

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Orchards of Cascadia, The		STREET ADDRESS, CITY, STATE, ZIP CODE 404 North Horton Street Nampa, ID 83651	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, record review, interviews, and BFS portal review the facility failed to ensure a thorough investigation was completed to prevent further resident to resident abuse incidents. This was true for 1 of 3 (Resident #38) and had the potential to cause psychosocial and physical harm to those residents residing in the facility. Findings include:Review of the facility's policy titled, Abuse - Reporting & Response, dated 8/25/25, documented:The facility shall submit a follow-up report within five (5) working days of the incident. This report must include a summary of the investigation findings and identify any corrective actions implemented in response to a substantiated allegation.Any new or revised information that supplements the initial report should be included in the follow-up submission to ensure completeness and accuracy.The facility may choose to submit the follow-up report earlier than the required timeframe Resident #38 was admitted to the facility on [DATE] with multiple diagnoses including chronic respiratory failure and depression.Review of Resident #38's MDS dated [DATE], documented that Resident #38 was cognitively intact.A progress note dated 1/2/26 at 2:47 AM, documented that Resident #38 approached the nurses station stating I can't take it anymore. He's threatening to kick my ass referring to his roommate. Resident was offered to go to another room for the night to get some separation and rest for the night. Initially resident stated I don't want to lose my room. CEO was notified of the incident and was able to assist this RN with educating resident on the benefits of going to another room for the night. Resident did then go to room [ROOM NUMBER] for the remainder of the night and slept peacefully. Resident stated during the interview with this RN that there was no physical altercation that took place and that he felt safe in his room.A progress note dated 1/2/26 at 1:49 PM, documented the resident was interviewed regarding events involving his roommate. He appears with no signs of psychosocial harm or distress. He stated that during the verbal altercation, each individual remained on their side of the room. Resident #38 said that his roommate stated, once I get out of bed, I am going to kick your ass. The resident indicated that despite this statement, he did not feel threatened and felt safe within the facility.On 1/8/26 at 12:20, interview with the Administrator with the CRN present, the Administrator stated he received a call at 2:39 AM and he was informed of the situation, residents were separated. He spoke with Resident #38 and ruled out physical and psychosocial harm. When asked, why was this not reported? the Administrator stated he ruled out physical and psychosocial harm. When asked, Did you investigate the allegation? the Administrator did not respond, the CRN stated, the facility did not do a thorough investigation.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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