



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: 026057

Date of Incident: 12/8/2024

Date Received: 12/11/2024

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Dual

Report Description: Check appropriate box. Once form is completed, send to the Office of Long-Term Care and the Disability Rights Center, Inc at the fax numbers listed below. ?
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, Emergency Room
Treatment Patient/Resident Name/DOB: [REDACTED] Date/Time of incident: 12/8/24 at 17:45 Patient Insurance: [REDACTED] Name of Perimeter Staff Making Notification Date Time Name of Person Notified DHS Charriot Sales, Director of Risk Management 12/11/24 15:00 Felicia Harris, Chelsea Vardell, Kendra Rice, Jarred Parnell OLTC Charriot Sales, Director of Risk Management 12/11/24 15:00 Jeff.rosenbaum@dhs.arkansas.gov Disability Rights Center, Inc. Charriot Sales, Director of Risk Management 12/11/24 15:00 incidentreporting@disabilityrightsar.org Perimeter Charriot Sales, Director of Risk Management 12/11/24 15:00 Skyler Barnes, Shawna Stover, Chris Perry, Brandy Pfeifer, Carey Ouzts, Rebecca Thomas Guardian/Caseworker Charriot Sales, Director of Risk Management 12/11/24 09:05 [REDACTED] Charriot R. Sales, Director of Risk Management 12/11/24 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 12/10/24, [REDACTED] reported to the Director of Risk that, [REDACTED] hurt me in the restraint. I don't feel safe." On 12/8/24, [REDACTED] exited the gym into an unauthorized fenced outdoor area. Staff responded to the staff support and attempted to escort [REDACTED] back to the gym; during the escort, [REDACTED] attacked staff and was placed in a one-person restraint outside that transitioned to a three-person supine restraint once [REDACTED] and staff were inside. [REDACTED] struggled off and on throughout the restraint. [REDACTED] was involved in both restraints. Camera review did not identify excessive force or inappropriate staff behavior during the incident. [REDACTED]

██████████ on 12/10/24 and ██████████ on 12/11/24. Actions Taken: ██████████
██████████, ██████████, ██████████
██████████ was assessed for injury on 12/10/24; a dime size bruise on the left
arm was noted. ██████████ suspended on 12/11/24 pending investigation.

Interim Action Narrative: employee suspended pending the ██████████.

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Licensing Narrative: Program Coordinator checked ██████████.
Permission requested from ██████████ to follow up with the facility for the
complaint. Licensing specialist reviewed the report and will follow up with the facility for
restraint packet information, video footage, and safety plan. 12/12/2024 - Restraint
documentation received, video footage review Visit scheduled for 12/18/2024 12/18/2024 - A
visit was conducted at the facility to review video footage for the reported incident.
Timestamp for the review is 12/8/2024 - 17:45 - 18:02. The camera footage is of the gym.
Staff to resident ratio is 2: 7 . Staff person ██████████ can be seen at the door which open,
responding to resident ██████████ who just went out the door. Staff ██████████ is on the walkie
talkie calling for support for ██████████ who is outside. ██████████ can be seen responding to
support, The resident and staff struggle just outside the door. Resident is brought inside at
17:47 and ██████████ transitions the resident to hold on the ground with two other support
staff. ██████████ can be seen holding the residents left arm. Staff shift residents position and a
chemical restraint was administered at 17:52 by injection. Physician order was received prior
to the injection. Resident calms down and is able to contract for safety and shift out of the
restraint at 18:02. 1/8/2025, per ██████████. Licensing Specialist
informed. 1/8/2025 - Complaint has been unfounded by licensing, 521 sent to facility for
signature, returned and uploaded to ELS. ICA was lifted by program coordinator C. Vardell,
Licensing specialist sent notification to the facility Facility will conduct a refresher training

on Handle with Care for staff [REDACTED] upon return. Documentation for the retraining will be sent to licensing by 1/17/2025. 1/17/2025 - Handle with care refresher training certificate for [REDACTED] received, and uploaded to ELS.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
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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: 12/18/2024

Home Visit Date: 12/18/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

12/18/2024 - A visit was conducted at the facility to review video footage for the reported incident. Timestamp for the review is 12/8/2024 - 17:45 - 18:02. The camera footage is of the gym. Staff to resident

ratio is 2: 7 . Staff person [REDACTED] can be seen at the door which open, responding to resident [REDACTED] who just went out the door. Staff [REDACTED] is on the walkie talkie calling for support for [REDACTED] who is outside. [REDACTED] can be seen responding to support, The resident and staff struggle just outside the door. Resident is brought inside at 17:47 and [REDACTED] transitions the resident to hold on the ground with two other support staff. [REDACTED] can be seen holding the residents left arm. Staff shift residents position and a chemical restraint was administered at 17:52 by injection. Physician order was received prior to the injection. Resident calms down and is able to contract for safety and shift out of the restraint at 18:02.

Provider Comments:

CCL Staff Signature :

Date: 12/18/2024



Provider Signature :

Date: 12/18/2024





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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: 1/8/2025

Home Visit Date: 1/8/2025

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person visit was conducted on 1/8/2024.

Licensing received a report on 12/11/2024 for case 026057
The case has been **UNFOUNDED** by licensing.

The employee will receive a refresher training for Handle with Care upon returning to work. Documentation for the retraining will be sent to Licensing by 1/17/2025.

Provider Comments:

CCL Staff Signature : *J. K. P. /*
Provider Signature : *Garrett Suley*

Date: 1/8/2025

Date: 1/8/2025