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 01/26/2026

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 01/14/2026, Surveyors conducted one (1) complaint investigation at Azura Memory Care of Sheboygan 19. Additional information was gathered through 01/26/2026. As a result of the survey 1 complaint was substantiated, resulting in 1 deficiency. Census: 18	N 000		
N 356	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure Resident 1's resident right to the least restrictive environment was honored. Findings include: On 12/22/2025, the Department received a complaint alleging improper request for supervision. On 01/14/2026 at 12:20 PM, Surveyors entered with House Supervisor (HS) A. HS A stated Resident 1 is pretty independent, but staff help him/her to the bathroom. HS A stated Resident 1	N 356		

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

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N 356	Continued From page 1	N 356		

has no behaviors but is a little touchy at times with staff. HS A confirmed Resident 1 is currently a 1:1 staffing on all 3 shifts. HS A stated there was an incident with another resident and Resident 1 was put on 1:1 staffing since that incident on 12/12/2025. HS A confirmed there have been no additional incidents, and it was a 1-time incident. HS A stated Resident 1 has had this behavior since s/he admitted in 2023.

On 01/14/2026 at 12:45 PM, Surveyors observed Resident 1 sitting in the dining room with other residents. Surveyors reviewed interventions in place. Surveyors reviewed Resident 1's record. Resident 1 admitted on 03/14/2023 with diagnosis' including amnesia, depression and delirium. Review of Resident 1's progress notes: 12/12/2025 - "Upon arrival for 2nd shift staff went to get a [resident] up from bed and found resident sitting on [his/her] bed next to [him/her] with [his/her] hand inside [his/her] brief. ... Both residents were covered in BM." Review of charting from 12/12/2025 till day of survey 01/14/2026, the progress notes reflect, "Stayed in common area for the whole shift." "Resident had a good evening." "Resident had a good night slept all night was changed when needed." "Stayed in common area for the whole shift." "Resident had an okay day. [S/he] spent time in the dining room before dinner. While being toileted it was difficult to get [him/her] to sit down, [s/he] did try an grab onto staff's buttocks but [s/he] was able to move away." "Had a nice day no issues did some walking around in the morning after [s/he] stayed in common area no issues or concerns." Surveyors observed Resident 1's door to have a door alarm sounding when door was opened. Resident 1's record did not have evidence of an assessment and the individual service plan (ISP) was not updated to

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N 356	Continued From page 2	N 356		

reflect the 1:1 staffing 24/7 or the door alarm put in place.

On 01/14/2026 at 1:00 PM, Surveyors interviewed Caregiver (CG) B. CG B stated family was providing the 1:1 initially, but now the facility is staffing 1:1. CG B confirmed Resident 1 had an incident 1 time, and that his/her behaviors have not changed since admission. CG B stated s/he was only aware of the 1 incident in December. CG B acknowledged the care is 24/7 including the time when Resident 1 is in bed sleeping.

On 01/14/2026 at approximately 1:30 PM, Surveyors interviewed RN C and Administrator (ADM) D. RN C stated s/he was told by staff that Resident 1 has had these behaviors since admission with staff and that Resident 1 is unable to consent. RN C acknowledged that Resident 1 sits in the dining room and likes to listen to music, s/he walks after supper a little and then goes to bed and stays in room for the night. RN C and ADM D both agreed Resident 1 is very easy going and is not behavioral and they have never seen him/her mad. ADM D stated family was at the facility around the clock over Christmas and now staff are providing the 1:1. ADM D confirmed the upper management implemented the 1:1 staffing and that s/he was unaware when the 1:1 would end.

On 01/26/2026 at 11:31 AM, Surveyor interviewed Regional E. Regional E acknowledged there was not an updated assessment regarding Resident 1's behaviors or updated ISP. Regional E agreed Resident 1 should have privacy in his/her room and the need for an assessment before implementing a restrictive level of supervision. Regional E confirmed there was a door alarm on Resident 1's door, to alert staff when Resident 1

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N 356	Continued From page 3 went in/out of his/her room. The provider did not ensure Resident 1's resident right to the least restrictive environment was honored. Resident 1 had 1:1 staffing with him/her from 12/12/2025 through day of survey, 01/14/2026, including the time s/he was sleeping.	N 356		