



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:** Andrea Adamson

**Person In Charge:** Immanuel Morris

**Record Visit Date:** 10/28/2024

**Home Visit Date:** 10/28/2024

**Purpose of Visit:** Subsequent Building and Grounds

### Regulations Out of Compliance:

### Regulations Needing Technical Assistance:

**Regulation Number:** 900.914.9

**Regulation Description:** A record of drills shall be maintained, showing date and time of day of the drill, number of participants, and length of time required to reach safety.

**Finding Description:** Licensing reviewed documentation and noted that they were missing the number of participants (to include residents) as well as time to reach safety. TA was provided to include these going forward.

**Action Due Date:**

**Action Due Description:** Facility will include the census of participants to include residents as well as time it took to reach safety from here on out.

**Comply Date:**

**Action Due Description:** Facility will include the census of participants to include residents as well as time it took to reach safety from here on out.

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

Licensing Specialist and Program Manager were escorted by DOC and DQRM to complete a follow up on the buildings and grounds walkthrough.

The areas observed were as follows:

**Outside courtyard:** Culvert drain was cut and smoothed where it had previously been broken.

**100 Hall Bathroom:** Facility has removed the damaged door, as it was not necessary to replace. Mats are still in place over damaged tile to prevent injury to residents while facility continues to seek authorization for replacing flooring. During this time, Licensing was informed that the Joint Commission stated the mats were an acceptable alternative pending the repair/replacement of the tiles.

**100 Hall Dayroom:** Wall was repainted and the caulking removed.

**Cafeteria:** Residents were viewed eating lunch, ratio was 4:13 and in regulation.

**300 Hall room 302:** door was repainted from the chipping.

**Gym:** Residents were viewed having recreation time and the ratio was 3:14 in regulation.

**Gym Bathroom:** Lineoleum was still broken around the ring of the toilet, DOC informed Licensing that they are still needing to find the correct linoleum type for that specific floor. Licensing gave them a 2-week extension to remedy this.

**Fire and Severe Weather Logs:** Licensing reviewed documentation and noted that they were missing the number of participants (to include residents) as well as time to reach safety.

TA was provided for regulation 914.9: A record of drills shall be maintained, showing date and time of day of the drill, **number of participants, and length of time required to reach safety.**

**Child Record Review**

██████████ Reviewed record and noted 2 reported Physical restraints, however it was noticed in a nursing assessment for 9.28.24 that both a chemical and physical restraint were used. Facility restraint logs do have these notated, but no physician order or restraint documentation was located in the resident file for the chemical or physical restraint on 9.28.24. The facility was able to locate the documentation outside of the resident's file and provided it to licensing.

Treatment plans were reviewed for resident ██████████ ██████████ treatment plan was individualized and highly detailed, where ██████████ master treatment plan appeared to be missing information and was not specific to the child's needs. The Clinical Director explained that resident ██████████ was resistant upon developing his treatment plan so they developed one goal and will continue to add to his goals as he is in treatment.

**Provider Comments:**


CCL Staff Signature :

Date: 10/29/2024



Provider Signature :

Date: 10/29/2024

 , Director of Quality + Risk mgmt.