

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  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>This deficient practice pertains to Intake 2805315. Based on observation, interview, and record review the facility failed to ensure a sufficient supply of: Incontinence products for Residents #6, #9, #10, and #11. Urinary catheter components for Residents #2 and #15. Custodial products for routine trash removal. Findings include: Review of a complaint submitted to the State Agency (SA) on 3/17/26 read, in part: There are limited supplies of briefs, wipes, and chucks (disposable under pads used to protect surfaces like mattresses, chairs, and wheelchairs from fluid leakage and incontinence). No [panty] liners. No trash bags. We are drowning here with no staff. Send help! On 3/24/26 at 1:12 PM, an interview was conducted with Certified Nursing Assistant (CNA) L regarding the availability of incontinence supplies. CNA L stated, When aren't we out of supplies? We are constantly out of liners, chucks, the correct sized briefs. CNA L indicated there were currently four residents who were heavy wetters on her unit who preferred either a liner or chuck in addition to a brief to prevent leaks and frequent bed linen changes. CNA L stated the facility was currently out of both liners and chucks therefore Residents #6, #9, #10, and #11 were all wearing two briefs in an attempt to prevent urine leaks onto the bedding. Resident #6 (R6) Review of R6's Electronic Medical Record (EMR) revealed initial admission to the facility on 1/29/26 with diagnoses including urinary incontinence and acquired absence (amputation) of the right leg below the knee. Review of R6's most recent Minimum Data Set (MDS) assessment, dated 2/10/26, revealed a Brief Interview of Mental Status (BIMS) score of 15, indicative of intact cognition. Further review of MDS Section H, Bladder and Bowel, revealed R6 was frequently incontinent of urine. On 3/25/26 at 10:58 AM, an interview was conducted with R6 regarding her care at the facility. R6 stated she was currently wearing two briefs because the facility had run out of liners which she preferred to wear in addition to a brief. R6 indicated, I don't want to soak through [onto the bed]. When asked about the comfort of wearing two briefs at once, R6 replied, It's not ideal. On 3/24/26 at 1:28 PM, an interview was conducted with CNA I regarding facility supplies. CNA I stated the facility is constantly out of the correctly sized briefs, liners, chucks, washcloths. CNA I indicated aides were directed to use washcloths instead of disposable wipes for perineal care due to plumbing issues which led to an extreme shortage of washcloths. CNA I reported the night staff had completely run out of washcloths and were cutting up towels to utilize as a last resort. On 3/24/26 at 3:35 PM, a phone interview was conducted with CNA H who verified he primarily worked the night shift. CNA H stated an inadequate supply of correctly sized briefs and liners were also a problem during night shift. CNA H indicated he often must attach two small briefs together and lay it under the resident if the bigger sizes run out. CNA H stated in terms of washcloths there have been very few or none. CNA H stated he has witnessed other nurse aides cutting up towels or using paper towels for perineal care due to the shortage of washcloths. CNA H stated the shortages are conveyed to management and is unsure why it remains an ongoing problem. On 3/25/26 at 9:56 AM, an interview was conducted with Housekeeper M regarding linen supplies and storage. A tour of the facility was conducted with Housekeeper M to inventory washcloths which revealed 13 washcloths stocked on C-Hall, no washcloths stocked on A hall, no washcloths stocked on B hall, and no clean washcloths in laundry which were ready to distribute. When the Director of Nursing (DON) was made aware of the low inventory, he stated there was an unopened box of washcloths on the third shelf in (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
---	-------	-----------

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  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>the laundry room (requiring a ladder to access). When asked if the CNAs working on A and B hall were expected to retrieve the box when in need of a washcloth, the DON indicated that would be the responsibility of laundry personnel. The box was unmoved at the time of this Surveyor's exit on 3/25/26 at 3:18 PM. Resident #2 (R2) On 3/24/26 at 3:16 PM, an interview was conducted with CNA F regarding facility supplies. CNA F endorsed frequently running out of briefs, liners, chucks, as well as colostomy supplies and the correct urinary catheter components. CNA F indicated R2 was receiving end-of-life care in January 2026 and recalled a travel nurse having to piecemeal a foley catheter together because the facility was out of catheter kits. Review of a progress note written on 1/23/26 at 11:51 AM read, in part: [R2] self-removed foley during the night shift. Facility out of foley bags. I was able to use 18F [French] foley and a leg bag to reinsert for now. Resident #15 (R15) Review of R15's EMR revealed initial admission to the facility on 7/15/25 with diagnoses including obstructive and reflux uropathy (a condition where urine flow is blocked and flows backward into the kidneys), chronic kidney disease, and benign prostatic hyperplasia. Review of R15's most recent MDS assessment, dated 2/17/26, revealed a Brief BIMS score of 15, indicative of intact cognition. Further review of MDS Section H, Bladder and Bowel, revealed presence of an indwelling urinary catheter. On 3/25/26 at 1:47 PM, an interview was conducted with R15 regarding quality of care at the facility. R15 stated the there have been times the facility had ran out of catheter supplies and he was unable to get his scheduled monthly catheter change. R15 indicated the elastic catheter leg strap was causing discomfort and irritation to his skin and he had requested leg anchor bandages instead, but the facility indicated they did not have those in stock. Review of R15's EMR revealed a Progress Note written on 1/16/26 at 9:31 PM which read: Unable to change cath[eter] at this time R/t [related to] unable to find new drainage bags. On 3/25/26 at 9:57 AM, an interview was conducted with Housekeeper A regarding custodial supply needs. Housekeeper A stated during the previous week, the facility had completely run out of trash can liners forcing her to empty all the room trashes into a large trash without changing the liners. Housekeeper A indicated the rooms that contained used briefs or wipes remained odorous due to the soiled materials leaking or contacting the trash liners that were not changed. Housekeeper A stated, It was gross. On 3/25/26 at 10:03 AM, an interview was conducted with the DON who verified he was responsible for ordering supplies. The DON stated the facility had recently changed vendors and some order numbers didn't transfer over which could have caused problems. The DON confirmed the facility did run out of a supplies on a few occasions, but he had stopped by the main campus and picked up the necessary items immediately after he was notified. The DON confirmed availability of liners are hit or miss. On 3/25/26 at 3:18 PM, an interview was conducted with the Nursing Home Administrator (NHA) who understood the concerns related to inadequate supplies. Review of the Facility Assessment, reviewed 1/19/26, read, in part: .The facility has a designee who oversees the procurement and maintenance of par levels for resident equipment and supplies based on resident population needs. Weekly inventory and ordering take place. Items that are including in the weekly order are various sizes of pulls [pull-ups] and briefs.</p>		

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  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>This deficient practice pertains to Intake 2805315. Based on observation, interview, and record review the facility failed to ensure the appropriate colostomy supplies were provided for one Resident (#5) of one Resident reviewed for colostomy care. This deficient practice resulted in feelings of extreme embarrassment and social withdrawal due to noxious odors from fecal leakage. Findings include: Resident #5 (R5) Review of R5's Electronic Medical Record (EMR) revealed initial admission to the facility on 7/2/25 with diagnoses including malignant neoplasm (cancer) of the colon, colostomy (a surgical procedure which bypasses part the intestine and redirects feces to exit through an opening [stoma] in the abdominal wall and into a pouch), and parastomal hernia (a type of incisional hernia allowing abdominal contents to protrude through an abdominal wall defect). Review of R5's most recent Minimum Data Set (MDS) assessment, dated 1/7/26, revealed a Brief Interview of Mental Status (BIMS) score of 10, indicative of moderate cognitive impairment. On 3/24/26 at 3:16 PM, an interview was conducted with Certified Nursing Assistant (CNA) F regarding availability of medical supplies at the facility. CNA F indicated facility staff had been using urostomy bags [a pouch designed to collect urine rather than feces from a stoma] on R5's colostomy site for months because the proper sized colostomy bags were not in stock at the facility. CNA F stated supply shortages, including colostomy bags, had been communicated to management multiple times with no response. CNA F indicated due to the size of R5's stoma, he required a colostomy bag with a flange (opening) size of 38mm [millimeters] and the only available bags were not compatible for R5, measuring 28mm. On 3/25/26 at 10:03 AM, an interview was conducted with the Director of Nursing (DON) who confirmed he was responsible for ordering medical supplies, including colostomy bags. The DON indicated that the clear pouches R5 was currently using were colostomy, not urostomy, bags, but the facility was working on obtaining opaque bags per the resident's preference. This Surveyor and the DON inventoried the colostomy supplies in the storage closet and were only able to locate a partial box of 28mm colostomy pouches. On 3/25/26 at 10:49 AM, CNA F was observed performing R5's colostomy care. R5's ostomy bag was transparent and nearly completely full of feces. Fecal matter was observed leaking from the upper right portion of R5's stoma resulting in a strong, noxious odor throughout the room. CNA F obtained a new urostomy bag from R5's nightstand supply drawer and demonstrated how the plastic had to be slightly ripped to accommodate the size of R5's stoma. CNA F also pointed out an anti-reflux valve designed exclusively for urine to prevent back flow into the stoma. CNA F explained when the urostomy bags are inappropriately used on R5, stool becomes clogged in the valve eventually leading to back-ups causing fecal leakage. This Surveyor asked the DON to oversee the colostomy care provided by CNA F who at that time confirmed R5's pouch was a urostomy bag. The DON stated the stated potential consequences of using a urostomy bag instead of a colostomy bag could be restricting the flow of feces which could result in a backup leading to a potential leak or infection. The DON stated he would immediately obtain the correct pouches. On 3/25/26 at 10:55 AM, an interview was conducted with R5 regarding his feelings surrounding his colostomy care at the facility. R5 stated the current pouches bring him great embarrassment due to the transparency of the bag and the noxious odors that are often associated with the leakage. R5 explained attending church is very important to him, and he resorts to sitting in the back of the church away from other patrons instead of socializing due to fear of the look and smell of his colostomy. R5 stated he had a colostomy for quite some time and never had issues with leaking or offensive odors. R5 said he has asked for a different type of pouch stating, The smell comes through this one too easily. Review of R5's EMR revealed the following progress note written on 3/19/26 at 2:16 PM: [R5] does not like the colostomy supplies we are using at this time as they are clear and he get[s] embarrassed that people can see the stool in the bag and he feels that they are thinner and do not stop the smell as well. Review of R5's MDS Section F, Preferences for Customary Routine and (continued on next page)</p>		

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  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Activities, dated 11/12/25, asked how important is it to you to participate in religious services or practices? R5 selected very important. Review of R5's Plan of Care revealed the following problem with the start date 10/27/25: Resident has an ostomy. A goal, with the start date of 10/27/25, read: Ostomy care will be managed appropriately. stool will not leak. On 3/25/26 at 3:18 PM, an interview was conducted with the Nursing Home Administrator (NHA) who endorsed concerns related to colostomy care. The NHA stated the facility was actively obtaining the correct supplies.</p>		

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  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>This deficient practice pertains to Intake 2805315. Based on observation, interview and record review, the facility failed to provide sufficient staffing to address the care, needs, and safety of the entire facility population. Review of a complaint submitted to the State Agency (SA) on 3/17/26 read, in part: .There are 2 nurses in the building, and there should be a minimum of 3. The DON [Director of Nursing], Infection Control Nurse, and Administrator are all out of the building. We are drowning here with no staff. Send help! On 3/24/26 at 1:12 PM, an interview was conducted with Certified Nursing Assistant (CNA) L regarding staffing levels in the facility. CNA L stated the facility is constantly understaffed, often running with just two CNAs for a census of 50 or more. CNA L stated the unit she typically works on has many incontinent residents and although she tries to get to everybody as fast as she can for incontinence care, residents sit in excrement for longer than they should. On 3/24/26 at 2:19 PM, an interview was conducted with Resident #7 (R7) who requested to speak with this Surveyor. R7 stated he was concerned about the staffing levels in the building as there are often just one or two CNAs working the entire building. R7 stated residents are not getting the care they deserve because they are waiting extended periods for call light responses, sitting extended times in soiled briefs, and going over a week without bathing. On 3/25/26 at 10:58 AM, an interview was conducted with Resident #6 (R6) regarding her care at the facility. R6 asserted, They're understaffed. It's unsafe here. R6 stated she is incontinent of urine and there have been several nights with only one CNA on duty. R6 estimated she had to wait an hour or more for assistance after activation of her call light. On 3/24/26 at 3:35 PM, a phone interview was conducted with CNA H who stated, Staffing has been strangely low. CNA H stated when he comes in for his night shift, residents will already be sleeping for the night and dirty dinner trays will still be placed in front of them because the day shift CNAs didn't have time to pick them up. CNA H stated there is usually two CNAs on duty at night, which is not enough as it stands, and sometimes there will even be one. Many times, CNA H indicated, travel CNAs will come in to help, find out they are the only CNA on duty, and walk-out. CNA H stated, There's just no back-up. On 3/25/26 at 12:20 PM, an interview was conducted with CNA E regarding her perception of staffing levels. When asked if showers get missed due to low staff, CNA E stated, All the time. CNA E explained sometimes there is a shower aide on duty and sometimes there is not. CNA E stated, Like today, there was supposed to be three CNAs on [working] but one called in (sick) so there's only two of us. It's nearly impossible to help anybody shower with only two CNAs on duty. CNA E indicated showers for all residents are recorded in a binder located in the shower room. Review of the shower binder on 3/25/26 at 12:25 PM revealed the dates of the latest showers for the following residents: Resident #12 (R12): 3/14/26 (11 days prior). Resident #13 (R13): 3/14/26 (11 days prior). Resident #14 (R14): 3/10/26 (15 days prior). Resident #4 (R4): one shower recorded in the month of March, 3/18/26 (7 days prior). On 3/25/26 at 2:53 PM, R13 was observed sitting on the edge of his bed with an approximate six-inch beard and hair extending past his earlobes. An interview was conducted with R13 regarding the quality of care he was receiving at the facility. R13 estimated he hadn't received a shower in two weeks and indicated he would like to shower at least once a week. When asked if it was due to low staffing, R13 replied, That's what they tell me. When asked if he preferred the current length of his beard, R13 stated, No, some help me shave, some don't. They don't have the time. Review of daily nursing staff assignment sheets from November 1st, 2026 - March 25, 2026, revealed 46 occasions where two CNAs were on duty and seven occasions when only one CNA was on duty. The facility census ranged from 42-58 during this timeframe. Review of the current resident population revealed 11 out of 42 residents (26%) required a two-person transfer. Review of the Facility Assessment, reviewed 1/19/26, read, in part: .Staffing Plan: The table below describes the number of staff available to meet residents' needs. # [number of staff needed when census at or under 50 in 24 hr [hour] period]: # [number of staff needed when census 63-68 in 24 hr period]. No data was (continued on next page)</p>		

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  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>available for a census between 51-62 nor specific staffing needs by shift. On 3/25/26 at 3:18 PM, an interview was conducted with the Nursing Home Administrator (NHA) regarding staffing level concerns. The NHA indicated ideal staffing nurses would be three nurses and three CNAs at the bare minimum. The NHA pointed out, What we want and what we can obtain are two different things. The NHA acknowledged the concerns related to lacking specific staffing needs according to shift and census in the facility assessment. When asked about call-ins, the NHA stated there is no specific staff contingency policy, but personnel can come early or stay late and lead nurses or management and help fill in on the floor. Review of the facility policy titled, Staffing, revised October 2017, read, in part: Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans the facility assessment.</p>		

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  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on interview and record review, the facility failed to maintain a comprehensive facility assessment which included specific staffing needs by shift and census, a plan to maximize recruitment and retention of direct care staff, and a contingency staffing plan. Findings include: Review of the Facility Assessment, reviewed 1/19/26, read, in part: .Staffing Plan: The table below describes the number of staff available to meet residents' needs. # [number of staff needed when census at or under 50 in 24 hr [hour] period: # [number of staff needed when census 63-68 in 24 hr period. No data was available for a census between 51-62 nor specific staffing needs by shift. Further review of the Facility Assessment failed to outline a plan to maximize recruitment and retention of direct care staff or establish a contingency staffing plan for events that do not require activation of the facility's emergency plan but do have the potential to affect resident care. On 3/25/26 at 3:18 PM, an interview was conducted with the Nursing Home Administrator (NHA) who acknowledged the concerns related to lacking specific staffing needs according to shift and census. The NHA stated there is no specific contingent staff policy, but personnel can come early or stay late and lead nurses or management and help fill in on the floor.</p>		