

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235498	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OF SUPPLIER BOULEVARD TEMPLE CARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to provide documented verification of medication administration to two (#s 56, and 63) of 10 sampled residents reviewed for medications (meds) due at 9 AM, resulting in the potential for compromise, complications or decline in health and well-being. Findings include: Medication Administration On 9/23/20 at 8:02 AM, Nurse A was asked if she had any residents that required an eye drop or Percutaneous Endoscopic Gastrostomy (PEG tube inserted into the stomach for food, hydration and medication administration) medication. Nurse A stated names of R#56 and R#63. But, I already gave them they're morning (9 AM) meds. At this time Nurse A was asked to verify the 9 AM medication administration for R's 56 and 63 via the electronic Medication Administration Record [REDACTED]. Nurse A was queried about the facility's policy on medication administration. Nurse A said, I was going to sign them out, but I got stopped along the way. I was going to sign them out. At 8:50 AM, during an interview with the Director of Nursing (DON) she said the nurse should have signed out the meds after each administration. Record review revealed that R#56 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. The Admission Minimum Data Set Assessment ((MDS) dated [DATE] indicated the resident cognition was intact and required extensive 2 person assistance for all activities of daily living (ADL's). Record review revealed that R#63 was admitted into the facility on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set Assessment ((MDS) dated [DATE] indicated the resident cognition was intact and required set up assistance for all activities of daily living (ADL's). On 9/24/20 at 11:50 AM, during an interview with the Administrator and the Director of Nursing (DON), they both said that the issue of not signing out the medications when given has been a problem in the past. The DON said the facility had no policy documenting, sign out the meds after they are administered, it was a standard of practice.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.