

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Oxford Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 East Winchester Ave Langhorne, PA 19047	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39766</p> <p>Based on a review of facility policy, observation, and staff interview, it was determined that the facility failed to maintain sanitary conditions in the kitchen.</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices, dated April 3, 2024, revealed that a beard restraint was to be worn when cooking, preparing, or assembling food to keep hair from contacting exposed food, clean equipment, utensils, and linens.</p> <p>Observations made during a tour of the kitchen on April 10, 2024, at 11:55 a.m., with the Food Service Director, revealed two male dietary aides assisting on the tray line preparing resident lunch trays for delivery to the nursing units. DA1 and DA2 were observed with facial hair and no beard restraints in place.</p> <p>In an interview on April 10, 2024, at 12:20 p.m., the Food Service Director confirmed that the male dietary aides should have had beard restraints in place as per facility policy.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p> <p>28 Pa. Code 211.6(f) Dietary services.</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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