

## **Division of Child Care & Early Childhood Education**

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**Notice of Serious Incident** 

| Date of Incident: 3/14/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Date Received by DCCECE: 3/15/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Facility Name: Perimeter of the Ozarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Facility Number: 237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Facility Type: Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Incident Type: Licensing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Report Description: Name:, DOB:, Notified: (Guardian) On 3/14/23 at approximately 1317, resident became dysregulated and began hitting themselves in the face with a closed fist. Additional staff, RN, and therapist called for support. Verbal de-escalation and blocking by present staff was unsuccessful, and resident had to be placed in a brief physical hold to maintain safety. When safe behaviors were exhibited, resident's emotions were regulated, and a verbal agreement for safety was established, resident was transitioned out of hold. Resident taken to nurses' station where dried blood on her face was cleaned. Self-harm precautions with constant line of sight to be continued as a result of this event and will maintain until safe behavior is displayed. |
| Interim Action Narrative:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Maltreatment Narrative:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Licensing Narrative:Unannounced licensing visit to facility today. Facility was in ratio and no issues with supervision were observed. Resident is currently on a safety plan to address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| behaviors and therapist continues to monitor the situation. No need for additional licensing follow up at this time. |
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