



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: 017727

Date of Incident: 11/24/2023

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: 11/22/23 at 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: Resident [REDACTED] reported 11/24/23 that on 11/22/23 at 08:52 in the morning that resident [REDACTED] sexually Assaulted her. [REDACTED] reported that the other resident entered her bedroom and demanded her to take off her pants. [REDACTED] states that after this [REDACTED] placed two fingers in her vagina and made her bleed. She also reports that [REDACTED] performed oral sex on her. Upon review of camera footage residents were not alone in a room together. They both were in the dayroom with staff and peers at the time surrounding and of the reported incident. The next day on 11/25/23 [REDACTED] reported another incident to staff that was said to have taken place in October. The statement said that [REDACTED] came into her bathroom while she was there and made [REDACTED] do poses in front of her. She then stated that [REDACTED] put her vagina on her?s [REDACTED] and ejaculated. Resident [REDACTED] continued her statement saying that two weeks ago while in her room [REDACTED] came in and humped her while kissing her on the lips. After Shower time on 11/25/23 resident also came and showed the nurse fresh hickies on her arms that had not been there previously. Was confirmed with the nurse who took initial report on the 24th as resident was in paper scrubs and they would have been visible. Hickies line up where mouth meets arm when raised. On 11/26/23 [REDACTED] recants all statements stating that she lied and that it was a different resident (her roommate) who did these same type of activities to her.

She refuses to write that statement. [REDACTED] denies all allegations completely and was not admitted when some of the allegations were alleged to take place. She was not admitted until 11/2/23. Corrective Action: ? Residents separated. ? Residents placed on sexual misconduct precautions. Parties notified of event: [REDACTED], Guardian ([REDACTED] [REDACTED]), Guardian/ South Dakota DHS ([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 Whelchel (Disability Rights of AR) Chelsea Vardell, Kendra Rice, Jarred Parnell and Felicia Harris (DHS)

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 11/27/2023 - The provider reported incident was reviewed by Licensing Specialist Jarred Parnell. Licensing Specialist spoke to S. Whorton at the facility regarding this reported complaint. Documentation for routine bed checks was requested around the time of the incident. S. Whorton will provide a log after the video footage has been reviewed and provide to licensing. 11/29/23 - A visit was conducted to review supervision for bed checks for dates 11/22/2023 - 11/25/2023. 15:00 - 7:00 AM.



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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: 11/27/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:


Regulations Not Correctable:

Narrative:

11/27/2023 - 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: 12/28/2023

Provider Signature : *Travis Hood, MS*

Date: 12/28/2023



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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: Travis Hood

Record Visit Date: 11/29/2023

Home Visit Date: 12/8/2023

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. 15:00 - 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.

Supervision in the day room was evaluated as part of the complaint as the resident did not specify where the incident took place and refuses to talk about it.

Provider Comments:

CCL Staff Signature : 
Provider Signature : *Travis Hood, MS*

Date: 12/8/2023

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:

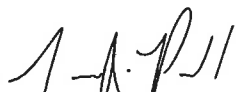
Regulations Not Correctable:

Narrative:

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

Licensing Specialist received a complaint on 11/27/2023 for ELS Case #017727.
This complaint has been **UNFOUNDED** by licensing.

Provider Comments:

CCL Staff Signature : 

Date: 3/28/2024

Provider Signature :

Date: 3/28/2024

