



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: 022646

Date of Incident: 7/14/2024

Date Received: 7/17/2024

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: 14 Jul 24 during evening hygiene Patient Insurance: [REDACTED]

[REDACTED] Name of Perimeter Staff Making Notification

Date Time Name of Person Notified DHS [REDACTED] [REDACTED] Director of Risk Management 17 Jul 24 16:20 [REDACTED] Disability Rights

Center, Inc. [REDACTED] [REDACTED] Director of Risk Management 17 Jul 24 16:20

incidentreporting@disabilityrightsar.org Perimeter [REDACTED] [REDACTED] Director of Risk

Management 17 Jul 24 16:20 [REDACTED],

[REDACTED] Guardian/Caseworker [REDACTED] [REDACTED] Director of Risk

Management 17 Jul 24 16:10 [REDACTED] - [REDACTED]

Director of Risk Management 17 Jul 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 7/17/24, Resident [REDACTED] [REDACTED] reported to staff that

[REDACTED] [REDACTED] kissed her twice and forced [REDACTED] to lick [REDACTED] vagina. During her

interview with the Director of Risk, she stated the incident occurred on 7/14/24 during

evening hygiene. She reported she and her peers were playing Truth or Dare and a peer

dared [REDACTED] to kiss her. When [REDACTED] objected, [REDACTED] turned her around and kissed her.

[REDACTED] then reports she went to the bathroom and [REDACTED] followed. Once in the bathroom,

[REDACTED] alleges [REDACTED] forced her to lick [REDACTED] vagina. Actions Taken: [REDACTED]

[REDACTED]

[REDACTED] Residents moved to separate units. [REDACTED]

[REDACTED]

Interim Action Narrative:

[REDACTED]

Licensing Narrative: 7/18/2024 - The provider reported incident was reviewed by the licensing specialist. Licensing specialist reached out to facility to staff to confirm if the report [REDACTED]

[REDACTED] 7/19/2024 - Licensing Specialist visited the facility to review camera footage for the incident. The incident was [REDACTED]

[REDACTED] Video timestamp 7/14/2024 - 19:07- 19:20. Video footage reviewed shows the residents in the day room.

Residents can be seen socializing and having personal time. The staff person on the room is seated at a table. There are two staff persons in the room, one is seated at the table and the other is down the hallway. The staff person at the table moves down the hallway to assist a resident. When the staff person leaves the dayroom resident can be seen standing up and moving towards the center. Two residents proceed to the first bedroom door where the residents use the restroom. The two residents are out of camera view for approx. 20 seconds. While the residents are in the restroom, another resident goes down the hallway to speak to the staff. The two residents come out of the bedroom and reenter the dayroom. It is not known what occurred with the residents left the day. room. 7/22/2024 - Licensing specialist spoke with facility staff in regards to the case and implementing a new routine for supervision and more structure in the hygiene time. The facility will provide documentation of this implement by Friday 7/26/2024. 7/24/2024- Licensing specialist reached out to the facility in regards to signing the 521 inspection report which was sent 7/22/2024. Signed 521 inspection report received and uploaded to ELS. Hygiene time facility implement documentation received and uploaded to ELS. 7/26/2024- Licensing specialist received documentation for facility implements. Documentation was reviewed and uploaded to ELS.



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: 7/19/2024

Home Visit Date: 7/19/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:


7/19/2024 - Licensing Specialist visited the facility to review camera footage for case# 022646 and discuss the incident with facility staff.

Video timestamp 7/14/2024 - 19:07- 19:20.

Video footage reviewed shows the residents in the day room. Residents can be seen socializing and having personal time. There are two staff persons in the unit, one is seated at the table and the other is down the hallway. The staff person at the table moves down the hallway to assist a resident. When the staff person leaves the dayroom residents can be seen standing up and moving towards the center. Two residents proceed to the first bedroom door where the residents use the restroom. The two residents are out of camera view for approximately 20 seconds. While the residents are in the restroom, another resident goes down the hallway to speak to the staff. The two residents come out of the bedroom and reenter the dayroom. It is not known what occurred when the residents left the day room.

Licensing specialist reviewed the incident with facility staff and discussed implementations for increased supervision during hygiene time and providing more structure. The facility will provide documentation of the implementations to be enacted in response to this incident by 7/26/2024.

Provider Comments:

CCL Staff Signature : 

Date: 7/22/2024

Provider Signature : 

Date: 7/22/2024



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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: 8/30/2024

Home Visit Date: 8/30/2024

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 8/30/2024.

Licensing Specialist received a complaint on 7/17/2024 for ELS Case #022646.
This complaint has been **UNFOUNDED** by licensing.

Provider Comments:

CCL Staff Signature : 
Provider Signature : 

Date: 8/30/2024

Date: 8/30/2024