ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Date of Incident: 3/1/2023

Date Received by DCCECE: 3/1/2023

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Facility Type: Residential

Incident Type: Licensing

Report Description: [redacted], DOB: 1[redacted], Guardian: [redacted]
Mother: Notified On 3/1/23 at approximately 1040, RN spoke to client while RN was cleansing her arms from picking scabs. Client appeared extremely calm, but flat affect. No issues/concerns or suicidal ideations were noted by client. Client was on standard Q15 observation due to no recent self-harm behavior. This client then returned to the unit and went to room for quiet time as did the entire milieu. Room changes had been made due to maladaptive behaviors and this client did have a room change. At approximately 11:39, staff unlocked client?s door and client preceded to walk inside. Staff continued to walk down the hallway, unlocking other bedroom doors for quiet time. Other peers continued to walk by client?s door, then go into their individual rooms. Approximately 1 minute, 15 seconds later, staff returned down the hallway and looked into the client?s room as client was laying in the floor. Staff immediately approached the bedroom and called for nursing and staff support via walkie. It was found, client tied a piece of material around her neck. After nursing arrived, she immediately left to get scissors to assist in the rapid removal of material. However, staff were successful in removing the material with their hands before RN returned. Once RN re-entered room, resident was seen to be breathing, conscious, and tearful, but refused to verbally process. Client did have a red area on neck where material had been tied with no breathing difficulty or speaking noted. At this time, therapist came in to attempt to process. Rn confirmed that during this event on both entries into the bedroom, resident did not have loss of consciousness. Corrective Action Plan includes 1:1 level of supervision during wake hours while wearing paper scrubs. Client will sleep in the day room area for optimal supervision/safety. Therapist will continue to process and communicate with medical team regarding issues/concerns. Individualized safety plan will be developed with therapist as client continues to stabilize.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative:Licensing specialist viewed camera footage of this incident. Resident can be seen processing 1:1 with a staff member from 11:31 to 11:39 A.M. At 11:39 A.M. other residents and staff enter unit for quiet/reflective time and staff begin opening doors for residents. Resident enters room around 11:40 A.M. and is discovered by staff at around 11:41.5 . Staff reported she used an intact sweatshirt to self-harm during this incident. Resident was observed in the cafeteria at time of visit 1:1 with an MHT. No need for additional licensing follow up at this time.