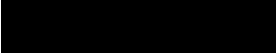


Department of Human Services
Bureau of Human Service Licensing

March 1, 2022

 PRESIDENT

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

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/07/2021, 12/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,


Human Services Licensing Supervisor

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: *01/01/2023*
Address: *700 NORTHAMPTON STREET, KINGSTON, PA 18704*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *SNH PENN TENANT LLC*
Address: *400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458*
Phone: *5702832336* Email: *DSherrill@5SSL.COM*

Certificate(s) of Occupancy

Type: <i>C-2 LP</i>	Date: <i>03/21/1999</i>	Issued By: <i>PA L&I</i>
Type: <i>C-2 LP</i>	Date: <i>12/05/1995</i>	Issued By: <i>Pa L&I</i>
Type: <i>C-2 LP</i>	Date: <i>12/17/1997</i>	Issued By: <i>Pa L&I</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/08/2021*

Inspection Dates and Department Representative

12/07/2021 - On-Site: [REDACTED]

12/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *59*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>57</i>
Diagnosed with Mental Illness: <i>4</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>8</i>	Have Physical Disability: <i>1</i>

Inspections / Reviews

12/07/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/09/2022*

02/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/16/2022*

03/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

Resident room #170, the window shade was missing from the window and did not allow for privacy for the resident.

Plan of Correction

Accept

Corrected at time of inspection, blind replaced. Housekeeping Director will in-service housekeeping staff, by 2/14/2022, on reporting damaged articles, including window blinds, in a timely manner. Executive Director or designee will do periodic walk-thru of community to monitor compliance.

Update: 02/07/2022

Please send/ Attach proof of staff training. 2-7-2022 MM

Document Submission

Implemented

in-service training

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The main kitchen Traulsen brand freezer had a temperature reading of 20°F on the date of inspection.

Plan of Correction

Accept

Corrected on day of inspection, TELS building services came to building to service unit and found condensing pressure high. Repairs made. Food & Beverage Director (F&BD) will in-service dietary staff, by 2/14/2022, on acceptable temperature range of freezer and immediate reporting if temperature is out of acceptable range. F&BD will monitor temperature log sheets weekly. Executive or designee will periodically check temperature to monitor compliance.

Update: 02/07/2022

Please send/ Attach proof of staff training and service invoice. 2-7-2022 MM

Document Submission

Implemented

103f in-service/ repair invoice

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The home's main freezer had a package of 8 frozen Salisbury steak patties that were found not to be in a sealed container.

Plan of Correction

Accept

Corrected at time of inspection. Food & Beverage Director (F&BD) will in-service dietary staff, by 2/14/2022, on

103g - Storing Food (continued)

labeling, dating and sealing of open products. F&BD will monitor weekly x 4 weeks. Executive Director or designee will do periodic checks to monitor compliance.

Update: 02/07/2022

Please send/ Attach proof of staff training. 2-7-2022 MM

Document Submission

Implemented

103 g in-service

121a - Unobstructed Egress**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exists facing the front of the building on the left side of the building did not readily open. The door required several attempts to open with a great deal of force. Immediate access to exterior of the building was not available during an emergency.

RP 09/24/2020

Plan of Correction

Accept

Executive Director will in-service maintenance staff, by 2/14/2022, on checking exit doors weekly, cleaning the threshold and applying lubricant to ensure ease of opening doors. Weekly exit door checklist will be utilized. Executive Director or designee will do random check of exit doors weekly to monitor compliance.

Update: 02/07/2022

Please send/ Attach proof of staff training. 2-7-2022 MM

Document Submission

Implemented

121a in-service

125a - Combustible Storage**1. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The home's main laundry room was found to have two terry cloths towels lying behind the dryers closest to the window across the dryer's electrical cords.

Plan of Correction

Accept

Corrected on day of inspection, area cleaned. Housekeeping Director will in-service housekeeping staff, by 2/14/2022, on making sure areas behind and around dryers is kept clear of combustible materials. Housekeeping staff will sign off daily, on calendar, that they have checked to ensure area is kept clean. Housekeeping Director or designee will clean areas around dryer weekly and as needed. Executive Director or designee will do periodic checks to monitor compliance

Update: 02/07/2022

Please send/ Attach proof of staff training. 2-7-2022 MM

125a - Combustible Storage *(continued)*

Document Submission

Implemented

125 a in-service

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1’s DME dated [REDACTED] and Resident #2 ‘s DME dated [REDACTED] indicated that the residents have special dietary needs, but their needs are not identified on their medical evaluation form.

Plan of Correction

Accept

Executive Director will in-service Director of Resident Care (DRC), by 2/14/2022, on importance of verifying special dietary needs as listed on DME are also listed on RASP/ medical chart and that they are accurate. DRC reviewed all charts, DME’s and RASP for accurateness. DRC will review DME, RASP and medical chart when completed to ensure they are accurate. Executive Director or designee will do periodic review of medical chart, DME and RASP to monitor compliance.

Update: 02/07/2022

Please send/ Attach proof of staff training. 2-7-2022 MM

Document Submission

Implemented

141 a in-service

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3’s [REDACTED] opened 11/26/21 and [REDACTED] opened 11/22/21 had the date the medication was opened but, did not have a prescription labeled with the resident’s name and physician’s orders. The medication was in the resident’s section of the medication cart and there was no way to determine who the medication belonged to.

184a - Labeling OTC/CAM (continued)

Plan of Correction

Accept

Corrected at time of inspection. DRC will in-service med techs and nurses, by 2/14/2022, on proper labeling of medication. Insulin pens will be stored in labeled bag with resident name, MD orders and date opened. DRC will monitor weekly x 4 weeks. Executive Director or designee will do periodic checks to monitor compliance.

Update: 02/07/2022

Please send/ Attach proof of staff training. 2-7-2022 MM

Document Submission

Implemented

184a in-service