



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

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### Notice of Serious Incident

Case Number: 017729

Date of Incident: 11/27/2023

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: Unknown, [REDACTED] will not give specific dates, states it was multiple times around bedtime/third shift. reported to staff 11/27/23. Name of Perimeter Staff Making Notification Date Time Name of Person Notified Agency Rep Sarah Whorton, RN, Director of Risk and Quality 11/27/23 11:30 am See Below Sarah Whorton, RN, Director of Risk and Quality 11/27/2023 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: [REDACTED] previously within the past few days had made allegations towards another peer regarding the same types of situations as these. Today while therapist was speaking with her about the allegations [REDACTED] admitted that she lied about previously accused peer, that those allegations were false. She then stated that she had been sexually assaulted by her roommate and peer [REDACTED] She could not give dates. She stated that it has happened multiple times around bedtime/ 3rd shift. She said that [REDACTED] would lay on top of her and often insert fingers into her ([REDACTED]'s) vagina. [REDACTED] also stated that [REDACTED] would force her to preform oral sex on them. Those were the only detail she would provide at this time.

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:**

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**Maltreatment Narrative:**

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**Licensing Narrative: 11/27/2023 - The provider reported incident was reviewed by Licensing Specialist Jarred Parnell. A visit was conducted to review supervision for bed checks for dates 11/22/2023 - 11/25/2023. 15:00 - 7:00 AM. Specific times of the incident are not clear in the report. Supervision was reviewed by Licensing Specialist to ensure staff were doing regular bed checks within the 30 minute time frame.**



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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 incident and review routine bed checks regarding the incident. There was no video footage of the actual incident available. Video footage was not

reviewed for routine supervision checks because there were multiple reports made and staff had not had time to pull up and review the footage. Documentation for routine check times will be provided to licensing. A second visit to the facility will be conducted to review the video footage.

**Provider Comments:**

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

Date: 12/18/2023

Date: 12/18/2023



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**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