
Delivery via email to: marythrntn5@gmail.com

October 13, 2025

License Number: RC4102
Survey Event ID: **0FU211**

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 **October 7, 2025**. 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,



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

Enclosure

INVESTIGATIVE REPORT

Facility: Royal Residential Living Care Center

Address: 57523 Moccasin Trail

City, State, Zip: Prague, Ok 74864

Provider #: RC4102

Complaint #: OK00085361

Investigation Date(s): 10/06/25 thru 10/07/25

ALLEGATION(S)
The home failed to ensure a clean comfortable living condition
The home failed to ensure the resident's right for personal possessions and communication.
The home failed to ensure the clients right for choice of activities.
The home failed to ensure adequate portion sizes were served at meals
The home failed to ensure residents were free from abuse

An unannounced on-site investigation was initiated 10/06/2025 at 10:06 a.m.

A sample of 4 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, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

Tours were conducted throughout the facility on arrival and throughout the survey. Staff /resident interaction were observed and interviews conducted. Residents were observed eating meals.

Residents were interviewed regarding the allegations of the complaint.

Staff were interviewed regarding allegations of the complaint.

The administrative staff were interviewed and were able to voice their roll within the protocols, and the investigative process.

The sampled residents' clinical records, facility policy/procedures, facility in-services, grievance policy and documentation was reviewed.

The attached State form, Statement of Deficiencies, 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: 10/13/2025

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 10/07/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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 (#OK00085361) was conducted from 10/06/25 through 10/07/25. No deficiencies were cited. Facility Census: 42	R 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE