

Department of Human Services
Bureau of Human Service Licensing

August 10, 2021

JENNIFER FRANCIS, PRESIDENT
SNH PENN TENANT LLC
255 WASHINGTON STREET,SUITE 300
TWO NEWTON PLACE
NEWTON, MA 2458

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

Dear Ms. Francis,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/10/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE (RENEWALS ONLY)

INSTRUCTIONS: Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)

REGION NORTHERN		COUNTY LUZERNE	
NAME AND ADDRESS OF AGENCY/FACILITY TIFFANY COURT AT KINGSTON		FACILITY E-MAIL CDAVIS@5SSL.COM	
700 NORTHAMPTON STREET.			
KINGSTON 18704			
MAILING ADDRESS OF FACILITY TWO NEWTON PLACE		LEGAL E-MAIL LICENSING@5SSL.COM	
255 WASHINGTON STREET, SUITE 30			
NEWTON MA 02458		TELEPHONE NO: 570-283-2336	
NAME OF LEGAL ENTITY SNH PENN TENANT LLC		FEIN/SSN:	
CURRENT CERTIFICATE NUMBER ▶ 228220	TYPE OF CONTROL ▶ <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		
EFFECTIVE DATE ▶ FROM 01/01/2020 TO 01/01/2021	IF PRIVATE ▶ <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT		

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED
<p>ADULT RESIDENTIAL FACILITIES PERSONAL CARE HOMES</p> <p style="text-align: center; font-size: 1.2em;">Please see LIS</p>
DATE(S) OF INSPECTION ▶ 11-10-2020

RECOMMENDATIONS:			
<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input checked="" type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> FOURTH	SCORE _____ PERIOD FROM _____ TO _____
<input type="checkbox"/> CERTIFICATE NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER		
LIST REGULATION CHAPTER PA Code Title 55, Chapter 2600, Personal Care Homes		FIRE SAFETY APPROVAL ▶ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		DATE 8-29-1996	TYPE C2/LP; CWOPA/L&I
		LICENSED CAPACITY 110	CURRENT CENSUS 45

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION

anne graziano

8-10-21

SIGNATURE - PERSON MAKING RECOMMENDATION

APPROVED BY

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

Facility Information

Name: *TIFFANY COURT AT KINGSTON* License #: *22822* License Expiration Date: *01/01/2021*
 Address: *700 NORTHAMPTON STREET, KINGSTON, PA 18704*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: *Denise Sherrill* Phone: *5702832336* Email:
Dsherrill@5ssl.com; lindscott@pa.gov;
agraziano@pa.gov

Legal Entity

Name: *SNH PENN TENANT LLC*
 Address: *255 WASHINGTON STREET,SUITE 300, TWO NEWTON PLACE, NEWTON, MA, 2458*
 Phone: *5702832336* Email: *LICENSING@5SSL.COM*

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: *53* Waking Staff: *40*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/10/2020*

Inspection Dates and Department Representative

11/10/2020 - On-Site: Jason Harvey, Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

11/10/2020 - Full

Lead Inspector: *Jason Harvey*Follow-Up Type: *POC Submission*Follow-Up Date: *12/04/2020*

12/3/2020 - POC Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *12/17/2020*

8/10/2021 - Document Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Not Required*

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was a dented can of tomato sauce found in the home's kitchen.

Plan of Correction

Directed

Food & Beverage Director (F&BD) will in-service staff, by 12/1/2020, on checking the condition & quality of each package/ case/ carton/ can etc. upon receipt. When possible any damaged items will be rejected & returned to distributor at time of delivery. If immediate return is not possible any damaged product received will be dated & labeled "damaged upon receipt" and be placed on the bottom shelf by the F&BD office that is labeled "damaged product". F&BD will be responsible to ensure damaged product is returned to distributor. Executive director will do random checks to monitor for damaged product.

Directed Plan of Correction:

Upon resubmission of this POC the home will submit their evidence of compliance via the Portal. Evidence will include the tool actually in use to measure monitoring for damaged food products. The Adm will also submit a copy of the Sign In Sheet from the In Service conducted by the Food and Beverage Director for all of the Dietary Department Staff.

AG, 12-3-2020

Completion Date: *12/17/2020*

Document Submission

Implemented

in-service submitted

Update - 04/20/2021

AG, 5-7-21

on site verification

separate location for dented cans to be returned weekly

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for Nitrofurontin 100mg. The Medication Administration Record for resident #2 did not indicate a diagnosis or purpose for Tramadol 50mg.

afin 2mg

187a - Medication Record (*continued*)**Plan of Correction****Directed**

Director of Resident Care (DRC) will in-service nurses and medication techs, by 12/1/2020, on requirements that need to be on MAR's, including diagnosis for each medication. DRC or designee will monitor MAR's monthly to monitor for compliance. Executive director will do random checks of MAR's to monitor.

Directed Plan of Correction:

Upon Resubmission of this Plan of correction the home will submit evidence of compliance via documents. Please submit the Sign in sheets for the nurses and med techs for the training covering required documentation in the MAR. Also please submit a copy of an actual audit tool that is IN USE and shows evidence of findings and any corrective actions taken, if needed, since December 1, 2020. Please use the Portal for these submissions of evidence of compliance.

AG, 12-3-2020

Completion Date: 12/17/2020

Document Submission**Implemented**

documents attached

Update - 04/20/2021

AG, 5-7-21

MARS reviewed on site

all compliant, Adm doing weekly spot checks

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 11/7/20 at 9pm, the blood glucose reading of resident #3 was 219. Per the prescribed sliding scale insulin parameters, the resident should have received 2 units of insulin but instead received 0 units of insulin due to staff incorrectly documenting the blood glucose level on the resident's MAR.

Plan of Correction**Directed**

Director of Resident Care (DRC) will in-service nurses and medication techs, by 12/1/2020, on proper documentation on MAR's including correct blood glucose readings, importance of giving correct insulin coverage per sliding scale and following MD orders. DRC or designee will monitor glucometer readings weekly x 4 weeks, then monthly x 2 months and then randomly and compare documented blood glucose readings to monitor. Reportable medication error was completed 11/10/2020. Physician and family were notified 11/10/2020.

Directed Plan of Correction:

The Adm will submit, via the Portal, evidence of compliance for this regulation. Please include a copy of the Sign In Sheet for the staff that attended the training offered by the DRC. Also please submit a copy of the monitoring tool that is IN USE with findings and corrective actions taken, if any.

Documentation is to be submitted via the Portal.

AG, 12-3-2020

Completion Date: 12/17/2020

187d - Follow Prescriber's Orders (*continued*)**Document Submission****Implemented***documents attached***Update - 04/20/2021***AG, 5-7-21**All diabetics reviewed for last 6 days.**reading, units correct w/sliding scales*

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 4's preadmission screening form, dated 9/10/20, does not include if the resident can safely use or avoid poisonous materials.

Plan of Correction**Directed**

Executive Director will in-service Director of Resident Care (DRC), by 11/23/2020, on importance of completing all areas on the pre-screen form. Executive Director or designee will review all pre-screen for completeness.

Directed Plan of Correction:

The Adm will send in the Sign in Sheet for the training. If the home has had any admission since this investigation, a copy of the pre-admission document will be copied and sent via the Portal as evidence of compliance. The Adm will also double check the existing files to ensure current compliance.

AG, 12-3-2020

Completion Date: *12/17/2020*

Document Submission**Implemented***documentation attached***Update - 04/20/2021***AG, 5-7-21**2 new admits, reviewed documents, were compliant*

PRIVACY CODING DOCUMENT

Facility Information

Name: *TIFFANY COURT AT KINGSTON*

License #: *22822*

License Expiration Date: *01/01/2021*

Address: *700 NORTHAMPTON STREET, KINGSTON, PA 18704*

Inspection

Date: *11/10/2020*

Type: *Full*

Staff Privacy Coding

Designation

Staff Members Name

Job Title

Date Hired

Resident Privacy Coding

Designation

Resident's Name

Resident 1

Edythe Montz

Resident 2

Joan Mangle

Resident 3

Marita Gaydos

Resident 4

Eugene Mroz

