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	01/18/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interview, and the policy titled Storage Areas, the facility failed to ensure food items were properly labeled, dated, and stored under sanitary conditions to prevent foodborne illness. The deficient practice had the potential to affect all 68 residents. Findings include:Review of the policy titled Storage Areas, dated 12/27/2024, documented under Guideline: Items should be covered, sealed, labeled and dated appropriately.The initial kitchen tour with the Dietary Manager (DM) on 1/16/2026 from 8:15 AM through 8:43 AM revealed the following concerns:Reach-in freezer contained a box of turkey sausage patties, and traditional cinnamon roll dough that were not labeled or dated. Walk-in refrigerator contained a bag of opened pub-style battered cod fillets, and a container of pimento cheese that were not labeled or dated.Pantry contained two boxes of expired ketchup.Interview with DM during the tour on 1/16/2026 starting at 8:15 AM, confirmed all surveyor identified concerns. The DM immediately discarded all food items that were not labeled or dated. The DM stated that she is responsible for ensuring all food is labeled with open dates and expired dates.

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interviews, and review of the facility policy titled Use of Oxygen Therapy, the facility failed to follow Physician's Order for one of one resident (R) (R10) reviewed for receiving oxygen. The deficient practice had the potential to place R10 at risk of adverse clinical outcomes. Findings include:Review of the policy titled Use of Oxygen Therapy, dated 12/27/2024 documented under Intent: To ensure that patients maintain optimal oxygenation via the proper oxygen device and concentration when appropriate and medically indicated. Documented under Guideline: Physician's order for oxygen should be obtained and include Oxygen with liter flow as ordered.Review of the clinical record for R10 revealed the resident was admitted to the facility on [DATE] with diagnoses of but not limited to chronic obstructive pulmonary disease, acute and chronic respiratory failure with hypoxia.R10's most recent Minimum Data Set (MDS) revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated little to no cognitive impairment. Section O: Special Treatments revealed the resident received oxygen therapy. Review of the physician's orders documented an order for oxygen at three liters per minute (LPM) per nasal cannula with a start date of 03/21/2024.Observation on 1/16/2026 at 10:08 AM revealed that R10's Oxygen was set on 2.5LPM Observation on 1/17/2026 at 9:33 AM revealed that R10's Oxygen was set on 2.5LPMObservation on 1/17/2026 at 2:17 PM revealed that R10's oxygen was set on 2.5LPMInterview on 1/16/2026 at 10:09 AM with R10 revealed that she is not sure what her oxygen should be set on and stated that she does not touch her oxygen control.Interview on 9/3/2025 at 11:15 AM with the Director of Nursing (DON) confirmed resident R10's oxygen was set at 2.5LPM but should have been set on 3LPM. The DON revealed that all nurses should check the oxygen settings throughout the day to make sure the settings are correct.