



Oklahoma State Department of Health
Creating a State of Health

October 17, 2019

License Number: RC4102
Survey Event ID: 789U11

Ms. Mary Ann Thornton, Administrator
Royal Living Care Center
Rt. 1, Box 85
Prague, OK 74864

Dear Ms. Thornton:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on September 26, 2019. 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) 271-6868.

Sincerely,

Sue Davis
Long Term Care Enforcement Coordinator
Oklahoma State Department of Health

Enclosure

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INVESTIGATIVE REPORT

Facility: Royal Residential Living Care Center, Inc
Address: 57523 Moccasin Trail
City, State, Zip: Prague, OK 74864
Provider #: RC4102
Complaint #: OK00053948
Investigation Date(s): 09/26/19

ALLEGATION(S)	S = SUBSTANTIATED
	US = UNSUBSTANTIATED
1. The home failed to ensure the residents lived in an environment free of insects.	US
2. The home failed to ensure residents had the right to retain and use their own possessions/money.	US

☐ Violation (s) unrelated to this complaint were also cited during the investigation.

An unannounced on-site investigation was initiated on Thursday, September 26, 2019 at 9:39 a.m.

A sample of 8 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to bedbugs and cockroaches was conducted. During a tour of the home, the rooms were observed to be clean and tidy. There were no bedbugs or cockroaches seen in the home. The kitchen was clean with no bugs or cockroaches. The laundry room was observed to be clean with no bedbugs or cockroaches. When residents were asked about bedbugs and cockroaches; there were no complaints or concerns about bedbugs or cockroaches.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to resident dentures, cellphones and funds was conducted. There was no resident identified at the home with the name in the complaint. When the residents were asked about personal

belongings; dentures, cell phones or funds, they stated they could have them and use them if they wanted and they were paid once a month. No resident had a complaint or concern about dentures, the use of cell phones or contacting their family or their funds.

There was an independent living home/center further down the road, but the Oklahoma State Department of Health does not regulate independent living homes/centers.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation 1 and 2. No further action is required.

A determination that an allegation was unsubstantiated (US) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

A handwritten signature in cursive script that reads "Melissa Swaim RN". The signature is written in dark ink and is positioned above the printed name.

Melissa Swaim RN

Date report completed: 09/30/2019

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC4102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/26/2019
NAME OF PROVIDER OR SUPPLIER ROYAL RESIDENTIAL LIVING CARE CENTER,			STREET ADDRESS, CITY, STATE, ZIP CODE 57523 MOCCASIN TRAIL 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 An abbreviated survey was conducted 09/26/19, to investigate complaint #OK 00053948. Resident census was 34. No deficient practice was cited.	R 000			

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE WORKLOAD REPORT
 Provider/Supplier Number
 RC4102

 Provider/Supplier Name
 ROYAL RESIDENTIAL LIVING CARE CENTER, INC

Type of Survey (select all that apply)

☒ 3 ☐ ☐ ☐ ☐

 A Complaint Investigation
 B Dumping Investigation
 C Federal Monitoring
 D Follow-up Visit
 M Other

 E Initial Certification
 F Inspection of Care
 G Validation
 H Life Safety Code

 I Recertification
 J Sanctions/Hearing
 K State License
 L CHOW

Extent of Survey (select all that apply)

☐ ☐ ☐ ☐ ☐

 A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey
SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 34460	09/26/2019	09/26/2019	0.50	0.00	2.50	0.00	2.00	1.50
2. 42023	09/26/2019	09/26/2019	0.50	0.00	2.00	0.00	1.75	0.25
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

0.00

Total RO Supervisory Review Hours.....

0.00

Total SA Clerical/Data Entry Hours....

0.00

Total RO Clerical/Data Entry Hours.....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

OCT 18 2019

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