OKLAHOMA
State Department
of Health

Delivery via email to: juliesherman@featherstoneretirement.com

July 17, 2026

License Number: AL1409

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

Survey Event ID: 7MM211

Dear Mr. Hanigar:

On **July 9, 2026,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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. 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 will be completed for each violation; and
(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 a 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 II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Featherstone Assisted Living of Moore
Address: 301 N Eastern Ave.
City, State, Zip: Moore, OK., 73160
Provider #: AL1409
Complaint #: OK00089361
Investigation Date(s): 07/07/26-07/09/26

ALLEGATION(S)
The center failed to ensure assistance with activities of daily living was provided in a timely manner.
The center failed to ensure adequate staff to meet the needs of the residents.
The facility failed to ensure qualified staff to meet the needs of the residents.
The center failed to ensure meals were served in adequate portions.

An unannounced on-site investigation was initiated 07/09/2026 at 9:00 a.m.

A sample of 6 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 was conducted and provided upon entrance and throughout the survey of the facility. Observations concerning adequate portions of meals were made while residents were eating in the dining room. Residents were observed receiving care assistance, interacting with staff and participating in activities. Staff were observed for answering call lights in a timely manner.

Employee records were reviewed for current licensures, required trainings, and background checks conducted. Resident records were reviewed for medication accuracy, required care, contract services and fees associated. Grievances and incident reports were reviewed. Facility policy and procedures, employee files and licensures were reviewed.

Residents were interviewed regarding assistance with daily living, sufficient staff, time frame to answer call lights, adequate meal portions and homelike environment. Staff were interviewed regarding resident care, sufficient staff and facility 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: 07/10/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Featherstone Assisted Living of Moore
Address: 301 N Eastern Ave.
City, State, Zip: Moore, OK., 73160
Provider #: AL1409
Complaint #: OK00090423
Investigation Date(s):

ALLEGATION(S)
The facility failed to ensure residents were free from fraud and misappropriated funds.
The facility failed to ensure an effective pest control plan was in effect.
The facility failed to ensure resident lived in a clean, safe, comfortable, and homelike conditions.

An unannounced on-site investigation was initiated 07/09/2026 at 9:00 a.m.

A sample of 6 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 was conducted and provided upon entrance and throughout the survey of the facility. Observations were made concerning cleanliness of residents' rooms, kitchen area, and common areas. Residents were observed receiving personal care assistance, participating in activities and interacting with staff.

Sampled records were reviewed concerning resident contracts and fee services, invoices for facility services, specialized service fees and maintenance in house services.

Residents were interviewed regarding concerns with misappropriated funds, contract services, pest control, and living in a clean, safe, comfortable homelike environment. Staff were interviewed regarding resident contracts, services and residents' trusts.

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: 07/10/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Featherstone Assisted Living Community of Moore
Address: 301 N. Eastern Ave.
City, State, Zip: Moore, OK., 73160
Provider #: AL1409
Complaint #: OK00090651
Investigation Date(s): 07/07/26-0709/26

ALLEGATION(S)
enter text
The facility failed to maintain a clean, comfortable, sanitary, homelike environment.
The facility failed to have and maintain equipment in sufficient number and in good repair to meet the needs of the residents.
The facility failed to have an administrator that was available to be responsible for the day to day operations.

An unannounced on-site investigation was initiated 07/07/2026 at 9:00 a.m.

A sample of 6 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 was conducted and provided upon entrance and throughout the survey of the facility. Observations of the facility for cleanliness, comfort, sanitary, homelike environment were made. Residents were observed in their rooms, interacting with staff, receiving care and participating in activities.

Records were reviewed regarding maintenance services, invoices, staff schedules and licensures. Grievances, incident reports, and facility policy and procedures were reviewed.

Residents were interviewed for concerns related to a clean, comfortable, sanitary environment, quality of care, sufficient staff and homelike environment. Staff were interviewed concerning adequate staff, sufficient equipment to provide quality care and leadership schedules.

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: 07/10/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Featherstone Assisted Living of Moore
Address: 301 N Eastern Ave.
City, State, Zip: Moore, OK., 73160
Provider #: AL1409
Complaint #: OK00090837
Investigation Date(s): 07/07/26 through 07/09/26

ALLEGATION(S)
The facility failed to ensure medication was administered in a safe manner.
The facility failed to ensure residents were treated with dignity and respect.

An unannounced on-site investigation was initiated 07/07/2026 at 9:00 a.m.

A sample of 6 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 was conducted and provided upon entrance and throughout the survey of the facility. Residents were observed interacting with staff, receiving personal care to include medications, participating in activities and in the dining area.

Sampled clinical records were reviewed for physician orders, treatment records, assessments and service contracts. Grievances and incident reports were reviewed. Facility policy and procedures were reviewed.

Residents were interviewed regarding medication administration, concerns related to quality of care, homelike environment, and concerns related to staff. Staff were interviewed related to resident care, adequate staff and medication administration.

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: 07/10/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Featherstone Assisted Living of Moore
Address: 301 N Eastern Ave.
City, State, Zip: Moore, OK., 73160
Provider #: AL1409
Complaint #: OK00091919
Investigation Date(s): 07/07/26-07/09/26

ALLEGATION(S)
The center failed to ensure a safe, comfortable and homelike environment.
The center failed to ensure adequate staff to meet the needs of the residents.
The center failed to ensure adequate nursing staff to meet the needs of the residents.
The center failed to ensure staff were qualified to perform assigned job duties.
The center failed to ensure adequate interventions and/or supervision to prevent falls with major injury.

An unannounced on-site investigation was initiated 07/07/2026 at 9:00 a.m.

A sample of 6 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 was conducted and provided upon entrance and throughout the survey of the facility. Residents were observed in common areas, in their rooms, the dining area and ambulating throughout the facility. Residents were observed receiving personal care assistance, participating in activities and interacting with staff.

Sampled clinical records were reviewed for physician orders, assessments, hospital records, and treatment administration records. Grievances and incident reports were reviewed. Facility policy and procedures, employee files and licensures were reviewed.

Residents were interviewed regarding concerns related to care, homelike environment, assistance with daily living, sufficient staff and time frame to answer call lights. Staff were interviewed regarding resident care, sufficient staff and facility 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

OKLAHOMA
State Department
of Health

Date report completed: 07/10/2026

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 07/09/2026

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 Complaint investigations (#OK00089361, OK00090423, OK00090651, OK00090837, and #OK00091919) were conducted from 07/07/26 through 07/09/26. Deficiencies were cited. Facility Census: 31	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, record review, and interview, the facility failed to ensure: a. hair nets were worn while in the kitchen, and b. the kitchen floor was kept clean and free from debris. The owner of the facility identified 31 residents ate from the kitchen. Findings: On 07/07/26 at 9:15 a.m., during the initial tour of the kitchen, the following observations were made: a. the cook was observed not wearing a hair net while preparing to cook a meal, and b. the floor behind the dishwasher had a built up of grease, grime, and a dirty spoon.	C 391		

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 07/09/2026

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 391	Continued From page 1 An undated policy titled "Employee Hygiene," read in part, "Employees must keep hair from contacting exposed food, clean equipment, utensils and linens. Exposed hair must be restrained with hats, hair coverings or nets." An undated policy titled "Cleaning," read in part, "6. The floor of the kitchen must be cleaned daily and after each spill or contamination." On 07/07/26 at 9:15 a.m., during an interview in the kitchen, the cook put a hair net on and stated they forgot to place the hair net on before they began work. On 07/07/26 at 1:56 p.m., the owner stated the cook had been disciplined before for not wearing a hair net and the kitchen floor behind the dishwasher was not clean.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: juliesherman@featherstoneretirement.com

August 6, 2026

License Number: AL1409

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

Survey Event ID: 7MM211

Dear Mr. Hanigar:

On **July 9, 2026,** a complaint investigation was conducted at your Assisted Living Center. 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 in a timely manner. **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 **July 10, 2026**.

We will conduct a revisit 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 II
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: 7/25/2026
	Facility Name: Featherstone Assisted Living Community of Moore
	License Number: AL1409
	Survey Event ID: 7MM211
	Date Survey Completed: 7/9/2026

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C391	Based on: Based on observation, record review, and interview, the facility failed to ensure: a. hair nets were worn while in the kitchen; and b. the kitchen floor was kept clean and free from debris. The owner of the facility identified that 31 residents ate from the kitchen. On 07/07/2026 at 9:15 a.m., during the initial tour of the kitchen, the cook was observed not wearing a hair net while preparing to cook a meal, and the floor behind the dishwasher had a build-up of grease, grime, and a dirty spoon. A facility policy titled "Employee Hygiene" requires hair to be restrained with hats, hair coverings, or nets, and a policy titled "Cleaning" requires the kitchen floor to be cleaned daily and after each spill or contamination. During interview, the cook stated they forgot to put on a hair net before beginning work, and the owner confirmed the cook had previously been disciplined for not wearing a hair net and that the kitchen floor behind the dishwasher was not clean.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Featherstone Assisted Living Community of Moore respectfully submits this Plan of Correction in response to the survey findings dated 07/09/2026. The facility takes seriously its responsibility to maintain a safe and sanitary food service environment for all residents and has implemented the corrective actions described below.

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?	On 07/07/2026, immediately upon observation, the cook was directed to and did put on a hair net before continuing food preparation. The kitchen floor area behind the dishwasher — including where grease, grime, and a dislodged spoon were found — was cleaned and sanitized the same day by dietary/housekeeping staff. No resident was identified as having experienced an adverse health outcome; all 31 residents receiving meals from the kitchen continued to be served food prepared under corrected, sanitary conditions
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Because food preparation and service practices affect the entire resident population who eat from the kitchen, all 31 residents on the facility census were considered potentially affected. The Dietary Manager and Administrator reviewed meal service for related complaints and confirmed no

	resident-specific illnesses or adverse events tied to food safety. Any resident currently receiving, or who will receive, meals from the kitchen is monitored under the corrected practices below.
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?	(1) Re-trained all kitchen/dietary staff on the "Employee Hygiene" policy (hair net required before food prep) and the "Cleaning" policy (daily floor cleaning, plus after spills); (2) posted a hair net reminder sign at the kitchen entrance/handwashing station; (3) revised the daily kitchen cleaning checklist to add a specific line item for the floor behind/around the dishwasher, initialed and dated each closing shift; (4) issued further progressive discipline to the cook (written warning plus documented performance expectations) given the prior infraction; (5) Dietary Manager now performs a hair net/hygiene spot-check of all kitchen staff at the start of every shift.
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.	Enter methods to ensure corrections are sustained: *Evaluate effectiveness: Unannounced kitchen observations 3x/week for 4 weeks, then weekly for 8 weeks, using a checklist verifying hair net use and floor cleanliness behind equipment.* *Incorporate into QA: Results compiled monthly and reviewed by the QA/QAPI committee (Administrator + Dietary Manager) for trends, continuing until 100% compliance is sustained over 3 consecutive months.* *Monitoring records: Cleaning checklists, spot-check logs, training sign-in sheets, and QA minutes retained in Dietary/QA files for a minimum of 6 months, available to OSDH on request.*
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	7/10/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date 7/25/2026**

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.

OKLAHOMA
State Department
of Health

Delivery via email to: juliesherman@featherstoneretirement.com; doug@featherstoneretirement.com

August 12, 2026

License Number: AL1409

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

Survey Event ID: 7MM212

Dear Mr. Hanigar:

On **August 10, 2026,** an off-site paper revisit was conducted for your facility by this agency. The findings indicate that the deficiencies cited during your Complaint survey on **July 9, 2026,** have now been corrected effective **July 10, 2026.**

If you have any questions concerning the information in this letter, please contact 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

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 _____	R-C 08/10/2026

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 An offsite/paper revisit was conducted on 08/10/26. All deficiencies from the 07/09/26 survey were cleared.	{C 000}		

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