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: 023200

Date of Incident: 8/13/2024

Date Received: 8/13/2024

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 X Allegation of sexual/physical abuse ? Sexual Misconduct ? Other Patient/Resident Name/DOB: [redacted] Date/Time of incident: End of July in the evening (approximate) Patient Insurance: [redacted] Agency Name of Perimeter Staff Making Notification Date Time Name of Person Notified DHS [redacted] Director of Risk Management 08/13/24 19:00 [redacted] Disability Rights Center, Inc. [redacted] Director of Risk Management 08/13/24 19:00 incidentreporting@disabilityrightsar.org Perimeter [redacted] Director of Risk Management 08/13/24 19:00 [redacted] Guardian/Caseworker [redacted] Director of Clinical Services 08/13/24 19:27 [redacted] - Caseworker [redacted] Director of Risk Management 08/13/24 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 8/13/24, Resident [redacted] spoke to her caseworker and indicated a staff member, [redacted] had acted in an inappropriate manner. When pressed on what type of behavior, [redacted] gave a thumbs up when asked if it was sexual in nature. The caseworker reported it to a therapist, who informed facility leadership. At which point, the Director of Risk Management interviewed [redacted] During the interview, [redacted] stated she was not comfortable talking about it, but that she would write a statement. The statement said, ?I was in my room, [redacted] asked me if I ?would ever mess with him.? I said no, but one night I woke up and seen [redacted] just at my doorway watching me. Then he came in there touching me. I kept asking him to ?stop? in a whisper, but he wouldn?t, so I just sat there and let him do it. After he finally stopped, he handed me

his vape and said, ?I?ll come get it back in a little bit.? When asked if she would provide additional details, she said no; however, she did state the incident occurred a few days after she was moved to green unit. Actions Taken: ? [redacted] **(Investigation ongoing) ? Staff suspension.**

Interim Action Narrative: Staff placed on leave pending the [redacted]

[redacted]

Licensing Narrative: 8/13/2024- Licensing emailed the facility CEO to request the referral number for this report. 8/14/2024, facility reported that [redacted] **Program Coordinator checked** [redacted] **and** [redacted] **Report was** [redacted]**. 8/15/2024, Program Coordinator spoke with Director of Risk Management regarding the incident and requested documentation. Facility reported that camera footage was reviewed by the CEO and provided a timeline of dates reviewed. Director of Risk Management reported that staff member was suspended and would return on 8/16/2024. Staff member will be retrained on verbal de-escalation. Documentation of training will be requested. 8/20/2024, Program Coordinator requested a copy of the staff member's training. Case complete.**

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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: Kendra Rice

Person In Charge: Charriot Sales

Record Visit Date: 8/15/2024

Home Visit Date: 8/15/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 10:00 am to 12:45 pm

Census: 27

Licensing received a complaint on 8/13/2024 for ELS Case #023200.

Program Coordinator spoke with Director of Risk Management [redacted] about the complaint. [redacted]

[redacted] reported that 39 hours of camera footage was reviewed by the CEO for the following dates: 7/29/2024, 7/30/2024, 8/4/2024, 8/7/2024, and 8/8/2024.

Per [redacted] the staff member named in this complaint was not observed entering into the resident's bedroom at any time. The staff member was observed standing outside of the resident's doorway for 30 seconds during room checks. [redacted] reported that the resident was admitted into the facility on [redacted] and moved to the Green Unit on 7/30/2024.

This complaint [redacted] The staff member was suspended pending the investigation. [redacted] reported after their internal investigation it was determined that the incident did not happen.

The staff member is scheduled to return to work on 8/16/2024 and will be retrained on verbal de-escalation.

Provider Comments:

CCL Staff Signature : Date: 8/16/2024

Provider Signature : Date: 8/16/2024