



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

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: 11/26/2024

Home Visit Date: 11/26/2024

Purpose of Visit: Subsequent Building and Grounds

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 12:15 pm to 1:45 pm

Census: 56

Program Coordinator Slade was escorted throughout the facility by Mr. Morris and Mr. Williams.

The following areas were observed: grounds, administration, gym, cafeteria, residents' hall including the bedrooms and bathrooms.

Program Coordinator observed lawn care contractors on the grounds mowing grass and blowing leaves. No residents were present on the grounds. The Maintenance Supervisor was observed sitting outside on the courtyard while the contractors were maintaining the grounds inside the fence.

Mr. Williams informed Program Coordinator that a roofing company was replacing the roof. Per Mr. Williams, the roofing company are about 95% complete. Program Coordinator observed roofing materials on the opposite side of the fence out of reach from the residents.

Entering the gym, Program Coordinator observed residents playing basketball, sitting on the benches, walking around the gym, and a resident was observed laying on a bench. The ratio for the gym was 3:15.

Program Coordinator could smell the aroma of cleaning products throughout the residents' halls. On the 400 Hall the ration was 1:6. The residents were participating in downtime. Residents were observed in their rooms resting (laying on their beds awake), reading a book, or talking to staff/peers.

Walking to the cafeteria, Program Coordinator could hear music. The residents were eating desserts provided by the facility. Ratio 4:18, staff were observed throughout the cafeteria. Residents were observed sitting down at the table eating or communicating with peers. Other residents were observed dancing and singing songs with staff.

Mr. Williams informed Program Coordinator that a fire drill was completed on 11/25/2024 and documentation was provided.

Provider Comments:


CCL Staff Signature :

Date: 11/26/2024



Provider Signature :

Date: 11/26/2024

 , Director of Quality & Risk Mgmt.



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FORREST CITY AR 72335

Licensing Specialist: Kendra Slade

Person In Charge: Charlotte Lockhart

Record Visit Date: 11/26/2024

Home Visit Date: 11/26/2024

Purpose of Visit: Consultation Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of Visit: 12:15 pm to 1:45 pm

Census: 56

Program Coordinator reviewed the Corrective Action Agreement with Mrs. Charlotte Lockhart, CEO, Mr. Immanuel Morris, Risk Management, and Mr. Cliff Williams, Program Director.

Mr. Morris informed Program Coordinator per the 521 issued on 10/28/2024, Licensing gave the facility two (2) weeks to repair the flooring in the bathroom located in the gym. The flooring has been repaired and caulking has been applied around the toilet. Per Mr. Williams, maintenance pulled and reset the flooring around the toilet.

Mr. Williams informed Program Coordinator the mats in the showers are pulled and cleaned daily. The roof is currently being replaced with more renovations to come now. The facility is currently waiting for approval from the corporate office for some new paint that will not be easy for the residents to peel.

Mr. Williams followed up with maintenance regarding the letter from the fire marshal. The Maintenance Supervisor informed Mr. Williams that he would follow up with the fire department to obtain a letter. The Maintenance Supervisor will go to the office to see if the letter has been completed.

Reviewing the Corrective Action Agreement, an error was found. Program Coordinator informed Mrs. Lockhart that the document would be revised. Mrs. Lockhart inquired about the Corrective Action Agreement since repairs have been completed.

Provider Comments:


CCL Staff Signature :

Date: 11/26/2024



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Date: 11/26/2024



, Director of Quality & Risk Mgmt.