STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165792	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mount Carmel Bluffs	1160 Carmel Drive Dubuque, IA 52003

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, resident and staff interviews, call light logs, and policy review the facility failed to respond to resident needs in a timely manner for 1 of 2 residents reviewed (Resident #7). Residents waited more than 15 minutes for call lights to be answered and Resident #7 stated she was not able to hold her urine while waiting. The facility reported a census of 55 residents.Findings include:The Minimum Data Set (MDS) dated [DATE] for Resident #7 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 indicating intact cognition. Section GG documented the resident needed partial/moderate assistance (helper does more than half) with toileting.The resident's Care Plan (CP) with an admission date of 01/29/2026 indicated she was at risk for falls due to incontinence with an intervention to place call light within reach and answer promptly. It documented a risk of skin breakdown due to incontinence of bladder and a goal of continued bowel continence.On 02/23/2026 at 11:24 AM Resident #7 reported call lights regularly took longer than 15 minutes and that she waited as much as an hour in the dining room after she finished eating to go back to her room. She stated she peed my pants waiting for staff to help her and she didn't like that. On 02/23/2026 at 11:53 AM observed the resident was able to push her call light for help to get to lunch.Documents provided by the facility titled Device Activity Report documented the following regarding the resident's call light:02/11/26 Bed/room [ROOM NUMBER]:31 PM 20 minutes 00 seconds02/12/26 Bed/room [ROOM NUMBER]:45 PM 18 minutes 16 seconds02/13/26 Bed/room [ROOM NUMBER]:29 AM 16 minutes 11 seconds02/13/26 Bed/room [ROOM NUMBER]:52 AM 15 minutes 41 seconds02/13/26 Bed/room [ROOM NUMBER]:01 PM 21 minutes 36 seconds02/16/26 Bed/room [ROOM NUMBER]:00 PM 19 minutes 34 seconds02/18/26 Bed/room [ROOM NUMBER]:08 AM 15 minutes 58 seconds02/21/26 Bed/room [ROOM NUMBER]:56 PM 27 minutes 57 seconds02/21/26 Bathroom [ROOM NUMBER]:53 PM 21 minutes 26 seconds02/22/26 Bed/room [ROOM NUMBER]:54 AM 29 minutes 23 seconds02/23/23 Bed/room [ROOM NUMBER]:03 AM 20 minutes 35 secondsOn 02/26/2026 at 10:48 AM Staff A, reported staff were trained at orientation and annually, both in person and computer based training, and confirmed that included call light response. She thought mornings were the busiest time for staff and acknowledged that call lights can go over 15 minutes depending on the needs of the residents.On 02/26/2026 at 11:27 AM Staff B, Clinical Coordinator (CC) confirmed training was provided annually and stated competency evaluations included call lights. She reported they tried to get to lights as quickly as they could. Mornings when residents got up and the end of the day when they got ready for bed were the most challenging. Staff B indicated staff reviewed call light logs daily. She stated they tried to talk to residents who complained right when it happened and apologized. A document titled Call Light Policy modified November 2022 documented all facility personnel must be aware of call lights at all times. Staff were expected to answer all call lights promptly whether or not they were assigned to the resident.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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