

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49302</p> <p>This deficient practice pertains to Intake MI00148356.</p> <p>Based on observation, interview, and record review, the facility failed to provide food to accommodate resident preferences for one Resident (#3) of 4 residents reviewed for food allergies and preferences. This deficient practice resulted in food dissatisfaction, decreased food consumption, and the potential for further weight loss.</p> <p>Findings include:</p> <p>Resident #3 (R3)</p> <p>Review of R3's electronic medical record (EMR) revealed initial admission to the facility on [DATE] with diagnoses including Crohn's disease (a chronic inflammatory bowel disease that affects the lining of the digestive tract), abnormal weight loss, and protein-calorie malnutrition. Review of R3's most recent Minimum Data Set (MDS) assessment, dated 3/9/25, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicative of intact cognition.</p> <p>Review of R3's EMR revealed the following admission progress note on 3/1/25 at 11:31 PM:</p> <p>.Phone report received from .[local hospital] . resident [R2] admitted to [local hospital] on Monday 2/24/25 for falls at home r/t [related to] increased weakness and Chrono's [sic] exacerbation and weight loss of 35 LBs [pounds] over the last 4 weeks .</p> <p>On 3/12/25 at 11:55 AM, R3 was observed eating the lunch meal consisting of fried chicken, coleslaw, and green beans. R3 indicated he was hesitant to consume the fried chicken due his Crohn's disease diagnosis as it might contribute to an inflammatory flare. R3 stated he was supposed to receive double food portions at all meals, but his lunch meal appeared to be the same size as other residents' lunch portions who had regular diet orders.</p> <p>Review of R3's EMR revealed the following dietary order, initiated 3/5/25:</p> <p>.special instructions: [Brand name supplement] between meals and HS [at night] - double portions.</p> <p>Review of R3's Initial Nutritional Assessment, dated 3/4/25, read, in part:</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.Pounds: 144.8 . Ideal body weight: 180# [pounds] . diet order: reg [regular] double portions .</p> <p>On 3/12/25 at 1:07 PM, an interview was conducted with R3 regarding his dietary needs and preferences. R3 confirmed he recently lost 35 pounds after a Crohn's exacerbation and had several food intolerances that he tried to avoid because they contribute to intestinal inflammatory flares. R3 stated processed meats and cheeses, fried foods, excess sugar, wheat flour, and regular milk are some foods that he cannot consume. R3 went on to express frustration with the facility's meals as he was frequently served these items. When asked if facility staff asked him about his food preferences or intolerances, R3 stated, No. R3 stated he did not always receive extra food although he had a physician's order for double food portions and had frequent feelings of hunger. R3 continued, I came here [to the facility] to get stronger and gain weight . I don't think I'm getting enough food.</p> <p>Review of R3's EMR revealed the following progress note written on 3/4/25 at 4:52 PM:</p> <p>. [R3] .c/o [complains of] that he is always hungry .</p> <p>On 3/13/25 at 7:46 AM, the breakfast meal was delivered to R3 who was sitting in the dining room. R3's plate was observed with omelets and four half pieces of toast. R3 stated, I can't eat this toast. It's wheat. No substitutes were offered to R3.</p> <p>On 3/13/25 at 8:27 AM, an interview was conducted with Certified Dietary Manager (CDM) A regarding dietary preference expectations. CDM A stated upon admission, Nutritional Preferences Assessments are conducted with each resident which includes questions involving food allergies, dietary restrictions, and general food preferences. After conducting the assessment, CDM A explained these individualized preferences are then reflected on the meal tray card to alert the kitchen staff. CDM A stated she was unaware of R3's Crohn's disease diagnosis and admitted she had not yet completed R3's Nutritional Preferences Assessment. CDM A confirmed R3's preferences were therefore not included on the tray cards.</p> <p>On 3/13/25 at 9:15 AM, an interview was conducted with the Nursing Home Administrator (NHA) regarding dietary department assessment expectations. The NHA agreed the facility should attempt to accommodate resident food preferences and conduct nutritional assessments in a timely manner. The NHA stated R3 did not always receive double portioned meals because some staff interpreted the order as R3 was only required to receive an increased portion sizes for the dinner-time meal.</p> <p>Review of the facility policy titled, Therapeutic Diets, revised 11/2015, read, in part:</p> <p>.Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes .the food services manager will establish and use a tray identification system to ensure that each resident receives his or her diet as ordered .</p>		