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: 4/21/2023

Date Received by DCCECE: 4/24/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type:

Incident Type: Maltreatment

Report Description: Residents Name/DOB: [redacted] Date/Time of incident: 4/21/2023 8:00pm Please describe the incident: Per staff report the resident alleged to the nurse that around 8pm [redacted] walked into his room and choked him. Actions Taken: The resident was taken to the nurse's station and assessed. The resident did not have any visible injuries. A written statement was collected from the resident and the employee. The [redacted] was called by the nurse and accepted here is the referral number: [redacted]. Camera observation was conducted on 4/24/2023 at 10:28am. [redacted] is observed walking onto the 300-Hall at 8:25pm, [redacted] is then observed walking into multiple resident's rooms conducting quality checks. [redacted] is then observed walking to the end of the hall to room 302. He is observed walking into the room at 8:26pm with (2) witnesses [redacted] and [redacted]. He then exits the room at 8:27pm. The employee has been suspended pending further investigations. The resident will be seen by his therapist to address any additional issues of concerns. All appropriate parties have been notified. Guardianship Private Placement

Interim Action Narrative: Staff member has been suspended pending investigation. Resident will process with therapist. The facility requested an ICA for the staff to continue working with no direct or unsupervised contact with the residents on 4/25/23. Licensing approved the ICA o

Maltreatment Narrative: Per staff report the resident alleged to the nurse that around 8pm [redacted] walked into his room and choked him.

Licensing Narrative: 4/25/2023- Program Coordinator visited the facility and reviewed camera footage. Statements from staff L. Barton, staff G. Hall, staff D. Williams and resident[redacted] reviewed. Nursing notes were obtained and reviewed. Helena Coplin will send the witness statement from staff Davenport when she returns to work and email it to the Program Coordinator. 4/25/2023- Licensing received the ICA for staff to continue working with no direct or unsupervised contact with the residents. 4/27/23-Licensing approved the ICA for staff and emailed the facility. 5/4/2023- Licensing again asked for a copy of the witness statement of Ms. Davenport. The facility reports they will email it to the Program Coordinator. 5/8/2023-Licensing requested the facility watch the video again to determine if at any point the staff returns back inside the resident's bedroom past 8:30pm. The facility confirmed that the staff did not return to the resident's bedroom after the nurses brought the resident back to the bedroom. 5/9/2023- Program Coordinator received a copy of the witness statement for K. Davenport and reviewed it. 5/10/2023- Program Coordinator followed up with the investigator to determine if any new information has been found after interviews with the A/V's roommates. The Program Coordinator called Helena Coplin with the agency and requested copies of the training records for the A/O, his hire date, and any records pertaining to disciplinary actions and or complaints made against him by residents. Helena reported that their were not complaints or disciplinary actions and she will have their HR send a copy of the A/O hire date along with his training records. Additionally, the Program Coordinator and Helena discussed potential training that the staff will have if/when he returns to work with the residents to include, but not limited to, SAMA and Conscious Discipline. 5/24/2023- Licensing received notification that the maltreatment investigation was closed as unsubstantiated. The Program Coordinator notified the Program Manager to determine if the ICA for the staff could be lifted by the Licensing Unit so he could return to normal job duties, pending retraining on appropriate de-escalation techniques. 6/1/2023, Licensing Specialist requested documentation when staff has been retrained. Licensing Specialist received documentation of training.

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521 Visit Compliance Report

Licensee: Perimeter Behavioral of Forrest City

Facility Number: 142

Licensee Address: 603 KITTLE ROAD
FORREST CITY AR 72335

Licensing Specialist: Chelsea Vardell

Person In Charge: Helena Coplin

Record Visit Date: 4/25/2023

Home Visit Date: 4/25/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Visit conducted from 12:15PM to 2:45PM

Current census: 55

Program Coordinator visited the facility and discussed the complaint regarding the allegation that resident [redacted]. stated he was choked by staff [redacted] in his bedroom the night of 4/21/2023.

Camera footage of the unit was reviewed from 8:20PM to 8:30PM. Residents can be seen in their bedrooms for bedtime as two staff are sitting at desks on the hall completing paperwork. Staff [redacted] then enters the hall and is looking into the bedrooms when he walks into resident [redacted]s bedroom at 8:26PM. The two other staff monitoring the hall appear to be looking into the resident [redacted].s bedroom while staff [redacted] is in the room. [redacted] then exits the room after approximately one minute. There is no commotion seen on camera by any of the three staff and no residents are up at this time. Staff [redacted] walks casually over to the wall to write something down on the paper he is carrying when resident [redacted] exits his room and walks to the nurse's station. Resident [redacted] does appear to be upset as he walks by the camera. At 8:29PM resident [redacted] is seen being transported back onto the hall then to his bedroom in a two-person escort (additional staff not [redacted]).

Statements from staff [redacted] staff [redacted] staff [redacted] and resident [redacted] reviewed. Nursing notes were obtained and reviewed. Helena Coplin will send the witness statement from staff [redacted] when she returns to work and email it to the Program Coordinator.

Licensing is not prepared to leave a finding at this time.

Provider Comments:

CCL Staff Signature : Date: 6/7/2023

Provider Signature : Date: 6/7/2023

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521 Visit Compliance Report

Licensee: Perimeter Behavioral of Forrest City

Facility Number: 142

Licensee Address: 603 KITTLE ROAD
FORREST CITY AR 72335

Licensing Specialist: Chelsea Vardell

Person In Charge:

Record Visit Date: 5/30/2023

Home Visit Date: 5/30/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Licensing has reviewed documentation and camera review related to case 014076 and determined it to be unfounded.

If staff [redacted]. has already been retrained on proper de-escalation techniques with residents, the facility shall provide a copy of the training by 6/1/2023. If staff [redacted]. has not already been retrained, then training shall be completed by 6/9/2023 and documentation showing the retraining will be provided to the licensing unit at that time.

Once retraining has occurred, the current ICA can be lifted, and staff may return to normal job duties.

Provider Comments:

CCL Staff Signature : Date: 6/7/2023

Provider Signature : Date: 6/7/2023