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

August 19, 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 05/21/2026 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**: *05/12/2027*

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**: *CWOPA*

Type: *I-2* **Date**: *11/22/1985* **Issued By**: *Middletown Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *131* **Waking Staff**: *98*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *05/21/2026*

Inspection Dates and Department Representative

05/21/2026 - 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**: *27* **Residents Served**: *20*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *86*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *45* **Have Physical Disability**: *0*

Inspections / Reviews

05/21/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/28/2026*

06/23/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/25/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/28/2026*

Inspections / Reviews *(continued)*

06/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/25/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/16/2026*

08/19/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/25/2026*

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

Resident [redacted] resides in the secured dementia unit at the home. Per their support plan completed [redacted], they have a severe deficit with orientation to time, place and person, a moderate problem with irritability and minimal problems with judgement, agitation and aggression. On the afternoon of [redacted], Resident [redacted] followed behind Staff Member A to gain access to the memory care kitchenette. Resident [redacted] began striking Staff Member A with a closed fist. Staff Member A restrained Resident [redacted] by holding [redacted] wrist and called the resident a [redacted]

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

Plan of Correction ***Directed ([redacted] - 06/24/2026)***

1. The incident was reported to the Executive Director immediately on 4/5/26
2. The staff member was escorted from the community on 4/5/26, within 5 minutes of the incident
3. Staff member was suspended pending investigation on 4/5/26
4. The incident was reported to the state on 4/6/26
5. An Act 13 form was submitted, via email and a verbal report was given on 4/7/26 after numerous attempts to contact the department had failed.
6. An investigation was completed on 4/7/26
7. The staff member was terminated on 4/7/26
8. Abuse Training was completed at the monthly Town Hall meeting on 5/28/26, by the Executive Director
9. Abuse training was done with the staff 5/26/26-5/29/26 by the Executive Director and Wellness Director
10. Karen Blutgen from Bucks County AAA will be coming to do a training with the staff on OAPSA Guidelines and reporting. 6/24/26
11. Ongoing compliance and additional training will be done by the Executive Director and designee at various meetings and times. Mandated reported and abuse training will be ongoing at Town Hall meeting with all staff monthly for 6 months.
12. The Executive Director/designee will be responsible for abuse training during the orientation process with all new staff.

Proposed Overall Completion Date: 07/15/2026

Directed Plan of Correction (06/24/2025 - [redacted]:

In addition to, and to clarify the above plan of correction, all staff shall receiving training on abuse and abuse reporting by the outside agency indicated in the plan.

Beginning within 5 days of the date of the receipt of the acceptable plan of correction, the administrator or designee shall observe 5 staff to resident interactions per week for one month. Documentation of observations shall be provided to the department.

Directed Completion Date: *07/15/2026*

42b Abuse *(continued)*

Implemented [redacted] - 08/19/2026)

42y Health Care Choice

2. Requirements

2600.
42.y. A resident has the right to choose [redacted] own health care providers without limitation by the home. This includes the right to select the resident's ow[redacted] pharmacist provided that the pharmacy agrees to supply medications in a way that is compatible with the home's system for handling and assisting with the self administration of resident medications.

Description of Violation

On [redacted], a message was sent by the home to all residents and their families stating the following: "Hello Oxford Residents and families, I hope this message finds you well. We are writing to inform you that effective[redacted] the wellness staff will no longer be making appointments or follow-up appointments for outside providers. It is the family's responsibility to make these arrangements. Wellness staff will be able to send needed information (lab results and medication lists etc) to the provider upon request and documented permissions. Please note that all services will continue as usual through [redacted]. We encourage you to make any necessary arrangements prior to this date to ensure a smooth transition. If applicable, we are happy to assist with referrals or provide any relevant information to support your next steps. We have in-house services such as physicians, podiatry, x-ray, lab, eye doctor, dermatology, psychology, dental and physical therapy. This is a convenience when needing routine health appointments. I have a list of services with corresponding consent forms if you are interested in using one of our internal physicians. You will need to contact the front desk for assistance with transport for appointments. If you have any questions or require further clarification, please do not hesitate to contact us. Thank you for your understanding." This policy change would require residents to change to in-house providers if they wish to receive assistance with scheduling appointments from the home; however, a resident has the right to choose [redacted] own health care providers without limitation by the home.

Plan of Correction ***Directed [redacted] - 06/24/2026)***

1. The message was sent on 3/31/26 from the Wellness Director, however we did continue to make appointments for residents who need the community's support
2. On 4/4/26, we moved to a new transportation and scheduling system called Movi.
3. With this internal system we are able to request the scheduling of any appointments we need for our residents. The appointments are scheduled by a team of schedulers
3. Attached is the form that is used to schedule appointments for residents.
4. On 5/29/26, a communication from the Executive Director was sent out to all families explaining more clearly how scheduling appointments is being handled.
5. Transportation request forms and appointment scheduling forms are available for families and residents at the front desk
6. The process for scheduling appointments and transportation will be reviewed monthly at Resident Council beginning 6/18/26 and continuing for 3 months by the Executive Director.
7. Ongoing the Executive Director along with designee is responsible for ensuring the scheduling of appointments and transportation for the community.

42y Health Care Choice (continued)

Proposed Overall Completion Date: 07/15/2026

Directed Plan of Correction (06/24/2026 [redacted]):

In addition to the above plan of correction, beginning within 5 days from the receipt of the acceptable plan of correction, the administrator or designee shall interview 5 residents per week of residents who choose their own medical providers for one month regarding their needs for assistance with scheduling and keeping appointments and transportation and the home's response and plans to meet the needs. Interviews shall be documented in writing and provided to the department.

Directed Completion Date: *07/15/2026*

Implemented [redacted] - 08/19/2026)

202 - Prohibitions

3. Requirements

2600.
202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move [redacted] arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompti[redacted] escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident [redacted] resides in the secured dementia unit at the home. Per the resident's support plan, dated [redacted], [redacted] has a severe deficit with orientation to time, place and person, a moderate problem with irritability and minimal problems with judgement, agitation and aggression and care staff should provide reassurance, redirection and comforting measures when needed. On the afternoon of [redacted], Resident [redacted] followed behind Staff Member A to gain access to the memory care kitchenette. Resident [redacted] began striking Staff Member A with a closed fist. Staff Member A restrained Resident [redacted] by holding [redacted] wrist and called the resident a [redacted]

Repeat Violation:[redacted] et al

Plan of Correction ***Directed [redacted] - 06/24/2026)***

1. The incident was reported to the Executive Director immediately on 4/5/26

2. The staff member was escorted from the community on 4/5/26, within 5 minutes of the incident

202 - Prohibitions (continued)

3. Staff member was suspended pending investigation on 4/5/26
4. The incident was reported to the state on 4/6/26
5. An Act 13 form was submitted, via email and a verbal report was given on 4/7/26 after numerous attempts to contact the department had failed.
6. An investigation was completed on 4/7/26
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Proposed Overall Completion Date: 07/15/2026

Directed Plan of Correction (06/24/2025 - [redacted]

In addition to, and to clarify the above plan of correction, all staff shall receiving training on abuse and abuse reporting by the outside agency indicated in the plan.

Beginning within 5 days of the date of the receipt of the acceptable plan of correction, the administrator or designee shall observe 5 staff to resident interactions per week for one month. Documentation of observations shall be provided to the department.

Directed Completion Date: *07/15/2026*

Implemented [redacted] ***- 08/19/2026)***