

Delivery via email to: marythrntn5@gmail.com

April 6, 2022

License Number: RC4102
Survey Event ID: CC0V11

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 **March 23, 2022**. 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.

Sincerely,

Katie Stagner
Digitally signed by Katie
Stagner
Date: 2022.04.06 09:49:08
-05'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Enclosure

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Royal Residential Living Care Center, INC
Address: 57523 Moccasin Trail
City, State, Zip: Prague OK, 74864
Provider #: RC4102
Complaint #: #OK00056930
Investigation Date: 03/23/22

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to ensure residents' right to phone access, failed to allow residents access to personal belongings, and failed to visibly post resident rights.	US

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

An unannounced on-site investigation was initiated on 03/23/2022 at 8:30 a.m.

A sample of three residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 posting resident rights, access to phone and personal belongings was conducted.

Residents were observed with personal cell phones, and personal clothing items at the time of the survey. A cordless phone was observed in the office for the residents to use. The laundry room was observed to contain individual personal clothing items and shared clothing items. The resident rooms were observed to have

personal clothing items. A resident rights poster visible to the residents was observed hanging on the wall in the dining room.

The residents stated they could have a cell phone but could not use other residents' cell phone. The residents stated they had their own personal clothes and did not have to share their clothes. The residents stated the home provided clothes if they needed clothes.

The staff stated the residents were allowed to have cell phones, but were not allowed to use other residents' cell phones. The staff stated the residents could use the home's land line to make calls at any time. The staff stated there was designated time set aside on Fridays for the residents to make phone calls through the mental health day treatment facility.

The staff stated the residents did not have to share their personal clothes. The staff stated if the residents had their own personal clothes they would be placed in their cubby in the laundry room. The staff stated at times residents would take the wrong clothes.

Clinical records and resident rights were reviewed. No policy was provided on cell phone or phone usage.

No deficient practice related to resident rights, personal items or phone use was found at the time of the survey.

Other concerns investigated:

Staffing concerns and availability of spending money was also investigated and no deficient practice was found at the time of the survey.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.



Billie Seeman, RN

Date report completed: 03/23/2022

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Royal Residential Living Care Center, INC
Address: 57523 Moccasin Trail
City, State, Zip: Prague OK, 74864
Provider #: RC4102
Complaint #: #OK00055873
Investigation Date: 03/23/22

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The home failed to provide a clean environment.	US
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☐ Violation (s) unrelated to this complaint were also cited during the investigation.

An unannounced on-site investigation was initiated on 03/23/2022 at 8:30 a.m.

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 pest control for bed bugs and plumbing maintenance was conducted.

No bed bugs or plumbing issues were observed in the facility at the time of the survey. No residents complained of plumbing issues or bed bugs.

The identified resident was not a resident of the home and had never been a resident at the home.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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 black ink, appearing to read "Billie Seeman", written over a horizontal line.

Billie Seeman, RN

Date report completed: 03/23/2022

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Royal Residential Living Care Center, INC
Address: 57523 Moccasin Trail
City, State, Zip: Prague OK, 74864
Provider #: RC4102
Complaint #: #OK00055695
Investigation Date: 03/23/22

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The home failed to provide a clean environment.	US
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☐ Violation (s) unrelated to this complaint were also cited during the investigation.

An unannounced on-site investigation was initiated on 03/23/2022 at 8:30 a.m.

A sample of three residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 pest control for bed bugs was conducted.

The residents' rooms, bed linens, mattresses and bed frames were observed. No dead or live bed bugs were found, no evidence of bed bugs were found. The residents did not have any visible skin irritations, bug bites, scratches or sores on their arms.

The residents stated the home did not have bed bugs. They stated they had seen a few bed bugs in the past and the home was sprayed. The residents stated they did not have any rashes or skin irritation from bed bugs.

The staff stated they had seen a few bed bugs and promptly treated the home for bed bugs. The staff stated they did not currently have bed bugs. The staff stated they had a monthly pest control service.

Clinical records and pest control logs were reviewed.

No deficient practice related to pest control for bed bugs was cited at the time of the survey.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.



Billie Seeman, RN

Date report completed: 03/24/2022

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Royal Residential Living Care Center, INC
Address: 57523 Moccasin Trail
City, State, Zip: Prague OK, 74864
Provider #: RC4102
Complaint #: #OK00055602
Investigation Date: 03/23/22

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The home failed to provide adequate medical services.	US
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☐ Violation (s) unrelated to this complaint were also cited during the investigation.

An unannounced on-site investigation was initiated on 03/23/2022 at 8:30 a.m.

A sample of three residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 adequate medical services related to weight loss, mental health, and skin conditions was conducted.

The residents were observed to attend a day treatment center on campus. The residents were observed to be calm, cooperative, and friendly. The residents were observed during two meals. The residents did not have any visible wounds, scratches or sores on their arms, hands or face.

The residents stated they attended the day treatment program every day. The residents stated they received enough food. The residents stated they did not have any wounds or scratches at this time.

One resident stated they had lost weight when they first moved into the home. The resident denied any adverse effects from losing weight.

The staff stated mental health physicians and primary care physicians assessed the residents monthly. The staff stated the physician was notified if a resident lost weight. They also stated there may be some discrepancies in the residents' documented weight if the same scales were not used. The staff stated all residents who resided at the home attended the mental health day treatment program.

Clinical records, menus, and physician's orders were reviewed.

No deficient practice related to adequate medical services was cited at the time of the survey.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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 black ink that reads "Billie Seeman". The signature is written in a cursive, flowing style with a large initial "B" and a long, sweeping underline.

Billie Seeman, RN

Date report completed: 03/24/2022

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 03/23/2022
NAME OF PROVIDER OR SUPPLIER ROYAL RESIDENTIAL LIVING CARE CENTER, INC		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 Complaint investigations (#OK00055602, OK00055695, OK00055873, and #OK00056930) were conducted on 03/23/22. No deficiencies were cited.	R 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE