
Delivery via email to: marythrn5@gmail.com

December 4, 2023

License Number: RC4102

Survey Event ID: RI9411

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

Dear Ms. Thornton:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **November 28, 2023**.

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.

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, conducted face-to-face, or in 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:

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

Enclosure

INVESTIGATIVE REPORT

Facility: Royal Residential Living Care Inc
Address: 57523 Moccasin Trail
City, State, Zip: Prague, OK 74864
Provider #: RC4102
Complaint #: OK00061835
Investigation Date(s): 11/27/23 and 11/28/23

ALLEGATION(S)

The home failed to ensure residents were not physically, sexually or psychosocially abused.

The facility failed to ensure residents were not neglected.

The home failed to ensure a safe comfortable and homelike environment.
--

An unannounced on-site investigation was initiated 11/27/2023 at 9:00 a.m.

A sample of 12 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 Summary of Complaint Investigation:

Observations were made of staff interaction with residents, residents' interactions with each other, housekeeping and maintenance services. Observations were made of resident's rooms and the common area for clothing and personal items. Residents were observed with clothing and shoes on appropriate for the current weather conditions. Residents' rooms were observed with ample clothing including shoes. Observations were made of facility purchased clothing for residents including shoes.

Resident interviews were conducted regarding abuse, change in condition and missing items such as clothing. There were no complaints of mistreatment from staff or other residents. No residents had any complaints about missing items such as clothes.

Staff were interviewed regarding the facility abuse protocol,

Facility records were reviewed to include policies and procedures, abuse investigations, nursing assessments, progress notes, resident council and grievances. Employee files were reviewed for training and screening.

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: 11/29/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROYAL RESIDENTIAL LIVING CARE CENTER, INC

57523 MOCCASIN TRAIL
PRAGUE, OK 74864

Oklahoma State Department of Health

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

TITLE

(X6) DATE

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 11/28/2023
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 182	Continued From page 1 National Background Check (OK Screen) for two (#1 and #2) of two recently hired employees. This failed practice had the widespread potential for more than minimal harm for all 44 residents. Findings: 1. A review of the employee file for certified nurse aide #2 documented they were hired on 01/24/23. There was no documentation in certified nurse aide #2's file that a fingerprint based Oklahoma National Background check had been completed for the employee. 2. A review of the employee file for certified nurse aide #4 documented they were hired on 10/31/23. There was no documentation in certified nurse aide #4's file that a fingerprint based Oklahoma National Background check had been completed for the employee. On 11/27/23 at 1:43 p.m., the administrator was asked for the documentation on the fingerprint based Oklahoma National Background check for certified nurse aide #2 and certified nurse aide #4. The administrator stated they did not complete the finger print screening on new hires.	R 182		

Delivery via email to: marythrntn5@gmail.com

December 7, 2023

License Number: RC4102
Survey Event ID: **RI9411**

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

Dear Ms. Thornton:

On **November 28, 2023**, 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 **December 15, 2023**.

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,



Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 11/28/2023
---	--	---	--

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	11/28/2023
ROYAL RESIDENTIAL LIVING CARE CENTER, INC	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 A complaint investigation (#OK00061835) was conducted from 11/27/23 through 11/28/23. Facility Census: 44	R 000	R 000
R 182 SS=F 63 O.S. 1-1950.1.B.1 CRIMINAL ARREST Except as otherwise provided by subsection C of this section, before any employer makes an offer to employ or to contract with a nurses aide or other person to provide nursing care, health-related services or supportive assistance to any individual except as provided by paragraph 4 of this subsection, the employer shall provide for a criminal arrest check to be made on the nurses aide or other person pursuant to the provisions of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to complete a fingerprint-based Oklahoma	R 182	See next page 12/15/23

Oklahoma State Department of Health

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

TITLE

(X6) DATE

STATE FORM

6899

RI9411

If continuation sheet 1 of 2

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 11/28/2023
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 182	Continued From page 1 National Background Check (OK Screen) for two (#1 and #2) of two recently hired employees. This failed practice had the widespread potential for more than minimal harm for all 44 residents. Findings: 1. A review of the employee file for certified nurse aide #2 documented they were hired on 01/24/23. There was no documentation in certified nurse aide #2's file that a fingerprint based Oklahoma National Background check had been completed for the employee. 2. A review of the employee file for certified nurse aide #4 documented they were hired on 10/31/23. There was no documentation in certified nurse aide #4's file that a fingerprint based Oklahoma National Background check had been completed for the employee. On 11/27/23 at 1:43 p.m., the administrator was asked for the documentation on the fingerprint based Oklahoma National Background check for certified nurse aide #2 and certified nurse aide #4. The administrator stated they did not complete the finger print screening on new hires.	R 182	See next page	12/15/23

Royal Residential Living Center LLC.

57523 Moccasin Trail Road

Prague OK. 74864

December 7, 2023

PLAN OF CORRECTION

R 182 National Background Check (OK Screen)

Before an offer of employment or contract with a nurse aide or other person to provide nursing services at Royal Residential Living Center will have the OSBI check, and will have conducted and fingerprinting requested and return to the facility. Through the Oklahoma screening and Registry Employee Evaluation Network.

A copy of the documentation from the OSBI check and the ok-screen report will be in each employees file.

Corrections will be completed 12/15/2023

The administrator will ensure compliance

A handwritten signature in cursive script, reading "Mary Ann Thornton". The signature is written in dark ink and is positioned below the text "The administrator will ensure compliance".

Delivery via email to: marythrn5@gmail.com

January 26, 2024

License Number: RC4102
Survey Event ID: RI9412

Ms. Mary Ann Thornton, Administrator
Royal Residential Living Care Center, Inc
57523 Moccasin Trail
Prague, OK 74864

Dear Ms. Thornton:

On **January 24, 2024**, an offsite/paper revisit was conducted for your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Residential Care Facility. The findings of that visit indicate that the deficiencies cited during your complaint survey on **November 28, 2023**, have now been corrected and your facility is in compliance with licensure standards effective **December 19, 2023**.

If you have any questions concerning the information in this letter, please contact this office at (405) 426-8200.

Respectfully,



Lisa Calvin, 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: RC4102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/24/2024
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 An offsite/paper revisit was conducted on 01/24/24. The facility was in substantial compliance.	{R 000}		

Oklahoma State Department of Health

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

TITLE

(X6) DATE