

## **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: 023712

Date of Incident: 7/27/2024

Date Received: 9/4/2024

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

**Incident Type: Dual** 

Maltreatment Narrative:

Report Description: July 27th a

Call was around a Staff member who allowed a Resident to be punched on by another Resident intermittently resulting in bruises. Resident's referred to this as a "punching game." Staff member did verbally address the Resident's and documented issue but did not physically step in to further intervene.

Interim Action Narrative: Staff member was suspended pending investigation.

The AV is currently at Perimeter Behavioral of Forrest City. The AV has bruises on his left arm and stated it was from playing football. It was found that the AV was being punched by another resident. The AO witnessed the AV being punched and did not intervene. The facility has this incident on camera.

Licensing Narrative: Program Coordinator was informed of complaint during another visit. Facility was encouraged to enter complaint into ELS and provide documentation. Program Coordinator followed up with facility for more information. 9/5/2024, facility reported there is camera footage of this incident. Program Coordinator will schedule and day and time to review camera footage. 9/6/2024, Program Coordinator reviewed camera footage. Facility provided an email regarding findings. Facility will be cited for standards 110.9.a T/A, 110.12,

and 907.2. 9/9/2024, Program Coordinator checked case unsubstantiated. Facility provided training documentation. 9/20/2024, Case completed.



# **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 Behavioral of Forrest City

Facility Number: 142

Licensee Address: 603 KITTLE ROAD

**FORREST CITY AR 72335** 

Licensing Specialist: Kendra Slade

Person In Charge: Charlotte Lockhart

Record Visit Date: 9/6/2024

Home Visit Date: 9/6/2024

Purpose of Visit: Complaint Visit

### **Regulations Out of Compliance:**

Regulation Number: 100.110.12

**Regulation Description:** The agency shall notify the Licensing Unit by the next business day when a report of child maltreatment is accepted by the child abuse hotline against the owner/operator, employee, foster parent, volunteer, child, or other person in a child welfare agency.

Finding Description: 110.12 Facility failed to notify Licensing by the next business day of the child maltreatment.

**Action Due Date:** 

**Action Due Description:** 

**Comply Date:** 

**Action Due Description:** 

Regulation Number: 900.907.2

**Regulation Description:** Child caring staff shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well-being of each child at the facility, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.

**Finding Description:** 907.2 Staff member present did not provide a level of supervision to ensure the safety and well-being of the resident being punched.

Action Due Date:
Action Due Description:
Comply Date:
Action Due Description:
Regulations Needing Technical Assistance:
Regulation Number: 100.110.9.a
<b>Regulation Description:</b> Any owner, operator, employee, foster parent, or volunteer in a child welfare agency shall immediately notify the Child Abuse Hotline if they have reasonable cause to suspect that a child has
<b>Finding Description:</b> 110.9.a T/A Notify the Child Abuse Hotline immediately of an incident. The incident was not reported to the hotline until 7/30/2024.
Action Due Date:
Action Due Description:
Comply Date:
Sub-Regulation Level 1 Description: Been subjected to child maltreatment
Action Due Description:
Regulation Not Applicable:
Regulations Not Correctable:
Narrative:
ime of visit: 12:30 pm to 2:00 pm Census: 51
Licensing received a complaint on 9/4/2024 for ELS Case #023712.
Program Coordinator spoke with Mr. Morris, Director of Risk Management regarding this complaint and reviewed camera footage. This incident happened on the 100 Hall in the dayroom, ratio 1:4.
Mr. Morris called the supervisor regarding this complaint. The supervisor informed Mr. Morris that the case would be found unsubstantiated and sent him an email. Per supervisor, the finding should appear in by Monday, 9/9/2024. The staff member named in this investigation is currently suspended.

During camera footage review, Program Coordinator observed the resident playing with a shoe, smelling the shoe, and swinging the shoe at a peer. The resident and peer were then observed horseplaying by swinging and kicking toward one another (not touching just motion). The resident then went to sit in a corner of the dayroom.

While sitting in the corner, another peer was observed punching the resident with the resident returning some punches. The staff was observed sitting at a table by the doorway to the dayroom. Other peers were observed running around the dayroom and one peer was observed going across the table. The staff member was observed redirecting the peer. When the staff member was directing the peer, the peer that was punching the resident returned to the area where the resident was sitting and started back punching him.

Per Mr. Morris, this incident happened on 7/27/2024. A staff member noticed bruises on the resident and inquired about what happened. The resident originally reported that he was playing tackle football. However, tackle football is not allowed at the facility.

Mr. Morris reported that the resident changed his story and admitted to playing the punching game with a peer. This was verified when the facility completed a camera footage review. The residents were separated, placed on activity and peer restrictions.

Program Coordinator informed Mr. Morris of the portal where he can submit reports of maltreatment. Program Coordinator also informed Mr. Morris when an investigator comes to interview a resident for an allegation to submit a report into ELS.

Facility will be cited for:110.9.a T/ANotify the Child Abuse Hotline immediately of an incident. The incident was not reported to the hotline until 7/30/2024.110.12Facility failed to notify Licensing by the next business day of the child maltreatment.907.2Staff member present did not provide a level of supervision to ensure the safety and well-being of the resident being punched.

#### **Provider Comments:**

CCL Staff Signature

Date: 9/6/2024

Provider Signature:

Www.phy. (EC)

Date: 9/6/2024



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# **521 Visit Compliance Report**

Licensee: Perimeter Behavioral of Forrest City
Facility Number: 142
Licensee Address: 603 KITTLE ROAD FORREST CITY AR 72335
Licensing Specialist: Kendra Slade
Person In Charge: Charlotte Lockhart
Record Visit Date: 9/9/2024
Home Visit Date: 9/9/2024
Purpose of Visit: Revisit Complaint
Regulations Out of Compliance:
Regulations Needing Technical Assistance:
Regulation Not Applicable:
Regulations Not Correctable:
Narrative:
No in-person licensing visit was completed on 9/9/2024.

Licensing received a complaint on 9/4/2024 for ELS Case #023712.

This complaint has been**FOUNDED**by Licensing. Facility was cited 110.12, 907.2 and 109.a T/A on 9/6/2024 for this complaint.

Facility provided training documentation for the staff member named in this complaint.

# **Provider Comments:**

**CCL Staff Signature:** 

Date: 9/9/2024

Provider Signature:

Director of bushing + Right Mgmt

Date: 9/9/2024