

Department of Human Services  
Bureau of Human Service Licensing

January 6, 2022

[REDACTED]  
SNH PENN TENANT LLC  
[REDACTED]

RE: TIFFANY COURT AT KINGSTON  
700 NORTHAMPTON STREET  
KINGSTON, PA, 18704  
LICENSE/COC#: 22822

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *TIFFANY COURT AT KINGSTON* License #: *22822* License Expiration: *01/01/2022*  
Address: *700 NORTHAMPTON STREET, KINGSTON, PA 18704*  
County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *5702832336* Email: [REDACTED]

**Legal Entity**

Name: *SNH PENN TENANT LLC*  
Address: *400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458*  
Phone: *5702832336* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/29/1996* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *07/23/2021*

**Inspection Dates and Department Representative**

07/07/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *110* Residents Served: *44*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**07/07/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/09/2021*

**Inspection Dates and Department Representative (*continued*)**

12/01/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/06/2021*

01/06/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 227d - Support Plan Medical/Dental

**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The assessment for resident #1, dated [REDACTED] does not address resident #1 previous fall history, what was being done to prevent any future falls, or assistive devices resident was using for ambulation. The incident report dated 6/26/21 indicates the resident was caught mid fall and placed in [REDACTED] wheelchair.

**Plan of Correction****Accept**

227D- Executive Director will in-service Director of Resident Care, by 11/29/2021, on importance of completing all areas on the RASP including fall risk, assistive devices and fall prevention interventions. Executive Director or designee will do periodic review of RASP for completeness.

**Completion Date:** 11/29/2021

**Update:** 12/01/2021

Please send/Attach proof of staff training. 12-1-2021 MM

**Document Submission****Implemented**

in-service

**Completion Date:** 12/22/2021