STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235498	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Boulevard Temple Care Center, LLC	2567 West Grand Boulevard Detroit, MI 48208

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. This citation pertains to intake 2706021.Based on interview and record review, the facility failed to obtain legal consent and failed to provide education for the Covid-19 vaccination for one resident (R101) out of three residents reviewed for immunizations. Findings include: Review of immunizations revealed an administration date of 12/12/2024 of the Covid-19 vaccination. Route of administration-Intramuscularly, Dose and Unit 0.5 ml, administered by Infection Preventionist (IP) A. Review of R101's Electronic Health Record (EHR) revealed: Immunization- SARS-COV-2 (COVID-19) Status-Complete-Consent Confirmed By, (IP) A, Confirmation Date 12/12/2024, Education Provided.On 04/15/26 at 2:30pm, Family Member B was interviewed regarding complaint about the administration of the Covid-19 vaccination. Family Member B stated, I would never consent to the Covid-19 immunization for R101 due to R101's medical condition. I did not give verbal or written consent for this immunization and R101 was unable to provide consent for himself. Family Member B also said that Covid-19 education was not provided to Family Member B or to R101. Record review revealed a consent signed by R101 for the Covid 19 vaccination dated 10/20/2024. Record review further revealed R101 was deemed incapacitated on August 6, 2024, through a statement of capacity supporting the inability to make informed medical decisions.Record review also revealed a consent signed by (IP) A acknowledging verbal consent obtained by Family Member B dated 10/20/2024. This consent identified Family Member B as R101's legal guardian. Record review revealed guardianship of R101 was not established by Family Member B until 12/5/24. On 04/15/2026 at 2:30pm, Family Member B denied providing verbal consent for this vaccination. Family Member B said she did not provide verbal consent and would not have consented due to concerns regarding this vaccination and the medical issues of R101. Family Member B said due to R101's medical history of Myocardial Infraction Type 2, Covid-19 consents are declined due to cardiovascular related side effects associated with this vaccine.On 04/15/26 at 3:00 pm, (IP) A was interviewed and stated, I received verbal consent for the Covid-19 vaccination from Family Member B on 10/20/2024. I thought she was the legal guardian at that time. IP A: was queried about consents signed by resident's deemed incapacitated. (IP) A stated, Incapacitated residents cannot provide consent. On 04/15/2026 at 3:15 pm, the Nursing Home Administrator (NHA) was queried regarding expectations of vaccination consents. The NHA stated, Verbal or written consent from the resident or their legal guardians are needed for vaccinations.Review of the facility policy titled, Covid19 Vaccination Policy last revised on 10/6/25, revealed in part:The facility will obtain a signed consent form for the administration of the Covid-19 vaccine from the resident or the resident's designated health care representative(s). A declination form will be signed if consent is not given.For residents who are incapable of consenting to the Covid-19 vaccine and have no health care representative, two physicians may consent for and order the Covid-19 vaccine after reviewing the resident's medical chart.Prior to the vaccine administration the Vaccine Coordinator or designee will validate that consent has been obtained, a physician order received for the resident, and education has been provided. No additional information was provided regarding Covid-19 consents prior to exit.

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