

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  10/01/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>36935</p> <p>Based on resident interviews, review of facility documentation, observation, and results of a test tray evaluation, it was determined that the facility failed to provide food that was palatable and at acceptable temperatures on one of three nursing unit. (Third floor)</p> <p>Findings include:</p> <p>In interviews on October 1, 2024, at 12:20 p.m. through 1:00 p.m., Residents 3 and 5 stated that food was often served cold.</p> <p>Review of the facility's Test Tray, form revealed that the temperature for the hot entree, starch, and vegetable should be between 115 135 degrees Fahrenheit when served.</p> <p>A test tray conducted on October 1, 2024, at 12:58 p.m., on the Third floor nursing unit, revealed chicken at a service temperature of 114.5 degrees Fahrenheit, potato wedges at 113.5 degrees Fahrenheit, and zucchini at 119.1 degrees Fahrenheit. All food items were cool to taste.</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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