

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

April 1, 2025

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]

ATTN LICENSING
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2025, 01/21/2025, 01/27/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *TIFFANY COURT AT KINGSTON* License #: *22822* License Expiration: *01/01/2026*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/17/1997* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *102* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *01/27/2025*

Inspection Dates and Department Representative

01/13/2025 - On-Site: [REDACTED]
 01/21/2025 - Off-Site: [REDACTED]
 01/27/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *110* Residents Served: *80*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *6*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

01/13/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/01/2025*

Inspections / Reviews (*continued*)

03/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/21/2025

03/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/31/2025

04/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2025

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

Resident [REDACTED] uses a bedside mobility device to help with transfers in and out of bed. Resident [REDACTED] Resident Assessment Support Plan (RASP) dated [REDACTED] was updated regarding the resident using the device but did not note any risks associated with the device, that the resident can use it safely for the intended purpose and did not note if a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 03/21/2025)

- On 1/13/25, Executive Director (ED) educated Director of Health and Wellness (DHW) and Assistant Care Services Director (ACSD) on regulation 2600.227d.
- A SL Safety Evaluation was completed by the ACSD on 10/16/24 which is used to determine appropriateness for use of a safety device. It was determined through this evaluation that resident [REDACTED] is appropriate to use the bedside mobility device.
- On 1/14/25, DHW consulted therapy for resident [REDACTED] to determine appropriateness for use of the bedside mobility device. Therapy deems use of assistive device appropriate for resident.
- On 1/13/25, the bedside mobility device was covered.
- On 1/13/25, DHW created RASP addendum for current and future necessities of resident's needs.
- Starting on 1/14/25, DHW will perform audits of 2 resident RASPs weekly x 4 weeks then biweekly x 4 then monthly x 1 month to ensure ongoing compliance with regulation 227d.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [REDACTED] - 04/01/2025)

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] RASP dated [REDACTED] was not signed by the resident. There was no documentation the resident refused or was unable to sign.

Plan of Correction

Accept [REDACTED] - 03/21/2025)

- On 1/13/25, ED educated DHW and ACSD on regulation 2600.227g.
- On 1/13/25, DHW documented resident [REDACTED] inability to sign related to hospitalization on the RASP.
- By 1/17/25, DHW and ACSD will audit all RASPs to ensure signatures were obtained, when possible, and when not possible, it's documented that the resident refused or was unable to sign.
- Starting 1/17/25, DHW or ACSD will audit 2 residents' RASPs weekly x weeks then biweekly x 4 weeks then monthly x 1 month to ensure ongoing compliance with regulation 227g.

227g Support Plan Signatures *(continued)*

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([REDACTED] - 04/01/2025)