

# DHS Placement and Residential Licensing Unit Office of the Secretary

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: 018829

Date of Incident: 1/28/2024

Date Received by PRLU: 1/30/2024

**Facility Name:** Perimeter Behavioral of Forrest City Facility Number: 142 Incident Type: Dual Report Description: Resident was taken to Nurses station to share allegations of physical abuse on another staff. Nursing staff called the and allegation was accepted. A red bruise was on child?s back. Interim Action Narrative: Resident was assessed by the nurse. Staff was placed on administrative leave pending investigation. called and accepted. Maltreatment Narrative: AV is . AO is age unknown currently admitted at Perimeter Health Care in Forrest City, AR. AO is a staff member at the facility. At 0735 (28JAN2024) AV was brought to nurses station and stated he was in room and was doing his own thing. AO came in, slammed AV down, hit him in the back and kneed him in his head. AV has a hand print on his back. AV did not give a reason why this happened. AO had worked for Perimeter Health Care for a month, was suspended (unknown reason) and had only been back to work for a week when this happened..

**Licensing Narrative:** Program Coordinator reviewed complaint for licensing concerns. Program Coordinator inquired about camera footage and referral number. Mr. Morris, Director of Quality & Risk Management apologized for late reporting. Mr. Morris reported he thought he had to complete

internal investigation before reporting to licensing. Mr. Morris also reported he is aware that incidents will be reported immediately. Program Coordinator will reach out to the investigator for permission to contact the facility. 1/31/2024, Program Coordinator reviewed camera footage and documentation provided by the facility. 3/1/2024, Program Coordinator requested an update from investigator. Investigator Williams reported case was found unsubstantiated.



### **Division of Child Care & Early Childhood Education**

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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:
Record Visit Date: 1/31/2024
Home Visit Date: 1/31/2024
Purpose of Visit: Complaint Visit
Regulations Out of Compliance:
Regulations Needing Technical Assistance:
Regulation Not Applicable:
Regulations Not Correctable:
Narrative:
Time of visit: 11:15 am to 12:50 pm

Census: 54

Licensing received a complaint on 1/30/2024 for ELS Case #018829.

Program Coordinator met with the CEO and Program Director to review camera footage for this complaint. This incident took place on the 400 Hall. Ratio, was 2:9.

Program Coordinator observed the staff member mentioned in this complaint sitting in a chair and it appeared she was writing on some sheets (log sheets). Another staff member was observed walking by the resident's door mentioned in this complaint down the hall toward the exit door. Program Coordinator observed another staff member enter the hall. Program Director reported this incident happened during shift change.

Program Coordinator observed a resident enter the hallway from his bedroom and was talking to the staff member sitting in the chair. The resident mentioned in this complaint was observed coming out of his bedroom and it appeared that he was talking to the staff member sitting down in the chair. Resident walked back into his bedroom. Program Coordinator observed the staff member get out of the chair and walked into the resident's bedroom.

Program Coordinator observed the staff member walk into the resident's bedroom two times. Program Coordinator was unable to observe what took place in the bedroom due to no camera in the resident's bedroom. Program Coordinator observed resident come out of his bedroom with a laundry basket and threw it at the staff member.

Staff member was observed getting up from the chair and walk toward the exit door. Other staff members were observed coming down the hallway and entered the resident's bedroom. Staff member was also observed pacing up and down the hallway before leaving off the hallway.

Program Director reported that he contacted staff member involved on Monday to come to the facility. As of today, 1/31/2024, staff member has not come to the facility or returned phone call. Program Director provided Program Coordinator with documentation for this incident.

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

#### **Provider Comments:**

CCL Staff Signature : Date: 1/31/2024

Provider Signature :

Date: 1/31/2024



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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: 3/1/2024
Home Visit Date: 3/1/2024
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 3/1/2024.

Licensing received a complaint on 1/28/2024 for ELS Case #018829.

This complaint has been UNFOUNDED by Licensing.

Charlott Rockhart, CED

### **Provider Comments:**

**CCL Staff Signature:** 

Date: 3/1/2024

Provider Signature:

Date: 3/1/2024