



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: 024415

Date of Incident: 9/28/2024

Date Received: 10/1/2024

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Dual

Report Description: ? Serious injury requiring outside medical attention ? Resident?s attempted suicide X Allegation of abuse/neglect related to a restraint ? Resident?s death ? AWOL/Elopement ? Allegation of sexual/physical abuse ? Sexual Misconduct ? Other

Patient/Resident Name/DOB: [REDACTED] Date/Time of incident:

09/28/24 at 19:54 Patient Insurance: Texas Medicaid Name of Perimeter Staff Making Notification Date Time Name of Person Notified DHS Charriot Sales, Director of Risk Management 10/01/24 14:00 Felicia Harris, Chelsea Vardell, Kendra Rice, Jarred Parnell OLTC Charriot Sales, Director of Risk Management 10/01/24 14:00

Jeff.rosenbaum@dhs.arkansas.gov Disability Rights Center, Inc. Charriot Sales, Director of Risk Management 10/01/24 14:00 incidentreporting@disabilityrightsar.org Perimeter Charriot Sales, Director of Risk Management 10/01/24 14:00 Skyler Barnes, Shawna Stover, Chris Perry, Brandy Pfeifer, Carey Ouzts, Rebecca Thomas Guardian/Caseworker Jonathon Arnett, Case Manager 10/01/24 10:55 Monica Cortez, Caseworker Charriot R. Sales, Director of Risk Management 10/01/24 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 09/30/24, [REDACTED] wrote a grievance that stated, ? [REDACTED] put bruises

on me.? A [REDACTED] was submitted and accepted. On 10/01/24, the Director of Risk

Management interviewed [REDACTED] and she reported it happened Saturday out in the Milieu

while she was in a restraint; [REDACTED] does have bruising on both arms. Camera was

reviewed for that incident and [REDACTED] was in a restraint; however, [REDACTED] was not the staff

involved in the hold. Justification and execution of the restraint aligns with state, facility,

and Handle with Care regulation. Actions Taken: [REDACTED] made 9/30/24; referral

[REDACTED]. [REDACTED] and SIR submitted. Staff member suspended.

Interim Action Narrative: Employee suspended.

Maltreatment Narrative: [REDACTED]

[REDACTED] is a resident of Perimeter Behavioral of the Ozarks and [REDACTED] is a staff member. On 9/30/24, staff received a grievance form stating, "[REDACTED] put bruises on me." For context, this resident has been involved in four restraints since 9/26/24 with various staff members. Each restraint was reviewed by camera by multiple leadership personnel and no misconduct was noted. Additionally, [REDACTED] was medically assessed after each incident and did not present with bruising.

Licensing Narrative: 10/2/2024 - The complaint was reviewed by the licensing specialist. Licensing will reach out to the investigator for permission and inquire about video footage, nursing notes, and restraint packet information. The two staff involved in the hold is [REDACTED] and [REDACTED]. 10/3/2024 - A visit was conducted to review video footage. Time stamp 9/28/2024 - 7:53 PM- [REDACTED] can be seen walking in the milieu. Staff [REDACTED] and [REDACTED]. [REDACTED] opens the door to the blue unit and resident [REDACTED] immediately begins attacking [REDACTED]. [REDACTED] initiates "primary restraint technique, restraining the residents arms at the shoulder. Then the resident is escorted to the seclusion room by [REDACTED] and 4 other staff. The resident is struggling for entire escort. There is a struggle in the door way. The resident is put into seclusion room at 7:55PM. There is restraint packet signed by Doctor Hiatt for the restraint. At time stamp 7:57 PM - Resident [REDACTED]. can be seen in the milieu with staff [REDACTED]. and [REDACTED] at 7:57:40 [REDACTED] grabs the arm of [REDACTED]. At 7:58 PM [REDACTED] can be seen body blocking [REDACTED] At 7:59 [REDACTED] places a hand on resident as resident falls to the floor 7:59:30. Time stamp 9/29/2024 at 7:15 PM 7:16PM- [REDACTED] and [REDACTED] can be seen in the milieu with [REDACTED]. [REDACTED] trying to escort the resident to the seclusion room. [REDACTED] enters the milieu and assists. The resident can be holding a door frame. [REDACTED] grabs the residents to release from the door frame and the two staff escort the resident into the seclusion. There is a restraint packet signed by Doctor Hiatt. 10/4/2024 - Staffed with Supervisor C. Vardell - follow up visit scheduled for 10/24/2024. 10/7/2024 - Signed 521 received and uploaded to ELS. 10/23/2024 - maltreatment findings are unsubstantiated and ICA was lifted.



Division of Child Care & Early Childhood Education
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521 Visit Compliance Report

Licensee: Perimeter of the Ozarks

Facility Number: 237

Licensee Address: 2466 SOUTH 48TH STREET
SPRINGDALE AR 72766

Licensing Specialist: Jarred Parnell

Person In Charge:

Record Visit Date: 10/3/2024

Home Visit Date: 10/3/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

10/3/2024 - A visit was conducted to review video footage.

Time stamp 9/28/2024 - 7:53 PM- [REDACTED] can be seen walking in the milieu. Staff [REDACTED] and [REDACTED] opens the door to the blue unit and resident [REDACTED] immediately begins attacking [REDACTED] [REDACTED] initiates "primary restraint technique, restraining the residents arms at the shoulder. Then the resident is escorted to the seclusion room by [REDACTED] and 4 other staff. The resident is struggling for entire escort. There is a struggle in the door way. The resident is put into seclusion room at 7:55PM. There is restraint packet signed by Doctor Hiatt for the restraint.

At Time Stamp 7:57 PM - Resident [REDACTED] can be seen in the milieu with staff [REDACTED] and [REDACTED] at 7:57:40 [REDACTED] grabs the arm of [REDACTED] At 7:58 PM [REDACTED] can be seen body blocking [REDACTED] At 7:59 [REDACTED] places a hand on resident as resident falls to the floor 7:59:30.

Time stamp 9/29/2024 at 7:15 PM 7:16PM- [REDACTED] and [REDACTED] can be seen in the milieu with [REDACTED] [REDACTED] trying to escort the resident to the seclusion room. [REDACTED] enters the milieu and assists. The resident can be holding a door frame. [REDACTED] grabs the residents to release from the door frame and the two staff escort the resident into the seclusion.

There is a restraint packet signed by Doctor Hiatt.

Restraint packets were reviewed during the visit as part of the CAA and the complaint.

Staff person [REDACTED] has been suspended, pending the investigation.

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

Provider Comments:

CCL Staff Signature :

Date: 10/4/2024

Provider Signature :



Date: 10/4/2024



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521 Visit Compliance Report

Licensee: Perimeter of the Ozarks

Facility Number: 237

Licensee Address: 2466 SOUTH 48TH STREET
SPRINGDALE AR 72766

Licensing Specialist: Jarred Parnell

Person In Charge:

Record Visit Date: 11/8/2024

Home Visit Date: 11/8/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:


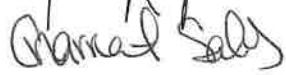
Regulations Not Correctable:

Narrative:

No visit was conducted for 11/8/2024

Licensing received a report for case 024415 on 10/1/2024
The findings for the case are UNFOUNDED by licensing.

Provider Comments:

CCL Staff Signature : 
Provider Signature : 

Date: 11/8/2024

Date: 11/8/2024