OKLAHOMA
State Department
of Health

Delivery via email to: ruth@featherstoneretirement.com

June 3, 2024

License Number: RC5803
Survey Event ID: I26P11

Ms. Ruth Tush, Administrator
Featherstone of Miami
2128 Denver Harner Drive
Miami, OK 74354

Dear Ms. Tush:

Enclosed is the Residential Care Relicensure with complaint inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **May 24, 2024**.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the space provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- A reasonable date of correction, which will normally be within 30 days of this notice.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **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 this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 426-8200.

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In accordance with O.S. 63 830.1, 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 833-RC). 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 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 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 or conducted in a face-to-face 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:

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.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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INVESTIGATIVE REPORT

Facility: **Featherstone of Miami**
Address: **2128 Denver Harner Drive**
City, State, Zip: **Miami, OK, 74354, Ottawa**
Provider #: **RC5803**
Complaint #: **OK00064416**
Investigation Dates: **05/23/24 and 05/24/24**

ALLEGATIONS
Then center failed to ensure interventions were in place to prevent elopements.
The center failed to ensure competent and adequate staff to meet the needs of the residents.
The center failed to ensure staff were certified and/or licensed according to State Law.
The center failed to ensure background checks were completed for employees according to state law.
The facility failed to ensure adequate food was served according to the menu and the resident's preference and failed to ensure therapeutic diets were served according to the physicians' orders.
The center failed to have and/or implement an effective pest control program and failed to ensure housekeeping services were provided according to the contract and the standard of care.

An unannounced on-site investigation was initiated 05/23/2024 at 9:00 am

A sample of seven 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident hallways were observed for cleanliness. The kitchen and meal service were also observed.

Resident Council minutes, incident reports, policies and procedures were reviewed. Along with employee records, staffing data and resident records.

Residents, staff, and family members were interviewed regarding medication administration, pests, meals, staffing, and the environment.

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

OKLAHOMA
State Department
of Health

Long Term Care Service

Date report completed: 05/24/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Featherstone of Miami**
Address: **2128 Denver Harner Drive**
City, State, Zip: **Miami, OK, 74354, Ottawa**
Provider #: **RC5803**
Complaint #: **OK00064537**
Investigation Dates: **05/23/24 and 05/24/24**

ALLEGATIONS
The center failed to ensure medications were not misappropriated
The center failed to have and/or implement an effective pharmacy policy and procedure to ensure an accurate disposition of all controlled medications.
The center failed to ensure a quiet, safe and homelike environment.
The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 05/23/2024 at 9:00 am

A sample of seven 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident hallways were observed for cleanliness. An audit of controlled medications was also completed.

Resident Council minutes, incident reports, policies and procedures were reviewed. Along with employee records, staffing data and resident records.

Residents, staff, and family members were interviewed regarding medication administration, staffing, and the environment.

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: 05/24/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC5803	A. BUILDING: _____ B. WING _____	C 05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FEATHERSTONE OF MIAMI	2128 DENVER HARNER DRIVE MIAMI, OK 74354

(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
R 000	INITIAL COMMENTS A relicensure survey was conducted from 05/23/24 through 05/24/24. Complaint investigations (#OK00064416 and #OK00064537) were conducted in conjunction with the survey. Facility Census: 13	R 000		
R 329 SS=E	310:680-5-6 (g) BUILDING ELEMENTS - WATER TEMP (g) Hot water temperatures at faucets accessible to residents shall be maintained within a range of 100 degrees to 120 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation, record review, and interview, the home failed to ensure hot water temperatures in resident accessible faucets did not exceed 120 degrees Fahrenheit The administrator reported that 13 residents had individual bathrooms sink and shower faucets. Findings: A facility Monthly Water Temps form, dated 03/07/24, documented resident rooms #1, 2, 3, 13, 14, 15, 16, 17, 18, 19, and #20, had hot water temperatures documented between 122 degrees Fahrenheit and 128 degrees Fahrenheit. A facility Monthly Water Temps form for the month of April 2024 was blank. A facility Monthly Water Temps form, dated 05/23/24, documented room #17's hot water	R 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC5803	A. BUILDING: _____ B. WING _____	C 05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FEATHERSTONE OF MIAMI	2128 DENVER HARNER DRIVE MIAMI, OK 74354

(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
R 329	Continued From page 1 temperature as 122 degrees Fahrenheit and room #19's hot water temperature at 122 degrees Fahrenheit. On 05/23/24 at 11:40 a.m., the hot water temperature was obtained from the sink faucet in room #17. The temperature was 126 degrees Fahrenheit. On 05/23/24 at 12:50 p.m., the hot water temperature was obtained from the sink faucet in room #19. The temperature was 126.7 degrees Fahrenheit. On 05/23/24 at 12:55 p.m., the administrator stated they could not find a policy in the facility for maintaining hot water accessible to residents between 100 degrees Fahrenheit and 120 degrees Fahrenheit. They stated had forgotten to take the water temperature measurements in April and that some of the temperatures taken during the survey were out of compliance.	R 329		

OKLAHOMA
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Delivery via email to: ruth@featherstoneretirement.com

June 12, 2024

License Number: RC5803
Survey Event ID: **I26P11**

Ms. Ruth Tush, Administrator
Featherstone of Miami
12101 N Macarthur Blvd Suite 311
Oklahoma City, OK 74354

Dear Ms. Tush:

On **May 24, 2024**, a Relicensure survey with a complaint investigation was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **June 21, 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 Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/10/2024** **Facility Name:** Featherstone of Miami **License Number:** RC5803 **Survey Event ID:** I26P11 **Date Survey Completed: 5/24/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: R329	Based on: observation ,record review , and interview.The home failed to ensure hot water temperatures in resident accessible faucets did not exceed 120 degrees Fahrenheit.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This 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 of deficiencies or any related sanction or fine. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statement, facts and conclusion that form the basis for the defiency.

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?	Administrator or designated maintenance dept. will conduct a weekly audit and maintain a temperature log to ensure compliance of water temperature regulations.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Administrator or designated maintenance dept. will conduct a weekly audit and maintain a log to ensure compliance of water temperature regulations in all apartments and resident accessible faucets.
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?	Administrator or designated maintenance dept. will conduct a weekly audit and maintain log to ensure compliance of water temperature regulations. In resident accessible faucets and areas.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	A maintenance log will be recorded and reviewed in management meetings to review the effectivnes of compliance. Audit/log entries will be presented and reviewed in management meetings Audit/log entries will be presented and reviewed in management meetings Audit/log entries will be kept on file to demonstrate evidence of compliance until deficiency is cleared.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	6/21/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required. Ruth Rush	**Date 6/11/2024**

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.			

Stateline Plumbing
403 E. BJ Tunnell Blvd
Miami Oklahoma 74354
(918) 320-0243

voice

7934

TO Featherstone Retirement

SS

TATE, ZIP Miami Ok

SHIP TO

ADDRESS

CITY, STATE, ZIP

OMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE
	Jason			June 11

ERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOU
		Service Call			120
		adjusted water Heater to low er temp			
		cleared low drain that was draining slow			
		Total Due			12

5840

OKLAHOMA
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Delivery via email to: ruth@featherstoneretirement.com

July 23, 2024

License Number: RC5803

Ms. Ruth Tush, Administrator
Featherstone Of Miami
2128 Denver Harner Drive
Miami, OK 74354

RE: Survey Event I26P12

Dear Ms. Tush:

On **July 22, 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 24, 2024,** have now been corrected effective **June 21, 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC5803	A. BUILDING: _____ B. WING _____	R-C 07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FEATHERSTONE OF MIAMI	2128 DENVER HARNER DRIVE MIAMI, OK 74354

(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
{R 000}	INITIAL COMMENTS A revisit was conducted on 07/22/24. All deficiencies from the 05/24/24 survey were cleared.	{R 000}		

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