

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: 4/13/2023

Date Received by DCCECE: 4/13/2023

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Facility Type:

Incident Type: Licensing

Report Description: Reside	ents Name/DOB:		Staff 1:
Staff 2:	Date/Time of	fincident: 04/11/2023, appro	ximately 1930 On
4/13/23, it was reported by	that Staf	f 1 placed her into a physical	hold in her
bedroom, leaving scratch r	narks on right han	d. Staff 2, witness, reported t	hat no physical
hold occurred. Due to the	allegation, a	call was placed, and a repo	ort was taken and
accepted (Ref #	Staff 1 has been sus	pended, pending completion	n of state
investigation. Immediate A	Actions Taken: Ca	mera footage reviewed Stater	nents provided
Right hand assessed, captu	ured, and docume	nted by Nursing	
called. (Report accepted, F	Ref #) Staff	1 suspended pending compl	letion of
investigation Additional In	formation: Notifie	ed: Guardian:	, DHS) Cassie
Sowder, CEO Annika Perr	y Therapist Felicia	.Harrris@dhs.arkansas.gov	Kris Stewart &
Reagan Stanford and Ashly	yn Whelchel Disab	ility Rights of AR Chelsea V	ardell and Kendra
Rice DHS Rebecca Thoma	as, Perimeter		

Interim Action Narrative:	called and call accepted.	Staff member	has been
suspended, pending completion of in	vestigation.		

Maltreatment Narrative:

Licensing Narrative: Licensing Specialist was informed of this provider reported incident. 4/14/23- Program Coordinator contacted DCFS to determine the assigned investigator and was informed that the report was screened out. Facility visited 4/24/23 in response to selfreport incident. Video reviewed from incident. One staff (reportedly) is viewed standing in the hallway outside of the room in which the alleged incident took place. does not leave the view of the room until (A/O) exits. Video does not show what took place inside of the room. Client (A/V) was interviewed today. "put her elbow in my back...grabbed my hand with her hand Client stated that and pulled my arm tight". Client stated that she was viewed by the nurse and pictures were taken of the bruise. DON Sarah Kroon consulted whom stated that client is a selfharmer and had bruises on her arms but nothing during inspection after the incident that would indicate a recent bruise was inflicted. was phoned today on speaker with CEO Cassie Sowder. When asked, stated that at no time did she witness put client in a hold. has been coached and staff re-educated on the importance of staff witnesses while in a client's room.



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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: Clayton DeBoer

Person In Charge:

Record Visit Date: 4/24/2023

Home Visit Date: 4/24/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Facility visited in response to self-report incident.

Video reviewed from incident. One staff (reportedly) is viewed standing in the hallway outside of the room in which the alleged incident took place. does not leave the view of the room until (A/O) exits. Video does not show what took place inside of the room.

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DON Sarah Kroon consulted whom stated that client **mathematical** is a self-harmer and had bruises on her arms but nothing during inspection after the incident that would indicate a recent bruise was inflicted.

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Provider Comments:

CCL Staff Signature :

Date: 6/6/2023

Provider Signature :

Date: 6/6/2023