OKLAHOMA
State Department
of Health

Delivery via email to: rachel@featherstoneretirement.com

June 2, 2022

License Number: AL0703

Ms. Rachel McKinney, Administrator
Featherstone Assisted Living Community Of Durant
1919 University Blvd
Durant, OK 74701

Survey Event ID: 387411

Dear Ms. McKinney:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **May 16, 2022**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Reviewer/Analyst
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Featherstone Assisted Living**
Address: **1919 University BLVD.**
City, State, Zip: **Durant, OK. 74701, Bryan**
Provider #: **AL0703**
Complaint #: **OK00058730**
Investigation Date(s): **05/16/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. Quality of Care/Treatment	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated 05/16/22 at 09:00am.

A sample of three residents including any identified resident(s), was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this investigation.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for this allegation. No further action is required.

Upon entrance into the facility, residents were observed being repositioned and pressure relieving devices in use. No odors were observed.

Residents were interviewed and reported staff reposition them every two hours and as needed. Residents reported skin checks were done when receiving a bath. Staff reported the residents are to be checked for incontinence and be repositioned every two hours and as needed. Staff reported if a resident has a pressure relieving device, then they are to make sure it is in use as ordered.

Upon entry, the residents were observed to be clean ad dry with no s/s of urinary tract infections.

Residents were interviewed and reported if any sign or symptoms of urinary tract infections are reported to the staff, a urinalysis would be performed and the physician notified. Staff were interviewed and stated what signs and symptoms of a urinary tract infection were. Staff reported if a resident had any signs or symptoms of a urinary tract infection the physician would be notified and a urinalysis would be ordered. The staff reported if the resident had a urinary catheter, it would be monitored for color, any sediment, and odor.

Upon investigation, dining was observed. Residents were observed receiving their ordered diet with a sufficient amount of food.

Residents were interviewed and reported receiving their appropriate and sufficient amount of food. Staff were interviewed and reported the facility has each residents' diet on a card ant the dietary staff prepared the meal based on the ordered diet. The staff reports if a resident requests extra food then dietary is notified and an extra portion is served.

Residents' records were reviewed and it was documented every two-hour checks and repositioning was performed. Physician's orders, progress notes, skin assessments, progress meal percentages, weights, and assessments were reviewed with no identified concerns.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Glenda A. Kibart Digitally signed by Glenda A. Kibart
Date: 2022.06.02 12:45:05 -05'00'

Glenda Kibart, RN

Date report completed: 05/17/2022

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0703	A. BUILDING: _____ B. WING _____	C 05/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FEATHERSTONE ASSISTED LIVING COMMUNITY OF	1919 UNIVERSITY BLVD DURANT, OK 74701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS A complaint investigation (#OK00058730) was conducted on 05/16/2022. No deficiencies were cited.	C 000		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE