OKLAHOMA
State Department
of Health

Delivery via email to: threecbuckingbulls@yahoo.com

September 9, 2026

License Number: RC4101
Survey Event ID: **OROO11**

Ms. Mary Thornton, Administrator
3c Old Fashioned Boarding Home
P.O. Box 48
Prague, OK 74864

Dear Ms. Thornton:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **August 26, 2026**.

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 spaces 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.

OKLAHOMA
State Department
of Health

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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **3C Old Fashion Boarding Home**
Address: **719 South Jim Thorpe Blvd.**
City, State, Zip: **Prague, OK, 74864**
Provider #: **RC4101**
Complaint #: **OK00087030**
Investigation Date(s): **08/25/26 through 08/26/26**

ALLEGATION(S)

1. The facility failed to protect residents from abuse.
2. The home failed to provide a clean, safe, and homelike environment.
3. The home failed to provide palatable and nutritious meals.
4. The home failed to have a activities program with varied activities that meet the needs of residents;

An unannounced on-site investigation was initiated 08/25/2026 at 11:20 a.m.

A sample of 7 residents, including 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 other various times throughout the survey.

Observations were made of resident's rooms and the entire facility. Meal services and food stores were observed. Posting in the facility for activities, menus, and resident rights were observed. Resident were interviewed regarding resident rights, concerns related to the environment, abuse, and balanced meals Staff were interviewed regarding food service, planned menus, abuse reporting, activities, and cleaning. Records reviewed included policies, menus, substitution menus, activities calendars, and resident records.

The attached Statement of Deficiencies, Form 2567 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: 09/02/27026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: 3C Old Fashion Boarding Home
Address: 719 South Jim Thorpe Blvd.
City, State, Zip: Prague, OK, 74864
Provider #: RC4101
Complaint #: OK00089912
Investigation Date(s): 08/25/26 through 08/26/26

ALLEGATION(S)

1. The facility failed to ensure residents were receiving food that was nutritive, palatable, and preferred temperature.
2. The facility failed to ensure residents were free from illicit drugs.

An unannounced on-site investigation was initiated 08/25/2026 at 11:20 a.m.

A sample of 7 residents, including 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 other various times throughout the survey.

Observations were made of residents' rooms and the entire facility, medication administration records, medication storage, and pests. Meal services and food stores were observed. Posting in the facility for activities, menus, and resident rights were observed. Residents were interviewed regarding resident rights, illicit drug use, concerns related to the environment, abuse, and balanced meals. Staff were interviewed regarding food service, planned menus, abuse reporting, activities, and cleaning. Records reviewed included policies, menus, substitution menus, activities calendars, licenses, supplies, clothing, medication records, and resident records.

The attached Statement of Deficiencies, Form 2567 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: 09/02/27026

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INVESTIGATIVE REPORT

Facility: 3C Old Fashion Boarding Home
Address: 719 South Jim Thorpe Blvd.
City, State, Zip: Prague, OK, 74864
Provider #: RC4101
Complaint #: OK00090057
Investigation Date(s): 08/25/26 through 08/26/26

ALLEGATION(S)

1.	The home failed to have sufficient amounts of food on hand to meet the dietary needs of residents.
2.	The home failed to have supplies in adequate amounts to meet the needs of residents.
3.	The home failed to assist residents with arranging transportation to the emergency room.
4.	The home failed to ensure there were adequate amounts of medication on hand.
5.	The home failed to follow infection control policies and procedures.
6.	The home failed to follow abuse prevention policies and procedures.
7.	The home failed to have an administrator to ensure day-to-day operations.
8.	The home failed to have a valid operator's license.
9.	The home failed to ensure residents had clean clothing.
10.	The home failed to ensure there was sufficient space in rooms to accommodate residents.
11.	The home failed to provide an environment free of bed bugs.

An unannounced on-site investigation was initiated 08/25/2026 at 11:20 a.m.

A sample of 7 residents, including 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 other various times throughout the survey.

Observations were made of residents' rooms and the entire facility, medication administration records, medication storage, and pests. Meal services and food stores were observed. Posting in the facility for activities, menus, and resident rights were observed. Residents were interviewed regarding resident rights, illicit drug use, concerns related to the environment, abuse, and balanced meals. Staff were interviewed regarding food service, planned menus, abuse reporting, activities, and cleaning. Records reviewed included policies, menus, substitution menus, activities calendars, licenses, supplies, clothing, medication records, and resident records.

The attached Statement of Deficiencies, Form 2567 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: 09/02/27026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC4101	A. BUILDING: _____ B. WING _____	C 08/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
3C OLD FASHIONED BOARDING HOME	719 SOUTH JIM THORPE BLVD PRAGUE, OK 74864

(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 Complaint investigations (#OK00087030, OK00089912, and #OK00090057) were conducted from 08/25/26 through 08/26/26. Deficiencies were cited. Facility Census: 18 Listed below are abbreviations that will be used throughout this document. MAT- medication administration technician OSDH - Oklahoma State Department of Health	R 000		
R 249 SS=D	310:680-3-10 (b) ABUSE OR NEGLECT - REPORTING (b) Any individual who becomes aware of abuse or neglect of a resident shall report the matter immediately to the Department and comply with other reporting requirements provided in the O.S. Title 43A, section 10-104. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to ensure allegations of criminal activity were reported to the OSDH for 1 (#6) of 7 sampled residents reviewed for criminal activity. The administrator identified 18 residents resided	R 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R 249	Continued From page 1 in the home. Findings: An undated policy titled "Protection from Abuse, neglect, misappropriation or Mistreatment," read in part, "Any person receiving a report shall at first notify the administrator or person in charge and notice may also be given to the State Department of Health." An employee file for Maintenance #1, dated 03/06/26, showed they were hired for potential employment on 03/06/26 for maintenance help. The file showd Maintenance #1 was terminated on 03/09/26. A police report, dated 03/09/26, showed the police were notified because Resident #6 smelled of marijuana and reported to MAT #2 that Maintenance #1 had sold the marijuana to the resident. There was no incident reports located in the home regarding the police report made on 03/09/26. On 08/25/26 at 12:13., Resident Representative #1 stated Maintenance #1 sold drugs to Resident #6 on 03/09/26. Resident Representative #1 stated MAT #2 and Maintenance #1 were fired because of the incident. They stated Resident #6 was evicted from the home for illegal drug use. On 08/25/26 at 3:38 p.m., Owner #1 stated on 03/09/26, they were made aware Maintenance #1 was alleged to have sold marijuana to Resident #6. Owner #1 stated they did not complete a state report. Owner #1 stated they terminated Maintenance #1 for the incident. They stated	R 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC4101	A. BUILDING: _____ B. WING _____	C 08/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
3C OLD FASHIONED BOARDING HOME	719 SOUTH JIM THORPE BLVD PRAGUE, OK 74864

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R 249	Continued From page 2 Maintenmance #1 was terminated on 03/09/26, MAT #2 was terminated, and Resident #6 received a 14-day notice. On 08/26/26 at 10:16 a.m., MAT #2 stated they called the police and filed a report because Maintenance #1 was alleged to be selling marijuana to Resident #6 on 03/09/26. On 08/26/26 at 1:20 p.m., the administrator stated they were not made aware of the allegation of criminal activity on 03/09/26. The administrator stated a report should have been made to the Oklahoma State Department of Health. The administrator stated it was their responsibility to ensure a complete investigation was conducted. On 08/26/26 at 2:23 p.m., MAT #1 stated they did not report the criminal allegations to the OSDH because they were not aware they should have.	R 249		
R 343 SS=E	310:680-5-7 (j) RESIDENT ROOMS - FURNITURE (j) Each resident shall have a comfortable chair, a bedside table and a bureau or its equivalent for storing personal belongings. This Rule is not met as evidenced by: Based on observation and interview, the home failed to ensure each room had a bed side table and chair for the residents in 6 of 6 sampled rooms observed for furnishings. On 08/25/26 at 1:38 p.m., a tour of the home was conducted with Owner #1. The following observations were made: a. room 3 had three beds occupied by residents. No bedside tables were observed in the room for	R 343		

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R 343	Continued From page 3 the residents; b. room 5 had three beds occupied by residents. Two beds were not observed to have a bedside table or a chair in the room for the residents; c. room 7 had three beds occupied by residents. Two beds were not observed to have a bedside table or a chair in the room for the residents; d. room 8 had three beds occupied by residents. No bedside tables or chairs were observed in the room for the residents; e. room 9 had three beds occupied by residents. No bedside tables or chairs were observed in the room for the residents; and f. room 10 had three beds occupied by residents. No bedside tables or chairs were observed in the room for the residents. On 08/25/26 at 1:50 p.m., Owner #1 stated they were not aware of the regulation residents should have had a chair and bedside table in their rooms. On 08/25/26 at 2:59 p.m., Resident #4 stated they did not have a bed side table and chair in their room. On 08/26/26 at 1:20 p.m., the administrator stated the home could do better and was surprised to learn the owners were not aware of the regulation which required a bed side table and chair for the residents in their rooms.	R 343		
R 351 SS=E	310:680-7-3 INSECT AND RODENT CONTROL Methods shall be employed to prevent the entrance and harborage of insects, spiders, and rodents. Homes shall be kept free of insects, and rodents.	R 351		

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R 351	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the home failed to have an effective pest control program to prevent the harborage of bed bugs in 2 (room 7 and dining room) of 7 sampled rooms observed for bed bugs. The administrator identified 18 residents resided in the home. Findings: On 08/25/26 at 11:57 a.m., a tour of room 7 was conducted. The following observations were made: a. live bed bugs as well as red and brown fecal matter were observed in a crack in the wall above the middle bed; and b. red and brown larvae were observed around the wall socket behind the middle bed. On 08/25/26 at 12:44 p.m., a live bed bug was observed crawling on the wall in the dining room. On 08/25/26 at 1:50 p.m., Owner #1 stated bed bugs were an issue. Owner #1 stated they were trying to spray themselves but it had not been effective. On 08/26/26 at 1:20 p.m., the administrator stated they had been working on treating the bed bugs.	R 351		
R 359 SS=E	310:680-7-5 (d) HOUSEKEEPING	R 359		

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R 359	Continued From page 5 (d) Walls and ceilings shall be in good condition and shall be cleaned regularly. All homes shall have walls capable of being cleaned. This Rule is not met as evidenced by: Based on observation and interview, the home failed to ensure residents were provided a clean and sanitary environment for 6 of 6 sampled resident accessible rooms observed. The administrator identified 18 residents resided in the home. Findings: A document titled "Resident Rights," undated, read in part, "2) All residents have the right to a safe, sanitary, and humane living environment." On 08/25/26 at 11:21 a.m., an initial tour of the home was conducted with the administrator and Owner #2. The following observations were made: a. An old wall television mount was observed covered in dust on the floor in front of the linen closet; b. dead flies, moths, and dust was observed in the windowsill in the laundry room; c. dirt and dryer lint was observed on the floor of the linen closet in the laundry room; d. dryer lint was observed stuck to the walls and ceiling of the laundry room; e. room 10 was observed to have dirt, dead insects, and undisposed garbage on the floors. The bathroom had a soiled bathroom counter and sink with brown stains. The bath/shower was soiled with black and brown stains; f. room 9 was observed to have a bathroom exhaust fan laying on the bathroom sink. Bare wires were observed hanging out of the ceiling	R 359		

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R 359	Continued From page 6 over the toilet. The bath/shower was soiled with black and brown stains; g. room 8's exhaust fan in the bathroom was not observed to have a cover. The light over the bathroom sink did not have a cover with the bulb exposed and the bath/shower was stained with brown and black substances, h. room 7 was observed to have bare particle board behind the toilet. The light fixture in the room had no cover. Live spiders and spider webs were observed extending from the floor to the ceiling throughout the room; and i. room 3 was observed to have dirt and cigarette debris on the floor throughout the entire room. The bath/ shower was soiled with black and browns stains. The popcorn textured coating was falling from the ceiling. On 08/25/26 at 11:34 a.m., Owner #2 stated the residents' rooms had not been cleaned. On 08/25/26 at 11:35 a.m., the administrator was shown the above observations. They stated the facility could be cleaner.	R 359		

OKLAHOMA
State Department of Health

Delivery via email to: threecbuckingbulls@yahoo.com; marythrntn5@gmail.com

September 21, 2026

License Number: RC4101
Survey Event ID: **OROO11**

Ms. Mary Thornton, Administrator
3c Old Fashioned Boarding Home
P.O. Box 48
Prague, OK 74864

Dear Ms. Thornton:

On **August 26, 2026**, 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 **October 21, 2026**.

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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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R 000	INITIAL COMMENTS Complaint investigations (#OK00087030, OK00089912, and #OK00090057) were conducted from 08/25/26 through 08/26/26. Deficiencies were cited. Facility Census: 18 Listed below are abbreviations that will be used throughout this document. MAT- medication administration technician OSDH - Oklahoma State Department of Health	R 000		
R 249 SS=D	310:680-3-10 (b) ABUSE OR NEGLECT - REPORTING (b) Any individual who becomes aware of abuse or neglect of a resident shall report the matter immediately to the Department and comply with other reporting requirements provided in the O.S. Title 43A, section 10-104. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to ensure allegations of criminal activity were reported to the OSDH for 1 (#6) of 7 sampled residents reviewed for criminal activity. The administrator identified 18 residents resided	R 249	R 249 The facility will always protect our residents from abuse and neglect, misappropriation or mistreatment. A report will be completed and filed to the state immediately upon an incident or occurrence. All staff will be fired or sent home if any allegations of drugs, alcohol, and mishandling is received. An investigation will be conducted, and the police may be notified. Upon completion of the investigation, disciplinary action up to and including termination may be issued. If no evidence of the allegation is found. The employee may return to work upon retraining of the abuse and neglect policy, drug free workplace, and a warning issued to the employee. The investigation will be conducted and sent to OSDH per incident report or related form. The Administrator is responsible for the corrective action. Administrator will monitor and ensure deficiencies will not occur again. Corrective action will be completed by 10/21/2026.	

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3C OLD FASHIONED BOARDING HOME	719 SOUTH JIM THORPE BLVD PRAGUE, OK 74864

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R 249	Continued From page 1 in the home. Findings: An undated policy titled "Protection from Abuse, neglect, misappropriation or Mistreatment," read in part, "Any person receiving a report shall at first notify the administrator or person in charge and notice may also be given to the State Department of Health." An employee file for Maintenance #1, dated 03/06/26, showed they were hired for potential employment on 03/06/26 for maintenance help. The file showd Maintenance #1 was terminated on 03/09/26. A police report, dated 03/09/26, showed the police were notified because Resident #6 smelled of marijuana and reported to MAT #2 that Maintenance #1 had sold the marijuana to the resident. There was no incident reports located in the home regarding the police report made on 03/09/26. On 08/25/26 at 12:13., Resident Representative #1 stated Maintenance #1 sold drugs to Resident #6 on 03/09/26. Resident Representative #1 stated MAT #2 and Maintenance #1 were fired because of the incident. They stated Resident #6 was evicted from the home for illegal drug use. On 08/25/26 at 3:38 p.m., Owner #1 stated on 03/09/26, they were made aware Maintenance #1 was alleged to have sold marijuana to Resident #6. Owner #1 stated they did not complete a state report. Owner #1 stated they terminated Maintenance #1 for the incident. They stated	R 249	R 249 The facility will always protect our residents from abuse and neglect, misappropriation or mistreatment. A report will be completed and filed to the state immediately upon an incident or occurrence. All staff will be fired or sent home if any allegations of drugs, alcohol, and mishandling is received. An investigation will be conducted, and the police may be notified. Upon completion of the investigation, disciplinary action up to and including termination may be issued. If no evidence of the allegation is found. The employee may return to work upon retraining of the abuse and neglect policy, drug free workplace, and a warning issued to the employee. The investigation will be conducted and sent to OSDH per incident report or related form. The Administrator is responsible for the corrective action. Administrator will monitor and ensure deficiencies will not occur again. Corrective action will be completed by 10/21/2026.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC4101	A. BUILDING: _____ B. WING _____	C 08/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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R 249	Continued From page 2 Maintenmance #1 was terminated on 03/09/26, MAT #2 was terminated, and Resident #6 received a 14-day notice. On 08/26/26 at 10:16 a.m., MAT #2 stated they called the police and filed a report because Maintenance #1 was alleged to be selling marijuana to Resident #6 on 03/09/26. On 08/26/26 at 1:20 p.m., the administrator stated they were not made aware of the allegation of criminal activity on 03/09/26. The administrator stated a report should have been made to the Oklahoma State Department of Health. The administrator stated it was their responsibility to ensure a complete investigation was conducted. On 08/26/26 at 2:23 p.m., MAT #1 stated they did not report the criminal allegations to the OSDH because they were not aware they should have.	R 249	R 249 The facility will always protect our residents from abuse and neglect, misappropriation or mistreatment. A report will be completed and filed to the state immediately upon an incident or occurrence. All staff will be fired or sent home if any allegations of drugs, alcohol, and mishandling is received. An investigation will be conducted, and the police may be notified. Upon completion of the investigation, disciplinary action up to and including termination may be issued. If no evidence of the allegation is found. The employee may return to work upon retraining of the abuse and neglect policy, drug free workplace, and a warning issued to the employee. The investigation will be conducted and sent to OSDH per incident report or related form. The Administrator is responsible for the corrective action. Administrator will monitor and ensure deficiencies will not occur again. Corrective action will be completed by 10/21/2026.	
R 343 SS=E	310:680-5-7 (j) RESIDENT ROOMS - FURNITURE (j) Each resident shall have a comfortable chair, a bedside table and a bureau or its equivalent for storing personal belongings. This Rule is not met as evidenced by: Based on observation and interview, the home failed to ensure each room had a bed side table and chair for the residents in 6 of 6 sampled rooms observed for furnishings. On 08/25/26 at 1:38 p.m., a tour of the home was conducted with Owner #1. The following observations were made: a. room 3 had three beds occupied by residents. No bedside tables were observed in the room for	R 343	R 343 Each resident will have a comfortable chair and bedside table also a bureau to store personal belongings. Administrator is responsible for the corrective action. Administrator will monitor and ensure deficiencies will not occur again. Corrective action will be completed by 10/21/2026.This was completed on 8/30/2026.	

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R 343	Continued From page 3 the residents; b. room 5 had three beds occupied by residents. Two beds were not observed to have a bedside table or a chair in the room for the residents; c. room 7 had three beds occupied by residents. Two beds were not observed to have a bedside table or a chair in the room for the residents; d. room 8 had three beds occupied by residents. No bedside tables or chairs were observed in the room for the residents; e. room 9 had three beds occupied by residents. No bedside tables or chairs were observed in the room for the residents; and f. room 10 had three beds occupied by residents. No bedside tables or chairs were observed in the room for the residents. On 08/25/26 at 1:50 p.m., Owner #1 stated they were not aware of the regulation residents should have had a chair and bedside table in their rooms. On 08/25/26 at 2:59 p.m., Resident #4 stated they did not have a bed side table and chair in their room. On 08/26/26 at 1:20 p.m., the administrator stated the home could do better and was surprised to learn the owners were not aware of the regulation which required a bed side table and chair for the residents in their rooms.	R 343	R 343 Each resident will have a comfortable chair and bedside table also a bureau to store personal belongings. Administrator is responsible for the corrective action. Administrator will monitor and ensure deficiencies will not occur again. Corrective action will be completed by 10/21/2026.This was completed on 8/30/2026.	
R 351 SS=E	310:680-7-3 INSECT AND RODENT CONTROL Methods shall be employed to prevent the entrance and harborage of insects, spiders, and rodents. Homes shall be kept free of insects, and rodents.	R 351		

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R 351	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the home failed to have an effective pest control program to prevent the harborage of bed bugs in 2 (room 7 and dining room) of 7 sampled rooms observed for bed bugs. The administrator identified 18 residents resided in the home. Findings: On 08/25/26 at 11:57 a.m., a tour of room 7 was conducted. The following observations were made: a. live bed bugs as well as red and brown fecal matter were observed in a crack in the wall above the middle bed; and b. red and brown larvae were observed around the wall socket behind the middle bed. On 08/25/26 at 12:44 p.m., a live bed bug was observed crawling on the wall in the dining room. On 08/25/26 at 1:50 p.m., Owner #1 stated bed bugs were an issue. Owner #1 stated they were trying to spray themselves but it had not been effective. On 08/26/26 at 1:20 p.m., the administrator stated they had been working on treating the bed bugs.	R 351	R 351 All rooms will be free from insects and rodents by cleaning, spraying with poison, and maintaining good repair cracks and sockets to prevent the harborage of bed bugs. This facility will schedule a regular time to spray and rid bed bugs in all areas. Correction will be made and continual spraying for the home to be free of insects and rodents within 10-14 days by staff and by a third-party pest control company monthly. Administrator is responsible for the corrective action. Administrator will monitor and ensure deficiencies will not occur again by retraining all staff. Corrective action will be completed by 10/21/2026.	
R 359 SS=E	310:680-7-5 (d) HOUSEKEEPING	R 359		

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R 359	Continued From page 5 (d) Walls and ceilings shall be in good condition and shall be cleaned regularly. All homes shall have walls capable of being cleaned. This Rule is not met as evidenced by: Based on observation and interview, the home failed to ensure residents were provided a clean and sanitary environment for 6 of 6 sampled resident accessible rooms observed. The administrator identified 18 residents resided in the home. Findings: A document titled "Resident Rights," undated, read in part, "2) All residents have the right to a safe, sanitary, and humane living environment." On 08/25/26 at 11:21 a.m., an initial tour of the home was conducted with the administrator and Owner #2. The following observations were made: a. An old wall television mount was observed covered in dust on the floor in front of the linen closet; b. dead flies, moths, and dust was observed in the windowsill in the laundry room; c. dirt and dryer lint was observed on the floor of the linen closet in the laundry room; d. dryer lint was observed stuck to the walls and ceiling of the laundry room; e. room 10 was observed to have dirt, dead insects, and undisposed garbage on the floors. The bathroom had a soiled bathroom counter and sink with brown stains. The bath/shower was soiled with black and brown stains; f. room 9 was observed to have a bathroom exhaust fan laying on the bathroom sink. Bare wires were observed hanging out of the ceiling	R 359	R 359 Each resident will be provided with a clean and sanitary environment by staff following a cleaning schedule to ensure light fixtures, walls, windowsills, floors, garbage, and laundry rooms are cleaned regularly. Staff will dust, sweep, and mop according to the cleaning schedule created. a checklist is provided for staff completion of cleaning. Administrator is responsible for the corrective action. Administrator will monitor and ensure deficiencies will not occur again by retraining all staff. Corrective action will be completed by 10/21/2026.	

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R 359	Continued From page 6 over the toilet. The bath/shower was soiled with black and brown stains; g. room 8's exhaust fan in the bathroom was not observed to have a cover. The light over the bathroom sink did not have a cover with the bulb exposed and the bath/shower was stained with brown and black substances, h. room 7 was observed to have bare particle board behind the toilet. The light fixture in the room had no cover. Live spiders and spider webs were observed extending from the floor to the ceiling throughout the room; and i. room 3 was observed to have dirt and cigarette debris on the floor throughout the entire room. The bath/ shower was soiled with black and browns stains. The popcorn textured coating was falling from the ceiling. On 08/25/26 at 11:34 a.m., Owner #2 stated the residents' rooms had not been cleaned. On 08/25/26 at 11:35 a.m., the administrator was shown the above observations. They stated the facility could be cleaner.	R 359	R359 Each resident will be provided with a clean and sanitary environment by staff following a cleaning schedule to ensure light fixtures, walls, windowsills, floors, garbage, and laundry rooms are cleaned regularly. Staff will dust, sweep, and mop according to the cleaning schedule created. a checklist is provided for staff completion of cleaning. Administrator is responsible for the corrective action. Administrator will monitor and ensure deficiencies will not occur again by retraining all staff. Corrective action will be completed by 10/21/2026.	