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 _____	R-C 04/12/2024

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 04/12/2024, Surveyor conducted a standard survey, verification visit and complaint investigation at Azura Memory Care of Fox Point. As a result, the previous deficient practice was corrected, and 2 new deficient practices were identified. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 80	{N 000}		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.	N 406		

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

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N 406	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not establish an effective procedure for proper destruction and disposal of expired medications. Expired medications were observed stored with residents' non-expired medications for 4 of 4 medication carts. Findings include: On 04/12/2024, at 1:10 PM, Surveyor observed the medication carts. Surveyor observed the following expired medications: -Resident 1 acetaminophen 325 milligrams (mg) with a discard date of 08/01/2023 -Resident 2 acetaminophen 325 mg with a discard date of 02/2024 acetaminophen 325 mg with a discard date of 02/2024 melatonin 5mg with a discard date of 02/2024 -Resident 3 acetaminophen 325 mg with a discard date of 07/2023 -Resident 4 acetaminophen 325 mg with a discard date of 08/2023 hyoscyamine 0.125 mg with a discard date of 08/2023 -Resident 5 acetaminophen 325 mg with a discard date of 08/2023 -Resident 6 acetaminophen 325 mg with a discard date of 02/2024 ondansetron HCL 4mg with a discard date of 02/2024	N 406		

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N 406	Continued From page 2 acetaminophen 325 mg with a discard date of 02/2024 omeprazole 20mg with a discard date of 02/2024 -Resident 7 acetaminophen 325 mg with a discard date of 10/2023 -Resident 8 acetaminophen 325 mg with a discard date of 11/2023 acetaminophen 325 mg with a discard date of 11/2023 -Resident 9 acetaminophen 325 mg with a discard date of 05/2023 loperamide 2mg with a discard date of 05/2023 On 04/12/2024, at 2:00 PM, Surveyor interviewed Administrator A and Registered Nurse (RN) B. Administrator A and RN B confirmed expired medications should have been disposed of. Administrator A and RN B reported it was the responsibility of the house manager, nurse, or supervisor to audit the cart monthly.	N 406		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 2 of 4 areas accessible to residents. Cleaning compounds and toxic substances were not securely stored in 2 kitchenette areas.	N 499		

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N 499	Continued From page 3 Findings include: On 04/12/2024, at 9:00 AM, Surveyor toured the facility and observed the following: Dunwood House kitchenette: A cupboard contained Nassco window & glass cleaner, Nassco stainless steel cleaner & polish, and Manitowoc ice machine descaler. The cupboard contained a locking mechanism which was not engaged. Shore House kitchenette: A cupboard contained Clorox disinfecting wipes, Nassco bioenzyme cleaner maintainer, 4 cans of Febreze air freshener, NABC disinfectant bathroom cleaner, and Clean by Peroxy cleaner. The cupboard contained an opening for a locking mechanism. The locking mechanism was missing. On 04/12/2024, at 10:00 AM, Surveyor interviewed Maintenance Director C. Maintenance Director C confirmed the chemicals were to be securely stored. Maintenance Director C reported s/he was not aware of the broken locking mechanism in Shore House kitchenette and would have the locking mechanism repaired.	N 499		