



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: 021907

Date of Incident: 6/6/2024

Date Received: 6/12/2024

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Dual

Report Description: [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED] /Resident Name/DOB: [REDACTED]
 [REDACTED] Date/Time of incident:
 5/31/24 (evening) and 6/6/24 (evening) Patient Insurance: [REDACTED]
 [REDACTED] Agency Name of Perimeter Staff Making Notification Date
 Time Name of Person Notified DHS [REDACTED] Director of Risk Management 12 Jun 24
 09:30 [REDACTED]
 [REDACTED] 12 Jun 24 09:30
 incidentreporting@disabilityrightsar.org Perimeter [REDACTED]
 [REDACTED]
 [REDACTED] agement 12
 Jun 24 08:30 [REDACTED]
 [REDACTED] Director of Risk Management 12 Jun 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 11 Jun 24, the Patient Advocate
 collected two grievance forms for [REDACTED]. The first was filled out on 6 Jun 24 and
 detailed an incident that allegedly occurred on 31 May 24. The form stated, [REDACTED]
 forced me to touch him and I did not like it and it made me uncomfortable and he made me
 kiss him to.? The second was also filled out on 6 Jun 24 and detailed an incident that
 occurred that day; it stated, [REDACTED] forced me to kiss her and she keeps touching
 me when I asked her to stop she wouldn't. She makes me uncomfortable.? An interview
 with [REDACTED] on 11 Jun 24 provided the following details. Regarding the 31 May 24
 incident, "I was in my bedroom and [REDACTED] came to the door and asked to talk. When I

came over, he grabbed my hand and forced me to touch his privates (chest and genital area). He then grabbed the back of my head and forced me to kiss him.? Regarding the 6 Jun 24 incident, "I was in my room and [REDACTED] told me to come to the door. When I got there she took my head and kissed me. " Actions Taken: [REDACTED]

[REDACTED] 11 Jun 24 at 1754. [REDACTED] Spoke to: [REDACTED] 12 Jun 24 at 0742. ? Opened investigation (ongoing). ? Residents moved to separate units while investigation is ongoing.

Interim Action Narrative:

[REDACTED]

Licensing Narrative: 6/12/2024 - The provider reported complaint was reviewed by the Licensing specialist. Permission requested from [REDACTED] Permission received from [REDACTED]. Licensing specialist conducted visit at the facility for the complaint report. Spoke with staff regarding the resident grievance reporting process and late reporting. Director of risk who processes resident concerns was out of town and the grievances were not reviewed until she returned. The facility will establish a back up staff member to process resident concerns if the director of risk is out of the office. Video footage was reviewed for the incident - Time stamps reviewed 5/31/2024 ? 7:19 PM - 7:42 PM and 6/6/2024 7:48 PM - 8:05 PM TA was provided for the reporting process. Licensing specialist will follow up with facility for a documented process of resident grievances with a due date of 6/21/24

6/20/2024 - Licensing specialist received correspondence from the facility regarding the resident grievance process "We discussed who will take on the role of the Alternate Patient Advocate and decided it will be the new Office Manager we are currently hiring for. In the interim, either the CEO or DON will backfill as needed 6/28/2024 - Findings 521 inspection report generated and sent to facility for signature. 7/5/2024, Approved by Program Coordinator. Case complete.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

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: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Number: 900.901.4

Regulation Description: The agency shall establish a procedure for hearing children's grievances.

Finding Description: Resident grievances were submitted to director of risk who was out of town for several days. The reports were not received until they returned.

Action Due Date: 2024-06-21

Action Due Description: Facility will designate a back staff member to review grievances when the director of risk is out of the office

Comply Date:

Action Due Description: Facility will designate a back staff member to review grievances when the director of risk is out of the office

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

6/12/2024 - A visit was conducted at the facility to initiate complaint case: #021907 -

Video footage was reviewed at the facility regarding case #021907 at Time stamp - 6/6/2024 7:48 PM - 8:05 PM – [REDACTED] is off camera in her bedroom - [REDACTED] can be seen sitting the doorway of [REDACTED] [REDACTED] appears to be talking and interacting with someone in the room. It is unclear from the footage if [REDACTED] engaged with non- consensual contact with [REDACTED]

Video footage was reviewed for time stamp 5/31/2024 – 7:19 PM - 7:42 PM – Residents can be seen on the unit doing evening activities. This part of the day is used for hygiene, and getting ready for bed. Some can be seen talking, watching tv, and moving from bedrooms, hallway, and common area. Residents can be seen in doorways conversing. It is unclear from the video if [REDACTED] engaged in non-consensual physical contact with [REDACTED]

The process for resident grievances was discussed with facility staff. Residents may submit their concerns to any staff verbally or written. The statements are addressed by the director of risk when received. The director of risk was out of the office for several days and the grievances were not addressed and reported until they had returned.

TA was provided to the facility 901.4

The facility will designate a back up staff person to review resident grievances when the director of risk is unavailable to do so. Documentation of this process will be provided to licensing by 6/21/2024.

Provider Comments:

CCL Staff Signature :

Date: 6/12/2024



Provider Signature :

Date: 6/12/2024





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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: Jarred Parnell

Person In Charge:

Record Visit Date: 6/28/2024

Home Visit Date: 6/28/2024

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 6/28/2024.

Licensing Specialist received a complaint on 6/12/2024 for ELS Case #021907.
This complaint has been **UNFOUNDED** by licensing.

Provider Comments:

CCL Staff Signature :

Date: 6/28/2024

Provider Signature :

Date: 6/28/2024