STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013433	A. BUILDING: _____ B. WING _____	C 06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZURA MEMORY CARE SHEBOYGAN 19	2629 INDIANA AVENUE SHEBOYGAN, WI 53081

(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 06/13/2023, Surveyor conducted a standard survey and complaint investigation at Azura Memory Care Sheboygan 19, a Community-Based Residential Facility (CBRF) in Sheboygan, WI. One deficiency identified. Complaint unsubstantiated. Census: 12	N 000		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure a clean and homelike living environment. Findings include: On 06/13/2023 at approximately 10:00 AM, Surveyor toured the facility with Caregiver B and observed the following: -Entry way had a strong odor of urine -Hallway with rooms 10-18 had a strong odor of urine -Resident room 14 had a strong odor of urine -Bathroom on hallway with rooms 10-18 had a strong odor of urine	N 481		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 481	Continued From page 1 On 06/13/2023 at 10:30 AM, Surveyor interviewed Caregiver B about the strong odor of urine in the building. Caregiver B stated that it has been like that since a certain resident moved out a few weeks ago because s/he would urinate all over the building and in other resident rooms. Caregiver B also stated Resident 1 would take his/her depends off and sometimes wouldn't put one back on and would urinate on his/her clothes and on the floor. Caregiver B stated Resident 1 could become aggressive and had some behaviors where it could be difficult to help assist him/her with incontinence products and changing of his/her clothes and that was also why the hallway with rooms 10-18 had the strong odor of urine. On 06/13/2023 at approximately 12:30 PM, Surveyor interviewed Executive Director A about the observed concerns. Executive Director A stated there was a resident that lived there for awhile who would urinate all over the building and in his/her room. Executive Director A stated the resident hadn't lived there for a few weeks. Executive Director A stated s/he didn't realize how strong the odor was because s/he was there everyday and had just come accustomed to the odor. Executive Director A stated s/he would make sure maintenance was contacted right away to correct the odor.	N 481		