STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135090	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shaw Mountain of Cascadia	909 Reserve Street Boise, ID 83712

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility policy, the facility failed to protect the residents' right to be free from sexual abuse by a resident for two residents (Resident (R) 70) and R110) of three residents reviewed for abuse out of a total sample of 26. R10 touched R70's breast and R10 touched R110's breast. This failure had the potential to negatively affect R70 and R110's overall physical and mental health. Findings include: 1. Review of R70's admission Record, located in the Profile tab of the electronic medical record (EMR) indicated that resident (R) 70 was re-admitted to the facility on [DATE] with severe dementia and schizophrenia. Review of R70's admission Minimum Data Set (MDS), located under the MDS tab, with an Assessment Reference Date (ARD) of 03/09/26, revealed R70 has a Brief Interview for Mental Status (BIMS) of two out of 15, indicating severe cognitive impairment. During an attempted interview 05/10/26 at 11:50 AM, R70 was alert yet confused, mumbling as she colored and unintentionally ambulating with her wheelchair around the dining room. Review of the Facility Reported Incident (FRI) summary (5-day) revealed that on 07/15/26, Staff witnessed in the dining room, resident [R10], grabbing another residents breast from behind, while resident [R70] was coloring. [R70] was witnessed trying to remove [R10's] hands and verbally communicating to stop, however [R10] proceeded until the therapists wheeled the wheelchair of [R10] from the dining room. The allegation was verified by evidence collected during the investigation. Plan of action to have a staff member in common areas when residents are present and closely monitor [R10] when in presence of female residents. Review of the Interview Record, dated 07/15/25 revealed, an interview was conducted from the Occupational Therapist (OT). The Interview Record, revealed Re: inappropriate groping . massage therapist reported to [OT] that a patient was in the dining room grabbing a patient's breasts without consent. I went into dining room and [R10] was seated at the edge of his wheelchair behind and on the left of [R70] who was seated in wheelchair coloring at table. No staff was in the room. [R10] was reaching around [R70] and grabbing her breasts. [R70] was trying to remove [R10's] hands but he would not let go. I told [R10] to stop and he continued until I moved his chair. I took [R10] to his hall and reported the incident to nursing and social services. Review of the Resident to Resident Event Assessment, dated 07/19/25, revealed [R10] did not receive mental health services due to cognitive decline . [R10] has been placed with care staff after each visit with family to remove him from unsupervised visits with other residents. [R10's] family has been educated on this and has been agreeable . care plan reviewed and updated . Resident has a history of reaching out to others . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135090	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shaw Mountain of Cascadia	909 Reserve Street Boise, ID 83712

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R10's admission Record, located in the Profile tab of the EMR, indicated that R10 was re-admitted to the facility on [DATE] and was in the hospital during the survey. R10 had diagnoses that included dementia. Review of R10's Five Day MDS, found under the MDS tab, with an ARD of 09/30/25, revealed R10 has a BIMS of one out of 15, indicating severe cognitive impairment. During an interview on 05/14/26 at 12:05 PM, the OT stated she was notified by the massage therapist that R10 had his hand on R70's breast. The OT stated she went into the dining room and told R10 to stop and he did. The OT stated she then removed R10 from the dining room. 2. Review of R110's admission Record, located in the Profile tab of the EMR, indicated that R110 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease and chronic respiratory failure. R110 was not in the facility during the survey. Review of R110's admission MDS with an ARD 09/30/25, located in the Profile tab of the EMR, revealed that R110 had a BIMS of nine out of 15, indicating she was moderately cognitively impaired. Review of the Facility Reported Incident (FRI) summary (5-day) revealed that on 09/14/25, Housekeeper [HSK] reported the incident on 09/14/25 at 3:30 PM . The incident between residents [R10] and [R110] was witnessed in the 300-hallway next to the mechanical room. Skin evaluation, res[ident] to res[ident] and psych evaluations performed . [R10] had reached towards [R110's] breast. [R110] slapped [R10's] hands and expressed he was not allowed to do that. [R10] retaliated by slapping the hand of [R110] . The allegation was verified by evidence collected during the investigation. [R10] was witnessed to have reached for [R110's] breast . Action taken as a result of the investigation: [R10] was immediately removed from the incident to another area at the charting station of 400 hall an area of decreased traffic. Continues on 30 minute checks for increased supervision. Will have supervision while in dining room and activities, first assisted out and last assisted in . [R10] has a pattern of reaching out with hands towards others. Assessments and care plans completed. Resident to be further than arms length around others. Review of the Interview Record, dated 09/14/25, an interview with HSK documented, [R10] and [R110] were next to each other talking when [R10] reached for [R110's] breasts, she then slapped [R110] hand and got upset and let him know not to do that, [R10] then slapped [R110's] hand after she slapped him. Additionally, on the Interview Record was R110's statement, which documented, [R10] did not hurt [R110], [R10] grabbed hard enough to irritate me. Review of the Resident to Resident Event Assessment, dated 09/14/25, revealed [R10] was moved to another area/near dining room/400 hall charting area. 15 minute checks on resident initiated (on q [every] 30-minute checks previously) . [R10] is mostly nonverbal and does not report feeling unsafe. Family reports that she feels safe and does not have any concerns. [R110] is well-groomed and cared for . [R10] has pattern of reaching out toward other . Resident continues to be on 30-minute checks for increased supervision. Care plan updated: Assist with keeping resident from being parked in high trafficked areas when up out of his room . [R10] should be kept further then [sic] arm's length around others and supervision provided at all times in activity room and in the dining rooms . [R10' was reviewed by Physician Assistant, [R10] receiving new orders for Paxil [anti-depressant] . During an interview on 05/13/26 at 1:30 PM, HSK stated R10 and R110 were talking and being friendly with each other until R10 grabbed R110's left breast. HSK stated R110 stated hey you and R10 yelled (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135090	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shaw Mountain of Cascadia	909 Reserve Street Boise, ID 83712

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	back. HSK stated she moved R110'w wheelchair back. During an interview on 05/14/26 at 11:25 AM, the Director of Nursing (DON) stated she and the Administrator substantiated both incidents and during both investigations R10 was started on 15-minute and 30-minute checks. The facility conduct multiple skin checks on each R10, R70, and R110. The nurse practitioner was notified after the first event and the physician's assistant was notified after the second incident and a medication review was conducted for R10, and an anti-depressant was added. Review of a policy document provided by the facility titled Identification Abuse, revised 09/04/25 indicated The facility is committed to upholding each resident's right to live free from abuse . Sexual abuse is defined as non-consensual sexual contact of any type with a resident . Examples of sexual abuse include unwanted touching . touching the breasts

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135090	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shaw Mountain of Cascadia	909 Reserve Street Boise, ID 83712

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility policy, the facility failed to ensure two abuse allegations were reported within two hours to the State Agency for two of three residents (Resident (R) 70 and R110) reviewed for abuse out of a total sample of 26 residents. This failure had the potential to negatively affect the facility by not making the State Agency aware of the situation timely.Findings include: 1. Review of R70's admission Record, located in the Profile tab of the electronic medical record (EMR), indicated that resident (R) 70 was re-admitted to the facility on [DATE] with diagnoses including severe dementia and schizophrenia. Review of R70's admission Minimum Data Set (MDS), located under the MDS tab, with an Assessment Reference Date (ARD) of 03/09/26, revealed R70 had a Brief Interview for Mental Status (BIMS) of two out of 15, indicating severe cognitive impairment. Attempted to interview R70 on 05/10/26 at 11:50 AM; however, R70 was alert yet confused, mumbling as she colored and unintentionally ambulated with her wheelchair around the assisted dining room. Review of the Facility Reported Incident (FRI) summary (5-day) revealed that on 07/15/26, staff witnessed R10 grabbing R70's breast from behind, while resident R70 was coloring. R70 was witnessed trying to remove R10's hands and verbally communicating to stop, however R10 proceeded until the therapists wheeled the wheelchair of R10 from the dining room. The allegation was verified by evidence collected during the investigation. Review of the Resident to Resident Event Assessment, dated 07/15/25, revealed the event occurred at 07/15/25 at 3:30 PM. The State Agency was notified of the incident on 07/16/25 at 8:00 AM, sixteen and a half hours after the event occurred. 2. Review of R110's admission Record, located in the Profile tab of the EMR, indicated that R110 was admitted to the facility on [DATE] with diagnosis that included chronic obstructive pulmonary disease and chronic respiratory failure. R110 was not in the facility during the survey. Review of R110's admission MDS with an ARD 09/30/25, located in the Profile tab of the EMR, revealed that R110 had a BIMS of nine out of 15, indicating she was moderately cognitively impaired. Review of the Facility Reported Incident (FRI) summary (5-day) revealed that on 09/14/25 at 3:30 PM, the Housekeeper (HSK) reported an incident between R10 and R110. R110 reported that R10 had reached towards her breast. R110 slapped R10's hands and expressed he was not allowed to do that. R10 retaliated by slapping the hand of R110. The allegation was verified by evidence collected during the investigation. R10 was witnessed to have reached for R110's breast. Review of the Resident to Resident Event Assessment, dated 09/14/25, revealed the FRI occurred on 09/14/25 at 3:30 PM. The State Agency was notified on 09/15/26 at 2:00 PM, twenty-two hours after the incident occurred. During an interview on 05/14/26 at 11:25 AM, the Administrator stated FRIs should be reported timely and agreed the incident that occurred on 07/15/25 and 09/14/25 were not reported timely and should have been. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135090	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shaw Mountain of Cascadia	909 Reserve Street Boise, ID 83712

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a policy document provided by the facility titled Abuse Investigation, revised 09/04/25 indicated The facility will promptly and thoroughly investigate allegations of abuse.and reported as required by state law.