

Delivery via email to: marythrn5@gmail.com

December 4, 2023

License Number: RC4102
Survey Event ID: ZGVX11

Ms. Mary Ann Thornton, Administrator
Royal Residential 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 **November 9, 2023**. 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,



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

Enclosure



INVESTIGATIVE REPORT

Facility: Royal Residential Living Care Center, INC

Address: 57533 Moccasin Trail Rd

City, State, Zip: Prague, OK, 74864

Provider #: RC4102

Complaint #: OK00061558

Investigation Date(s): 11/09/23

ALLEGATION(S)

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

An unannounced on-site investigation was initiated 11/09/2023 at 8:00 A.M.

A sample of 8 residents, including any 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.

Staff records, certifications and duties were reviewed with no concerns reported.

Staff and facility director were interviewed regarding former staff members with no concerns reported.

Residents were interviewed with no concerns reported.

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: 11/09/2023



INVESTIGATIVE REPORT

Facility: Royal Residential Living Care Center, INC
Address: 57533 Moccasin Trail Rd
City, State, Zip: Prague, OK, 74864
Provider #: RC4102
Complaint #: OK00061758
Investigation Date(s): 11/09/23

ALLEGATION(S)

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

The home failed to ensure residents medical needs were not neglected.

The home failed to ensure residents were treated with dignity and respect.
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The home failed to ensure resident's belongings were not misappropriated.

The home failed to report allegations of sexual abuse, i.e., any abuse to the State Agency (OSDH)

An unannounced on-site investigation was initiated 11/09/2023 at 8:00 A.M.

A sample of 8 residents, including any 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.

Staff records, certifications and duties were reviewed with no concerns reported.

Staff and facility director were interviewed regarding former staff members with no concerns reported.

All staff documents, qualifications background checks, and certifications were accounted for.

Residents were interviewed with no concerns reported.

Med charts, progress notes, and nursing charts were reviewed with no concerns accounted for.

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: 11/09/2023

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 11/09/2023
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 000	INITIAL COMMENTS Complaint investigations (#OK00061558, #OK00061758) were conducted on 11/09/23. No deficiencies were cited.	R 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE