
Delivery via email to: marythrntn5@gmail.com

February 19, 2026

License Number: RC4102
Survey Event ID: **8LOX11**

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 inspection conducted at your Residential Care facility on **February 4, 2026**. No deficiencies were cited. Oklahoma Statutes 63, Section 1-840 requires 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

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 #: OK00088619

Investigation Date(s): 02/03/26-02/04/26

ALLEGATION(S)
The facility failed to ensure adequate nutrition was provided to prevent weight loss.
The facility failed to ensure the right to personal property

An unannounced on-site investigation was initiated 02/03/2026 at 3:00 p.m.

A sample of four (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, 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 to the facility and a various times throughout the survey. Residents were observed eating meals throughout the survey. Staff were observed preparing and serving meals throughout the survey. Laundry services were observed throughout the survey.

Resident records were reviewed including physician orders, progress notes, and weight records. Staffing records were reviewed. Facility policy and procedures were reviewed. Resident council minutes and grievance records were reviewed.

Residents were interviewed regarding the allegations of the complaint.

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: 02/05/2026

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 02/04/2026
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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 relicensure survey with complaint (#OK00088619) was conducted from 02/03/26 through 02/04/26. 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

Delivery via email to: marythrntn5@gmail.com

March 4, 2026

License Number: RC4102
Survey Event ID: **8LOX11**

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

Dear Ms. Thornton:

On **February 4, 2026**, 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 **March 30, 2026**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

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

Enclosure

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

After administrative review on 02/25/26, the 2567 has been amended.

A relicensure survey with complaint (#OK00088619) was conducted from 02/03/26 through 02/04/26.

Facility Census: 42

R 000

R 201 310:680-3-1 (a)(b) LICENSE REQUIRED
SS=F

a) It shall be unlawful for any person or organization to operate a residential care home without first obtaining a license from the Oklahoma State Department of Health.

b) All licenses shall be on a form prescribed by the Commissioner of Health. The license may be issued only for the premises named in the license application and shall not be transferable or assignable.

R 201

See next page

This Rule is not met as evidenced by:
Based on record review and interview, it was
determined the center failed to retain an OSDH
residential care facility current license.

Oklahoma State Department of Health

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

TITLE

TITLE
Administrator

(X6) DATE

3/2/2026

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 02/04/2026
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 201	Continued From page 1 The administrator identified 42 residents resided in the center. Findings: On 02/04/26 @ 11:00 a.m. the administrative assistant stated they had applied for the facility renewal license several months ago but had not received it yet. On 02/25/26 the OSDH showed the facility has not been licensed since 11/15/25.		R 201		

Royal Residential Living Center

57523 Moccasin Trail Rd.

Prague, Oklahoma 74864

405 567-3202

March 3, 2026

RC4102

Plan of Correction

R201 310:680-3-1 (a)(b) License Required

The facility Administrator has applied for a renewal license and paid the fee and has spoken with the Oklahoma State Department of Health by phone. To ensure this will not recur again the facility will apply for the renewal license 90 days within the old license expiring to ensure time does not lapped. The Administrator will be responsible for this correction. This will be corrected by March 30, 2026.


Mary Ann Thornton, Administrator

Delivery via email to: marythrntn5@gmail.com

April 27, 2026

License Number: RC4102

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

RE: Survey Event 8LOX12

Dear Ms. Thornton:

On **April 23, 2026**, an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 4, 2026**, have now been corrected effective **March 30, 2026**.

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

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
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 04/23/2026
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 04/23/26. All deficiencies from the 02/04/26 survey were cleared.	{R 000}		

Oklahoma State Department of Health

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

TITLE

(X6) DATE