Oklahoma State Department of Health
Creating a State of Health

July 30, 2019

License Number: AL1409

Mr. Michael Brown II, Administrator
Featherstone Assisted Living Community Of Moore
301 North Eastern Avenue
Moore, OK 73160

Survey Event ID: PFYD11

Dear Mr. Brown II:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 3, 2019.** 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) 271-6868.

Sincerely,

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

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Featherstone Assisted Living Community of Moore**
Address: **301 North Eastern Avenue**
City, State, Zip: **Moore, Ok, 73160**
Provider #: **AL1409**
Complaint #: **OK00053880**
Investigation Date(s): **07/01/19 through 07/03/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide adequate staff to meet the needs of the residents.	US
2. The center failed to provide care according to resident's contracts and failed to treat residents with dignity and respect.	US
3. The center failed to follow physicians' orders and administer medications as ordered.	US
4. The center failed to dispose of narcotic medications according to state guidelines.	US
5. The center failed to ensure food was served in a safe, and sanitary manner.	US

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

An unannounced on-site investigation was initiated on Monday, July 1, 2019 at 4:45 p.m.

A sample of 10 residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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 providing adequate staff to meet the needs of the residents was conducted.

Observations were made during the survey of staff providing care and supervision. A code was required to enter and exit the center. One resident had a device on her walker to alert the staff if/when she was close to an exit door. The resident did not wander in the center or try to leave the center during the survey. Medication administration technicians were not observed administering breathing treatments or inhalers.

Medications administration records and treatment administration records were reviewed for May, June and July 2019. The breathing treatments were signed out by qualified staff. The breathing treatments signed out by the medication administration technician were self-administered by the resident.

Residents stated they administered their own breathing treatments and inhalers. The residents were able to explain how to administer the breathing treatments and inhalers correctly.

A family member stated their resident had recently become more confused in the evening and had left the center one time and walked down the street with staff. She stated a code was now required to enter and exit the building and the resident now had a device on her walker to alert the staff if she was near the exit doors. She stated the resident had not tried to leave prior to this incident.

Three medication administration technicians stated they had not administered breathing treatments or inhalers.

The staff stated the center now had a code to enter and exit due to a resident who exited out of a door left open by a family member. The staff also stated the resident who had left the building now had a device on her walker to alert the staff when she was near an exit door.

Four direct care staff members were on duty at the time the resident exited the building. No incident reports documented the resident had eloped prior to or after the incident which was reported.

At the time of the investigation, the needs and supervision of the residents were being met.

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

An investigation specific to residents receiving care according to their contracts which included showers, incontinent care, feeding assistance, dignity and respect was conducted.

The staff was observed as they made rounds and checked the residents for incontinence and assisted the residents. The staff assisted with showers on the day shift. All the residents observed in the dining fed themselves and ate their meals. One resident ate two servings at both meals. No residents coughed during the meal. Staff was observed assisting in the dining room at each meal.

The staff stated one resident had coughed in the dining room at times, and they would check on the resident and reported the coughing to the director of nursing. The staff stated the director of nursing was usually in the dining room during meals. The staff stated at times one resident would not eat when he was drowsy but had not lost weight. The staff stated when they reported incidents of choking or not eating to the director of nursing she would respond appropriately.

The staff stated there was a shower schedule for the residents. The staff stated they assisted the residents with showers on the residents' scheduled day and as needed.

The residents stated they had received their showers and they had been checked on once or twice during the night prior to the morning rounds.

One resident indicated she had not lost weight; and had signed a risk agreement concerning choking on food. Another resident, who at times did not eat, had not lost weight. Activities of daily living logs documented the residents were checked on throughout the night.

At the time of the investigation, the residents were provided care according to their contract and treated with dignity and respect.

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

An investigation specific to following physicians 'orders and medication administration was conducted.

The medication staff obtained blood pressures as ordered prior to medication administration. Staff punched the medication from the medication card at the time the medication was administered. No medications were observed pre-punched.

A resident stated she had not missed any B-12 injections, and she received them from her home health nurse. Home health records documented the resident was administered her injection monthly.

The residents stated they were not aware of having received any wrong medications. Resident family members stated they were not aware if their family member received any wrong medications.

The staff stated they had not administered nor had been told of any wrong medications administered to a resident. The further stated they had not been told not to report medication errors.

No residents were identified to have been given the wrong medications; the medication administration record documented the correct medications to be administered according to the physician's orders.

At the time of the investigation, the medications were being administered according to the physician's orders.

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

An investigation specific to destruction of discontinued controlled medications was conducted.

The discontinued narcotics were in the director of nurses' office under two locks. The narcotics were counted and were correct according to the logs.

The director of nurses stated the medications were destroyed with kitty litter when the pharmacist came to the center.

The staff stated the discontinued narcotics were given to the director of nurses for destruction, and they were not aware of any misuse of the discontinued narcotics.

The policy for discontinued medications documented controlled medications were to be destroyed within ninety days. The center followed their policy for controlled medication destruction.

At the time of the investigation, the discontinued medications were stored and destroyed correctly.

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

An investigation specific to food served in a safe and sanitary manner was conducted.

The staff wore hair nets upon entering the kitchen, washed their hands, and wore gloves at appropriate times during meal preparation. The food temperatures were obtained, no food was served undercooked.

The residents stated they had not been served undercooked or bloody meat. Some residents stated the staff wore hair nets and some residents stated they were not sure. The residents stated they had not found any hair in their food.

The staff stated they were not aware of meat being served undercooked or bloody, and no resident complained of the meat being undercooked or bloody.

Random food temperature logs documented correct cooking temperatures. No incident reports were found regarding foodborne illnesses.

At the time of the investigation, the food was being prepared and served in a safe and sanitary manner.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegations #1 through #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.

Billie Seeman

Billie Seeman, RN

Date report completed: 07/08/2019

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
	AL1409	A. BUILDING: _____ B. WING _____	07/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FEATHERSTONE ASSISTED LIVING COMMUNI	301 NORTH EASTERN AVENUE MOORE, OK 73160

(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 An abbreviated survey was conducted on 07/01/19 through 07/03/19. Census was 36. No deficient practice was cited.	C 000		

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

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL1409	FEATHERSTONE ASSISTED LIVING COMMUNITY OF MOORE

Type of Survey (select all that apply)

3								

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A								

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. BS 36191	07/01/2019	07/03/2019	1.50	3.00	12.00	0.50	5.00	6.50
2. BS 35195	07/01/2019	07/03/2019	0.25	3.00	11.50	0.00	6.50	0.25
3. BS 41872	07/01/2019	07/03/2019	0.00	3.00	11.50	0.00	5.75	0.00
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

JUL 31 2019