



**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:** 025321

**Date of Incident:** 11/5/2024

**Date Received:** 11/7/2024

**Facility Name:** Perimeter of the Ozarks

**Facility Number:** 237

**Incident Type:** Dual

**Report Description:** ? Serious injury requiring outside medical attention ? Resident?s attempted suicide ? Allegation of abuse/neglect related to a restraint ? Resident?s death ? AWOL/Elopement ? Allegation of sexual/physical abuse X Sexual Misconduct ? Other, Emergency Room Treatment Patient/Resident Name/DOB: [REDACTED]

[REDACTED] Date/Time of incident: Evening of 5 November 2024

**Patient Insurance:** [REDACTED] of Perimeter Staff

**Making Notification Date Time Name of Person Notified** DHS Charriot Sales, Director of Risk Management 11/07/24 15:00 Felicia Harris, Chelsea Vardell, Kendra Rice, Jarred Parnell OLTC Charriot Sales, Director of Risk Management 11/07/24 15:00

Jeff.rosenbaum@dhs.arkansas.gov Disability Rights Center, Inc. Charriot Sales, Director of Risk Management 11/07/24 15:00 incidentreporting@disabilityrightsar.org Perimeter Charriot Sales, Director of Risk Management 11/07/24 15:00 Skyler Barnes, Shawna Stover, Chris Perry, Brandy Pfeifer, Carey Ouzts, Rebecca Thomas Guardian/Caseworker [REDACTED]

[REDACTED] LPN 11/06/24 18:00 [REDACTED]

[REDACTED] Charriot R. Sales, Director of Risk Management 11/07/24 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 the eve of 11/6/24, [REDACTED] asked to speak to a nurse. During their conversation, [REDACTED] reported that during the night of 11/5/24, [REDACTED] went to [REDACTED] bed and started to kiss her. She stated she told [REDACTED] to stop, but [REDACTED] continued to kiss the resident and touch her on her privates over the clothes. Nursing staff spoke to [REDACTED] and she reported that [REDACTED] asked [REDACTED] to her bed and began to kiss her on the neck and lips. [REDACTED] reported she told [REDACTED] to stop, but she continued. [REDACTED] then reported [REDACTED] touched her private parts under her clothes and digitally penetrated her vagina. [REDACTED] stated she told the peer it was hurting her and [REDACTED] stopped. **Actions Taken:** ?

[REDACTED] [REDACTED] Peers separated immediately upon notification; [REDACTED] was moved to another unit while investigation is ongoing. ? Peer restriction implemented. ? Sexual acting out precautions. ? Opened investigation (ongoing) ? Nurse assessed [REDACTED] for reported pain.

Interim Action Narrative: The residents were placed on peer restriction and moved to different units.

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[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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Licensing Narrative: 11/7/2024 - The report was reviewed by Licensing. Licensing specialist obtained permission from [REDACTED] to visit the facility and obtain Q15 bed checks for the report. Permission was given by Y. [REDACTED] A visit was conducted at the facility to initiate the report. Licensing specialist reviewed and uploaded the Q15 report logs to ELS. Licensing specialist spoke to staff concerning the safety plan implemented. The residents have been separated to different units. No camera footage available for review. Requested witness statements for staff and residents. 11/13/2024 - Resident and staff statements received, reviewed, and uploaded to ELS. 11/14/2024 - Video review meeting over teams was conducted with facility staff. Video footage for bed checks was reviewed. Timestamp for the review was 11/5/2024 - 20:41 - 00:03 Bed checks were conducted at 20:53, 21:02, 21:32, 21:40, 21:48, 22:02, 22:47, 23:02, 23:19, 23:37, 23:48, 00:03. The time frame for bed check 22:02 and 22:47 does not meet minimum standards for bed checks which is required every 30 minutes. The facility will be issued a citation for 907.6. Facility will provide retraining documentation for bed checks with a due date of 11/19/2024 for staff D. Rice. Facility policies for bed checks was requested from facility staff. 11/15/2024 - Licensing received retraining documentation for bed checks for staff D. Rice, and facility policies for observation checks. The documents were reviewed and uploaded to ELS. 12/10/2024, Program Coordinator checked [REDACTED]. Licensing Specialist informed. 12/16/2024, complaint unfounded by Licensing. Facility cited on 11/14/2024 for 907.6. Case approved by Program Coordinator and closed.



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:** 11/7/2024

**Home Visit Date:** 11/7/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

11/8/2024 - A visit was conducted at the facility to initiate the report. Licensing specialist reviewed and uploaded the Q15 report logs to ELS. Licensing specialist spoke to staff concerning the safety plan

implemented. The residents have been separated to different units. The alleged incident occurred in a bedroom where camera footage is not available. Licensing specialist requested witness statements from the supervising staff and two resident involved in the incident.

**Provider Comments:**

CCL Staff Signature :



Date: 11/7/2024

Provider Signature :



Date: 11/7/2024



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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:** Charriot Sales

**Record Visit Date:** 11/14/2024

**Home Visit Date:** 11/14/2024

**Purpose of Visit:** Complaint Visit

### Regulations Out of Compliance:

**Regulation Number:** 900.907.6

**Regulation Description:** Supervision during sleeping hours shall include a visual check on each child at least every thirty (30) minutes.

**Finding Description:** A bed check was not conducted within thirty minutes. (See narrative for full description)

**Action Due Date:** 2024-11-19

**Action Due Description:** Retraining will be conducted for staff D. Rice concerning bed checks. Documentation for the retraining, and facility policy for bed checks will be sent to Licensing no later than 11/19/2024.

**Comply Date:**

**Action Due Description:** Retraining will be conducted for staff D. Rice concerning bed checks. Documentation for the retraining, and facility policy for bed checks will be sent to Licensing no later than 11/19/2024.

### Regulations Needing Technical Assistance:

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

No in person visit was conducted for 11/14/2024 - Licensing specialist meet with facility risk manager over teams to review video footages for case: #025321

Licensing received a report on 11/7/2024 in which a resident alleged unwanted sexual contact from their room mate, just after lights out, during sleeping time. The facility separated the resident to different units and [REDACTED] investigation is being conducted and remains ongoing. Licensing is not prepared to leave a finding at this time.

Video surveillance footage was reviewed to review bed check compliance.

Timestamp for the review was 11/5/2024 - 20:41 - 00:03

Bed checks were conducted at

20:53, 21:02, 21:32, 21:40, 21:48, 22:02, 22:47, 23:02, 23:19, 23:37, 23:48, 00:03.

The time frame for bed checks conducted at 22:02 and 22:47 does not meet minimum standards for bed checks which is required every 30 minutes.

The facility is being issued a citation for standard 906.7 which states:

**Supervision during sleeping hours shall include a visual check on each child at least every thirty (30) minutes.**

**Provider Comments:**

CCL Staff Signature :



Date: 11/14/2024

Provider Signature :



Date: 11/14/2024



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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:** Chelsea Vardell

**Person In Charge:**

**Record Visit Date:** 12/10/2024

**Home Visit Date:** 12/10/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**



**Narrative:**

No in person licensing visit conducted on this day.

The licensing unit has investigated case 025321 and determined it to be unfounded.

However, during review of the camera footage for 11/5/2024 - 20:41 - 00.03, required bed checks were not completed a minimum of every 30 minutes as required by standard 907.6. The facility was cited for this on 11/14/2024.

**Provider Comments:**

CCL Staff Signature :   
Provider Signature : 

Date: 12/10/2024

Date: 12/10/2024