACTED] at [REDACTED] p.m. She reported the allegation, the outcome of the investigation, providing all information requested. The Hotline call was marked as "ACCEPTED".

	Print Name	Date	Time	Signature
DON	Melissa Woodward	1/19/21	12:00	
CNO	N/A			
Compliance	Jennifer Messamore	1/15/21	11:35	
Clinical Director	Clinical Director			
CEO	Robert Marsh	1/14/21	11:35	