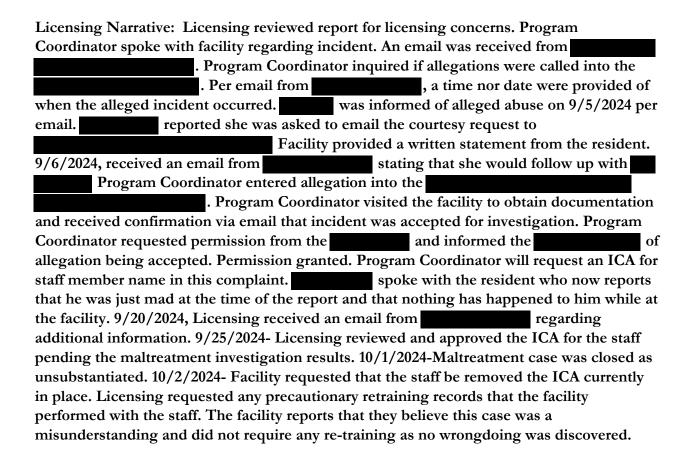


Placement and Residential Licensing Unit

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: 023747
Date of Incident: 9/4/2024
Date Received: 9/5/2024
Facility Name: Perimeter Behavioral of Forrest City
Facility Number: 142
Incident Type: Dual
Report Description: On 09/05/2024 Director of Quality Risk Management received an email containing a notification of report of abuse/neglect from . Notice was forwarded to Licensing Specialist and contact was submitted to . Written statement from alleged victim, and Licensing Specialist that do not align with allegation.
Interim Action Narrative: The facility requested to moved the staff to another unit and have him supervised at all times. The staff will not participate in any restraint holds pending investigation.
Maltreatment Narrative: DHS/Placement Residential Licensing Unit received notification of allegation via email from stating, ' is being slammed into walls and having his head slapped and pushed into the wall, which is a sensitive area, additionally is making vague and sinister threats to harm his family, making comments to spur on and threatening to extend his treatment stay for non-therapeutic reasons.? It is unknown the time and/or day of this allegation.





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:
Regulations Needing Technical Assistance:
Regulation Not Applicable:
Regulations Not Correctable:
Narrative:
Time of visit: 12:30 pm to 2:00 pm

Census: 51

Licensing received a complaint on 9/5/2024 for ELS Case #023747.

Program Coordinator spoke with Mr. Morris, Director of Risk Management regarding this complaint.

Program Coordinator inquired if resident was placed in any restraints for August 2024 that the staff member named in this complaint participated in. Program Coordinator requested written statement from staff member and nursing note.

Per nursing note, resident was placed in a restraint due to displaying physical aggression towards his peers and his bottom lip on the left side was injured.

Mr. Morris informed Program Coordinator that staff member has been moved to another unit for now.

Licensing is not prepared to leave a finding at this time.

Provider Comments:

CCL Staff Signature : Date: 9/6/2024

Provider Signature : Date: 9/6/2024



Division of Child Care & Early Childhood Education

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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: Chelsea Vardell
Person In Charge:
Record Visit Date: 10/4/2024
Home Visit Date: 10/4/2024
Purpose of Visit: Complaint Visit
Regulations Out of Compliance:
Regulations Needing Technical Assistance:
Regulation Not Applicable:
Regulations Not Correctable:
Narrative:
Licensing has investigated case 023747 and determined it to be unfounded.

The staff named in the incident may be removed from the current ICA and return to normal job duties.

Provider Comments:

CCL Staff Signature:

Provider Signature

Date: 10/4/2024

Date: 10/4/2024