Placement and Residential Licensing Unit
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: 020322

Date of Incident: 4/4/2024

Date Received: 4/4/2024

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Dual

Report Description: SERIOUS OCCURRENCE REPORTING FORM ? *x* Serious injury requiring outside medical attention ? Resident?s attempted suicide ? Allegation of abuse/neglect related to a restraint ? Resident?s death ? AWOL/Elopement/Arrest ? *X* Allegation of sexual/physical abuse Resident: [redacted] Date/Time of incident: 3/28/24 @ 17:45 Name of Perimeter Staff Making Notification Date Time Name of Person Notified AR DHS Sarah Whorton, RN, Risk and Quality Manager 04/4/24 19:30 ELS# Sarah Whorton, RN, Risk and Quality Manager 04/04/2024 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: During the treatment team meeting on April 3rd, 2024, client [redacted] presented with a chief complaint of a sore arm. When asked further about the issue, [redacted] reported that 2 or 3 nights ago, she was attempting to close a door when a staff member, identified as [redacted] aggressively closed the door on her arm. [redacted] alleged that after the incident, she was told "that's what you get" by the staff member. Corrective Action: Immediately following the disclosure of this incident, the Interim Clinical Director notified the CEO and VP of Risk regarding the situation. The Interim Clinical Director also informed the alleged staff member, [redacted] supervisor, Director of Nursing (DON) Sarah Whorton, about the incident and indicated suspension pending further investigation needed to take place. Furthermore, the Interim Clinical Director arranged with the DON for [redacted] to be taken to a walk-in clinic for an X-ray of her arm on the same day. [redacted] was seen at the clinic and had the necessary X-rays completed. A follow-up appointment with a specialist was scheduled for Thursday, April 11, 2024, at 10:30 for further consultation. Additionally, [redacted]. The incident will be thoroughly investigated to ensure the safety and well-being of our clients. Any necessary actions will be taken based on the findings of the investigation. Parties notified of event: Art Hickman,

Regional CEO Rebecca Thomas, VP Clinical Training Chris Perry, VP Risk Compliance/Quality Shyanne Anthony ? Clinical Director Sarah Whorton- Director of Nursing Kris Stewart, Reagan Stanford, and Ashlyn Whelchel (Disability Rights of AR) Chelsea Vardell and Kendra Rice, and Felicia Harris [redacted]

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 4/5/2024 - The provider reported incident was reviewed by Licensing Specialist Jarred Parnell. Licensing specialist contacted the facility to inquire about the incident. The correct resident is [redacted] **The name given in the report** [redacted] **is incorrect. Licensing Specialist asked if there was footage of the incident. Facility staff states they are currently going through the footage at this time and have not found any incident which pertains to the report.** [redacted] **The staff alleged in the incident is currently on leave pending the investigation. 4/8/2024, Program Coordinator followed up with facility regarding the referral # and requested permissiont from investigator to contact facility. 4/8/2024 - A complaint visit was conducted at the facility to review the provider reported incident. Facility was asked about the incident. At the time of the visit there was no footage available of the alleged incident and they were in the process of reviewing several days worth of footage. A secondary visit will be conducted at the facility to review the footage of when the incident could have possibly taken place. 4/9/2024 - Licensing Specialist received medical consultation documentation for the orthopedic visit the resident received. 4/12/2024 - A visit was conducted at the facility review video footage for the provider reported incident. Video footage reviewed was 3/30/3034 19:00 - 4/1/2024 21:00. Video was reviewed for each day around bedtime which the resident stated was the time period in which the incident happened. There was one instance in which the staff person was on the unit with the resident for approximately 3 minutes and the resident and staff did not interact.**

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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: Sarah Whorton

Record Visit Date: 4/8/2024

Home Visit Date: 4/8/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

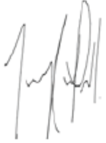
Regulations Not Correctable:

Narrative:

A visit was conducted on 4/8/2024 to review information surrounding the provider reported complaint. There is no video footage of the incident at this time. Facility staff states they are still reviewing footage, however the resident has given conflicting answers of when the incident could have occurred.

Provider Comments:

CCL Staff Signature : Date: 4/8/2024



Provider Signature : Date: 4/8/2024

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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: Sarah Whorton

Record Visit Date: 4/12/2024

Home Visit Date: 4/12/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

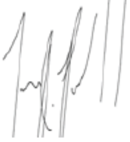
Narrative:

4/12/2024 - A visit was conducted at the facility review video footage for the provider reported incident. Video footage reviewed was 3/30/3034 19:00 - 4/1/2024 21:00. Video was reviewed for each day around

bedtime which the resident stated was the time period in which the incident happened. There was one instance in which the staff person was on the unit with the resident for approximately 3 minutes and the resident and staff did not interact.

Provider Comments:

CCL Staff Signature : Date: 4/12/2024



Provider Signature : Date: 4/12/2024

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521 Visit Compliance Report

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Facility Number: 237

Licensee Address: 2466 SOUTH 48TH STREET
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Licensing Specialist: Jarred Parnell

Person In Charge: Sarah Whorton

Record Visit Date: 4/23/2024

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Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

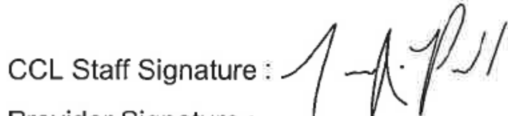
Narrative:

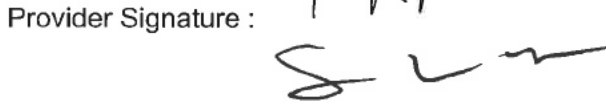
No in-person licensing visit completed on 4/23/2024.

Licensing Specialist received a complaint on 4/4/2024 for ELS Case #020322.

This complaint has been **UNFOUNDED** by licensing.

Provider Comments:

CCL Staff Signature :  Date: 4/23/2024

Provider Signature :  Date: 4/23/2024