



Division of Childcare & 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

Case Number: 017724

Date of Incident: 11/23/2023

Date Received by DCCECE: 11/27/2023

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Dual

Report Description: **SERIOUS OCCURRENCE REPORTING FORM** ? Serious injury requiring outside medical attention ? Resident?s attempted suicide ? Allegation of abuse/neglect ? Resident?s death ? AWOL/Elopement ?*X* Allegation of sexual/physical abuse Victim: [REDACTED] Alleged Abuser: [REDACTED]

[REDACTED] Date/Time of incident: 11/23/23 on 2nd shift Name of Perimeter Staff Making Notification Date Time Name of Person Notified Agency Rep Sarah Whorton, RN, Director of Risk and Quality 11/24/23 11:30 am See Below Sarah Whorton, RN, Director of Risk and Quality 11/24/2023 Name and title of staff completing this form Date: Name of Facility: Perimeter Behavioral of the Ozarks Phone Number: 479-957-9857 Street Address, City, State, Zip: 2466 S. 48th Street Suite B. Springdale, AR 72762 Please give a description of the incident: On 11/24/23 resident [REDACTED] reported that on 11/23/23 during second shift resident [REDACTED] sexually assaulted [REDACTED] by climbing on top of her and sucking on her neck and breasts leaving hickies. She also reported that she was kissed on the lips and that none of it was consensual. [REDACTED] refuses to talk about the situation or write a statement. Corrective Action: ? Residents separated. ? Residents placed on sexual misconduct precautions. Parties notified of event: [REDACTED], Guardian ([REDACTED]) [REDACTED], Guardian ([REDACTED]) Travis Hood, CEO Art Hickman, Regional CEO Rebecca Thomas, VP Clinical Training Chris Perry, VP Risk Compliance/Quality Annika Perry, MSW ? Clinical Director Sarah Kroon-Director of Nursing Kris Stewart, Reagan Stanford, and Ashlyn Welchel (Disability Rights of AR) Chelsea Vardell, Kendra Rice, Jarred Parnell and Felicia Harris (DHS)

Interim Action Narrative: ? Residents separated. ? Residents placed on sexual misconduct precautions.

Maltreatment Narrative: On 11/24/23 resident [REDACTED] reported that on 11/23/23 during second shift resident [REDACTED] sexually assaulted [REDACTED] by climbing on top of her and sucking on her neck and breasts leaving hickies. She also reported that she was kissed on the lips and that none of it was consensual. [REDACTED] refuses to talk about the situation or write a statement.

Licensing Narrative: 11/27/2023 - The provider reported incident was reviewed by Licensing Specialist Jarred Parnell. A visit was conducted at the facility to discuss the complain with staff S. Whorton. Video footage for routine checks will be reviewed at a later time due to the staff having multiple reports at the same time. Documentation for times showing routine checks will be provided to licensing regarding this incident. A visit was conducted to review supervision for bed checks for dates 11/22/2023 - 11/25/2023. 15:00 - 7:00 AM. Video footage reviewed did not show the alleged incident and it is unclear if the allegations are founded.



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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: Jarred Parnell

Person In Charge: Travis Hood

Record Visit Date: 11/27/2023

Home Visit Date: 11/28/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:


Regulations Not Correctable:

Narrative:

11/28/2023 - A visit was conducted at the facility to discuss the complaint with staff S. Whorton. Video footage for routine checks will be reviewed at a later time due to the staff having multiple reports at the same time. Documentation for times showing routine checks will be provided to licensing regarding this incident.

The residents have been placed in different units as part of a safety plan, and will process with staff.

Provider Comments:

CCL Staff Signature : 

Date: 11/28/2023

Provider Signature : *Travis Hood, MS*

Date: 11/28/2023



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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: Jarred Parnell

Person In Charge:

Record Visit Date: 11/29/2023

Home Visit Date: 11/29/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

11/29/2023 - A visit was conducted to review supervision for bed checks for dates 11/22/2023 - 11/25/2023.
22:00 - 7:00 AM.

Sleeping time supervision and nighttime bed checks was evaluated as part of the visit as the allegation states the incident happened in the bedrooms where camera footage is not available.

Provider Comments:

CCL Staff Signature :

Date: 12/8/2023

Provider Signature : *Travis Hood, MS*

Date: 12/8/2023



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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: Jarred Parnell

Person In Charge:

Record Visit Date: 3/28/2024

Home Visit Date: 3/28/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit completed on 3/28/2024.

Licensing Specialist received a complaint on 11/27/2023 for ELS Case #017724.
This complaint has been **UNFOUNDED** by licensing.

Provider Comments:

CCL Staff Signature : 

Date: 3/28/2024

Provider Signature : 

Date: 3/28/2024