OKLAHOMA
State Department
of Health

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

October 2, 2026

License Number: RC4101
Survey Event ID: 72Q111

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

Dear Ms. Thornton:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **September 25, 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
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 #: **OK00093132**
Investigation Date(s): **09/24/26 through 09/25/26**

ALLEGATION(S)

1. The home failed to ensure qualified staff administered medications.
2. The facility failed to ensure palatable meals and snacks were served to meet the nutritional needs of the clients.

An unannounced on-site investigation was initiated 09/24/2026 at 6:05 p.m.

A sample of 3 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' meals served, and staff providing care. Records reviewed included residents' medication records, physician orders, incident reports, grievances, employee certifications, and facility policies. Residents were asked questions regarding any concerns related to availability of medication and medication administration, and quality of diets. Staff were asked questions about medication storage, medication destruction, medication administration, dietary plans, and MAT certifications.

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: 09/28/2026

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
	RC4101	A. BUILDING: _____ B. WING _____	C 09/25/2026

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 investigation (#OK00093132) was conducted from 09/24/26 through 09/25/26. No deficiencies were cited. Facility Census: 18	R 000		

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