

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 02/11/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43883</p> <p>Based on clinical record review and staff and resident interview, it was determined that the facility failed to maintain clinical records that were accurate and complete for two of three sampled residents. (Residents 2 and 3)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included muscle wasting and anemia. Physician's orders dated January 28, 2025, and February 4, 2025, directed staff to cleanse the resident's sacrum with medihoney and cover with border gauze every day shift and as needed and to apply skin prep (a protective barrier for skin) to both heels every shift. In an interview on February 11, 2025, at 12:52 p.m., the resident stated that staff applied the treatment to the sacrum every day shift as ordered. Review of the treatment administration record (TAR) for February 2025, revealed a lack of evidence that staff documented the administration of the treatment to the sacrum on February 5, 7, 9, and 10, or the administration of the skin prep to both heels on the day shift (7:00 a.m. to 3:00 p.m.) on February 8, 9, and 10.</p> <p>Clinical record review revealed that Resident 3 had diagnoses that included muscle wasting and anemia. Physician's orders dated January 31, 2025, and February 3, 2025, directed staff to apply skin prep to both heels on the day and evening (3:00 p.m. to 11:00 p.m.) shifts and to a blister on the resident's abdomen every shift. In an interview on February 11, 2025, at 12:15 p.m. the resident stated that staff applied the skin prep to his abdomen and heels as ordered. Review of the TAR for February 2025, revealed a lack of evidence that staff documented the administration of the skin prep to the resident's abdomen on the day shift on February 9 and 10, or the administration of the skin prep to both heels on the day shift on February 7, 9, and 10.</p> <p>In an interview on February 11, 2025, at 2:24 p.m., the Director of Nursing confirmed that staff did not properly document that the treatments were administered.</p> <p>28 Pa. Code 211.5(f) Medical records.</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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