



**Placement and Residential Licensing Unit**

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

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**Notice of Serious Incident**

**Case Number:** 028160

**Date of Incident:** 3/10/2025

**Date Received:** 3/11/2025

**Facility Name:** Perimeter of the Ozarks

**Facility Number:** 237

**Incident Type:** Licensing

**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 ? Sexual Misconduct X Other,

██████████ Patient/Resident ██████████

**Date/Time of incident:** 3/10/25 at ~10:30 **Patient Insurance:** ██████████

**Name of Perimeter Staff Making Notification** **Date** **Time** **Name of Person Notified** **DHS**  
Charriot Sales, Director of Risk Management 3/11/25 08:00 Felicia Harris, Chelsea Vardell,  
Kendra Slade, Jarred Parnell OLTC Charriot Sales, Director of Risk Management 3/11/25  
08:00 Jeff Rosenbaum, Angela Smith Disability Rights Center, Inc. Charriot Sales, Director  
of Risk Management 3/11/25 08:00 incidentreporting@disabilityrightsar.org Perimeter  
Charriot Sales, Director of Risk Management 3/10/25 16:00 Skyler Barnes, Chris Perry,  
Brandy Pfeifer, Carey Ouzts, Rebecca Thomas Guardian Hunter VanBrunt, Nurse 3/10/25  
13:30 Shawnta Paxton Charriot R. Sales, Director of Quality and Risk Management 3/10/25  
**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

3/5/25, at approximately 19:11, Resident ██████████ expressed frustration regarding a lack of emotional support from a peer. In response to her emotions, ██████████ punched a window multiple times, resulting in an injury to her right hand. At 19:20, ██████████ was directed by staff to exit the unit, where she was promptly assessed by a nurse, who noted increased swelling. ██████████ was treated with ice and ██████████ and successfully performed a movement assessment. On 3/9/25, the medical provider reassessed the injury and ordered X-rays to be taken on 3/10/25. On 3/10/25, ██████████ was escorted by two staff to ██████████. After the examination, the X-ray confirmed no fracture was present. ██████████'s hand was splinted, and she was instructed to return in two weeks for a follow-up check-up. ██████████ returned to Perimeter at approximately 12:00. **Actions Taken:**

Administered first aid Transported resident to [REDACTED]  
[REDACTED] and provided an update upon return Resident was on self-harm precautions.

Interim Action Narrative:

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[REDACTED] Narrative:

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Licensing Narrative: The report was reviewed by Licensing Specialist Jarred Parnell. Licensing specialist requested nursing notes for the incident. 3/12/2025 - Licensing specialist received nursing notes and medical documentation from facility staff Charriot Sales. The documents have been reviewed and uploaded to ELS.