

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395367	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/02/2026
NAME OF PROVIDER OR SUPPLIER Oxford Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7 East Locust Street Oxford, PA 19363	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Findings: A review of the facility's policy titled Surveillance for Infection/Infectious Disease, undated, revealed the facility will conduct daily surveillance for reportable infection or outbreak. The nursing staff must notify the Charge nurse of residents with any of the following conditions: Temperature of 100F or greater; Two episodes or more loose watery stools in a twenty-four-hour period; Inflammation or purulent (pus) drainage at the skin; and Transfer to the hospital because of an infection. The DON (Director of Nursing) of Infection Control (IC) Coordinator must enter the data onto the Weekly Surveillance Line Listing Report (A fundamental row-by-row epidemiological tool used in investigation to organize, track, and analyze key information about individual cases). The DON or the IC Coordinator must collect and tabulate the data to remain aware of trends of an increase in prevalence of infectious conditions. A review of the facility's policy Outbreak Plan, undated, revealed that when there is evidence that there may be an outbreak of an emerging infectious disease, but neither the disease nor the source has been identified, an outbreak investigation is to be completed to determine the source of the problem. A review of the facility's Outbreak Case-Patient Line List Report revealed that Resident 1 had more than one LBM (loose bowel movement) in 24 hours on January 30, 2026. The same report revealed that on February 1, 2026, Resident 2, 3, 4, 5, and 6 had more than one LBM in 24 hours. On February 2, 2026, Residents 7 and 8 had more than one LBM in 24 hours, a total of eight residents on the TCU (Transitional Care Unit) had more than one LBM in 24 hours from January 30, 2026, until February 2, 2026. A review of Resident 9's nursing progress notes dated February 5, 2026, at 1:58 p.m., revealed that residents had two episodes of loose stools. A review of Resident 9's progress notes dated February 9, 2026, at 1:34 p.m., revealed the resident was noted with two episodes of loose stools. Review of Resident 10's nursing progress notes dated February 6, 2026, at 1:40 p.m., revealed the resident had multiple episodes of vomiting and was noted to have multiple episodes of loose bowel. Residents 9 and 10 were not listed on the facility's Outbreak Case- Patient Line List. An interview with the IC nurse, licensed Employee E3, was conducted on March 2, 2026, at 1:00 p.m. Employee E3 reported that residents showing potential infectious symptoms were communicated to the DON during the daily morning meeting and/or verbal reporting. Employee E3 reported that they only work three times a week. Employee E3 added that the previous DON was the one who initiated the line list for resident showing GI symptoms and then was handed to them on February 2, 2026, to follow up on the residents. Employee E3 was unable to provide an explanation as to why Residents 9 and 10 were not listed on the facility's surveillance report. Employee E3 also confirmed that an investigation was not done to determine the source of the resident's GI symptoms. The above was conveyed to the Nursing Home Administrator on February 2, 2026, at 2:00 p.m. The facility failed to ensure appropriate surveillance, monitoring, and tracking were implemented for residents showing GI symptoms. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing service</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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