

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/04/2025
NAME OF PROVIDER OR SUPPLIER AZURA MEMORY CARE OF OAK CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 8772 S MAYHEW DR OAK CREEK, WI 53154		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 11/04/2025, Surveyor completed a standard survey and 1 complaint investigations at Azura Memory Care of Oak Creek. As a result, 2 deficiencies were identified. One complaint was unsubstantiated. Census: 22	N 000		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions for the prevention of food borne illnesses. Surveyors observed the ice scooper laying inside the ice maker.	N 452		

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

TITLE

(X6) DATE

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N 452	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) QCH511 dated 06/01/2022. Findings include: On 10/22/2025, at approximately 12:25 PM, Surveyors toured the facility and observed the icemaker in the butler's pantry. The scoop for obtaining ice had been left inside the bin of ice. On 11/04/2025, at approximately 2:30 PM, Surveyor interviewed Regional Director A. Regional Director A reported s/he was aware of the food safety codes. Regional Director A reported there was an ice scooper holder on the outside of the ice maker. Regional Director A reported s/he would ensure staff are aware of the food safety codes and how to store the ice scooper properly.	N 452			
N 653	83.59(4)(e) Delayed egress: irreversible process release Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: An irreversible process will occur which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, re-locking shall be by manual means only.	N 653			

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N 653	Continued From page 2 This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure proper functioning of the delayed egress door locks on 1 of 2 doors. One of 2 delayed egress doors mechanisms did not disengage after 15 seconds with the application of not more than 15 pounds (lbs) of force. Findings include: The facility is a Class CNA (non-ambulatory) Community Based Residential Facility (CBRF) and may serve up to 24 residents within the client groups of advanced age and irreversible dementia/Alzheimer's. On 10/22/2025, at approximately 12:43 PM, Surveyors toured the licensed facility and found the delayed egress door located at exit 11, to not function properly. Surveyors pushed the handle on the delayed egress door, the door did not disengage after 15 seconds, the door did not open. Surveyors attempted to open the delayed egress door 2 times. Surveyors observed Maintenance Tech B push on the delayed egress door, the door did not disengage after 15 seconds, the door did not open. On 10/22/2025, at approximately 1:00 PM, Surveyors interviewed Regional Director A. Regional Director A reported s/he had tested the delayed egress doors throughout the building approximately 2 weeks prior and they were all functioning properly. Regional Director A reported the egress doors are checked every other week. On 10/22/2025, at approximately 2:35 PM. Surveyor received an email with an attached video from Regional Director A. The email indicated the egress door was fixed. Surveyor	N 653		

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N 653	Continued From page 3 observed a video of Maintenance Tech B pushing on the egress door and the egress door disengaged.	N 653			