



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: 021570

Date of Incident: 5/28/2024

Date Received: 5/29/2024

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Dual

Report Description: ? Serious injury requiring outside medical attention ? Resident?s attempted suicide ? Allegation of abuse/neglect related to a restraint ? Resident?s death ? AWOL/Elopement ? Allegation of sexual/physical abuse X Sexual Misconduct ? Other
Patient/Resident Name/DOB: [REDACTED] and [REDACTED]

[REDACTED] Date/Time of incident: Early May Patient Insurance: [REDACTED] ? [REDACTED] and [REDACTED] ?

[REDACTED] Agency Name of Perimeter Staff Making Notification Date Time Name of Person Notified DHS Charriot Sales, Director of Risk 29 May 24 13:00 Felicia Harris, Chelsea Vardell, Kendra Rice, Jarred Parnell Disability Rights Center, Inc. Charriot Sales, Director of Risk 29 May 24 13:00 incidentreporting@disabilityrightsar.org Perimeter Charriot Sales, Director of Risk 29 May 24 13:00 Art Hickman, Heather Harper, Skyler Barnes, Shawna Stover, Chris Perry, Rebecca Thomas Guardian/Caseworker [REDACTED]

Director of Risk 29 May 24 13:00 [REDACTED] - [REDACTED] - [REDACTED]

Director of Risk 29 May 24 Signature and title of staff completing this form Date: Name of Facility: Perimeter Behavioral of the Ozarks Phone Number: 479-957-9857 ext. 108 Street Address, City, State, Zip: 2466 S. 48th Street Suite B. Springdale, AR 72762? Please describe the incident: On 5/26/24 at approximately 10:00 pm, Resident [REDACTED] ([REDACTED]) reported to [REDACTED], MHT, that she had ?sex? with Resident [REDACTED] [REDACTED] in their bedroom two nights prior to her moving to a different unit. [REDACTED] also stated she reported it to her therapist, [REDACTED], in a therapy session mid-month; [REDACTED] reported the conversation on a Consequences and Personal Responsibility Intervention Form. On 5/28/24 at approximately 16:00, Resident [REDACTED]'s new therapist, [REDACTED], read the Consequences and Personal Responsibility Intervention Form and [REDACTED]. Actions Taken: ? [REDACTED] ? Residents moved to separate units. ? [REDACTED] ? Completed a portal report for [REDACTED]

Completed a portal report for [REDACTED]

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 5/29/2024 - The provider reported incident and facility implement was reviewed by the licensing specialist. Licensing specialist will inquire further if the report was accepted by the hotline and the referral number. 5/31/2024 - Licensing Specialist inquired to facility if the hotline accepted the report and if they have a referral. The report was not accepted by the hotline. 6/18/2024 - Q15 bed check logs were reviewed by the Licensing Specialist and uploaded to ELS. Facility reported that the therapist the resident allegedly told "mid-month" about this incident is no longer employed at the agency. 6/27/2024- Consequences and Personal Responsibility Intervention Form received and reviewed by licensing. 7/10/2024 - Licensing specialist visited the to follow up in regards to the provider reported incident and discuss the reporting time line which was documented. Facility staff was made known of an alleged peer to peer sexual incident on 5/26/2024 but was not reported to licensing until 5/29/2024. The facility was cited for standard 110.9A 7/10/2024 - 521 inspection report was sent to the facility for signature. 7/17/2024 - Licensing specialist received and reviewed documentation for the facility implementation enacted for the incident. The documentation has been uploaded to ELS. 7/22/2024- Program manager spoke to Sarah Whorton to determine if the therapy notes from [REDACTED] were ever received. Ms. Whorton could not answer and stated she would call back once she determined if the therapy notes were ever mailed in by the previous therapist for the resident. 7/23/2024- The agency reports that they will send the therapy notes by the end of the week when their CEO returns to the office as she is the only one who has access to those records.



Division of Child Care & Early Childhood Education
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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: Charriot Sales

Record Visit Date: 7/10/2024

Home Visit Date: 7/12/2024

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulation Number: 100.110.9.a

Regulation Description: Any owner, operator, employee, foster parent, or volunteer in a child welfare agency shall immediately notify the Child Abuse Hotline if they have reasonable cause to suspect that a child has

Finding Description: Licensing was notified on 5/29/2024 of an alleged peer to peer sexual incident which may have occurred on 5/26/2024.

Action Due Date: 2024-07-12

Action Due Description: Documentation of facility implementation for report submission will be provided to licensing to ensure reports of maltreatment are submitted timely.

Comply Date:

Sub-Regulation Level 1 Description: Been subjected to child maltreatment

Action Due Description: Documentation of facility implementation for report submission will be provided to licensing to ensure reports of maltreatment are submitted timely.

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

7/10/2024 - A visit was conducted at the facility to review information for the provider reported incident. Licensing received a report for case #021570 for an alleged peer to peer sexual incident on 5/26/2024. This incident was not reported to licensing until 5/29/2024.

The facility was issued a citation for standard 110.9A-

Any owner, operator, employee, foster parent, or volunteer in a child welfare agency shall immediately notify the Child Abuse Hotline if they have reasonable cause to suspect that a child has

- a. Been subjected to child maltreatment**
- b. Died as a result of child maltreatment; or**
- c. If they observe a child being subjected to conditions or circumstances that would reasonably result in child maltreatment.**

The facility corrective action implementation documentation was requested by the licensing specialist to ensure reports are submitted within the standard time frame.

Provider Comments:

CCL Staff Signature : 
Provider Signature : 

Date: 7/12/2024
Date: 7/12/2024



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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: Chelsea Vardell

Person In Charge:

Record Visit Date: 7/23/2024

Home Visit Date: 7/23/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Case 021570 has been investigated and determined to be unfounded.

Staff were retrained on mandated reporting 6/13/2024.

Provider Comments:

CCL Staff Signature : *Chelsea Vardell*

Date: 7/23/2024

Provider Signature :

Date: 7/23/2024

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