



**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

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## Notice of Serious Incident

**Date of Incident:** 12/11/2022

**Date Received by DCCECE:** 12/21/2022

**Facility Name:** Perimeter of the Ozarks

**Facility Number:** 237

**Facility Type:** Residential

**Incident Type:** Licensing

**Report Description:** "Resident compliant with med pass. R self-harmed with the light socket cover on her forearm. Wounds superficial and did not require first aid but were told to wash with soap and water. R just kept telling this RN that "no one listens" when asked why this occurred. R required 1 on 1 with staff due to unsafe behavior cutting on light switch. R denies any SI/HI. Guardian and DON informed. Self-harm precaution x7 days.

**Interim Action Narrative:**

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**Maltreatment Narrative:**

**Outcome:**

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**Licensing Narrative:** 12/21/22-Program Coordinator reviewed the incident log at the facility during an intent training on 12/21/22. The Program Coordinator requested a copy of the incident as it was not reported to licensing as required in their current Corrective Action Agreement. The facility was made aware that this incident will be reviewed, and further discussion would occur in the near future as this was a failure to comply with the current Corrective Action Agreement. 12/29/22- Program Coordinator and Licensing Specialist Sutton visited the facility and discussed this incident. The resident's bedroom (room 305)

was viewed, and the bathroom light socket was seen replaced. The facility reported that the bathroom is where the light socket was damaged, and she used it to self-harm. The bathroom was in good condition at the time of the walkthrough.



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## 521 Visit Compliance Report

**Licensee:** Perimeter of the Ozarks

**Facility Number:** 237

**Licensee Address:** 2466 SOUTH 48TH STREET  
SPRINGDALE AR 72766

**Licensing Specialist:** Chelsea Vardell

**Person In Charge:** Ana Salazar

**Record Visit Date:** 12/27/2022

**Home Visit Date:** 12/27/2022

**Purpose of Visit:** Self Report Visit

### Regulations Out of Compliance:

**Regulation Description:** Unprofessional conduct in the practice of child welfare activities shall include, but not limited to the following:

**Sub Regulation Description:**

**Regulation Number:** 1.109.1.f

### Regulations Needing Technical Assistance:

### Regulations Not Correctable:

### Narrative:

No site visit conducted on this day.

The Program Coordinator reviewed an incident from 12/11/22 in the incident log at the facility. The report showed that resident [REDACTED] self-harmed on 12/11/22 with a light socket cover. The Program Coordinator discussed how all self-harm reports are to be reported to the licensing unit per the corrective action agreement. This report was not sent to the licensing unit by the next business day; therefore, the facility is in violation of their corrective action agreement.

The facility will be cited for 109.1.f.



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**Licensing Specialist:** Chelsea Vardell

**Person In Charge:** Ana Salazar

**Record Visit Date:** 12/29/2022

**Home Visit Date:** 12/30/2022

**Purpose of Visit:** Self Report Visit

### Regulations Out of Compliance:

**Regulation Description:** All buildings and furnishings shall be safe, clean, and in good repair.

**Sub Regulation Description:**

**Regulation Number:** 9.911.6

### Regulations Needing Technical Assistance:

### Regulations Not Correctable:

### Narrative:

The Program Coordinator and Licensing Specialist visited the facility and discussed three incidents of self-harm by resident [REDACTED] on 12/11/22, 12/13/22, and 12/23/22. On 12/11/22 the resident self-harmed using a

broken light socket cover. On 12/13/22, resident self-harmed with a piece of a shampoo bottle while in the shower, and on 12/23/22 the resident obtained a screw from what was originally believed to be the cafeteria door and threatened to swallow it.

The DON reported that the staff had originally thought that this screw came from the door frame of the door in the cafeteria, but the screws appear to be different, so they are unsure where it came from. Licensing viewed the cafeteria door and the remaining cafeteria. Two outlet covers were seen to be loose and in need of repair. DON Ana Salazar notified maintenance of the outlet covers during the walkthrough. No missing screws were noted to be seen on or around the door frame. Licensing also viewed the resident's bedroom (room 305). The resident's bathroom was viewed and seen to have a new light switch cover installed as the resident had also self-harmed with it on 12/11/2022. A screw was seen protruding from the cover over the bedroom window. The DON took a picture of the screen and requested that it be secured back into the frame with maintenance. The DON reports the outlet covers in the cafeteria and the screw in the resident's room will be addressed today. Licensing discussed with the DON if any documentation is kept when a resident is on safety precautions to confirm that staff are keeping constant communication while a resident is in the shower. The facility is not currently keeping any documentation other than their "Q 15's" which are mandatory 15-minute observation sheets required for all residents. Licensing encouraged the facility to document how and when staff are complying with any doctor's orders. Licensing also discussed the facility using paper cups with hygiene products for the residents on self-harm precautions to eliminate the possibility of a resident using plastic bottles for self-harm.

The facility will be cited for 911.6 for the loose outlet covers in the cafeteria, protruding screw in the window of room 305, and the broken light switch cover reportedly used to self-harm by the resident on 12/11/22 (already corrected). Please have the outlet covers and screw repaired by 12/30/22.