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Notice of Serious Incident

Date of Incident: 1/31/2023

Date Received by DCCECE: 2/3/2023

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Facility Type: Residential

Incident Type: Licensing

Report Description: Name: , DOB , Guardian: DHS (TX) notified o Incident: 01/31/23 approximately at 2030 o Precaution safety plan: Self-Harm, Constant LOS o Police were called: N/A o On 1/31/23 at approximately 2030, began biting herself on her hand in the corner of the dayroom. This left a superficial opening on the top of the skin that was cleaned by the RN and left open to air to heal. Resident was given an exit and processed event with staff. Self-harm precautions with constant line of sight initiated for the next 7 days as a result of this event.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 2/6/23- Licensing issued a 521 to the agency citing for 109.1.f due to a failure to comply with the stipulations set forth in the current Corrective Action Agreement. 02/09/2023-unannounced licensing visit completed by specialist Sutton this date. Facility provided a copy of the current safety plan for resident **Corrections** for review. Resident was within LOS of staff members at time of visit.

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