



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: 022592

Date of Incident: 7/12/2024

Date Received: 7/15/2024

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Licensing

Report Description: SERIOUS OCCURRENCE REPORTING FORM Check appropriate box. Once form is completed, send to the Office of Long-Term Care and the Disability Rights Center, Inc at the fax numbers listed below. ? 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: [REDACTED]

[REDACTED] Date/Time of incident: 07/12/24 at 20:30 Patient Insurance: [REDACTED]

[REDACTED] Name of Perimeter Staff Making Notification Date Time Name of Person

Notified DHS [REDACTED], Director of Risk Management 07/15/24 15:00 [REDACTED],

[REDACTED] Disability Rights Center, Inc. [REDACTED]

Director of Risk Management 07/15/24 15:00 incidentreporting@disabilityrightsar.org

Perimeter [REDACTED] Director of Risk Management 07/15/24 15:00 [REDACTED]

[REDACTED] Guardian/Caseworker [REDACTED]

Director of Risk Management 07/13/24 01:00 [REDACTED] Guardian [REDACTED]

Director of Risk Management 07/15/24 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 07/12/24, [REDACTED] used a piece of plastic from a

deodorant bottle to self-harm her right forearm. After provider consultation, [REDACTED] was taken

to the Arkansas Children?s Hospital for evaluation. [REDACTED] received six stitches and was

discharged with instructions to apply antibiotic ointment until stitches are removed. Actions

Taken: Resident taken to the Emergency Room Resident placed on Self-Harm precautions

Contraband sweep of all units

Interim Action Narrative:

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**Maltreatment Narrative:**

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**Licensing Narrative: 7/16/2024- Program Manager followed up with the agency. Below are the questions asked and the facility responses. ? Where did this incident happen at? o Resident's bedroom. ? What was the ratio at the time of the incident? o 1:6, two staff members were assigned to the unit. ? Was video footage reviewed to determine where staff was at the time of the incident? o Yes, both staff were on the unit. ? Do residents typically have access to their deodorant/personal hygiene items at all times or just during designated hygiene times? o Hygiene kits are locked up outside of designated hygiene times. Further follow up by licensing requested if this incident occurred during hygiene time or if the resident had the deodorant without staff's knowledge. Additionally, licensing requested video footage be retained for review. 7/16/2024 - The provider reported incident was reviewed by the licensing specialist. A visit was conducted at the facility to review video footage for the incident. Time stamp for the video footage reviewed is 7/12/2024 - 6:35PM - 8:00PM**



**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:** 7/16/2024

**Home Visit Date:** 7/16/2024

**Purpose of Visit:** Self Report Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

7/16/2024 - A visit was conducted at the facility to review video footage of the provider reported incident.

Video surveillance time stamp reviewed was 7/12/2024 6:35PM - 8:00PM - Video footage observed shows the residents moving around the hallways and in and out of bedrooms for hygiene time. The resident can be seen walking to get her hygiene kit and entering a bedroom for hygiene time until 6:47 PM. The resident can be seen walking in the hallway and having personal time. At 8:00 PM another resident walks to the tech area in the sunroom and is seen talking to staff. Staff call a nurse to the unit and proceed down the hallway to the residents room. Staff begin speaking with the resident from the door. Staff speak with the resident and agrees to walk to the milieu. In the milieu the resident reveals an injury due to self harm.

The resident utilized a cap from a stick of deodorant which she was able to break and sharpen in order to cause lacerations. The resident was taken to the ER and received 6 stitches for the injury.

Facility staff are in the process of implementing a plan to ensure hygiene products are accounted for after hygiene time or providing alternatives which do not pose a risk to self harm. Facility staff will provide documentation of the facility implementation when it is completed.

**Provider Comments:**

CCL Staff Signature :

Date: 7/17/2024

Provider Signature :

Date: 7/17/2024