

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, observations and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for four of six residents (Residents R7, R11, R13, and R26). Findings include: Review of facility policy Cleaning, Changing Nasal Cannulas and Masks dated 11/5/25, indicated all residents who are receiving oxygen therapy shall have masks and nasal cannula tubing changed weekly and/or as needed. Review of facility policy CPAP and BiPAP (Continuous Positive Airway Pressure keeps airways open when you sleep and Bilevel Positive Airway Pressure -normalizes breathing by delivering pressurized air) dated 11/5/25, indicated use clean, distilled water only in the humidifier chamber. Review of the admission record indicated Resident R7 was admitted to the facility on [DATE]. Review of Resident R7's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/24/26, indicated the diagnoses of hypertension (a condition impacting blood circulation through the heart related to poor pressure), depression, and heart failure (heart doesn't pump blood as well as it should). Review of Resident R7's current physician orders indicated CPAP apply every night at bedtime. Remove every morning. Use 6-12cm H2O (centimeters of water) pressure setting as was preset from personal care, one time a day. Review of Resident R7's current care plan indicated resident utilizes CPAP at bedtime related to obstructive sleep apnea (a chronic condition in which the throat muscles relax during sleep and the airway may become partially or fully blocked). Observation on 2/17/26, at 10:05 a.m. Resident R7 was observed in bed with eyes closed. The bedside stand had a CPAP machine. On the floor directly below the CPAP was a gallon jug of distilled water opened and without a date. Review of the admission record indicated Resident R11 was admitted to the facility on [DATE]. Review of Resident R11's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/27/26, indicated the diagnoses of hypertension, heart failure, and renal insufficiency (a condition in which the kidneys lose the ability to remove waste and balance fluids). Review of Resident R11's current physician orders indicated empty (BIPAP/CPAP) reservoir and clean with mild soap and distilled water every evening prior to applying at bedtime. Ipratropium-Albuterol Solution (inhaled medication for breathing) inhale orally three times a day for chronic obstructive pulmonary disease. Review of Resident R11's current care plan on indicated resident utilizes CPAP at bedtime related to obstructive sleep apnea. Observation on 2/17/26, at 10:15 a.m. Resident R11 was observed in bed actively inhaling a breathing treatment via hand pipe nebulizer. The tubing of the nebulizer was not dated or labeled. The CPAP device was dangling off the side of the bedside stand not stored in a bag. The distilled water gallon was on the floor opened and without a date. Review of the admission record indicated Resident R13 was admitted to the facility on [DATE]. Review of Resident R13's MDS dated [DATE], indicated the diagnoses of hypertension, heart failure, and muscle weakness. Review of Resident R13's current physician orders indicated oxygen 2 lpm (liters per minute) via nasal cannula continuously. Review of Resident R13's current care plan failed to include management and monitoring of oxygen use. Observation on 2/17/26, at 10:20 a.m. Resident R13's room the oxygen concentrator humidifier bottle had a date of 2/5/26, connector tubing lying on the bed not covered in a bag and without a date. Observation on 2/17/26, at 10:22 a.m. Resident R13 was observed out of bed in the wheelchair (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	wearing oxygen via nasal cannula. The nasal cannula failed to have a date as required. Review of the admission record indicated Resident R26 was admitted to the facility on [DATE]. Review of Resident R26's MDS dated [DATE], indicated the diagnoses of hypertension, heart failure, and renal insufficiency. Review of Resident R26's current physician orders indicated (CPAP/BIPAP) at bedtime one time a day. Review of Resident R26's current care plan failed to indicate management and monitoring of the CPAP device. Observation on 2/17/26, at 10:25 a.m. Resident R26's CPAP mask was not stored in a bag, distilled gallon of water on the floor, opened and without a date as required. Tour and interview on 2/17/26, at 10:38 a.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the observations above for Resident R7, R11, R13, and R26. Interview on 2/17/26, at 2:30 p.m. the Director of Nursing confirmed that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for four of six residents (Residents R7, R11, R13, and R26). 28 Pa. Code 211.10(c)(d) Resident Care Policies. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to provide a transfer notice to a representative of the Office of the Long-Term Care Ombudsman Division for three of twelve months (October 2025, November 2025, and December 2025). Findings include: Review of the admission record indicated Resident R44 was originally admitted on [DATE], with diagnoses that included diabetes, benign prostatic hyperplasia (BPH - a common enlargement of the prostate gland in aging men that squeezes the urethra), and renal insufficiency (a condition in which the kidneys lose the ability to remove waste and balance fluids) Review of Resident R44's clinical record revealed that the resident was transferred to the hospital on [DATE]. Review of facility provided documentation failed to include documented evidence that the facility provided a written transportation notification to the Office of the Long-Term Care Ombudsman for Resident R44's hospitalization on 11/22/25. Review of the admission record indicated Resident R46 was originally admitted on [DATE], with diagnoses that included Covid 19, atrial fibrillation (irregular heart rhythm), and BPH. Review of Resident R46's clinical record revealed that the resident was discharged home on [DATE]. Review of facility provided documentation failed to include documented evidence that the facility provided a written transportation notification to the Office of the Long-Term Care Ombudsman for Resident R46's discharge on [DATE]. Interview with the Nursing Home Administrator on 2/18/26, at 1:00 p.m. indicated that the facility had missed a few months of written transportation notifications to the Office of the Long-Term Care Ombudsman and could not produce written evidence for three of twelve months (October 2025, November 2025, and December 2025). 28 Pa. Code 201.29(a)(c.3)(2) Resident rights.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to adequately monitor and assess nutritional status for one of five resident's reviewed for nutritional concerns (Resident R3). Findings include: The facility policy Dietary-Weights last reviewed 11/5/25, revealed if a resident has experienced a 5-pound weight change a re-weigh will take place within 24 hours. If the weight change is evident through re-weigh, nursing will notify the dietitian, and interventions may be initiated if appropriate. Review of clinical record indicated Resident R3 was admitted to the facility 12/4/25. Review of Resident R3's Minimum Data Set (MDS-a periodic assessment of care needs) dated 12/26/25, indicated diagnoses diabetes mellitus (chronic condition characterized by high levels of glucose in the blood due to the body's inability to produce or effectively use insulin), dementia (pattern of mental decline occurring when brain cells die) and hypertension. Review of Resident R3's weight summary indicated on 1/6/26 Resident R3's weight was 113.8. Resident R3 was weighed 2/2/26 at 106.8, which reflected a 7-pound weight loss (7%). There was a lack of evidence to support that the Registered Dietitian (RD) was notified of the significant weight loss. There was no documented evidence that Resident R3 was reweighed within 24 hours according to facility policy. In an interview 2/18/26, at 11:30 a.m., the Registered Dietitian Employee E1 confirmed there was no reweigh or documentation regarding weight loss for Resident R3 as required. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility provided documentation, and staff interviews, it was determined the facility failed to ensure that staff renewed their nurse aide registration to allow individuals to work as a nurse aide for one of five nurse aides reviewed (Nurse Aide (NA) Employee E3). Findings include: Review of facility provided documentation dated [DATE], indicated NA Employee E3's Pennsylvania Nurse Aide Registration expired on [DATE]. The facility was unaware that NA Employee E3's registration was expired until it was discovered on [DATE]. Despite the expired registration, NA Employee E3 continued to work at the facility during the months of [DATE], [DATE], [DATE], [DATE], and February 2026. Interview with the Nursing Home Administrator on [DATE], at 3:00 PM confirmed the facility was unaware of the expired registration and the facility failed to ensure that staff renewed their nurse aide registration to allow individuals to work as a nurse aide for one of five nurse aides reviewed (Nurse Aide NA Employee E3). 28 Pa. Code 201.29 Personnel Policies and Procedures.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record, and staff interview it was determined that the facility failed to provide sufficient and timely social services for one of three residents reviewed (Resident R42). Findings include: Review of facility documentation social services job description indicated: Summary Develops, implements, operates and supervises specialized counseling, education and psychosocial programs to meet the needs of residents and their family members. Identifies and suggest innovative approaches and participates in implementing performance improvement opportunities. Maintains compliance with Longwood at Oakmont policy and procedures in accordance with governing laws, regulations, regulatory agencies, accreditation bodies and facility standards. Demonstrates on a consistent basis individual and team behavior that supports culture change. Provides primary social work to assigned including direct resident and family contact, medical chart documentation, discharge planning and related social work duties. Develop a plan of care of each resident; puts into practice a person-centered philosophy. Review of admission record indicated Resident R42 was admitted on [DATE]. Review of Resident R42 admission record indicated diagnosis of COPD (ongoing lung condition caused by damage of the lungs), Parkinson (movement disorder of the nervous system that worsens overtime), and unspecified arterial fibrillation (an irregular and often very rapid heart rhythm). Review of Resident R42 progress notes dated 9/3/25, indicated: Staff providing personal care today c/o resident making sexual inappropriate comments stated to her I bet you taste good let me eat you while attempting to grab at her breast and vaginal area. When re-directed states why are you being mean to me that's not allowed All you women are so uptight. Review of Resident R42 progress notes dated 9/4/25, indicated: During morning medication administration resident became sexually inappropriate, stating turn around I want to see your butt. Initial visit with patient. The patient is having inappropriate sexual behaviors with staff. Continue with non-pharmacological interventions. Continue to monitor for mood/behavioral changes. Review of Resident R42 clinical record dated 10/15/25, visit type mind care psychiatric evaluation, indicated: initial evaluation per staff: pt has increased sexual behaviors. He is inappropriately grabbing staff and making sexual comments. Pt has baseline symptoms of depression and anxiety. Follow up recommendations - follow up in 90 days. Review of Resident R42 care plans failed to include a care plan regarding sexually inappropriate behaviors. Review of Resident R42 clinical record failed to include documentation of interventions, and mood/behavioral changes. During an interview on 2/18/26, at 1:08 p.m. Social Service indicated that she does not do care plans or follow up from psychiatric evaluation. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/18/26, at 2:37 p.m. Nursing Home Administrator and Director of Nursing were informed that the facility failed to provide sufficient and timely social services for one of three residents reviewed (Resident R42). 28 Pa. Code 201.14(b) Responsibility of licensee. 28 Pa. Code 201.29(a) Resident rights. 28 Pa. Code 211.16(a)(1) Social services		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on facility policy review, review of Quality Assurance attendance records, and staff interview, it was determined that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings with all the required committee members for one of four quarters(Quarter One on 1/28/25). Findings Include: The facility policy Quality Assurance and Performance Improvement (QAPI) Plan dated 11/5/25 indicated the QA&A Committee consisted of the following members: Medical Director/Designee, Director of Nursing, Administrator, the Infection Preventionist and additional members at a minimum of two staff. Review of Quality Assurance and Performance Improvement sign in sheets and attendance records for Quarter One of 2025, dated 1/28/25, failed to indicate the Infection Preventionist was in attendance. During an interview on 2/18/26, at 11:00 a.m. the Nursing Home Administrator confirmed the facility could not provide documented evidence that the facility conducted Quality Assessment and Assurance (QAA) meetings with all the required committee members for one of four quarters (Quarter One on 1/28/25).28 Pa Code: 201.18(e)(1)(2)(3)(4) Management.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Longwood at Oakmont		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review and staff interview, it was determined that the facility failed to make certain that pneumococcal vaccinations and influenza vaccinations were offered upon admission for two of five residents (Residents R11, and R13). Findings include: Review of the facility policy Nursing- Influenza Policy dated 11/5/25, indicated Residents or representatives will be provided a vaccine information statement. After completion of consent, the influenza vaccinations may be administered in accordance with physician-approved orders. Review of the facility policy Nursing- Pneumococcal Vaccine dated 11/5/25, indicated each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician orders. Review of the admission record indicated Resident R11 was admitted to the facility on [DATE]. Review of Resident R11's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/27/26, indicated the diagnoses of hypertension, heart failure, and renal insufficiency (a condition in which the kidneys lose the ability to remove waste and balance fluids). Review of Resident R11's clinical record on 2/18/26, failed to provide evidence that the influenza or the pneumococcal vaccines were offered or administered as required for the influenza season of 2025. Review of the admission record indicated Resident R13 was admitted to the facility on [DATE]. Review of Resident R13's MDS dated [DATE], indicated the diagnoses of hypertension, heart failure, and muscle weakness. Review of Resident R13's clinical record on 2/18/26, failed to provide evidence that the influenza vaccines were offered or administered as required for influenza season 2025. Interview on 2/18/26, at 2:00 p.m. the Director of Nursing confirmed that the facility failed to make certain that pneumococcal vaccinations and influenza vaccinations were offered upon admission for two of five residents (Residents R11, and R13). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1)(3) Nursing services.		