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

August 3, 2026

[redacted]
OXFORD PERSONAL CARE LLC
[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 06/24/2026, 06/25/2026 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**: *Commonwealth of PA*

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *138* **Waking Staff**: *104*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *06/25/2026*

Inspection Dates and Department Representative

06/24/2026 - On-Site: [redacted]

06/25/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *116* **Residents Served**: *92*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Aria* **Capacity**: *27* **Residents Served**: *20*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *92*

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

Have Mobility Need: *46* **Have Physical Disability**: *0*

Inspections / Reviews

06/24/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/27/2026*

Inspections / Reviews *(continued)*

07/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/31/2026*

08/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42s - Privacy

1. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted], at 3:19 pm, there was a sign posted on resident [redacted]s bedroom door in room [redacted] stating " security camera and audio recording in use."

Repeated Violation [redacted] et al. [redacted], et al.

Plan of Correction ***Accept[redacted] 07/24/2026)***

1. The family was previously educated on the use of audio recording in the community by the Executive Director on 6/22/26
2. The sign was immediately taken down with the inspector, 6/25/26
3. A phone call was made to the family with the sign on the door, 6/25/26
4. A notice went out to all families by mail on 6/25/26
5. A memo has gone into the admission information in reference to no audio recording in the community
6. Any audio recording in the community will be immediately stopped by the Executive Director and family called immediately.
7. Executive Director responsible for on going compliance during rounds and resident visits

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 08/03/2026)

141b2 - Medical Evaluation Changes

2. Requirements

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [redacted]'s status change medical evaluation dated [redacted] was incomplete. There is no option selected indicating that the resident's needs can be met safely met at the home.

Plan of Correction ***Accept [redacted] - 07/24/2026)***

1. The medical evaluation was immediately corrected on 6/26/26
2. An audit of all medical evaluations was completed by the regional nurse 6/26/26
3. On going the Executive Director will review all medical evaluations on admission for 4 months sign as reviewed
4. A new Wellness Director will be starting on 7/27/26

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 08/03/2026)

251c - Standardized Forms

3. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted] medical evaluation form, dated [redacted] was not completed on the Department's current standardized form. The medical evaluation was completed on the assisted living residence form, not the personal care home form.

Plan of Correction ***Accept [redacted] 07/24/2026)***

1. The medical evaluation was done on the correct form
2. An audit of all medical evaluations was completed by the regional nurse 6/26/26
3. On going the Executive Director will review all medical evaluations on admission for 4 months and sign as reviewed
4. A new Wellness Director will be starting on 7/27/26

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)