

[REDACTED]

Date: 02/01/2021 Licensing Specialist: Lakesha White

CHRIS #:

Facility Type: Residential Type: PSYCHIATRIC/SEXUAL REHABILITATION

Placement Private
 DCFS
Foster Home Name: _____

Unlicensed Facility

Facility Name: PERIMETER BEHAVIORAL OF FORREST CITY
Agency Name: PERIMETER BEHAVIORAL OF FORREST CITY
Address: 603 KITTLE ROAD, FORREST CITY, AR 72335
County: ST. FRANCIS
Phone: 870-633-3200
License #: 142

Owner Name: WOODRIDGE BEHAVIORAL CARE OF FORREST CITY, LLC
Address: 1620 CUDE LANE, MADISON, TN 37115
Phone: 615-860-9230

Date Licensed: 11/18/2008

Facility Status: Provisional
 Regular
 Probationary

Allegation: Neglect Abuse Sexual Abuse Incident X

Provider Reported Incident (PRI): X Complaint:

PRI converted to Complaint: Date:

Date of Incident: 1/30/21 received report on 2/1/21

Involved Child/Children (IC): [REDACTED] DOB/Age: [REDACTED]

[REDACTED] DOB/Age: [REDACTED]

DOB/Age:

Involved Staff Member(s) (S-1, S-2): S-1:

DCFS

CACD Investigator:

Brief summary of allegation: Email received from CEO of facility:

We had two patients elope from the facility approximately 0845 1/30/21. Forrest city police department was called. IC1 busted through the door alongside IC2, jumped the fence and ran off the facility property. Forrest city police department brought patients back to the facility approximately 1918.

List all reported injuries to the child: none

Interim corrective action for this incident:

Patients was placed in green safety scrubs, elopement precaution safety plan and building restriction immediately.

If no interim corrective action, please explain:

Date of most recent monitor visit and deficiencies cited during visit: A monitor visit was conducted on 12/07/20. The following items were cited: Repair or tighten screens for the air conditioner in rooms 207, 406, 407 and 303.

Brief summary of monitor visit compliance history: Agency has a history of compliance with Minimum Licensing Standards

History of founded licensing and founded maltreatment complaints: Agency has had one true Licensing report in the last year

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.)

Update: Email from CEO Che Jordan on 2/5/21 stated there was adequate staff supervision during this incident and there is video footage if needed. This incident was also reported to DRA.



Precaution Safety Plan

Name: [Redacted] Date: [Redacted]

Precaution: Elopement Risk LOS Constant 1:1 (MD order only)

Behavior Leading to Safety Plan:
Busted thru back door + ran from premises

Staff Responsibilities:

Awake Interventions

- Staff keeps resident focused on therapeutic materials
- Maintain observation flow sheet at least every 15 minutes.
- No Gym/Outside or classroom
- No close-toed shoes for duration of safety plan
- No visitation for duration of safety plan and phone calls by therapist approval only
- UR(Unit Restriction) N Y No. of Days _____
- BR(Bldg. Restriction) N Y No. of Days *per therapist*

Hygiene Interventions

- During hygiene: staff is outside unlocked door that is ajar 5 inches, staff member will be of the same sex

Asleep Interventions

- Staff seated outside open door with constant eyesight
- Resident must sleep with face exposed (not under covers) and hands exposed as well.

Individualized Interventions:

None

Other(s) As Follows:

Level of Observation

Line of Sight Constant

- Staff shall have an unobstructed, full view of the resident at all times
- Hygiene completed with staff outside door, remaining in constant communication
- Overnight constant observation. Staff will sit outside bedroom door.

1:1 Observation (by physician order only)

- Resident in constant eyesight by staff who is assigned on a 1:1 and within arm's length
- Staff member is assigned to this resident only. Resident must stay with the assigned staff.
- Constant observation day and night.
- Reviewed every 24 hours by MD.

Woodridge of Forrest City
[Redacted]
Huyah, Nga,
N/R: [Redacted] ACC. [Redacted]
[Redacted] 12,05



Precaution Safety Plan

Name: [REDACTED]

Date: [REDACTED]

Precaution: Elopement Risk

LOS Constant

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MR# [REDACTED]
DOB [REDACTED] AD [REDACTED]
Summit [REDACTED]