

Delivery via email to: marythrntn5@gmail.com

March 28, 2024

License Number: RC4102

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

RE: Survey Event ID: MZTK11

Dear Ms. Thornton:

On **March 4, 2024**, agents from our office concluded a Relicensure Survey with complaint investigation at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **March 4, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: <http://www.ok.gov/health>. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

- (1) Address how corrective action will be accomplished for affected residents;
- (2) Address how other residents with the potential to be affected will be identified;
- (3) Address measures or systemic changes to ensure the deficiency will not recur;
- (4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
- (5) Include dates when corrective action and monitoring will be completed for each violation;
- (6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. 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 the completed form for your files.

In accordance with O.S. 63-1-895, 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 833AL). 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 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 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 in a face-to-face, or 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.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Clorissa Nubine

Clorissa Nubine, 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 #: OK00062289
Investigation Date(s): 02/28/24; 02/29/24 and 03/04/24

ALLEGATION(S)

The home failed to ensure a clean comfortable homelike environment; the right to forms of communication with privacy; compensation was provided for services complete; the right to have a resident advisory council.

The home failed to ensure activities were provided to meet the interests of the residents.
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The home failed to ensure nutritious foods were served according to the standard of care.

An unannounced on-site investigation was initiated 02/28/2024 at 12:45 p.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. Observations were made of housekeeping and meal service. Observations were made of residents using personal cell phones in their rooms.

Resident interviews were conducted regarding abuse, linens, furniture in rooms, phone communication, resident council, activities, and meal service. All residents had no complaints about the food and stated they received fruits and vegetables with meals. All residents' stated activities were provided daily and can go on trips away from the facility. No residents complained of not being able to communicate in private while on the phone and stated they could have a phone if they wanted. Residents were interviewed about employment and work at the facility. All residents stated they do not have to help take out trash or do work. Three residents stated when they are out of money the facility will give them items from the canteen without having to pay for them and if they take out trash or do things around the facility it was because they wanted to and was not required to.

Staff were interviewed regarding the facility abuse protocol, phone communication, furniture in resident rooms, meal service, menus, housekeeping, resident employment at the facility.

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: 03/06/2024

INVESTIGATIVE REPORT

Facility: Royal Residential Living Care Inc
Address: 57523 Moccasin Trail
City, State, Zip: Prague, OK 74864
Provider #: RC4102
Complaint #: OK00062386
Investigation Date(s): 02/28/24; 02/29/24 and 03/04/24

ALLEGATION(S)

The home failed to ensure residents were not physically, verbally, or psychosocially abused.
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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, and housekeeping, and maintenance services.

Resident interviews were conducted regarding abuse. No residents had any complaints about mistreatment and spoke highly of the employees at the facility.

Staff were interviewed regarding the facility abuse protocol, all staff were knowledgeable on identifying abuse, who to report it to and

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: 03/06/2024

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 03/04/2024
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 A relicensure survey was conducted on 02/28/24 through 02/29/24 and 03/04/24. Complaint investigations (#OK00062289 and #OK00062386) were conducted in conjunction with the survey. Facility Census: 43	R 000		
R 343 SS=E	310:680-5-7 (j) RESIDENT ROOMS - FURNITURE (j) Each resident shall have a comfortable chair, a bedside table and a bureau or its equivalent for storing personal belongings. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure each room had a chair for residents in 8 out of 20 rooms. The facility census was 43 Findings: On 02/28/24 from 1:00 p.m. through 2:15 p.m., a tour of the facility was conducted. The following observations were made: Rooms 2, 5, 13, 14, 17, 18, 19, and 21 were all observed with no chairs in the rooms. On 02/29/24 from 9:45 a.m. through 10:15 a.m., the same observations were made in rooms 2, 5, 13, 14, 17, 18, 19, and 21. On 02/29/24 at 10:35 a.m., Housekeeper #1 stated housekeeping had been taking a lot of the chairs out of the room for the pest control	R 343		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

Oklahoma State Department of Health

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R 343	Continued From page 1 company. On 03/04/24 at 11:15 a.m., the assistant administrator stated the residents remove chairs from the room, staff can put them back in, and residents will remove them again. The assistant administrator then stated the facility had been relaxed and have not been keeping chairs in the rooms. On 03/04/24 at 12:00 p.m., the administrator stated residents will take the chairs from the room and staff need to make sure they are putting them back in.	R 343		
R 345 SS=E	310:680-5-7(l) RESIDENT ROOMS - MATTRESS/BED LINENS (l) Each resident's bed shall have a comfortable mattress and bed linens which are clean and in good condition. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure residents had linens on their beds for 16 out of 20 rooms. The facility census was 43. Findings: On 02/28/24 from 1:00 p.m. through 2:15 p.m. a tour of the facility was conducted. The following observations were made: a. Room 2 had two beds located in the center without sheets.	R 345		

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R 345	Continued From page 2 b. Room 3 had two beds without linens and pillows. c. Room 4 had two beds without sheets and pillow cases. d. Room 5 had two beds without sheets and pillows. e. Room 6 had two beds without sheets and pillow cases. f. Room 7 bed to the left of the door had no sheets. g. Room 8 had two beds with no sheets. h. Room 9 had two beds with no pillowcases. i. Room 10 bed to the left of the door had no sheets. j. Room 15 had one bed close to the window with no pillow or sheets. k. Room 16 had two beds without sheets and/or pillow cases. l. Room 17 had two bed with no sheets and/or pillow cases. m. Room 18 had two beds with no sheets. n. Room 19 had two beds without sheets. o. Room 21 had two beds without sheets and pillow cases. p. Room 22 had four beds without sheets.	R 345		

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R 345	Continued From page 3 On 02/29/24 from 9:45 a.m. through 10:15 a.m., the same observations were made. On 02/29/24 at 10:35 a.m., Housekeeper #1 stated the beds were soiled with urine, it took time to clean the linens and get them back on the bed. On 03/04/24 at 11:15 a.m., the assistant administrator stated the facility kept fresh linens at all times and there was enough to replace the soiled ones each day. The assistant administrator then stated if one is pulled off one should be put back on. They then stated linens for beds included top sheet, pillowcases, fitted sheets and pillows. The assistant administrator then showed the linen supplies with approximately 20 sets of new linens. On 03/04/24 at 12:00 p.m., the administrator stated the facility had a lot of residents that soiled their bedding at night and they had to keep adequate amounts of linens on hand to ensure they are changed out.	R 345		
R 510 SS=F	310:680-11-1 (3)(A) STAFF TRAINING - FIRST AID/CPR (3) In order to ensure all homes maintain a level of competency necessary to meet the needs of each individual served in the home, personnel must complete the following training requirements. (A) All employees shall be currently certified in first-aid and cardiopulmonary resuscitation (Red Cross training or equivalent). Proof of certification and training shall be kept on file in the home. First-Aid and CPR certificates shall be	R 510		

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R 510	Continued From page 4 renewed annually, or as required to be kept current. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all employees had current first-aid and cardiopulmonary resuscitation for one (Cook #1) of six employee files reviewed. Cook #1 was the night staff working at the facility with no other employees present. Findings: A review of the employee files and training for Cook #1 contained no documentation they had a current certification for first-aid and cardiopulmonary resuscitation. On 02/29/24 at 10:10 a.m., the administrator looked through the employee file and stated Cook #1 did not have a current certification for first-aid and cardiopulmonary resuscitation.	R 510		