

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

March 27, 2024

[REDACTED], EXECUTIVE DIRECTOR  
SNH PENN TENANT LLC

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 02/28/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: TIFFANY COURT AT KINGSTON License #: 22822 License Expiration: 01/01/2025  
 Address: 700 NORTHAMPTON STREET, KINGSTON, PA 18704  
 County: LUZERNE Region: NORTHEAST

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: SNH PENN TENANT LLC  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 12/17/1997 Issued By: Pali

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 105 Waking Staff: 79

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 02/28/2024

**Inspection Dates and Department Representative**

02/28/2024 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 110 Residents Served: 82

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 5

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 23 Have Physical Disability: 1

**Inspections / Reviews**

02/28/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/23/2024

03/22/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/25/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/28/2024

Inspections / Reviews *(continued)*

03/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 82c - Locking Poisonous Materials

## 1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

## Description of Violation

*In the bathroom in the fireside lounge, there was a canister of Lysol disinfectant cleaning spray located unlocked under the sink. \*The label indicates a poison and cannot be ingested. Not all residents that have access to this bathroom are accessed to use poisons safely.*

## Plan of Correction

Accept ( ) - 03/22/2024)

*Lysol was removed from the fireside lounge bathroom on 02/28/24 and all bathrooms were inspected for poisonous materials.*

*Maintenance Director will provide education to all team members on requirements within regulation 2600.82.c. by 03/21/2024.*

*Housekeeping supervisor or designee will monitor that poisonous materials are locked and inaccessible weekly x4 weeks, then monthly.*

*Maintenance Director or designee will monitor housekeeping weekly x4 weeks and then monthly.*

**Licensee's Proposed Overall Completion Date: 03/21/2024**

Implemented ( ) - 03/27/2024)

## 85d - Trash Receptacles

## 2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

*A garbage can located in the kitchen was not covered and was not being actively used by a staff member.*

## Plan of Correction

Accept ( ) - 03/22/2024)

*Lids were placed on all garbage cans in kitchen on 02/28/2024*

*Dining Director secured lids to all garbage cans*

*Dining Director will provide education to dining team on requirements within regulation 2600.85.d. by 03/14/2024*

*Dining Director or designee will monitor garbage can lids daily x4 weeks then weekly x8 weeks*

**Licensee's Proposed Overall Completion Date: 03/16/2024**

Implemented ( ) - 03/27/2024)

## 103e - Left Overs

## 3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs (continued)

**Description of Violation**

*There was a clear plastic package of what appeared to be frozen French fries in the kitchen freezer. The food was not dated or labeled to identify the type of food.*

*Repeat violation 1/24/23*

**Plan of Correction**

Accept (█) - 03/22/2024

*All refrigerators and freezers were inspected or dates/labels on food on 02/28/2024*

*Dining Director will provide education to dining team on requirements within regulation 2600.103.e. by 03/14/2024*

*Dining Director or designee will monitor label/dating daily x4 weeks, then weekly x8 weeks*

**Licensee's Proposed Overall Completion Date: 03/16/2024**

Implemented (█) - 03/27/2024

121a - Unobstructed Egress

**4. 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 door exiting the building across from Room #143 required an excessive amount of force to open due to an obstruction caused by a weather proofing Styrofoam gap filler.*

**Plan of Correction**

Accept (█) - 03/22/2024

*Maintenance Director corrected this on 02/28/2024*

*Executive Director will provide education to Maintenance team on requirements within regulation 2600.121.a. by 03/15/2024*

*Maintenance Director or designee will monitor for unobstructed and unlocked hallways, passageways, doorways, and egress routes daily x4 weeks and then weekly*

**Licensee's Proposed Overall Completion Date: 03/16/2024**

Implemented (█) - 03/27/2024

125a - Combustible Storage

**5. Requirements**

2600.

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

**Description of Violation**

*In the laundry room located on the first floor across from room #150, there were 2 linen napkins found behind the dryer, which can pose a potential fire hazard.*

*There were lint piles on the ground directly underneath the dryer vents and a cigarette butt was observed in the pile on the ground.*

## 125a - Combustible Storage (continued)

**Plan of Correction**

Accept ( ) - 03/22/2024)

The dryers were pulled out and cleaned behind on 02/28/2024. The dryer vents were cleaned on 02/20/2024  
Maintenance Director will provide education to housekeeping team on requirements within regulation 2600.125.a.  
by 03/15/2024

Maintenance Director will monitor behind dryer and lint vent on building daily x4 weeks and then weekly x8 weeks

**Licensee's Proposed Overall Completion Date: 03/16/2024**

Implemented ( ) - 03/27/2024)

## 132c - Fire Drill Records

**6. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The fire drill record for the drill conducted on 11-27-23 and 12-15-23 does not indicate the amount of time in seconds it took for evacuation.

The fire drill record for the drills conducted on 6-12-23, 7-27-23, 8-31-23, and 9-16-23 does not include the amount of time it took to evacuate in minutes and seconds.

**Plan of Correction**

Accept ( ) - 03/22/2024)

Executive Director educated Maintenance Director on properly documenting the fire drills records on 02/29/2024  
Executive Director will monitor fire drill records for proper documenting monthly

**Licensee's Proposed Overall Completion Date: 03/29/2024**

Implemented ( ) - 03/27/2024)

## 144c1 - Smoking Area Guidelines

**7. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

Over a dozen cigarette butts were observed on the ground outside the exit door of the building. This door is located approximately 50 feet from the smoking area.

**Plan of Correction**

Accept ( ) - 03/22/2024)

Outside grounds were audited for proper smoking area guidelines on 02/29/2024. All cigarette butts removed.  
Executive Director will provide education to all team members on all requirements within regulation 2600.144.c. by 03/20/2024.

Executive Director or designee will audit smoking area daily for compliance

144c1 Smoking Area Guidelines (continued)

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented ( ) - 03/27/2024)

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #3 is prescribed [redacted] pen before meals on sliding scale. The manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened. The home did not have documentation when the insulin pen was opened.

Plan of Correction

Accept ( ) - 03/22/2024)

On 02/28/2024 DRC audited medication carts for compliance of insulin pens

Undated insulin was properly disposed of on 02/28/2024

Director of Resident Care will provide education on requirements within regulation 2600.183.e. by 03/20/2024

Director of Resident Care will order open date stickers for properly dating medications by 03/18/2024

Director of Resident Care will audit all 3 medication carts for open dates on medications weekly x8weeks

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented ( ) - 03/27/2024)

187b - Date/Time of Medication Admin.

9. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 has a prescription for [redacted] 2 tablets every four hours. The residents Medication Administration Record for February of 2024 does not have staff initials that [redacted] PRN was administered but the medication bubble packet filed 2/18/24 is missing 18 tablets.

Plan of Correction

Accept ( ) - 03/22/2024)

Director of Resident Care audited all MARs to ensure compliance

Director of Resident Care will provide education to medication techs on requirements within regulation 2600.187.b. by 03/20/2024

Director of Resident Care will monitor PRN medication cards/bottles match MAR on all medication carts daily x4 weeks and then weekly x8 weeks

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented ( ) - 03/27/2024)

187c - Refusal of Medication

10. Requirements

187c - Refusal of Medication (continued)

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

Resident #2's Medication Administration Record documented the resident refused medication [redacted] but does not include documentation that the doctor was contacted.

**Plan of Correction**

Accept [redacted] - 03/22/2024)

Director of Resident Care audited all MARs for compliance

On 02/28/2024 Resident #2's PCP was notified of the refusals of [redacted] and no new orders were received.

Director of Resident Care will provide education to medication techs on requirements within regulation 2600.187.c. by 03/20/2024

Director of Resident Care or designee will monitor refusals for proper documenting/notifying PCP daily x4 weeks and then weekly x8 weeks

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented [redacted] - 03/27/2024)