OKLAHOMA
State Department of Health

Delivery via email to: juliesherman@featherstoneretirement.com

July 23, 2026

License Number: AL1409

Mr. Douglas Hanigar, Administrator
Featherstone Assisted Living Community Of Moore
301 North Eastern Avenue
Moore, OK 73160

Survey Event ID: UUFG11

Dear Mr. Hanigar:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 15, 2026**. 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.

Respectfully,

Tempal Killman

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Featherstone Assisted Living Community of Moore**
Address: **301 North Eastern Avenue**
City, State, Zip: **Moore, OK 73160**
Provider #: **AL1409**
Complaint #: **OK00092054**
Investigation Date(s): **07/15/26**

ALLEGATION(S)
The center failed to assess, monitor and intervene in a timely manner for a change in condition.

An unannounced on-site investigation was initiated 07/15/2026 at 9:50 a.m.

A sample of four 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 various times throughout the survey. Residents were observed or outward signs of neglect and distress. Facility staff members were observed monitoring the residents and providing various types of care.

Resident records were reviewed including physician orders, assessments, progress notes, admission records, and hospital records. Incident reports were reviewed. Daily staffing records were reviewed. Policy and procedures were reviewed. Resident council minutes were reviewed.

Resident were interviewed regarding the allegation of the complaint.

Resident representatives were interviewed regarding the allegation of the complaint.

Staff members were interviewed regarding the allegation of the complaint.

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

OKLAHOMA
State Department
of Health

Date report completed: 07/17/2026

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 _____	C 07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FEATHERSTONE ASSISTED LIVING COMMUNITY OF	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 A complaint investigation (#OK00092054) was conducted on 07/15/26. No deficiencies were cited. Facility Census: 30	C 000		

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