

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/11/2024
NAME OF PROVIDER OR SUPPLIER AZURA MEMORY CARE OF OCONOMOWOC		STREET ADDRESS, CITY, STATE, ZIP CODE 540 E FOREST ST OCONOMOWOC, WI 53066		
(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 03/11/2024, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at Azura Memory Care of Oconomowoc located at 540 East Forest Street in Oconomowoc, WI. No citations of noncompliance were issued. The complaint was unsubstantiated. Census: 41	N 000		

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

TITLE

(X6) DATE