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Notice of Serious Incident

Date of Incident: 3/4/2023

Date Received by DCCECE: 3/6/2023

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Facility Type: Residential

Incident Type: Licensing

Report Description: Name: DOB: DOB: Notified: Mylea White (AR/DHS) On 3/4/23 at approximately 0730, resident started self-harming and slowly began escalating. She began punching walls and trying to pull sockets out of the wall, as well as, continuing to pick open her scabs. Patient was given a one-time dose IM medication with the assistance of staff to help her regain control and reduce her anxiety. She was able to calm herself down in the comfort room with the assistance of staff. Minor opening of old self harm scabs noted with minimal bleeding, tended to by RN. Resident to be continued on 1:1 LOS for safety.

Interim Action Narrative:

Maltreatment Narrative:

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