



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: 022326

Date of Incident: 6/29/2024

Date Received: 7/1/2024

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/ [REDACTED] Date/Time of incident: 06/29/24 at 12:40 Patient Insurance: [REDACTED] Name of Perimeter Staff Making Notification Date Time Name of Person Notified DHS [REDACTED] Director of Risk Management 07/01/24 10:00 [REDACTED]

Disability Rights Center, Inc. [REDACTED], Director of Risk Management 07/01/24 10:00 incidentreporting@disabilityrightsar.org Perimeter [REDACTED] Director of Risk Management 07/01/24 10:00 [REDACTED]

[REDACTED] s Guardian/Caseworker [REDACTED] Director of Risk Management 06/29/24 13:05 [REDACTED] Director of Risk Management 07/01/24

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 06/29/24, [REDACTED] was sent to Arkansas Children?s Hospital Emergency Room per physician?s orders after nursing assessed resident?s cut to bottom left toe. Resident was in the gym climbing on the metal part of the volleyball net and cut the bottom of her left big toe. [REDACTED] and was discharged with a topical cream for twice daily application until [REDACTED] Actions Taken: ? Resident taken to the Emergency Room

Interim Action Narrative:

**Maltreatment Narrative:**

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**Licensing Narrative: 7/2/2024-** The provider reported incident and facility implement was reviewed by the Licensing Specialist. Licensing specialist will conduct a visit to ensure the area is safe for use by the residents. **7/3/3024 -** A visit was conducted at the facility to inspect the volleyball netting equipment. It was discussed with facility staff to add some padding to the base where the metal knob is expose or increase supervision when the residents are in the gym as it relates to the volleyball nets.



Division of Child Care & Early Childhood Education  
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437  
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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:** 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 inspect the gym area and the equipment inside for case #022326. The equipment which the resident was injured by was the volleyball net. There was a small metal

knob at the bottom.. It was discussed with facility staff to increase supervision around the use of this equipment or add a pad which will cover the knob.

**Provider Comments:**

CCL Staff Signature :   
Provider Signature : 

Date: 7/5/2024

Date: 7/5/2024