

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: 021998

Date of Incident: 6/14/2024

Date Received:6/15/2024

Facility Name: Perimeter of the Ozarks

Facility Number:237

Incident Type: Licensing

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 ? Sexual Misconduct X Other, ER Treatment Patient/Resident Name/DOB: Date/Time of incident: 06/14/24 at 0900 Patient Insurance: Name of Perimeter Staff Making Notification Date Time Name of Person Notified DHS , Director of Risk Management 06/15/24 11:00 **Disability Rights Center, Inc.** Director of Risk Management 06/15/24 11:00 incidentreporting@disabilityrightsar.org Perimeter , Director of Risk Management 06/15/24 11:00 Guardian/Caseworker , Director of Risk Management , Director of Risk Management 06/14/24 08:51 06/15/24 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 06/14/24, told nursing staff ?my heart is racing and there?s pressure on my chest.? After consultation with her provider, an order was made to have her assessed at the Arkansas Children's Hospital Emergency Room. An EKG, chest x-ray and lab work were ordered, The physician diagnosed advised her to seek medical care or return to the emergency department for worsening symptoms. Actions Taken: Resident taken to the Emergency Room

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 6/17/2024 - The provider reported incident and facility implement was reviewed by the Licensing Specialist.