STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395882	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Longwood at Oakmont	500 Route 909 Verona, PA 15147

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to properly store medications for one of five residents (Resident R2).Findings: Review of facility Medication Storage policy dated 11/5/25, indicated that the facility will ensure all medications are stored according to recommendations. All drugs and biologicals will be stored in locked compartments. During a medication pass, medications must be under the direct observation of the person administering medication. Review of facility Self-Administration of Medication policy dated 11/5/25, indicated residents in our facility who wish to self-administer their medications may do so if the interdisciplinary team has determined that this practice is clinically appropriate. Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 2/1/26, indicated diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and high blood pressure. Resident R2's MDS assessment section C0200 Brief Interview for Mental Status (BIMS, a screening test that aids in detecting cognitive impairment). The BIMS total score suggests the following distributions: 13-15: cognitively intact, 8-12: moderately impaired, 0-7: severe impairment. Resident R2's BIMS score was a 12 indicating Resident R2 is moderately impaired. During an observation on 4/28/26, at 11:45 a.m. Resident R2 was in the bathroom combing his hair. A medication cup of pills were sitting on the bedside table by the bed. No nurse was in the room. The medication cup contained the following: (2) oval peach/tan pills(3) white oblong pills(2) white round pills(1) pink oblong pill(1) lavender round pill During an interview on 4/28/26, at 11:58 a.m. Registered Nurse (RN) Employee E1 stated, I should have watched him take his medication, and confirmed the medications were at bedside. Review of Resident R2's physician orders failed to include self-administration of medications. Review of Resident R2's care plan failed to include self-administration of medications. During an interview on 4/28/26, at 2:15 p.m. the Director of Nursing stated, I don't think any residents at this time can self-administer medications. There is a process to be able to do, and I know that Resident R2 is not able to self-administer his medications and confirmed that the facility failed to properly store medications for one of five residents (Resident R2). 28 Pa Code: 211.9 (a)(1) Pharmacy services. 28 Pa code: 211.12 (d) (1) (5) Nursing services.

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
	395882	A. Building B. Wing	04/28/2026

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Longwood at Oakmont	500 Route 909 Verona, PA 15147

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, observation, and staff interview, it was determined that the facility failed to prevent cross contamination during a medication administration for one of three residents (Resident R2).Findings include: Review of the facility Infection Prevention and Control policy dated 11/5/25, indicated the facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 2/1/26, indicated diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and high blood pressure. Resident R2's MDS assessment section C0200 Brief Interview for Mental Status (BIMS, a screening test that aids in detecting cognitive impairment). The BIMS total score suggests the following distributions: 13-15: cognitively intact, 8-12: moderately impaired, 0-7: severe impairment. Resident R2's BIMS score was a 12 indicating Resident R2 is moderately impaired. During an observation on 4/28/26, at 11:45 a.m. Resident R2 was in the bathroom combing his hair. A medication cup of pills was sitting on the bedside table by the bed. No nurse was in the room. The medication cup contained the following: (2) oval peach/tan pills(3) white oblong pills(2) white round pills(1) pink oblong pill(1) lavender round pill During an interview on 4/28/26, at 11:58 a.m. Registered Nurse (RN) Employee E1 stated, I should have watched him take his medication, and confirmed the medications were at bedside. During an observation on 4/28/26, at 12:00 p.m. RN Employee E1 lifted the cup of medications off the bedside table, put the medication cup with medication into her shirt pocket, and then put them into the medication cart, to give at a later time. RN Employee E1 confirmed that she failed to prevent cross contamination during a medication administration for one of three residents (Resident R2). During an observation on 4/28/26, at 12:15 p.m. RN Employee E1 took the medication cup of medications out of the medication cart and administered them to Resident R2. 28 Pa. Code: 211.10(d) Resident Care Policies. 28 Pa. Code: 211.12(d)(1)(5) Nursing Services.