



**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

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**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 [REDACTED]. Notice was forwarded to Licensing Specialist and contact was submitted to [REDACTED]. Written statement from alleged victim, [REDACTED], was submitted to [REDACTED] 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.

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Maltreatment Narrative: [REDACTED] DHS/Placement Residential Licensing Unit received notification of allegation via email from [REDACTED] stating, "[REDACTED] is being slammed into walls and having his head slapped and pushed into the wall, which is a sensitive area, additionally [REDACTED] is making vague and sinister threats to harm his family, making comments to spur [REDACTED] on and threatening to extend his treatment stay for non-therapeutic reasons.? It is unknown the time and/or day of this allegation.

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Licensing Narrative: Licensing reviewed report for licensing concerns. Program Coordinator spoke with facility regarding incident. An email was received from [REDACTED]. Program Coordinator inquired if allegations were called into the [REDACTED]. Per email from [REDACTED], a time nor date were provided of when the alleged incident occurred. [REDACTED] was informed of alleged abuse on 9/5/2024 per email. [REDACTED] reported she was asked to email the courtesy request to [REDACTED]. Facility provided a written statement from the resident. 9/6/2024, received an email from [REDACTED] stating that she would follow up with [REDACTED]. Program Coordinator entered allegation into the [REDACTED]. Program Coordinator visited the facility to obtain documentation and received confirmation via email that incident was accepted for investigation. Program Coordinator requested permission from the [REDACTED] and informed the [REDACTED] of allegation being accepted. Permission granted. Program Coordinator will request an ICA for staff member name in this complaint. [REDACTED] spoke with the resident who now reports that he was just mad at the time of the report and that nothing has happened to him while at the facility. 9/20/2024, Licensing received an email from [REDACTED] regarding additional information. 9/25/2024- Licensing reviewed and approved the ICA for the staff pending the maltreatment investigation results. 10/1/2024- Maltreatment case was closed as unsubstantiated. 10/2/2024- Facility requested that the staff be removed the ICA currently in place. Licensing requested any precautionary retraining records that the facility performed with the staff. The facility reports that they believe this case was a misunderstanding and did not require any re-training as no wrongdoing was discovered.



**Division of Child Care & Early Childhood Education**

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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:** 9/6/2024

**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



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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:** 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 :

Date: 10/4/2024

Provider Signature :

A handwritten signature in black ink, appearing to be 'ell', written over a horizontal line.

Date: 10/4/2024