DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0349	A. BUILDING: _____ B. WING _____	C 04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING MEADOWS SENIOR LIVING	1024 E 12TH STREET CARROLL, IA 51401

(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
A 000	Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 22 Number of tenants with cognitive impairment: 9 Total census: 31 This Program has met criteria to be an Assisted Living Program for People with Dementia by definition for the last two recertification visits. There were no regulatory insufficiencies cited during the recertification visit conducted to determine compliance with certification for an ALP/D or the investigation of Complaints #127375-C, #126110-C or Incident #126111-I. The following regulatory insufficiency was cited during the investigation of Incidents #127767-I and #126269-I.	A 000	See attached POC 6/28/25	
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans to reflect	A 395		

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A 395	Continued From page 1 the identified needs of 2 of 2 former tenants reviewed (Tenants C-1, C-2). Findings include: 1. On 3/13/25 the program self-reported Tenant C-1's fall resulting in injury that occurred on 3/13/25. On 4/23/25 review of an incident report revealed on 3/13/25 at 8:50 a.m. Tenant C-1 was found lying on her left side complaining of pain in her right chest and rib cage area, very confused and disoriented. She was unable to give a description of what had happened. Her vitals were obtained and emergency services was called for transport to the hospital due to the location and severity of pain. Review of Tenant C-1's record on 4/24/25 revealed she was admitted to the program on 11/11/24 with a diagnosis of disorientation and a global deterioration scale score of 3. Tenant C-1 discharged from the program on 3/19/25. Following Tenant C-1's Emergency Department (ED) visit on 3/13/25 she returned to the program with a packet of patient instructions for rib fractures. Instructions included to put an ice pack on the ribs for 15 to 20 minutes at a time, several times a day. Tenant C-1 was also given a prescription for Tramadol 50 mg. every eight hours as needed for pain. This was filled the same day as her return to the program. On 4/28/24 review of Tenant C-1's service plan revealed the multiple rib fractures and the need to put an ice pack on her ribs for 15 - 20 minutes at a time had not been added. On 4/28/25 at 2:25 p.m. Staff A confirmed this finding.	A 395		

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A 395	Continued From page 2 2. On 12/25/24 the program self-reported Tenant C-2's fall that occurred on 12/24/24 resulting in an injury. The program provided history of a similar incident that consisted of a fall with a fractured wrist on 10/14/24. Following Tenant C-2's fall on 12/24/24 she was sent to the local emergency room and discharged to a higher level of care. On 4/28/24 review of incident reports revealed on 10/14/24 staff noticed Tenant C-2 sitting in the doorway when staff walked up. Tenant C-2 did not know what happened. Staff noticed her wrist was purple and there was an abrasion on her knee. Staff took vitals, spoke with the Director of Nursing (DON) and 911 was called. Tenant C-2 was transported to the emergency room. Review of Tenant C-2's record on 4/28/24 revealed she was admitted to the program on 4/14/21 with a diagnosis of Alzheimer's disease, hypertension and osteoporosis. Tenant C-2 was noted to have a global deterioration scale score of 4. A health status note dated 10/15/24 revealed Tenant C-2 had fallen on 10/14/24 and was transported to the emergency room with a possible wrist fracture and a large hematoma on right wrist. A fracture was confirmed. She was scheduled to see orthopedics at 2:00 p.m. on 10/15/24. The tenant returned to the facility with a sling for support. Discharge instructions for fracture of the wrist recommended ice packs 15 to 20 minutes multiple times during the day and to raise her wrist above heart level and support it with a pillow.	A 395		

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A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans to reflect	A 395		

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A 395	Continued From page 3 Review of a health status note written on 10/15/24 revealed the resident returned earlier in the night. Her left arm was casted. Further review revealed physician's orders dated 10/15/24 included a diagnosis of a left wrist fracture. The cast must be clean and dry. A platform walker could be utilized. The tenant was not to bear any weight with her wrist. The sling was to be discontinued. Staff were to monitor for sores and there was to be a follow up appointment in four weeks. On 4/28/25 a review of Tenant C-2's service plan revealed she had acute pain related to a fracture sustained in a fall on 10/14/24. Non-pharmacological pain relieving measures to relieve pain included elevation and ice packs. If not effective notify nurse/practitioner. The service plan did not mention a cast and the need to keep it clean and dry or that the tenant was not to bear any weight on her wrist. On 4/28/25 at 1:32 p.m. the Regional Nurse confirmed Tenant C-2's cast on her left arm and need to keep it clean and dry was not on Tenant C-2's service plan. If on the plan it would have been on the task sheets. This information was not listed on the task sheets.	A 395		

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