OKLAHOMA
State Department
of Health

Delivery via email to: amber@featherstoneretirement.com

March 19, 2025

License Number: **AL0703**

Ms. Amber Barber, Administrator
Featherstone Assisted Living Community of Durant
1919 University Blvd
Durant, OK 74701

RE: Survey Event ID: ZD8R11

Dear Ms. Barber:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **March 13, 2025.** No deficiencies were cited.

Oklahoma Statutes 63-1-1910 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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Featherstone Durant AL
Address: 1919 West University Blvd.
City, State, Zip: Durant, Oklahoma, 74701
Provider #: AL0703
Complaint #: OK00061618
Investigation Date(s): 03/12/25 and 03/13/25

ALLEGATION(S)
The center failed to ensure they did not admit residents whose needs are above the level of care the center can provide
The center failed to ensure call lights were answered in a timely manner, incontinent care was provided in a timely manner, residents were assisted with personal hygiene, received showers as scheduled, and linen changes were provided in a timely manner.
The center failed to ensure residents received medications in a timely manner.
The center failed to ensure adequate meal portions were provided, menus were followed and provide nutritious meals.
enter text

An unannounced on-site investigation was initiated 03/12/2025 at 8:00a.m.

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

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 Summary of Complaint Investigation:

Throughout the survey observations were made of residents during care, interactions with staff and in their rooms. Interviews were conducted with residents, resident representatives and staff regarding the level of care being provided. Record reviews of assessments ensured the facility can provide care to residents as stated in the contract and handbook. Call lights were answered within a reasonable amount of time and reports on timing of call light logs and the minutes to answer were provided. Adequate meal portions were observed as well as an alternate menu.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/17/2025

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: Featherstone Durant AL
Address: 1919 West University Blvd.
City, State, Zip: Durant, Oklahoma, 74701
Provider #: AL0703
Complaint #: OK00062821
Investigation Date(s): 03/12/25 and 03/13/25

ALLEGATION(S)
The center failed to ensure residents were not admitted who required a higher level of care than the center could provide and failed to ensure residents were assessed prior to admission.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/12/2025 at 8:00a.m.

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

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 Summary of Complaint Investigation:

Throughout the survey observations were made of residents during care, interactions with staff and in their rooms. Interviews were conducted with residents, resident representatives and staff regarding the level of care being provided. Record reviews of assessments ensured the facility is capable of providing care to residents as stated in the contract and handbook.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/17/2025

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INVESTIGATIVE REPORT

Facility: Featherstone Durant AL
Address: 1919 West University Blvd.
City, State, Zip: Durant, Oklahoma, 74701
Provider #: AL0703
Complaint #: OK00064155
Investigation Date(s): 03/12/25 and 03/13/25

ALLEGATION(S)
The center failed to ensure a clean, comfortable and homelike environment.
enter text The center failed to ensure nutritious meals were served three times daily.
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/12/2025 at 8:00a.m.

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

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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey the hallways are clean no foul odor was noted. Upon observation of the rooms, they were clean with a homelike environment with their personal belongings such as recliners, pictures on the wall, pictures by their bedsides. Residents, staff members, and the ombudsman were interviewed regarding the environment and meals being provided to the residents.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/17/2025

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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 03/13/2025

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 relicensure survey was conducted from 03/12/25 through 03/13/25. Complaint investigations (#OK00061618, OK00062821, and #OK00064155) were conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 29	C 000		

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