OKLAHOMA
State Department
of Health

Delivery via email to: Rachel@featherstoneretirement.com

March 22, 2023

License Number: AL0703

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

Survey Event ID: 383Q11

Dear Ms. McKinney:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 13, 2023**. 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 Analyst
Oklahoma State Department of Health

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INVESTIGATIVE REPORT
LICENSURE

Facility: FEATHERSTONE ASSISTED LIVING COMMUNITY OF DURANT
Address: 1919 UNIVERSITY BLVD
City, State, Zip: DURANT, OK 74701, BRYAN
Provider #: AL0703
Complaint #: OK00060262
Investigation Date(s): 03/13/23

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to have and/or implement a policy to prevent the misappropriation of property.	US
2. The center failed to provide services according to contract.	US
3. The center failed to have and/or implement an effective pest control program.	US
4. The center failed to ensure resident rights were not violated for reporting center issues without fear of retribution.	US
5. The center failed to report misappropriation of residents' property to the state agency (OSDH).	US

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

An unannounced on-site investigation was initiated on 03/13/2023 at 1:00 p.m.

A sample of three residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegationss.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma 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 allegation.

An investigation specific to having and or implementing a policy to prevent the misappropriation of property was conducted.

Upon entrance into the center and througout the investigation, residents were observed with personal property. Staff were observed assisting residents with their personal property.

Residents denied any stolen money or personal items. Families reported they had reviewed bank accounts and no concerns were identified. Staff reported any purchased item made from the staff would have a receipt provided.

A review of documents included the policy for misappropriation, incident reports, grievances, and receipts received by the staff and provided to the residents. A review of the health records included physicians' orders, progress notes, and care plans. No concerns were identified.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to providing services according to contract was conducted.

Upon entrance into the facility residents were observed to be clean and odor free, rooms were clean and tidy, and residents were assisted with transportation to appointments. Staff were observed providing housekeeping, showers, and transportation to appointments.

Residents reported staff assisted with housekeeping, showers and transporation. Families reported the center provided housekeeping, showers, and transportation. Staff reported the care provided was according to the care plan. Staff reported housekeeping, showers and transportation were provided as ordered.

A review of documents included transportation records, housekeeping records, and grievances. A review of health records included shower schedules, care plans, progress notes, physician's orders, and treatment administration records. No concerns were identified.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to having and/or implementing an effective pest control program was conducted.

Upon entrance into the center and throughout the investigation, the center was observed to be pest free. Residents were observed without rashes, bites, or itching. Staff were observed assisting residents with showers and performing housekeeping duties.

Residents reported staff assisted with showers, laundry and housekeeping. Residents denied any pest problems. Families were interviewed and reported staff assist with showers, housekeeping and laundry. Families reported they had not observed any pest or signs of bed bugs in the center. Staff reported any rash, bug bites, or itching would be reported to the nurse. Staff reported they had not observed any pest in the center.

A review of documents included pest control invoices, pest control policy, and grievances. A review of health records included progress notes, physician's orders, care plans, and skin assessments. No concerns were identified.

Allegation #4: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to ensuring resident rights were not violated for reporting center issues without fear of retribution was conducted.

Upon entrance into the center and throughout the investigation residents were observed to be treated with dignity and respect. Residents did not appear fearful of the staff. Staff were observed assisting with activities of daily living and treating residents with dignity and respect.

Residents reported the staff were kind and they had no concerns with reporting an issue with fear of retribution. Families reported they had no concerns with fear of retribution and the resident's rights had not been violated. Staff reported if an issue was identified by a resident they would report the issue to administration. Staff reported they had not observed any staff being rude, hateful or mean to a resident. Staff reported they had not observed any resident right's being violated.

A review of documents included grievances, incident reports, policy on abuse and neglect, and resident rights policy. A review of health records included progress notes, physicians' orders, and care plans. No concerns were identified.

Allegation #5: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to reporting misappropriation of property to the state agency (OSDH) was conducted.

Upon entrance into the center and throughout the investigation residents were observed with their personal property. Staff were observed assisting residents with personal property.

Residents reported they did not have any concerns with misappropriation of property. Residents reported if an item was missing, staff would assist in finding the item. Families reported staff assisted residents with lost or stolen items and they had no concerns with misappropriation in the center. Staff reported at times residents misplace items and they would assist in locating the item. Staff reported if the item was not found the administrator would be notified to perform an investigation and report to the state agency.

A review of documents included policy on misappropriation, grievances, and state reportable incident reports. A review of the health records included progress notes, physicians' orders, and care plans. No concerns were identified.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1, 2, 3, 4, and #5. No further action is required.

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 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: 2023.03.18 12:10:12 -05'00'

Glenda Kibart, RN

Date report completed: 03/16/2023

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 03/13/2023

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 (#OK00060262) was conducted on 03/13/23. No deficiencies were cited.	C 000		

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