



Certified End Page

LONGWOOD AT OAKMONT

STATE LICENSE NUMBER: 017202

SURVEY EXIT DATE: 01/08/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Handwritten signature of Jeanne Parisi in black ink.

Jeanne Parisi
Deputy Secretary for Quality Assurance

Handwritten signature of Debra L. Bogen MD in black ink.

Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
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NAME OF PROVIDER OR SUPPLIER: LONGWOOD AT OAKMONT STATE LICENSE NUMBER: 017202	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 ROUTE 909 VERONA, PA 15147
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K 0000	INITIAL COMMENT	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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K 0000	Continued from page 1 Facility ID# 017202 Component 01 Hanna HealthCare Center Main building Based on a Medicare/Medicaid Recertification Survey completed on January 8, 2025, it was determined that Longwood at Oakmont, was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a one-story, Type V (111), protected wood frame building, with a basement, that is fully sprinklered.	K 0000		
K 0291 SS=D		K 0291		

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K 0291 SS=D	Continued from page 2 NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by:	K 0291	The facility submits this plan of correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges are deficient under State and Federal regulations relating to long term care. This plan of correction should not be construed as either a waiver of the Facility's right to appeal and to challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violations of State and Federal regulatory requirements. The emergency light for dryer side of the laundry was replaced on 1/14/2025. The maintenance director/designee will complete a review by January 17 of all emergency lights. Any identified emergency lights found to not be operational will be addressed at time of discovery. The maintenance team will be re-educated by the maintenance	Completion Date: 03/04/2025 Status: APPROVED Date: 01/15/2025

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K 0291 SS=D	Continued from page 3	K 0291	<p>director on the need to test all emergency lights and report any issues with proper function immediately upon discovery. The emergency lights are on a monthly service check and an annual 90-minute test.</p> <p>The maintenance director/designee will submit results of the audits to the Quality Assurance Performance Improvement Committee for the next two quarters. Any identified negative trends will be addressed by the committee for further follow up.</p>	

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K 0291 SS=D	Continued from page 4 Based on observation and interview, it was determined the facility failed to maintain the emergency lighting in operable condition in one instance, in one of over 50 rooms inspected. Findings Include: 1. Observation on January 8, 2025, at 11:37 a.m., revealed an Emergency Light, above the dryers, in the laundry Room was damaged and missing parts. Exit Interview with the Facility Administrator and Maintenance Director on January 8, 2025, at 1:30 p.m., confirmed the emergency lighting was damaged.	K 0291		
K 0324 SS=E		K 0324		

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K 0324 SS=E	Continued from page 5 NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by:	K 0324	The kitchen fire suppression system was tested by Firefighters on January 9, 2025. There no identified issues with the test. The maintenance director has scheduled our kitchen fire suppression system test for July 2025 to ensure we are in compliance with semi annual testing. A recurring work order will be created electronically to serve as a reminder to the maintenance team that this test will be completed within scheduled time frame. The maintenance director will educate all maintenance team members on the appropriate fire safety and testing of the fire suppression system by the compliance date. The maintenance director will present fire suppression testing records at the quality assurance meetings twice annually to ensure compliance. Any issues identified with fire suppression testing compliance will be addressed by the QAPI committee to ensure compliance is	Completion Date: 03/04/2025 Status: APPROVED Date: 01/15/2025

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K 0324 SS=E	Continued from page 6	K 0324	maintained.		

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K 0324 SS=E	Continued from page 7 Based on documentation review, observation, and interview, it was determined the facility failed to maintain the kitchen hoods in one instance, affecting one of four smoke compartments. Findings include: 1. Review of documentation on January 8, 2025, at 9:35 a.m., revealed the facility lacked documentation for one of the two required semi-annual Kitchen Fire Suppression Testing/Maintenance, performed within the last 12 months. Interview with the Facility Administrator and Maintenance Director on January 8, 2025, at 1:30 p.m., confirmed the lack of documentation at the time of the survey.	K 0324		

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K 0353 SS=E	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>note that room 312 is Gardenside</p> <p>The identified attached wire to the sprinkler pipe near room 312 was removed on the date of discovery. An inspection of the building will occur to identify non-compliant wires attached to sprinkler pipes and any issues will be corrected. Maintenance staff will receive a training conducted by maintenance director or designee related to areas of noncompliance related to sprinkler heads. Each neighborhood area will be randomly audited in several locations weekly for four weeks and then monthly for 3 months to ensure there are no issues of non-compliance related to sprinkler head violations. Results of audits will be presented to the QAPI committee each quarter for review to ensure any negative trends of non-compliance are addressed through a performance improvement plan.</p>	<p>Completion Date: 03/04/2025 Status: APPROVED Date: 01/15/2025</p>

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K 0353 SS=E	Continued from page 9 Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in one instance, affecting one of four smoke compartments. Findings include: 1. Observation on January 8, 2025, at 11:17 a.m., revealed the drop ceiling grid was wired to a sprinkler pipe, in the Countryside hallway, next to Room 312. Interview with the Facility Administrator and Maintenance Director, on January 8, 2025, at 1:30 p.m., confirmed the above automatic sprinkler system deficiency.	K 0353		

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K 0712 SS=E	<p>NFPA 101 Fire Drills</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0712	<p>An audit of fire drills at Longwood Skilled Nursing noted 12 fire drills in 2024, however, there was one night shift in second quarter, one evening shift in the third quarter, and night shift drill in the fourth quarter that were missed. The maintenance manager will create a quarterly fire drill schedule to ensure each shift is covered every quarter. There were no identified issues related to the deficient practice of the missed fire drills. The maintenance manager educated the maintenance team on the need to conduct drills on every shift and every quarter. Completed drills will be submitted to the QAPI team prior to the end of the quarter to ensure that all shifts participated in a fire drill during the quarter. Any missed drills will be completed by the maintenance team before the end of the quarter. Documentation reports from the monthly drills will be presented at the QAPI meeting to identify and address any issues of non-compliance/</p>	<p>Completion Date: 03/04/2025 Status: APPROVED Date: 01/15/2025</p>

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K 0712 SS=E	Continued from page 11 Based on documentation review and interview, it was determined the facility failed to perform five of twelve required fire drills, affecting the entire facility. Findings include: 1. Review of documentation on January 8, 2025, at 8:20 a.m., revealed the facility lacked fire drill documentation for: a) first and third shifts, second quarter; b) second shift, third quarter; c) first and third shifts, fourth quarter. Interview with the Facility Administrator and Maintenance Director on January 8, 2025, at 1:30 p.m., confirmed the facility lacked documentation for the drills performed in the previous twelve months.	K 0712		

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K 0712 SS=E	Continued from page 12	K 0712			



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Deputy Secretary for Quality Assurance


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K 0000	<p>Continued from page 1</p> <p>Facility ID# 017202 Component 02 2007 Addition</p> <p>This is a two-story, Type II (111), protected non-combustible building, without a basement, that is fully sprinklered.</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 8, 2025, it was determined that Longwood at Oakmont, was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a two-story, Type II (111), protected non-combustible building, without a basement, that is fully sprinklered.</p>	K 0000		

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K 0353 SS=C	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>Firefighters is scheduled to do a sprinkler head inspection on January 21, 2025. Firefighters will replace all sprinkler head gauges during this inspection. Firefighters acknowledged the need to replace the sprinkler head gauges in advance of the five year threshold. A recurring work order will be placed in the electronic work order system as a reminder to ensure sprinkler head gauges are replaced by January of 2030 unless issues. The maintenance manager will educate all maintenance team members on the sprinkler head inspection and gauge replacement schedule. The maintenance manager will submit Firefighters' completion report/invoice to the QAPI committee. Any identified issues will be reviewed by the committee for further review and recommendations.</p>	<p>Completion Date: 03/04/2025 Status: APPROVED Date: 01/15/2025</p>

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K 0353 SS=C	Continued from page 3 Based on observation, document review, and interview, it was determined the facility failed to maintain the automatic sprinkler system in one instance, affecting the entire facility. Findings include: 1. Observation and inspection on January 8, 2025, at 9:15 a.m., revealed the facility failed to have the gauges for the automatic sprinkler system replaced or recalibrated in the last five years. Interview with the Facility Administrator and the Maintenance Director on January 8, 2025, at 1:30 p.m., confirmed the listed automatic sprinkler system deficiencies.	K 0353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
NAME OF PROVIDER OR SUPPLIER: LONGWOOD AT OAKMONT		STREET ADDRESS, CITY, STATE, ZIP CODE: 500 ROUTE 909 VERONA, PA 15147		
STATE LICENSE NUMBER: 017202				
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K 0712 SS=E	<p>NFPA 101 Fire Drills</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0712	<p>An audit of fire drills at Longwood Skilled Nursing noted 12 fire drills in 2024, however, there was one night shift in second quarter, one evening shift in the third quarter, and night shift drill in the fourth quarter that were missed. The maintenance manager will create a quarterly fire drill schedule to ensure each shift is covered every quarter. There were no identified issues related to the deficient practice of the missed fire drills. The maintenance manager educated the maintenance team on the need to conduct drills on every shift and every quarter. Completed drills will be submitted to the QAPI team prior to the end of the quarter to ensure that all shifts participated in a fire drill during the quarter. Any missed drills will be completed by the maintenance team before the end of the quarter. Documentation reports from the monthly drills will be presented at the QAPI meeting to identify and address any issues of non-compliance.</p>	<p>Completion Date: 03/04/2025 Status: APPROVED Date: 01/15/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395882	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/08/2025
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K 0712 SS=E	Continued from page 5 Based on documentation review and interview, it was determined the facility failed to perform five of twelve required fire drills, affecting the entire facility. Findings include: 1. Review of documentation on January 8, 2025, at 8:20 a.m., revealed the facility lacked fire drill documentation for: a) first and third shifts, second quarter; b) second shift, third quarter; c) first and third shifts, fourth quarter. Interview with the Facility Administrator and Maintenance Director on January 8, 2025, at 1:30 p.m., confirmed the facility lacked documentation for the drills performed in the previous twelve months.	K 0712		

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K 0923 SS=E	<p>NFPA 101 Gas Equipment - Cylinder and Container Storage</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p>	K 0923	<p>The improperly stored oxygen cylinder was chained on the date of discovery to ensure compliance. All rooms in the building where oxygen is located will be audited for proper storage of oxygen cylinders. The nursing and maintenance team will be reeducated before the compliance date about the storage of oxygen in the oxygen storage locations. The oxygen rooms will be audited weekly for four weeks and monthly for three months to ensure oxygen cylinders are stored properly. The audits will be presented at the quarterly QAPI committee for review of any negative trends that may require performance improvement plans.</p>	<p>Completion Date: 03/04/2025 Status: APPROVED Date: 01/15/2025</p>

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K 0923 SS=E	Continued from page 7 This REQUIREMENT is not met as evidenced by:	K 0923			

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K 0923 SS=E	Continued from page 8 Based on observation and interview, it was determined the facility failed to maintain medical gas storage requirements in one instance, affecting one of four smoke compartments Findings include: 1. Observation on January 8, 2025, at 9:50 a.m., revealed there was an unsecured oxygen cylinder in the Oxygen Storage Room, on the first floor of Countryside. Interview with the Facility Administrator and Maintenance Director on January 8, 2025, at 1:30 p.m., confirmed the listed medical gas storage deficiency.	K 0923		



Certified End Page

LONGWOOD AT OAKMONT

STATE LICENSE NUMBER: 017202

SURVEY EXIT DATE: 01/08/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY