Placement and Residential Licensing Unit
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Notice of Serious Incident

Case Number: 028412

Date of Incident: 3/19/2025

Date Received: 3/20/2025

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Incident Type: Licensing

Report Description: ? Serious injury requiring outside medical attention X Resident?s attempted suicide ? Allegation of abuse/neglect related to a restraint ? Resident?s death ? AWOL/Elopement ? Allegation of sexual/physical abuse ? Sexual Misconduct ? Other Patient/Resident Name/[redacted] Date/Time of incident: 3/19/25 at 18:14 Patient [redacted] Name of Perimeter Staff Making Notification Date Time Name of Person Notified DHS Charriot Sales, Director of Risk Management 3/20/25 15:00 Felicia Harris, Chelsea Vardell, Kendra Slade, Jarred Parnell OLTC Charriot Sales, Director of Risk Management 3/20/25 15:00 Jeff Rosenbaum, Angela Smith Disability Rights Center, Inc. Charriot Sales, Director of Risk Management 3/20/25 15:00 incidentreporting@disabilityrightsar.org Perimeter Charriot Sales, Director of Risk Management 3/20/25 09:00 Skyler Barnes, Chris Perry, Brandy Pfeifer, Carey Ouzts, Rebecca Thomas Guardian Hunter VanBrunt, Nurse 3/19/25 18:22 Shawnta Paxton Charriot R. Sales, Director of Quality and Risk Management 3/20/25 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 3/19/25, Resident [redacted] entered her bedroom at 17:50 to perform hygiene and proceeded to respond to staff safety checks at 17:57, 18:03, and 18:07. At 18:13, [redacted] failed to respond, which led to staff entering her bathroom at 18:14. Upon entry, [redacted] was found lying on the ground attempting to choke herself with a T-shirt. The nurse cut the T-shirt off and noted during his assessment that [redacted] ?s breathing was within normal limits, she had no abnormal skin discoloration, and she was providing verbal responses. [redacted] was escorted out of her bedroom and a [redacted] was administered; she rated [redacted]. Actions Taken: Psychiatric Advanced Practice Registered Nurse, Administer-on-Call, and Guardian notified. Resident is placed on Suicide Ideation and Self-harm Precautions until therapist assessment. 1-1 observation until she scored Moderate Line

of Sight Constant Paper Scrubs Room Contraband Search Restricted to Unit One heavy blanket and one pillow [redacted]. A medical provider assessment is scheduled for the evening of 3/20/25.

Interim Action Narrative:

[redacted] **Narrative:**

Licensing Narrative: Licensing specialist Jarred Parnell reviewed the provider reported incident and will follow up with the facility if the resident went acute. 3/27/2025 - Facility response received: "No the resident did not go to acute, the following safety plan was implemented: ? Resident was placed on Suicide Ideation and Self-harm Precautions until therapist assessment. o 1-1 observation until she scored [redacted] o Paper Scrubs o Room Contraband Search o Restricted to Unit o One heavy blanket and one pillow