

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

January 13, 2026

[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 12/02/2025 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:** 05/17/2026
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:** Commonwealth of PA
Type: I-2 **Date:** 11/22/1985 **Issued By:** Middletown Ship

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 115 **Waking Staff:** 86

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Fine **Exit Conference Date:** 12/02/2025

Inspection Dates and Department Representative

12/02/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 116 **Residents Served:** 84
Secured Dementia Care Unit
In Home: Yes **Area:** Aria **Capacity:** 27 **Residents Served:** 21
Hospice
Current Residents: 8
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 84
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 31 **Have Physical Disability:** 0

Inspections / Reviews

12/02/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/18/2025
01/05/2026 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 01/12/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/18/2026

Inspections / Reviews *(continued)*

01/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/13/2026

01/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Colgate toothpaste, Crest toothpaste, Ambler and Black hand sanitizer gel, and Cutex Care nail polish remover, with a manufacturer's label indicating "if accidentally swallowed, seek medical help or contact a poison control center," were unlocked, unattended, and accessible to resident [REDACTED]. Not all the residents of the home, including resident [REDACTED] have been assessed as capable of recognizing and using poisons safely.

Repeat Violation [REDACTED] et.al.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

1. The items were removed from the room with the inspector by the administrator
2. The staff was in-serviced in locking of poisonous materials
3. All cabinets in memory care have been checked and have a working lock
4. Poisonous materials are to be stored in a resident bin in a locked room and not in resident rooms
5. A rounds sheet that includes poisonous materials has been implemented and is completed by the med tech in memory care daily
6. Poisonous materials will be checked randomly during rounds by the administrator and designee
7. The round sheets are given to the administrator weekly
8. The administrator or designee will address any issues that arise
9. Any issues will be brought to QA

Licensee's Proposed Overall Completion Date: 01/18/2026

Implemented [REDACTED] - 01/13/2026)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:30 am, room [REDACTED] had a strong odor of urine inside the room. Resident [REDACTED] was inside the room lying on the bed.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

1. The resident was still asleep, [REDACTED] had not gotten up yet for the day
2. The resident was woken up by an aide and changed while the inspector was in the memory care unit
3. When the room was revisited by the inspector the odor was gone
4. A rounds sheet that includes odors has been implemented and is completed by the med tech in memory care daily
5. The administrator or designee will do random rounds in the memory care unit and address any odors
6. The round sheets are given to the administrator
7. The administrator or designee will address any issues that arise
8. Any issues will be brought to QA

Licensee's Proposed Overall Completion Date: 01/18/2026

85a Sanitary Conditions (continued)

Implemented [redacted] - 01/13/2026)

183e Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] at 10:30 am, while completing a medication cart audit, a blister pack of [redacted] tablets, prescribed to resident [redacted] had a puncture on the back of the package in spots 2, 4, 13, 18, 22, 31, 34, and 35. The pills remained in the package.

On [redacted], at 10:35 am, while completing a medication cart audit, a blister pack of [redacted] tablets, prescribed to resident [redacted] had a puncture on the back of the package in spots 3, 10, 16, 21, 30, 32, and 33. The pills remained in the package.

On [redacted] at 10:40 am, while completing a medication cart audit, a blister pack of [redacted] tablets, prescribed to resident [redacted], had a puncture on the back of the package in spot 41. The pill remained in the package.

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

Plan of Correction

Accepted [redacted] 01/05/2026)

1. The medication was removed from the blister pack and destroyed by the med tech with the administrator and the inspector present
2. It was identified that two [redacted] were being put into one slot in the blister pack
3. The pharmacy was contacted and all blister packs that had two pills in one slot were requested while the inspector was in the community. They were delivered that day
4. It was also identified that the blister packs in the med carts were too tight
5. Two new med carts were brought to the community by the maintenance director while the inspector was present to separate the medications out into two carts.
6. Moving forward the 11-7 LPN has been given a task list that includes scheduled cart audits and specifically says to identify any blister packs with tears.
7. The audits are given to the Wellness Director and/or Executive Director
8. Any issues will be addressed by the Wellness Director and Executive Director
9. Any issues will be brought to QA by the Wellness Director or Executive Director

Licensee's Proposed Overall Completion Date: 01/18/2026

Implemented [redacted] - 01/13/2026)

234b Support Plan Needs Elements

4. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

234b - Support Plan Needs Elements (continued)

Description of Violation

The support plan, dated [REDACTED], for resident [REDACTED] does not address the ability to use and avoid poisonous materials. According to the medication evaluation dated [REDACTED] this resident cannot safely use or avoid poisonous materials.

Repeat Violation [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 01/05/2026)

1. The support plan was corrected while the inspector was on site by the administrator
2. An audit of all support plans and DMEs has been completed
3. All areas of concern are being addressed by the Administrator, LPN and Lead Med Tech
4. Moving forward all support plans and DMEs will be reviewed by the Wellness Director and/ or Executive Director/designee before being put in the chart
5. All issues will be addressed immediately by the Wellness Director or designee
6. The Administrator will do random audits on the support plans and DMEs
7. All issues or concerns will be brought to QA by the Wellness Director or Executive Director

Licensee's Proposed Overall Completion Date: 01/18/2026

Implemented [REDACTED] - 01/08/2026)