



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: 022299

Date of Incident: 6/27/2024

Date Received:6/28/2024

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: [REDACTED] reported it happened 06/27/24 around 1030 and [REDACTED] reported it occurred a couple of nights ago in the evening. Patient Insurance: [REDACTED]

Agency Name of Perimeter Staff Making Notification Date Time Name of Person Notified DHS [REDACTED], Director of Risk Management 28 Jun 24 19:30 [REDACTED] Disability Rights Center, Inc. [REDACTED], Director of Risk Management 28 Jun 24 19:30 incidentreporting@disabilityrightsar.org Perimeter [REDACTED], Director of Risk Management 28 Jun 24 19:30 [REDACTED]

[REDACTED] Guardian/Caseworker [REDACTED], Director of Risk Management 28 Jun 24 18:00 [REDACTED] Director of Risk

Management 28 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 06/28/24, the Director of Risk received statements from residents

[REDACTED] [REDACTED] [REDACTED] and [REDACTED] dictated by [REDACTED] MHT, on 06/27/24 at 21:00. [REDACTED] statement alleged [REDACTED] touched [REDACTED] on her lower front. [REDACTED] statement alleged [REDACTED] touched [REDACTED] on her butt. [REDACTED] statement stated [REDACTED] told her [REDACTED] was trying to finger her. During her 06/28/24 interview, [REDACTED] reported that she overheard [REDACTED] say, [REDACTED] fingered me?, and [REDACTED] replied, ?no, you did that to me.? [REDACTED] interview provided the following details. When asked what happened, [REDACTED] stated, ?same thing, different person. I?m not that pretty.? She then stated she was lying on the floor, with her eyes closed, when [REDACTED] came up to her and

squeezed her vagina. [REDACTED] provided the following details. [REDACTED] touched my butt. When asked if [REDACTED] ever fingered her, she stated, a couple of days ago. "I don't remember how it happened." You don't remember any details? "No." Actions Taken: [REDACTED] [REDACTED] Opened investigation (ongoing). [REDACTED] Residents moved to separate units while investigation is ongoing.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: 7/2/2024- The provider reported incident was reviewed by the Licensing Specialist. Licensing specialist will staff with supervisor concerns for reporting late and inquire with the facility [REDACTED]. Program Coordinator checked [REDACTED] 7/3/2024 - A visit was conducted at the facility to discuss the incident and review supervision. The residents did not specify a time when the incident occurred stating "i dont know, last week sometime". Video footage was reviewed for supervision and bed checks for time stamp 6/24/2024: 21:30, 21:46, 21:55, 22:13, 22:29, 22:43, 22:57, 23:12, 23:27, 23:43, 23:57, 00:13, 00:28, 00:47, 01:12, 01:28, 01:42, 01:58, 02:14, 02:29, 02:44, 02:59, 03:11, 03:29, 03:45, 03:57, 04:12, 04:32, 04:56 for supervision checks. 7/22/2024- 521 inspection report sent to the facility for signature.



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:

Record Visit Date: 7/3/2024

Home Visit Date: 7/3/2024

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:



Regulations Not Correctable:

Narrative:

7/3/2024 - A visit was conducted at the facility to discuss the incident and review supervision. The residents did not specify a time when the incident occurred stating "i dont know, last week sometime". Video footage was reviewed for supervision and

bed checks for time stamp 6/24/2024: 21:30, 21:46, 21:55, 22:13, 22:29, 22:43, 22:57, 23:12, 23:27, 23:43, 23:57, 00:13, 00:28, 00:47, 01:12, 01:28, 01:42, 01:58, 02:14, 02:29, 02:44, 02:59, 03:11, 03:29, 03:45, 03:57, 04:12, 04:32, 04:56.

Provider Comments:

CCL Staff Signature : 
Provider Signature : 

Date: 7/22/2024

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