OKLAHOMA
State Department of Health

Delivery via email to: threecbuckingbulls@yahoo.com

July 14, 2025

License Number: RC4101
Survey Event ID: **L8VJ11**

Ms. Mary Thornton, Administrator
3c Old Fashioned Boarding Home
P.O. Box 48
Prague, OK 74864

Dear Ms. Thornton:

Enclosed is a report of the inspection with complaint investigation conducted at your Residential Care facility on **June 27, 2025**. 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,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: 3c Old Fashioned Boarding Home
Address: 719 South Jim Thorpe Blvd
City, State, Zip: Prague, Ok 74864
Provider #: RC1401
Complaint #: OK00067543
Investigation Date(s): 06/27/25

ALLEGATION(S)
The home failed to ensure an effective pest control program and failed to ensure a safe, comfortable and homelike environment.
The home failed to ensure residents were not physically, verbally or psychosocially abused.
The home failed to ensure nutritional food in adequate portions was provided according to residents' preferences/requests.

enter text

An unannounced on-site investigation was initiated 06/27/2025 at 9:20 a.m.

A sample of 0 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: On 06/27/25 a re-licensure/complaint investigation was conducted. A tour of the facility was conducted and there were no signs of bed bugs. One resident room had some spots where old bed bugs had been. There were no indications that there were live bed bugs. The owner stated that it was the only room left to remodel. There were no signs of mouse droppings. Facility has cookouts for the resident on occasions. The food is provided by the facility at no extra cost to the residents.

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: 06/30/2025

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC4101	A. BUILDING: _____ B. WING _____	C 06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
3C OLD FASHIONED BOARDING HOME	719 SOUTH JIM THORPE BLVD 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 re-licensure survey with complaint (#OK00067543) was conducted on 06/27/25. No deficiencies were cited. Facility Census: 19	R 000		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE