Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012246	A. BUILDING: _____ B. WING _____	R-C 04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING MEADOWS	8212 RACINE AVE WIND LAKE, WI 53185

(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 04/23/2026, Surveyor completed a verification visit at Rolling Meadows. As a result, 5 of the previous 5 deficiencies were corrected and 1 new deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident received updated Individual Service Plans (ISPs) annually for 2 of 2 residents (Resident 3 and Resident 8). Resident 3's and Resident 8's ISPs were not updated in 2025. Findings include:	N 389		

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

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N 389	Continued From page 1 On 04/22/2026, at approximately 1:30 PM, Surveyor reviewed Resident records and identified the following: Resident 3 was admitted on 08/12/2020. Resident 3's file contained an ISP dated 06/06/2024. Surveyor did not locate evidence of an updated ISP in 2025. Resident 9 was admitted on 08/27/2024. Resident 9's file contained an ISP dated 10/10/2024. Surveyor did not locate evidence of an updated ISP in 2025. On 04/23/2026, at approximately 10:30 AM, Surveyor interviewed House Manager E. House Manager E reported s/he started working in the facility approximately two months ago. House Manager E reported s/he is responsible for resident ISP updates. House Manager E reported s/he would ensure Resident 3's and Resident 9's ISPs were updated.	N 389		