STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195604	A. BUILDING _____ B. WING _____	**10/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COLONIAL OAKS SKILLED NURSING AND REHABILITATION	**4921 MEDICAL DRIVE BOSSIER CITY, LA 71112**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Respond appropriately to all alleged violations.** Based on interviews and record reviews the facility failed to thoroughly investigate an allegation of inappropriate touching for 1 (#1) of 5 (#1, 2, 3, 4, 5) residents. Findings: Review of the facility incident reports failed to reveal and written statements from staff or residents regarding Resident #2 inappropriately touching Resident #1. During an interview on 10/6/2020 at 2:30 PM S2 DON (Director of Nursing) confirmed there was an allegation that Resident #2 inappropriately touched Resident #1. S2 DON indicated she interviewed the cognitive intact female residents living on the same hall as resident #1. However, S2 DON could not provide any documentation the interviews of the residents had been done. S2 DON confirmed there had been hearsay among the staff about Resident #2 inappropriately touching other residents. S2 DON acknowledged she had not formally interviewed or taken written statements from the staff. S2 DON indicated she was under the impression S1 Administrator had completed the staff interviews. During an interview on 10/6/2020 at 3:45 PM S1 Administrator confirmed written statements from staff and other residents should have been obtained by S2 DON. S1 Administrator indicated S2 DON should have conducted interviews with all staff involved and residents that could have been touched inappropriately by Resident #2 but she did not. S1 Administrator confirmed no interviews were conducted and no written statements were obtained from other residents or staff and they should have been.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE