STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115364	A. Building B. Wing	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montezuma Health and Rehabilitation	506 Sumter St Montezuma, GA 31063

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 21213 Based on observations, staff interviews, record reviews, and review of the facility policy titled, Medication Administration-General, the facility failed to ensure the medication error rate was less than 5 percent (%). A total of 28 opportunities were observed, with four errors for two residents (R) (R6 and R11), resulting in an error rate of 14.2 %. This failure had the potential to result in medication not being given in accordance with the physician's orders and had the potential to adversely affect R6 and R11's clinical condition. Findings include: Review of the facility policy titled, Medication Administration-General, dated 2024, revealed the policy guidelines included that medications are to be administered in accordance with a valid prescriber order. The guidelines also instructed the Nurse or Certified Medication Aide (CMA) to read the administration directions on the Medication Administration Record (MAR) and verify the correct medication, dose, and directions for use, prior to medication administration. 1. A review of the clinical record revealed R6 had a physician's order, dated 7/4/2024, for one 81 milligram (mg) tablet of delayed-release aspirin to be administered once per day for a diagnosis of aphasia following cerebral infarction. A review of the electronic Medication Administration Record (eMAR) revealed the aspirin was scheduled to be administered at 9:00 am. Further review of R6's clinical record revealed a physician's order, dated 7/10/2024, for one drop of Artificial Tears 0.5%-0.6% eye drops to be administered to both eyes two times per day for an unspecified disorder of the eye and adnexa. A review of the eMAR revealed the eye drops were scheduled to be administered at 9:00 am and 5:00 pm. There was also a physician's order, dated 8/2/2024, for one 500 mg tablet of divalproex extended release (ER) to be administered orally every 24 hours for a diagnosis of mood disorder. A review of the eMAR revealed the medication was scheduled to be administered at 9:00 am. During an observation of medication pass on 9/4/2024 at 8:32 am, CMA BB failed to administer the delayed-release aspirin as ordered. CMA BB administered a chewable aspirin in error. Observation also revealed CMA BB failed to administer the Artificial Tears eye drops and divalproex oral tablet to R6. During an interview on 9/4/2024 at 10:10 am, CMA BB confirmed she had not administered the eye drops or divalproex medication. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115364	A. Building B. Wing	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montezuma Health and Rehabilitation	506 Sumter St Montezuma, GA 31063

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. A review of the clinical record revealed that R11 had a physician's order, dated 9/2/2024, for one 8.6 mg tablet of senna to be administered every 12 hours for constipation. A review of the eMAR revealed the medication was scheduled to be administered at 9:00 am and 9:00 pm. During an observation of medication pass on 9/4/2024 at 9:15 pm, CMA DD failed to administer the senna as ordered to R11. During an interview on 9/4/2024 at 10:06 am, CMA DD confirmed that R11 should have received the senna during the medication pass.