



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: 021652

Date of Incident: 5/31/2024

Date Received: 6/3/2024

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Licensing

Report Description: SERIOUS OCCURRENCE REPORTING FORM [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] Resident Name/DOB: [REDACTED]

[REDACTED] Date/Time of incident: 5/31/2024; 8:50pm Name of Perimeter Staff Making Notification Date Time Name of Person Notified Agency Rep [REDACTED] Director of Nursing 6/3/2024 See below [REDACTED], Chief executive Officer 6/3/2024 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: At 8:50 pm on 5/31/2024, it was reported that [REDACTED] had swallowed a battery. The battery was identified to have been taken from a clock on the unit. Actions Taken: [REDACTED] was assessed by nursing and determined [REDACTED] needed to be evaluated at the ER. [REDACTED] returned from the ER around 11:30pm. She received an x-ray [REDACTED]. ER instructed [REDACTED] to return if she did not pass the battery in 48 hours. On 6/2/2024, [REDACTED] returned to the ER as instructed as battery had not passed. [REDACTED] received bloodwork and imaging. [REDACTED] returned to the facility instructed to continue monitoring. [REDACTED] was placed on suicide precautions.

Parties notified of event: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 6/3/2024 - The provider reported incident and facility implement was reviewed by the Licensing Specialist. 6/13/2024 - A visit was conducted at the facility to review supervision and discuss the incident with facility staff. All units were checked for objects containing batteries. Clocks were removed and remotes were already being kept at the nurses station. The resident was administered a laxative and monitored. The resident will be taken for another x-ray should the battery not pass within a day or so.



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: 6/12/2024

Home Visit Date: 6/12/2024

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

6/13/2024 - A visit was conducted at the facility for case# - 021652. Licensing Specialist spoke to facility staff in regards to the report and how the battery was obtained. The resident took the battery from the wall

clock and ingested it. A check was done of all units for accessible battery's. All items with batteries have been removed from the units. TV remotes for the units were already being kept at the nurses station and handled only by staff. Resident was monitored and given a laxative to help pass the battery. A follow up medical visit will be conducted to x-ray if needed.

Provider Comments:

CCL Staff Signature : 
Provider Signature : 

Date: 6/13/2024

Date: 6/13/2024