

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 06/02/2025 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:** 11/14/2025

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: **Total Daily Staff:** 165 **Waking Staff:** 124

Inspection Information

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

Reason: Monitoring **Exit Conference Date:** 06/02/2025

Inspection Dates and Department Representative

06/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 116 **Residents Served:** 87

Secured Dementia Care Unit

In Home: Yes **Area:** Aria **Capacity:** 27 **Residents Served:** 15

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 87

Diagnosed with Mental Illness: 50 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 78 **Have Physical Disability:** 5

Inspections / Reviews

06/02/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/28/2025

07/02/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/23/2025

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/07/2025

Inspections / Reviews *(continued)*

07/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/23/2025

08/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], resident [REDACTED] passed away at the hospital after being sent out to the emergency room. The home did not report this incident to the department until [REDACTED].

Repeat violation: [REDACTED] and [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 07/10/2025)

The Executive Director trained Director of Nursing and Memory Care Director on regulation 2600.16c on 6.24.25

7.24.24 training for entire community staff to be completed by the ombudsman. The community is working to obtain training by the ombudsman by July 31, 2025. If the ombudsman is unable to accommodate the Regional Director of Memory Care will complete the training.

Starting 6/24/25 and ongoing monitoring of reviewing incidents by the Executive Director, Director of Nursing, and Memory care Directors are being reviewed during morning meeting when conducted and will continue indefinitely.

Incidents will be reviewed at QAPI monthly and ongoing 7.24.25

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented [REDACTED] - 08/08/2025)

51 Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [REDACTED] and has not resided in Pennsylvania for over 2 years. an FBI background check was not completed for staff person A.

Plan of Correction

Accept [REDACTED] - 07/10/2025)

6.2.25 Campus Director provided education to Executive Director and Human Resource Director on criminal background checks and regulation 2600.51

Effective week of 6.23.25 the Human Resource Director or designee will audit employee files weekly accounting for all current employee records to be completed by 7.15.25. Following the weekly audits random audits will continue ongoing monthly to ensure continued compliance with all employee records by randomly selecting 5 employee files.

6.27.25 employee A was removed from the schedule pending fingerprinting.

6.27.25 Human Resource Director called employee A and notified [REDACTED] regarding regulation 2600.51 and the

51 - Criminal Background Check (continued)

expectation of fingerprinting

6.28.25 employee A scheduled for fingerprinting at 2:20PM

6.30.25 employee A scheduled to return to work 1-5PM following fingerprinting with monitoring of staff supervision in place until pending results are obtained and accepted according to regulation 2600.51. Once results are obtained they will be placed in the the employee record and dated as part of the current POC.

7.24.25 audit and results will be reviewed at QAPI monthly and ongoing.

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented ([redacted] - 08/08/2025)

54a - Direct Care Staff

3. Requirements

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B was hired on [redacted] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 07/10/2025)

6.2.25 Staff person B was removed from schedule until appropriate regulatory documentation was obtained and provided to the employee file.

6.2.25 Campus Director provided education to Executive Director and Human Resource Director on criminal background checks and regulation 2600.54a

6.24.25 Executive Director provided training for the Human Resource Director on new hire documents

Effective week of 6.23.25 the Human Resources Director will utilize an employee file audit tool for all new hires.

Effective week of 6.23.25 the Human Resource Director or designee will audit employee files weekly accounting for all current employee records to be completed by 7.15.25. Following the weekly audits random audits will continue ongoing monthly to ensure continued compliance with all employee records by randomly selecting 5 employee files.

7.24.25 audit and results will be reviewed at QAPI monthly and ongoing.

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented [redacted] 08/08/2025)

62 Contact List

4. Requirements

2600.

62. List of Staff Persons The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person C, the administrator, maintains a list of staff persons that does not include the administrator and campus staff that work in and oversee the building.

Plan of Correction

Accept (CM - 07/10/2025)

6.2.25 Campus Director provided education to Executive Director and Human Resource Director on community staff list and regulation 2600.62

6.27.25 Human Resources Director completed updated complete list of community staff members and placed at the front desk. This was also communicated with all the front desk staff

Effective week of 6.30.25 Human Resource Director or designee will provide staffing updates weekly ongoing to Leadership team and front desk team

7.24.25 community listing and regulation will be reviewed at QAPI monthly and ongoing.

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented [redacted] - 08/08/2025)

65c Ancillary Staff Orientation

5. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [redacted], did not have a general orientation to [redacted] specific job functions.

Plan of Correction

Accept [redacted] - 07/10/2025)

6.2.25 Campus Director provided education to Executive Director and Human Resource Director on ancillary staff orientation and regulation 2600.65c

6.23.25 per referenced audit being conducted by Human Resource Director pertaining to regulatory violation 2600.54a an employee file audit is being conducted over the next several weeks. The employee audit tool includes verification that the employee received general orientation specific to their job function. If this component is missing it will be acknowledged and updated as part of this ongoing POC

Effective 6.23.25 and ongoing Human Resource Director or designee will work with appropriate department manager as new hires onboard to ensure proper orientation and training materials are utilized and signed off on and entered into the employee record

6.27.25 Campus Director educated Life Enrichment Director on Orientation and Training guidelines for new

65c - Ancillary Staff Orientation (continued)

employees and regulation 2600.65c

6.29.25 employee A educated by Human Resource Director on Regulation 2600.65c and given general orientation to life enrichment department by Human Resource Director

7.24.25 orientation and training record along with regulation will be reviewed at QAPI monthly and ongoing.

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented [REDACTED] - 08/08/2025)

65d - Initial Direct Care Training

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Direct care staff person D, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Repeat violation: [REDACTED]

65d - Initial Direct Care Training (continued)

Plan of Correction

Accept [REDACTED] - 07/10/2025)

6.2.25 Employee B pulled from schedule immediately pending appropriate department approved training documentation. Employee D was able to provide the required documentation day of inspection.

6.2.25 employee B and D documentation secured by Human Resource Director on Regulation 2600.65c and added to employee record

6.2.5 Campus Director provided education to Executive Director and Human Resource Director on initial direct care training and regulation 2600.65d

Effective 6.23.25 Human Resource Director will complete employee file audits to confirm that all training and orientation materials are accounted for within the employee record to be completed by 7.15.25

Effective 6.23.25 and ongoing Human Resource Director or designee will work with appropriate department manager as new hires onboard to ensure proper orientation and training materials are utilized and signed off on and entered into the employee record

6.26.25 Campus Director educated Director of Nursing on Orientation and Training guidelines to include department required DHS Direct Care Certification test for new employees and regulation 2600.65d

7.24.25 orientation and training record along with regulation will be reviewed at QAPI monthly and ongoing.

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented [REDACTED] - 08/08/2025)

97 - Elevators/Lifting Devices

7. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The two main elevators in the home do not have a certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certificates expired [REDACTED].

Plan of Correction

Directed [REDACTED] - 07/10/2025)

6.2.25 the community elevators were inspected by Pincus Elevator Company and had no issues reported at the time of inspection

6.2.25 and ongoing Maintenance Director is working to obtain new elevator certificate following the completed inspection by reaching out to the Department of Labor

6.26.25 Campus Director educated Maintenance Director and maintenance team on regulation 2600.97

6.27.25 Campus Maintenance Director received proof via email from ATIS verifying that all the elevators had

97 - Elevators/Lifting Devices (continued)

passed inspection. There is a receipt in the email from the Department of Labor that they confirmed that the elevators "passed" inspection effective June 9, 2025.

Week of 6.30.25 and quarterly ongoing Maintenance Director or designee will review elevator certificates for compliance

7.7.25 and weekly until received Maintenance Director or designee will email and call Department of Labor weekly until certificate comes in the mail. Pass email is on record at this time.

7.24.25 will review inspection at QAPI and follow up on elevator certificate ongoing

Proposed Overall Completion Date: 07/22/2025

Directed Plan of Correction 7/22/25

In addition to the above, to clarify, the administrator or designee shall obtain the elevator certificate within 5 days of the receipt of the acceptable plan of correction. If the certificate is not able to be obtained, the home shall take the elevator out of service and contact the department.

Directed Completion Date: 07/22/2025

Implemented () - 08/08/2025)

182b - Prescription Medication

8. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted] at 9 AM staff person E administered medications to residents to include the following; [redacted] tablet 10 mg, [redacted] tablet, and [redacted] 325 mg to resident [redacted]. Staff person E is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of [redacted] and [redacted] prescription medications; [redacted] and [redacted] injections for insect bites or other allergies. Staff person E was hired on [redacted] and completed a paper version of the course on [redacted]. The paper version became obsolete [redacted].

Plan of Correction

Accept [redacted] - 07/10/2025)

6.2.25 staff person E was immediately removed from administering medication.

182b Prescription Medication (continued)

6.2.25 all remaining med tech certifications were reviewed by Executive Director and Director of Nursing and additional med techs were removed from the schedule of administering medication due to not meeting the regulatory guidelines outlined in 2600.190

6.2.25 med techs were given access to online training portal by [REDACTED] DHS approved medication administration trainer

6.4.5 DHS approved trainer was present in the community to complete needed medication observations and med administrations

6.5.25 DHS approved trainer completed classroom training via teams for med techs. Director of Nursing completed non oral medication administration training in person for the med techs.

6.25.25 med tech credentials were confirmed to be completed and accurate for all current certified med techs in the community by the Director of Nursing. An audit sheet was placed in the front of the binder to confirm that the records are kept of all current staff.

6.26.25 Campus Director educated Director of Nursing on regulation 182b

6.27.25 All med credentials were added to employee record to confirm that their initial training record is on file per our plan of correction

6.30.25 and ongoing biweekly as needed Director of Nursing and Human Resource Director or designee will meet and utilize med tech certification audit tool, kept in the binder, to ensure that all current staff are accounted for in the med tech binder and that all DHS required documentation is present

7.24.25 will review Med Tech training compliance at QAPI and ongoing

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented ([REDACTED] - 08/08/2025)

183e - Storing Medications

9. 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] there was a small white pill loose in the memory care medication cart, and large white round pill in the second floor medication cart

Resident [REDACTED] blister pack of [REDACTED] mg was punctured at pill 30 and the pill remained inside the packaging.

Repeat violation: [REDACTED] and [REDACTED] et al

183e - Storing Medications (continued)

Plan of Correction

Accept [REDACTED] - 07/10/2025)

6.2.25 Staff immediately removed loose pills from the medication cart. The Director of Nursing destroyed resident medication per narcotic protocol.

6.26.25 Campus Director educated Director of Nursing on regulation 2600.183e

Effective 6.23.25 Director of Nursing or designee is responsible to complete a weekly cart audit on all community carts. Weekly cart audit for 4 weeks. Following the 4 weeks, Director of Nursing or designee will complete a weekly cart audit on a random cart throughout the community for 4 weeks. Random weekly cart audit will continue ongoing.

Effective week of 6.30.25 Executive Director or designee will select 3 residents at random to audit for 4 weeks. Following the 4 weeks, the Executive Director will select 1 resident at random from each med cart to audit monthly ongoing.

7.2.25 med tech staff meeting held by Director of Nursing to review proper med pass protocol and regulation 2600.183e with staff

7.24.25 will review cart and med compliance at QAPI and ongoing

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented [REDACTED] - 08/08/2025)

190a - Completion Medication Course

10. 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 F successfully completed the Department-approved medications administration training on [REDACTED], but has not a completed annual practicum, Staff person F administered medications to residents to include the following:

On [REDACTED] at 21:00, [REDACTED] delayed release 40 mg and melatonin oral tablet 5 mg to resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/10/2025)

6.2.25 staff person F was immediately removed from administering medication.

6.2.25 all remaining med tech certifications were reviewed by Executive Director and Director of Nursing and additional med techs were removed from the schedule of administering medication due to not meeting the regulatory guidelines outlined in 2600.190

6.2.25 med techs were given access to online training portal by [REDACTED] DHS approved medication

190a Completion Medication Course (continued)

administration trainer

6.4.5 DHS approved trainer was present in the community to complete needed medication observations and med administrations

6.5.25 DHS approved trainer completed classroom training via teams for med techs. Director of Nursing completed non oral medication administration training in person for the med techs.

6.25.25 med tech credentials were confirmed to be completed and accurate for all current certified med techs in the community by the Director of Nursing. An audit sheet was placed in the front of the binder to confirm that the records are kept of all current staff.

6.26.25 Campus Director educated Director of Nursing on regulation 182b

6.27.25 All med tech credentials were added to employee record to confirm that their initial training record is on file per our plan of correction

6.30.25 and ongoing biweekly as needed Director of Nursing and Human Resource Director or designee will meet and utilize med tech certification audit tool, kept in the med tech binder, to ensure that all current staff are accounted for in the med tech binder and that all DHS required documentation is present

7.24.25 will review Med Tech training compliance at QAPI and ongoing

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented [REDACTED] - 08/08/2025)