STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018262	A. BUILDING: _____ B. WING _____	C 06/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZURA MEMORY CARE OF FOX POINT	7770 NORTH PORT WASHINGTON RD FOX POINT, WI 53217

(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 06/30/2023, Surveyor completed 3 self-report reviews and 2 complaint surveys at Azura Memory Care of Fox Point. As a result, 1 deficiency was identified. Three of 3 self-report reviews did not result in deficiencies. One of 2 complaints was unsubstantiated. One of 2 complaints was substantiated. Census: 76	N 000		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required	N 454		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 454	Continued From page 1 under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.	N 454		

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N 454	Continued From page 2	N 454		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure each residents' record was accurately maintained for 1 (Resident 1) of 1 resident reviewed. The provider did not accurately document when Resident 1 refused his/her medication on 35 occasions.

Findings include:

On 04/14/2023, the Department received a complaint alleging a resident did not receive prescribed medications.

On 06/29/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/04/2022. Resident 1 was diagnosed with unspecified dementia with behavioral disturbance, epidemic vertigo, malignant neoplasm of left renal pelvis, obstructive sleep apnea, and delirium due to known physiological condition. Surveyor reviewed Resident 1's individual service plan (ISP), dated 01/10/2022. Resident 1's ISP indicated, " ...medications will be administered by licensed or certified team members ..." Surveyor reviewed Resident 1's January 2022, February 2022, and March 2022 medication administration records (MARs). The MARs indicated Resident 1 was not administered the following medications on the following dates for "9=Other/See Nurse Notes:"

"AM"
Amlodipine besylate tablet 5 milligrams (mg) -02/25/2022
B complex vitamins capsule - 01/15/2022, 01/16/2022, and 01/18/2022
Depakote sprinkles capsule delayed release sprinkle 125 mg - 02/20/2022, 02/21/2022, and

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N 454	Continued From page 3 03/09/2022 Fish oil triple strength capsule 1400 mg - 01/15/2022, 01/16/2022, 01/18/2022, and 03/05/2022 Paxil tablet 10 mg - 03/26/2022 and 03/27/2022 Sertraline hydrochloric (HCl) tablet 50 mg - 03/29/2022 Haloperidol tablet 1 mg - 03/06/2022 "NOON" Depakote sprinkles capsule delayed release sprinkle 125 mg - 02/20/2022 "PM" Divalproex sprinkles capsule delayed release sprinkle 125 mg - 01/04/2022 and 03/05/2022 Depakote tablet delayed release 375 mg - 02/12/2022 Haloperidol tablet 2 mg - 01/04/2022, 02/06/2022, and 02/12/2022 "HS (hour of sleep)" Depakote sprinkles capsule delayed release sprinkle 125 mg - 02/19/2022, 02/20/2022, 02/25/2022, 03/13/2022, 03/15/2022, 03/16/2022, 03/20/2022, and 03/21/2022 Donepezil hydrochloride (HCL) tablet 10 mg - 01/04/2022 Paxil tablet 10 mg - 01/04/2022 and 01/07/2022 Haloperidol tablet 2 mg - 03/28/2022 and 03/29/2022 Surveyor reviewed Resident 1's progress notes for January 2022, February 2022, and March 2022. Resident 1's progress notes did not indicate a reason the above medications were not administered. On 06/30/2023 at 12:00 p.m., Surveyor interviewed President A and Regional Director of	N 454		

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N 454	Continued From page 4 Clinical Services B. President A reported Resident 1 had a history of refusing medication. President A stated all staff were reeducated on documenting appropriately when a resident refuses a medication.	N 454		