

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

May 7, 2025

[REDACTED] ADMINISTRATOR
SNH PENN TENANT LLC
[REDACTED]
ATTN LICENSING
[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 03/12/2025, 03/19/2025 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: *103* Waking Staff: *77*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *03/19/2025*

Inspection Dates and Department Representative

03/12/2025 - On-Site: [REDACTED]
 03/19/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *110* Residents Served: *78*

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: *77*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

03/12/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/19/2025*

04/29/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/05/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/05/2025*

Inspections / Reviews (*continued*)

05/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 2:30 pm, the hot water temperature in the bathroom of resident room #151 measured 125.7° Fahrenheit.

Plan of Correction

Accept (█) - 04/29/2025)

On 3/12/25, Facilities Director immediately corrected the hot water boiler for room 151 then checked the temperature to confirm compliance with regulation 2600.89b.

On 3/12/25, Facilities Director immediately checked all hot water boiler temperatures to ensure compliance with regulation 2600.89b.

By 5/1/25, Executive Director will provide education to Facilities Team on requirements within regulation 2600.89b. Facilities Director or designee will audit hot water boiler temperatures daily x 2 weeks, then three times weekly x2 weeks, then weekly x 2 weeks then biweekly x2 weeks, and then monthly x1 month to ensure compliance with regulation 2600.89b

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/07/2025)

144c1 - Smoking Area Guidelines

2. 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

At approximately 9:10 am; 2 extinguished cigarette butts were noted in the mulch outside the Exit door near room # 136.

Plan of Correction

Accept (█) - 04/29/2025)

On 3/12/25 Facilities Director immediately inspected all outside grounds for cigarette butts and disposed of any he found.

By 5/01/25 Facilities Director will provide education to all team members on regulation 2600.244.c.

Facilities Director or designee will audit outside premises daily x2 weeks, then three times weekly x2 weeks, then weekly x2 weeks, biweekly x2 weeks, then monthly x1 month to ensure compliance with regulation 2600.144.c.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/07/2025)

171b4 - Staff Training

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff Person A provides transportation to the residents of the home and has not completed the initial direct care staff training. The home's administrator confirmed the staff member transports residents alone.

Plan of Correction

Accept (█) - 04/29/2025)

On 3/12/25, Staff Person A was immediately provided a direct care person for all transports which remained in place until Staff Person A completed the training on 03/14/2025.

By 4/1/25, Staff Person A and all team members who provide transportation for residents will complete the new hire direct care staff person training as specified in regulation 2600.171b.

By 04/14/2025, Executive Director will provide education to Business Office Manager and Administrative Assistant on regulation 2600.171b

By 5/01/25, Business Office Manager and Administrative Assistant will audit current team member files to ensure compliance with regulation 2600.171b.

Business Office Manager and Administrative Assistant will ensure all newly hired team members who will provide transportation complete the Department approved Direct Care Training Course on day 1 of initial orientation.

Business Office Manager or Administrative Assistant will audit 3 files of team members who provide transportation monthly x 3 months to ensure compliance with regulation 2600.171b

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/07/2025)

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #4 is identified by the home as a resident who can self-administer medications and has Senexon-S (8.6 mg-50mg I tablet daily as needed) in their room. The annual Medical Evaluation for Resident #4 dated █ indicates they cannot self-administer medications.

Plan of Correction

Accept (█) - 04/29/2025)

On 3/12/25, the Director of Health and Wellness immediately called physician for clarification of resident #4 medication assistance and updated the DME as directed.

By 4/18/25, the Director of Health and Wellness will provide education to Assistant Care Services Director on regulation 2600.181c.

181c - Self-administration Assessment (continued)

By 5/1/25, Assistant Care Services Director will audit all DME's for compliance with regulation 2600.181c. Assistant Care Services Director or designee will audit 2 resident DMEs weekly x 4 weeks, biweekly x 4 weeks, and then monthly x1 month to ensure compliance with regulation 2600.181c.

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented () - 05/07/2025

184a - Resident's Meds Labeled**5. 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 #1 has an order for 1 CoQ-10 capsule to be administered daily at 8:00 a.m. The resident's Medication Administration Record (MAR) noted to take 1 capsule daily, while the medication label indicates to take 2 capsules daily at 8:00 a.m. The label is incorrect.

Plan of Correction

Accept () - 04/29/2025

On 3/12/25, the Director of Health and Wellness immediately placed called to physician for clarification order on Resident #1 medication CoQ-10.

By 04/18/25, Director of Health and Wellness will provide education to Assistant Care Services Director and Certified Caregivers on regulation 2600.184a.

By 05/01/25, Assistant Care Services Director will audit medication carts to ensure compliance with regulation 2600.184a.

Assistant Care Services Director or designee will audit a medication cart twice weekly for 6 weeks then weekly x 6 weeks to ensure compliance with regulation 2600.184a.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented () - 05/07/2025

184b - Labeling OTC/CAM**6. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

A bottle of over the counter Natrol Sleep aid belonging to Resident #3 was observed in the home's medication cart. The medication was not labeled with the resident's name.

Plan of Correction

Accept () - 04/29/2025

On 3/12/25, the Director of Health and Wellness immediately labeled Resident #3's medication bottle of Natrol Sleep aid with the resident's name.

By 4/18/25, Director of Health and Wellness will provide education to Assistant Care Services Director and Certified Caregivers on regulation 2600.184b.

By 5/1/25, Assistant Care Services Director will audit all medication carts for compliance with regulation 2600.184b.

184b - Labeling OTC/CAM (continued)

Assistant Care Services Director or designee will audit a medication cart twice weekly for 6 weeks then weekly x 6 weeks to ensure compliance with regulation 2600.184b.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/07/2025

185a - Implement Storage Procedures**7. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5's glucometer indicates a blood glucose level of 213 on 3/7/25 at 3:43 p.m. ; 216 is documented on the MAR for that date and time.

Resident #6's glucometer indicates a blood glucose level of 163 on 3/10/25 at 4:53 p.m.; 186 is documented on the MAR for that date and time.

Resident #7's glucometer indicates a blood glucose level of 256 on 3/5/25 at 11:30 a.m.; 251 is documented on the MAR for that date and time.

Plan of Correction

Accept (█) - 04/29/2025

On 3/12/25, the Director of Health and Wellness immediately called physicians and responsible parties for residents #5, #6, and #7 to inform them of medical equipment documentation errors. No new orders were received for any of these residents.

By 4/18/25, Director of Health and Wellness will provide education to Assistant Care Services Director and all Certified Caregivers on regulation 2600.185a.

By 5/1/25, Assistant Care Services Director will audit all glucometers to ensure compliance with regulation 2600.185a.

Assistant Care Services Director or designee will audit all glucometers and readings twice weekly for 6 weeks then weekly x 6 weeks to ensure compliance with regulation 2600.185a

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█) - 05/07/2025

187a - Medication Record**8. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.

187a - Medication Record (continued)

4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 had a PRN prescription for Tramadol 50mg tablets which was discontinued on 2-25-25. The medication was still listed on the resident's MAR on 3-12-25.

Plan of Correction

Accept (█ - 04/29/2025)

On 3/12/25, the Director of Health and Wellness immediately removed Tramadol 50mg from resident #2's MAR and destroyed the medication per company policy.

By 4/18/24, Director of Health and Wellness will provide education to Assistant Care Services Director and Certified Caregivers on regulation 2600.187a.

By 5/1/25, Assistant Care Services Director will audit all medication carts for compliance with regulation 2600.187a.

Assistant Care Services Director or designee will audit a medication cart twice weekly for 6 weeks then weekly x 6 weeks to ensure compliance with regulation 2600.187a

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█ - 05/07/2025)