



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: 017993

Date of Incident: 12/9/2023

Date Received by DCCECE: 12/11/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Dual

Report Description: Allegation of sexual/physical abuse Residents Name/DOB: [REDACTED]
[REDACTED] State: Arkansas Date/Time of incident: 12/9/23-21:30 Please give a description of the incident: Resident made allegation of abuse against room mate and two staff members that he was punched in the face by roommate, slapped in the face and hit in the back by staff. Nurse observed a bruise under [REDACTED] eye and swelling. Corrective Actions Taken: First Aide performed on [REDACTED] Staff processed incident with [REDACTED] and [REDACTED] was checked and examined by Nurse. APRN was notified and outside medical was not needed. Staff were suspended pending investigation. [REDACTED] was moved away from his room for that night to avoid further incident with roommate. Allegation of abuse was [REDACTED] and submitted by nurse. Incident reviewed by Safety team and camera was attempted to be reviewed there was not any camera footage that was found. [REDACTED] [REDACTED] came today and interviewed and started their investigation as well. Additional Information: None currently. Guardian Notified: [REDACTED]

Interim Action Narrative: Resident was assessed by the nurse, moved away from his roommate, and [REDACTED] was called.

Maltreatment Narrative: AV is [REDACTED]. AO's are [REDACTED] and [REDACTED], employees at Perimeter Behavioral. PRFC is [REDACTED] The AV, [REDACTED] was being unruly tonight. They tried to get him in bed multiple times, and he would not. The nurse gave him medication to try to help him calm down. The AV was on the side of his bed, it is cata-cornered. They were trying to get him in the bed, but he kept horse-

playing. He wouldn't get out of the corner; they went to get him out. The AV stated [REDACTED] slapped him in the face, [REDACTED] punched him in the back, and the AVs roommate [REDACTED] punched him in the face, leaving a bruise under the AVs left eye. AV stated it hurt as he screamed and yelled. [REDACTED] doesn't have a discharge date at this time.

Licensing Narrative: Licensing Specialist reviewed complaint for licensing concerns. Licensing Specialist will inquire about referral number, investigator, and witness statements. 12/12/2023, Licensing Specialist visited the facility and received witness statements. 12/18/2023, Program Coordinator requested permission to contact the facility. Program Coordinator received permission to contact the facility. 1/10/2024, Program Coordinator contacted investigator for an update. 1/11/2024, investigator reported case will be closed unsubstantiated and he is waiting for final approval. Program Coordinator requested for investigator to informed when approval was finalized. 1/18/2024, investigator informed Program Coordinator case found unsubstantiated. Program Coordinator spoke with Program Administrator and Program Manager regarding this case. CEO contacted Program Coordinator regarding findings. Staff members involved will be retrained in verbal de-escalation. Program Coordinator requested documentation once training has been completed. 1/22/2024, training documentation received.



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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: Kendra Rice

Person In Charge: Charlotte Lockhart

Record Visit Date: 12/12/2023

Home Visit Date: 12/12/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 10:30 am to 11:30 am

Census: 56

Licensing received a complaint on 12/9/2023 for ELS Case #017993.

Program Coordinator spoke with Ms. Charlotte Lockhart, CEO. Ms. Lockhart informed Program Coordinator that camera footage was unavailable due to malfunctioning of the cameras. Ms. Lockhart reported they are working with IT to get this issue resolved.

Program Coordinator received and reviewed witness statements.

Program Coordinator is not prepared to leave a finding at this time.

Provider Comments:

CCL Staff Signature :

Date: 12/14/2023



Provider Signature :

Date: 12/14/2023





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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: Kendra Rice

Person In Charge: Charlotte Lockhart

Record Visit Date: 1/18/2024

Home Visit Date: 1/18/2024

Purpose of Visit: Revisit Complaint

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit was completed on 1/18/2024.

Licensing received a complaint on 12/9/2023 for ELS Case #017993.

This complaint has been UNFOUNDED by Licensing.

Provider Comments:

CCL Staff Signature :

Date: 1/18/2024



Provider Signature :

Date: 1/18/2024

