

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

August 8, 2025

[REDACTED]
OXFORD PERSONAL CARE LLC

[REDACTED]
SUITE 301
[REDACTED]

RE: OXFORD CROSSINGS
310 EAST WINCHESTER AVENUE
LANGHORNE, PA, 19047
LICENSE/COC#: 14858

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/08/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: OXFORD CROSSINGS License #: 14858 License Expiration: 02/16/2026
 Address: 310 EAST WINCHESTER AVENUE, LANGHORNE, PA 19047
 County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: OXFORD PERSONAL CARE LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 11/22/1985 Issued By: COPA
 Type: I-2 Date: 11/22/1985 Issued By: Township of Middleton

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 118 Waking Staff: 89

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/10/2025

Inspection Dates and Department Representative

01/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 116 Residents Served: 86
 Secured Dementia Care Unit
 In Home: Yes Area: Aria Capacity: 17 Residents Served: 10
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86
 Diagnosed with Mental Illness: 35 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 32 Have Physical Disability: 53

Inspections / Reviews

01/08/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/21/2025

04/30/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/05/2025

Inspections / Reviews *(continued)*

05/14/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/21/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/21/2025

08/08/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/21/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] Resident [redacted] who resides in the home's secured dementia care unit (SDCU) was diagnosed with a [redacted] [redacted] for [redacted]. This type of infection is resistant to many common antibiotics, and can lead to serious complications such as bloodstream infections. The infection was treated with [redacted] every 12 hours for 7 days from [redacted] through [redacted]. Resident [redacted] has a standing order of [redacted] tablet once daily for pain.

On [redacted] Resident [redacted] had a large bowel movement at 5:00 A.M., complained of weakness and stomach pain, and did not eat breakfast or lunch. The resident declined to have this reported to the nurse. There is no documentation that the resident ate dinner. The resident typically does not have concerns with appetite.

On [redacted] Resident [redacted] did not eat breakfast or lunch, but did eat a dinner, however, consumed less food than normal. The resident was laying [redacted] head on the table, very [redacted] and unable to stand without assistance, and requested [redacted] for pain. The resident does not have an order for [redacted] so this was not administered.

On [redacted] Resident [redacted] was observed crying due to pain in stomach, and did not eat breakfast or lunch. The resident ate very little for dinner.

On [redacted] Resident [redacted] had [redacted] hands in their pants grabbing their stomach complaining of pain, requested to be sent to the hospital, and was transported to the hospital via EMS at 11:50 A.M. and admitted with a diagnosis of [redacted] [redacted] and [redacted]. Resident [redacted] passed away on [redacted] from [redacted] and [redacted]. The home did not seek medical attention for Resident [redacted] from [redacted] to [redacted].

After the resident's hospital admission, testing, and diagnoses, the home's water sources were tested for the presence of [redacted]. [redacted] was present in Resident [redacted] bedroom and the SDCU kitchen. No other resident experienced symptoms or were diagnosed with [redacted].

Repeat Violation: [redacted] et al

Plan of Correction

Accept ([redacted] - 05/14/2025)

Reeducation done with Medication Technicians on 4-15-25. Policies on Medication Administration and Change in Resident Condition were reviewed and discussed. The Wellness Director completed the education referencing regulation 42 B- A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The target audience for this education was our team of certified medication technicians. The Wellness Director/ designee will review the 24-hour report daily for resident changes in condition and ensure that an intervention is in place. This review will begin on 5-1-25 and will remain a part of the department manager review meeting. The Wellness Director will do a random 10% sampling of residents each week for 4 weeks beginning the week of 5-5-25 and report initial findings at QAPI meeting scheduled for 5-28-25. The Wellness Director/designee will then continue with a 10% random sampling of residents each month for 3

42b - Abuse (continued)

consecutive months and report quarterly findings at the QAPI meeting. If no negative trends are found the audit will continue monthly and on an ongoing basis.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented (████) - 08/08/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A hired █████, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: █████

Plan of Correction

Accept (████) 05/14/2025)

Staff member A has been removed from the schedule effective 3-29-2025. If staff member A reapplies for a position, the organization will complete a regulatory waiver form as part of the onboarding process. As of 5-1-25, the Human Resources Director has completed an initial audit of existing employee files for documentation showing a high school diploma, GED, or active registry on the Pennsylvania nurse aide registry. The Human Resources Director has created a personnel file checklist for new hires to ensure that required documents are present as part of the onboarding process. This process was initiated 4-1-25 and will continue as part of routine process for all new hires moving forward. The Human Resources Director is responsible for ensuring that all checklist items are present upon hire for each new employee. The Human Resources Director will present the findings of employee file checklist results monthly at QAPI meeting. Next meeting is scheduled for 5-28-25.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented (████) - 08/08/2025)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct Care Staff Person A hired █████ did not receive training in

1. Medication self-administration training.

65f Training Topics (continued)

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - 3. Care for residents with dementia and cognitive impairments.
 - 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - 5. Personal care service needs of the resident.
 - 6. Safe management techniques.
- during training year January 1, 2024 to December 31,2024.

Direct Care Staff Person C hired [REDACTED] did not receive training in

- 1. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - 2. Care for residents with dementia and cognitive impairments.
 - 3. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - 4. Personal care service needs of the resident.
 - 5. Safe management techniques.
- during training year January 1, 2024 to December 31,2024.

Repeat Violation [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 05/14/2025)

Staff member A has been removed from the schedule effective 3 29 25 and has been terminated from employment. Staff member C will complete training on; Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, Care for residents with dementia and cognitive impairments, Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, Personal care service needs of the resident, and Safe management techniques. This training will be completed by 5 20 25. If training is not successfully completed, the employee will be removed from the schedule by the Wellness Director and will not be reinstated until training is completed. The Wellness Director and the Human Resources Director will be responsible to schedule Staff Person C for completion of this training. The Human Resources Director will provide each department manager with a monthly report on completed online training for their team members the first full week of each new month on the prior month. This will begin on 5 5 25. The Human Resources Director/designee will review the report on training completion monthly at QAPI. The next meeting to be held is 5 28 25. If there are no negative trends noted after three months (July 30, 2025), it will then be reported on quarterly at QAPI meetings. Education is to be provided to all Department Managers on the 2600.65.f regulation. This will be done by the Executive Director and the Human Resource Director on 5 5 25. Education to be documented and maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [REDACTED] 08/08/2025)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff Person A hired [REDACTED] did not receive training in:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

during training year January 1, 2024 to December 31, 2024.

Staff Person B hired [REDACTED] did not receive training in:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

during training year January 1, 2024 to December 31, 2024.

Staff Person C hired [REDACTED] did not receive training in:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

during training year January 1, 2024 to December 31, 2024.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 05/14/2025)

Staff member A has been removed from the schedule effective 3-29-25 and has been terminated from employment. Staff Person B resigned from [REDACTED] position and has not worked since 12-2024. Staff member C will complete training on; Fire safety, Emergency preparedness procedures and recognition and response to crises and emergency situations, Resident rights, The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), Falls and accident prevention. This training will be completed by 5-20-25. If training is not successfully completed, the employee will be removed from the schedule by the Wellness Director and will not be reinstated until training is completed. The Wellness Director and the Human Resources Director will be responsible to schedule Staff Person C

65g Annual Training Content (continued)

for completion of this training. The Human Resources Director will provide each department manager with a monthly report on completed online training for their team members the first full week of each new month on the prior month. This will begin on 5 5 25. The Human Resources Director/designee will review the report on training completion monthly at QAPI. The next meeting to be held is 5 28 25. If there are no negative trends noted after three months (July 30, 2025), it will then be reported on quarterly at QAPI meetings. Education is to be provided to all Department Managers on the 2600.65.g regulation. This will be done by the Executive Director and the Human Resource Director on 5 5 25. Education to be documented and maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [redacted] 08/08/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet once daily. However, this medication was not administered to Resident [redacted] from [redacted] to [redacted] because the medication was not available in the home.

Repeat Violation: [redacted] et al, [redacted]

Plan of Correction

Accept [redacted] 05/14/2025)

Reeducation done with Medication Technicians on 4 15 25. Policies on Medication Administration and Change in Resident Condition were reviewed and discussed. The Wellness Director completed the education referencing regulation 2600.187.d The home shall follow the directions of the prescriber. The Wellness Director/ designee will complete a 10% random sampling audit of current residents each week for 4 weeks beginning the week of 5 5 25. The initial findings will be reported on at QAPI meeting scheduled for 5 28 25. The Wellness Director/designee will then continue with a 10% random sampling audit of residents each month for 3 consecutive months and report quarterly findings at the QAPI meeting.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [redacted] - 08/08/2025)

190a - Completion Medication Course

6. Requirements

2600. 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person D, who has not successfully completed the Department approved medications administration course, administered medications to residents to include the following:

[redacted]

190a Completion Medication Course (continued)

Plan of Correction

Accepted (████) - 05/14/2025)

Staff Person D has been removed from the schedule and has not worked since 4 23 25. Staff Person D will not be reinstated on the schedule until all credentials are present indicating the passing of the Department's performance based competency test within the past 2 years. The Wellness Director and the Human Resources Director will complete an audit of all existing Medication Technicians to ensure that all certification documents are complete and up to date. This audit will be completed by 5 20 25. The Human Resources Director has created a checklist for new hires which includes Certified Medication Technicians to ensure that the required documents and certifications are present as part of the onboarding process and will begin using that for all new hires effective 5 1 25 and moving forward. The Wellness Director will maintain a file indicating the expiration date of all Medication Technician credentials. This file will be reviewed each month and training will be scheduled accordingly to ensure that all credentials are kept current. The findings of this review will be reported at monthly QAPI meetings. The next scheduled QAPI meeting is 5 28 25.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented (████) - 08/08/2025)

252 - Record Content

7. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident # █████ acquired █████ from █████ in the home, and was admitted to the hospital on █████ and passed away on █████ in the hospital's care. The resident's record does not include the death certificate.

Plan of Correction

Accepted (████) - 05/14/2025)

Oxford Crossings will obtain a copy of the death certificate for residents who pass away unexpectedly outside of the facility based on the PA RCG stating that; If the death was unexpected or unusual (e.g., not a result of advanced age or terminal illness), or the cause of death is not immediately known, or at the request of the Department of Human Services. The Wellness Director/designee will communicate with the health care provider at time of death to ascertain final disposition of resident and the cause of death. If the regulatory compliance guideline criteria are met, the Wellness Director/designee will request a copy of the death certificate to be included in the closed medical record. The Wellness Director/designee will document the person contacted. The Wellness Director/designee will audit each closed chart monthly beginning 5 1 25. The Wellness Director will report the findings of this audit at the QAPI meeting. The next scheduled QAPI meeting is 5 28 25. This audit will be ongoing.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented (████) - 08/08/2025)