



Delivery via email to: elizabeth@featherstoneretirement.com

May 7, 2024

License Number: AL6202

Ms. Elizabeth Whitecloud, Administrator
Featherstone Assisted Living Community Of Ada
1501 North Monte Vista
Ada, OK 74820

RE: Survey Event ID: 7QHF11

Dear Ms. Whitecloud:

On **May 1, 2024**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **May 1, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: <http://www.ok.gov/health>.

This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

- (1) Address how corrective action will be accomplished for affected residents;
- (2) Address how other residents with the potential to be affected will be identified;
- (3) Address measures or systemic changes to ensure the deficiency will not recur;
- (4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
- (5) Include dates when corrective action and monitoring will be completed for each violation;
- (6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the



Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to: IDRCoordinator@health.ok.gov

Or mail to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Tempal Killman

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

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6202	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER FEATHERSTONE ASSISTED LIVING COMMUNITY OF		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 NORTH MONTE VISTA ADA, OK 74820		
(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 04/28/24 through 05/01/24.	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure: a. food products were properly dated and labeled, and b. chemical cleaners were not stored near food products. The "Assisted Living Resident Condition and Care Overview" report, dated 04/29/24, documented 26 residents resided in the facility. Findings: On 04/29/24 at 9:16 a.m., a tour of the kitchen was conducted. The following observations were made: a. three spray bottles of cleaner were observed stored by an open bag of noodles and a bag of Quaker oats in the dry food storage room. b. there was a Ziploc bag of hot dogs, a white plastic container, and a metal pan in the refrigerator not labeled or dated.	C 391		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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C 391	Continued From page 1 On 04/29/24 at 9:30 a.m., the DM was asked if chemicals were supposed to be stored near food products. They reported they are not. The DM was asked what the protocol was for labeling/dating food products. They reported they should be labeled/dated.	C 391		



Delivery via email to: elizabeth@featherstoneretirement.com

May 10, 2024

License Number: AL6202

Ms. Elizabeth Whitecloud, Administrator
Featherstone Assisted Living Community Of Ada
1501 North Monte Vista
Ada, OK 74820

RE: Survey Event 7QHF11

Dear Ms. Whitecloud:

On **May 1, 2024**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's responsibility for compliance** should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **May 8, 2024**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office 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
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 5/8/2024

Facility Name: Featherstone of Ada

License Number: AL6202

Survey Event ID: 7QHF11

Date Survey Completed: 5/1/2024

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 391

Based on: observation, record review, and interview, the center failed to: A. Ensure food products were properly dated and labeled, and B. chemical cleaners were not stored near food products.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The Plan of Correction is prepared and submitted as required by law and should not be construed as an admission of or agreement with the findings and conclusion in the statement deficiencies or any related sanction of fine. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.

REQUIRED ELEMENTS OF A PLAN

ASSISTED LIVING CENTER'S PLAN ELEMENTS

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

A. On 4/30/2024 an inservice was conducted by the Executive Director with dietary staff about dating food properly, ensuring all food items are stored correctly, storage of cleaning chemicals, cleaning list for kitchen and appliances.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

Food service staff will complete task list developed by Executive Director. All food will be dated and stored properly and cleaning supplies will be kept in their appropriate storage area. Kitchen Manager will ensure these tasks are being completed.

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

Executive Director will coordinate with Kitchen Manager to ensure all tasks are being completed on a monthly basis. Kitchen Manager will ensure dietary staff are following all rules and regulations regarding dietary services.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

Executive Director will coordinate with Kitchen Manager to ensure all tasks are being completed on a monthly basis. Kitchen Manager will ensure dietary staff are following all rules and regulations regarding dietary services.

Food service staff will complete task list developed by Executive Director. All food will be dated and stored properly and cleaning supplies will be kept in their appropriate storage area. Kitchen Manager will ensure these tasks are being completed.

Will be reviewed in QA to evaluate the effectiveness of compliance. Evidence will be documented in QA minutes.

Executive Director will coordinate with Kitchen Manager to ensure all tasks are being completed on a monthly basis. Kitchen Manager will ensure dietary staff are following all rules and regulations regarding dietary services.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

5/8/2024

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature

Administrator signature required

OAC 310:663-25-4(F)

Elizabeth M. [Signature]

Date 5/8/2024

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date Enter a date of addendum.

Submitted by

Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.

Facility in Compliance by: Click here to enter a date.

Delivery via email to: elizabeth@featherstoneretirement.com

June 12, 2024

License Number: AL6202

Ms. Elizabeth Whitecloud, Executive Director
Featherstone Assisted Living Community Of Ada
1501 North Monte Vista
Ada, OK 74820

RE: Survey Event 7QHF12

Dear Ms. Whitecloud:

On **June 12, 2024**, a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **May 1, 2024**, have now been corrected effective **May 8, 2024**.

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Tempal Killman

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

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NAME OF PROVIDER OR SUPPLIER FEATHERSTONE ASSISTED LIVING COMMUNITY OF		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 NORTH MONTE VISTA ADA, OK 74820		
(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 revisit was conducted 06/12/24. All deficiencies from the 05/01/24 survey were cleared.	{C 000}		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE