STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235526	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Boulder Park Terrace	14676 West 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)
F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. This citation pertains to intake 121993.Based on interview and record review, the facility failed to accurately transcribe and implement physician orders for pressure ulcer treatment of one Resident (#7) of three residents reviewed for wound care. This deficient practice had the potential for worsening and/or delayed wound healing condition.Resident #7 (R7)Review of the electronic medical record revealed R7 was originally admitted to the facility from the hospital on 6/12/25 with active diagnosis of pressure ulcer sacral region, unspecified stage, altered mental status, and osteoarthritis. The hospital discharge summary indicated apply Medihoney (Active Leptospermum honey, promotes healing) and cover with Mepilex (silicone foam dressing) daily to the sacral pressure ulcer. Review of the facility's admission orders indicated the pressure ulcer care order was not entered into R7's order set. Review of R7's progress notes indicated on 6/12/25 at 3:15PM . Unstageable pressure ulcer to coccyx treated with Medi honey and meplex on admission was charted by the Director of Nursing (DON).Further review of R7's wound management indicated a comment charted by Registered Nurse (RN) A on 6/18/25 Spoke with .NP (Nurse Practitioner) due to increased smell and increase size of the wound. Changed to Hydrogel (three-dimensional, crosslinked networks of hydrophilic polymers that can absorb and retain large amounts of water or biological fluids) and Mepilex.During an interview on 7/17/25 at 2:50PM, the DON reported that they had treated the pressure ulcer to the coccyx from an order within R7's paperwork. The DON was asked to provide the documentation indicating there was a treatment order for R7's pressure injury. The DON stated the documentation could not be located. The DON stated it must have been a transcription error when R7's admission orders were placed. The DON was unable to state why a change order was not placed on 6/18/25. The DON was unable to explain why no pressure ulcer orders were placed until 6/25/25.During an interview on 7/17/25 at 3:00PM, RN A stated they only knew how to provide care of R7's pressure ulcer from receiving report from other nursing staff. RN A was unable to locate the order for the pressure ulcer care or the change order from their comment on 6/18/25.The NHA was unavailable to discuss expectations of the staff regarding the admittance process.

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