

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/09/2026
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to notify the Long-Term Care Ombudsman of a resident transfer or discharge for three Residents (#51, #55, & #58) of three residents reviewed for discharge processes. Findings include: Resident #51 (R51) A review of R51's Electronic Medical Record (EMR) indicated she was transferred to the hospital emergency department on 1/14/26. Review of the documentation provided to the Long-Term Care Ombudsman in January, indicated they were not notified of the resident's discharge from the facility. Resident #55 Review of R55's EMR indicated he was transferred to the hospital on 4/14/26. Review of the documentation provided to the Long-Term Care Ombudsman in April, indicated they were not notified of the resident's discharge from the facility. Resident #58 (R58) Review of R58's Electronic Medical Record (EMR) revealed initial admission to the facility on 7/24/25. Review of a progress note dated 12/18/25 at 3:08 PM read, in part: VISIT TYPE: Discharge. lateral transfer to [facility name] . Review of a facility census report confirmed a discharge date of 12/18/25. Review of the December 2025 Ombudsman notification record revealed R58 was not included. On 7/7/2026 at 3:10 PM, an interview was conducted with Coordinator of Social Services I, who stated she was in charge of notifying the Ombudsman while the facility did not have a medical records person. Coordinator of Social Services I stated she would just run the report on matrix to ask for admit/discharge report. Coordinator of Social Services I stated she didn't know that all discharges were to be sent to the Ombudsman. At 3:18 PM on 7/7/2026 and Nursing Home Administrator (NHA) stated the Medical Records person left on 2/24/26. The NHA stated the Coordinator of Social Services was asked to take over the (continued on next page)		

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	notification of the Ombudsman at that time. Review of the facility's policy titled Discharging the Resident revised in December of 2016, did not indicate that an Ombudsman should be notified for any of the described discharges.		