

Placement and Residential Licensing Unit

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Corrective Action Agreement

Date: September 5, 2024

To: Skylar Barnes

Owner Name: Woodridge Northwest, LLC

Facility Name: Perimeter Behavioral of the Ozarks

License #: 237

Ms. Barnes,

This document constitutes a formal Corrective Action Agreement (CAA) agreed upon by Perimeter Behavioral of the Ozarks and the Department of Human Services, Placement and Residential Licensing Unit. This CAA will be in effect for a period of six months from the date of signing by both parties. This agreement may be extended beyond six months should DHS determine any non-compliance with the CAA during the stated corrective action period.

The purpose of this agreement is to gain and maintain a high degree of compliance with licensing requirements. The following non-compliance areas have been cited during the past six months:

Minimum Licensing Standards (Residential): Section 110: Inspections, Investigations, and Corrective Action.

Perimeter Behavioral of the Ozarks has received citations on the following dates regarding mandated reporting.

110.9.a-c 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: a. Been subjected to child maltreatment; b. Died as a result of child maltreatment; or c. If they observe a child being subjected to conditions or circumstances that would reasonably result in child maltreatment.

o 5/29/2024-

A resident reported to staff that she had intercourse with her roommate and that she had already told her therapist about it, but the therapist told her to "keep it on the low". The staff put the concerns on a consequences and personal responsibility intervention form at the time of the disclosure on 5/26/2024 but did not report it to the child abuse hotline. On 5/28/2024,

o 7/3/2024-

A resident reported peer on peer sexual abuse to staff on 6/27/2024 but failed to report it to the child abuse hotline. The management of the facility reviewed the report on 6/28/2024 and interviewed the residents then

0 8/15/2024-

On 8/11/2024 three residents were involved in a situation in which three staff members restrained the residents to the ground. During the debriefing, witnessing staff stated that they had concerns about the level of force used by the staff. On 8/12/2024, management reviewed the camera footage and

0 8/27/2024-

A resident reported alleged physical abuse by staff during a restraint hold that occurred on 8/12/2024. The management team became aware of the report on 8/13/2024 and stated that they did not feel it was a reportable incident to the child abuse hotline. An outside individual 8/26/2024.

Minimum Licensing Standards (Residential): Section 905 - Behavior Management

Perimeter Behavioral of the Ozarks has received citations on the following dates regarding behavior management and restraint documentation.

905.4.g- The following disciplinary actions shall not be used: (g) physical injury or threat of bodily harm.

o 8/15/2024-

During an incident on 8/11/2024, camera review revealed one staff swinging with a closed fist at a resident and another staff kicking a resident in the head while on the ground in a restraint. 905.9- Physical restraints shall be performed using minimal force and time necessary. Physical restraint means the application of physical force without the use of any device, for the purpose of restraining the free movement of a resident's body. Briefly holding a child without undue force in order to calm or comfort them or holding a hand to safely escort a child from one area to another, is not considered a physical restraint.

0 8/15/2024-

During an incident on 8/11/2024, three staff were seen on camera failing to use the minimal force necessary during restraint holds conducted on three residents.

905.10- Physical restraint shall be initiated only by staff who are trained by a certified instructor in a nationally recognized curriculum, and only to prevent injury to the child, other people or property, and shall not be initiated solely as a form of discipline. The agency shall maintain documentation that staff are deemed competent in physical restraint.

0 8/26/2024-

During a review of a complaint that occurred on 6/22/2024, it was discovered that a restraint was used on a resident who was not a danger to themselves, others, or property to remove her from the seclusion room.

905.11- Chemical restraints shall be used only if ordered by a physician. A chemical restraint is an emergency behavioral intervention that uses pharmaceuticals by topical application, oral administration, injection, or other means to modify a child's behavior. Prescribed treatment medications that have a secondary effect on the child's behavior are not considered chemical restraint.

0 8/7/2024-

Physician orders were not found in a resident's chart for chemical restraints administered on 3/7/2024 or 7/22/2024.

905.12- Seclusion, mechanical, or physical restraints shall be used only if ordered by a physician.

o **8/7/2024-**

Physician orders were not found in a resident's chart for physical restraints performed on 5/21/2024 and 7/22/2024.

8/26/2024-

• A review of a resident's file revealed that there were eight (8) missing physician orders for seclusion or physical restraints that were performed on the resident.

905.17- Documentation of all restraints shall be maintained and shall include the child's name, date, time, reason, staff involved, and measures taken prior to restraint.

0 8/7/2024-

Documentation of restraints were not found in the chart of a resident for restraints performed on 5/10/2024 or 5/21/2024.

0 8/26/2024-

Documentation of restraints were not found in the chart of a resident for restraints performed on 6/12/2024 and 6/22/2024. A second residents file showed no documentation of physical and chemical restraints performed on the resident for 3/7/2024, 5/21/2024, and 7/22/2024.

The agency is required to complete the following:

- By the first business day of every month, the facility shall provide a copy of the previous month's restraint log to the PRLU for review.
- All staff shall attend a training course with UAMS regarding mandated reporting by 12/31/2024. A sign-in sheet showing all staff have been trained shall be sent to the PRLU upon completion.
- The facility management shall review camera footage of a minimum of three restraint, or seclusions performed on residents per week and document their findings.
 Documentation shall include the date, time, reason, staff involved, resident(s) involved, and any issues identified regarding staff's initiation and administration of the restraint or seclusion. Documentation will then be provided to the PRLU by the first business day of each month.
- The facility shall ensure all staff are trained in Handle with Care at the time of hire and every six (6) months after hire, per their restraint training policy.
- The facility shall ensure that all physician orders for restraints or seclusions are signed and placed in each resident's file within two business days following the order.
- The facility shall ensure that all restraint documentation required in standard 905.17 is maintained and available upon request by the PRLU.

This document is intended to clarify any outstanding issues and to reduce the risk of misunderstanding or miscommunication.

Please be advised that any serious non-compliance cited during this corrective action period may result in a recommendation for adverse action on the license. Any serious violation of this corrective action plan will result in recommendation for adverse action on the license.

Please do not hesitate to contact the Placement and Residential Licensing Unit if you have any questions or concerns regarding ongoing compliance with this agreement or any other licensing requirement.

The signature of the licensee constitutes full acceptance of the provisions of this agreement.	
Skler Barres	9/10/24
Owner/ Administrator/Agency Representative	Date
1-1.12/	9/10/2024
Licensing Specialist	Date
Chelsea Vardell	9/10/2024
Licensing Supervisor	Date