





# Pennsylvania Department of Human Services

Emailing date: May 12, 2026

[REDACTED]  
[REDACTED]  
Oxford Personal Care, LLC  
[REDACTED]  
[REDACTED]

RE: Oxford Crossings  
310 East Winchester Avenue  
Langhorne, Pennsylvania 19047  
License #: 148580

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on March 30 and 31, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

May 12, 2026

[REDACTED]  
OXFORD PERSONAL CARE LLC  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2026, 03/31/2026 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]

**Legal Entity**

**Name:** OXFORD PERSONAL CARE LLC  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 09/19/2000 **Issued By:** Commonwealth of Pennsylvania  
**Type:** I-2 **Date:** 11/22/1985 **Issued By:** Middletown Township

**Staffing Hours**

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

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 03/31/2026

**Inspection Dates and Department Representative**

03/30/2026 - On-Site: [REDACTED]  
03/31/2026 - 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:** 23  
**Hospice**  
**Current Residents:** 7  
**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:** 34 **Have Physical Disability:** 0

**Inspections / Reviews**

03/30/2026 Full  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/02/2026

Inspections / Reviews *(continued)*

05/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/22/2026

05/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

Description of Violation

The assessment and support plan, dated [redacted]/2025, for resident #1 indicates the resident requires total physical assistance with personal hygiene. On 3/30/26 at approximately 10:00 am, resident #1's hair was uncombed and bloody from the resident picking at their scalp.

Plan of Correction

Accept [redacted] - 05/04/2026)

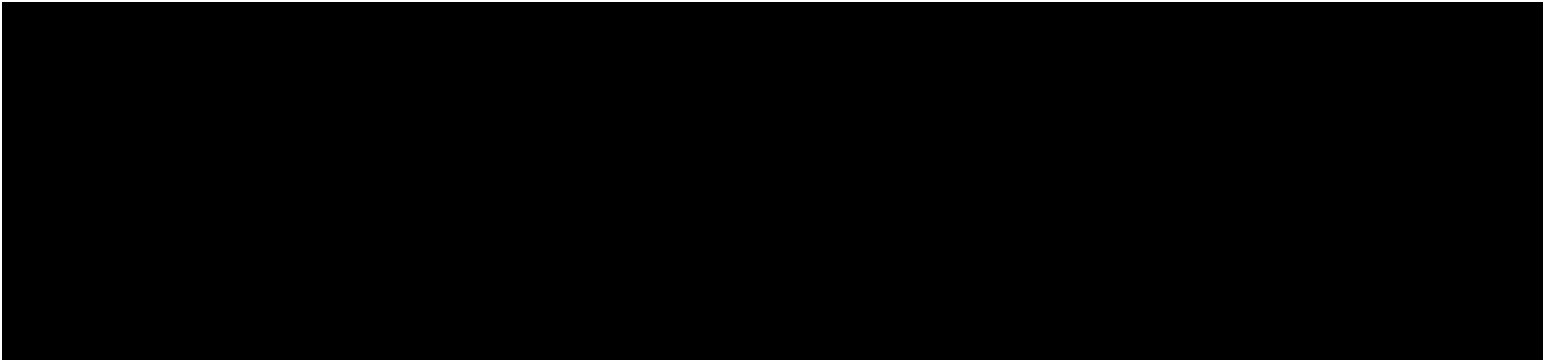
- 1. The resident was immediately cleaned up and [redacted] hair was combed
- 2. All care staff were re-educated on ADLs and providing care according to the support plan by the DON on 4/1/26 and 4/2/26.
- 3. All care staff will be educated to notify DON of repetitive self injuring behavior, behavior that effects personal hygiene by DON 4/1/26 and 4/2/26
- 4. The care sheet was updated to reflect the residents additional hygiene needs and self injuring behavior by DON 4/1/26
- 5. A Memory Care Director has been hired and will over see Memory Care on a regular basis to ensure hygiene compliance. [redacted] will be starting on 5/8/26
- 6. Ongoing, the staff will observe the residents for proper hygiene, report any issues to the Memory Care Director and DON immediately.
- 7. Memory Care Director will do routine rounds beginning 5/8/26 to ensure all residents hygiene needs are being met and report any concerns to the DON and ED
- 8. DON responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 05/15/2026

Evidence of Completion

Implemented [redacted] - 05/12/2026)

See attached.



100a - Exterior - Free of Hazards

3. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 3/30/2026 at 9:30 am, there was collection of trash, empty water bottles and plastic cups, and other debris accumulated outside of the emergency egress doorway of fire tower #2.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Accept [redacted] - 05/04/2026

- 1. I am respectfully requesting that this violation be removed. The landscaping company was here, actively cleaning the grounds. The pile was debris was waiting to be picked up and thrown away when they were finished that day and area.
- 2. The landscaping company was here cleaning the grounds and immediately removed the debris upon being notified.
- 3. The landscapers made a pile of debris to be thrown away when they were finished
- 4. An email was sent to the landscaping company educating them on never piling anything in front of a door
- 5. The company acknowledged receipt and escalated the email to the team.
- 6. The Maintenance Director began weekly rounds on 4/1/26 outside of the community to make sure that none of the doors are blocked with debris.
- 7. Maintenance Director responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 04/27/2026

Evidence of Completion

Implemented [redacted] - 05/12/2026

See attached.

103g - Storing Food

4. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 3/30/2026 at 10:45 am, three tubs of ice cream in the walk-in freezer in the kitchen were unsealed, with the lids not fully closing properly on the tubs.

Plan of Correction

Accept [redacted] - 05/04/2026

- 1. The ice cream lids were immediately put on the ice cream tightly by the dining director.
- 2. Large plastic tubs with lids were brought in and the individual ice cream containers were placed in a tub with the lid sealed tight on 3/30/26
- 3. Recommended lids were ordered on 3/30/26
- 4. Two sets of 10 lids were ordered on 3/30/26. One placed on the ice cream 4/28/26 and one set of 10 back ups
- 5. The dietary staff was educated on the ice cream lids being on and sealed at all times by the food service director on 4/30/26
- 6. The dining director has placed a log to be signed at the end of each shift 4/30/26. The Food Service Director is responsible for ongoing compliance.
- 7. The Executive Director will observe the ice cream lids and log during routine rounds

Licensee's Proposed Overall Completion Date: 05/15/2026

Evidence of Completion

Implemented [redacted] - 05/12/2026

See attached.

183d - Prescription Current

5. Requirements

- 2600.
- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**183d Prescription Current (continued)**

**Description of Violation**

On 3/31/2026, 2 mg Loperamide HCL tablets prescribed for resident #2 were in the medication cart in [REDACTED]; however, the medication was discontinued on 11/1/24.

Repeat violation date: 10/27/2025 et al, 8/18/25 et al

**Plan of Correction**

Accept [REDACTED] - 05/04/2026)

1. The medication was removed while the inspector was present on 3/31/26
2. All Med Techs to be re educated by DON on 5 rights of medication administration, 4/2/2026
3. DON or designated person will complete x1 audit of all carts to ensure all current medications are in the cart and any d/c medications are removed by 4/10/26
4. 5 rights of medication administration re education to be covered with Med Techs during monthly meetings for next 6 months May 2026 to October 2026 by the DON
5. Random Med Cart Audits will be completed by the DON, Memory Care Director and Executive Director.
6. Audits will also be conducted quarterly by the pharmacy, beginning 7/2026
7. DON responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 05/15/2026

**Evidence of Completion**

Implemented [REDACTED] - 05/12/2026)

See attached.

**183e Storing Medications**

**6. 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 3/31/2026, the following medications belonging to resident #2 were stored with punctures in the foil backing of the medication blister card, with the medication still present in the blister:

- Clopidogrel Bisulfate, 75-mg tablets (spot#2)
- Glipizide, 5-mg tablets (spot #17)
- Acetaminophen, 325-mg tablets (spot #5)

Also, a container of artificial Tears ophthalmic solution had been opened 11/23/25. According to the manufacturer's instructions, the unused portions of the medication should be discarded 90 days after opening.

Repeat violation date: 12/2/2025, 8/18/25 et al, 7/31/25 et al, 6/2/25

**Plan of Correction**

Accept [REDACTED] - 05/04/2026)

1. The medication exposed to air was destroyed on 3/31/26 and new medication ordered on 3/31/26
2. Med techs were be in-serviced and given a written test on medication administration by the DON on 4/2/26
3. DON or designee will complete x1 audit of all carts to ensure no meds on the cart past expiration beginning 4/10/26
4. Each med cart will be audited by Med Tech or designee after each med pass to check for punctures in foil backing of med cards beginning 4/2/26
5. Random Audits will be completed by the DON, Memory Care Director and Executive Director beginning 4/2/26

**183e - Storing Medications (continued)**

- 6. Audits will also be conducted quarterly by the pharmacy, beginning 7/2026
- 7. DON is responsible for ongoing compliance

**Licensee's Proposed Overall Completion Date:** 05/15/2026

**Evidence of Completion**

**Implemented** [REDACTED] - 05/12/2026)

See attached.

**185a - Implement Storage Procedures**

**7. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident #2's medication administration record lists blood-sugar readings which do not appear in the resident's glucometer history:

- 141 mg/dL at 8:00 am on 3/25/26
- 139 mg/dL at 4:00 pm on 3/25/26
- 199 mg/dL at 8:00 am on 3/27/26
- 141 mg/dL at 4:00 pm on 3/27/26
- 216 mg/dL at 8:00 am on 3/28/26
- 116 mg/dL at 8:00 am on 3/29/26
- 173 mg/dL at 8:00 am on 3/30/26

Repeat violation date: 8/18/2025 et al

**Plan of Correction**

[REDACTED] - 05/04/2026)

1. All Med Techs will be educated on glucometers and proper recording of the readings by the DON on 4/10/26
2. All glucometers will be audited weekly beginning by DON or designee for four weeks, to monitor for correct and no missed entries. 4/13/26
3. Diabetic Training for all Med Techs completed on 4/6/26 by [REDACTED], RGT Consultants
4. DON or designee will do random audits on glucometers to ensure the numbers are correct and there are no missed entries beginning 5/11/26
5. DON responsible for ongoing compliance

**Licensee's Proposed Overall Completion Date:** 05/15/2026

**Evidence of Completion**

**Implemented** [REDACTED] - 05/12/2026)

See attached.

**187d - Follow Prescriber's Orders**

**8. Requirements**

2600.

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

**Description of Violation**

Resident #2 is prescribed one 5-mg Glipizide tablet twice daily, with instructions to hold if blood sugar is less than 150 mg/dL. On the following occasions, resident #2 received the normal dose of Glipizide despite their blood sugar measuring below 150:

**187d - Follow Prescriber's Orders (continued)**

- 3/20/26 at 8:00 am (141 mg/dL)
- 3/25/26 at 4:00 pm (139 mg/dL)
- 3/26/26 at 8:00 am (138 mg/dL)
- 3/27/26 at 4:00 pm (141 mg/dL)
- 3/31/26 at 8:00 am (105 mg/dL)

Resident #3 is prescribed a blood-glucose check every Tuesday and Friday at 9:00 am. The resident's blood sugar was not checked between 2/6 and 2/11/26; the reading scheduled for 2/10/26 was not taken until the following day.

Resident #4 has an order to cleanse lumbosacral wound with a normal saline solution at 9:00 am every Monday, Wednesday, and Friday. On Monday, 3/30/26, resident #4 did not receive this treatment until approximately 12:00 pm.

Previous violation: 10/27/2025 et al , 8/18/25 et al, 7/31/25 et al

**Plan of Correction** **Accept** [REDACTED] - 05/04/2026)

1. All Med Techs will be re-educated on the 5 rights of medication administration on 4/1/26 by the DON
2. 5 rights of medication administration re-education to be covered with Med Techs during monthly meetings for next 6 months May 2026 to October 2026.
3. DON responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 05/15/2026

**Evidence of Completion** **Implemented** [REDACTED] - 05/12/2026)

See attached.

**234a - Admission Support Plan**

**9. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/2025. However, the resident's initial support plan was completed on 8/31/25, more than 72 hours prior to admission.

**Plan of Correction** **Accept** [REDACTED] - 05/04/2026)

1. The support plan was completed previous to the DON in place at the present time.
2. DON or designee will completed an audit of admissions for last 4 weeks admissions 4/9/26 to ensure all care plans completed within proper time frame/ guidelines
3. All support plans will be completed in the appropriate time frame by the DON
5. Random chart audits will be conducted to ensure compliance by the DON and ED beginning 5/1/26

Licensee's Proposed Overall Completion Date: 05/15/2026

**Evidence of Completion** **Implemented** [REDACTED] - 05/12/2026)

See attached.