

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

June 30, 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 05/27/2025 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**

**Staffing Hours**

Resident Support Staff: *26* Total Daily Staff: *136* Waking Staff: *102*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *05/27/2025*

**Inspection Dates and Department Representative**

05/27/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *110* Residents Served: *84*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *7*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *26* Have Physical Disability: *0*

**Inspections / Reviews**

05/27/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2025*

06/25/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *06/30/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2025*

Inspections / Reviews *(continued)*

06/30/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42c - Treatment of Residents

## 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

On [REDACTED] Employee A went to assist Resident [REDACTED] with getting out of bed. The employee placed [REDACTED] hands on the resident's wrists and said, "Come on!" in a firm tone. Resident [REDACTED] said to the aide, "Let go, you are hurting me!".

## Plan of Correction

Accept [REDACTED] - 06/25/2025)

On 5/20/25, Employee A was immediately suspended pending the outcome of the investigation. Investigation was conducted, including ensuring no other residents felt they were not treated with dignity and respect. Abuse could not be substantiated in this incident so Employee A was brought back to work on 5/28/25. Prior to starting shift, Employee A was reeducated on regulation 2600.42.c. A documented counseling was given to Employee A for dignity and respect. By 6/30/25, DHW will educate all team members on regulation 2600.42.c. DHW or designee will interview 3 residents to ensure they feel they are treated with dignity and respect weekly x 4 weeks then biweekly x 4 weeks then monthly x 1 month for compliance with regulation 2600.42c.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [REDACTED] - 06/30/2025)

## 141a 1-10 Medical Evaluation Information

## 2. 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

The resident's medical evaluation did not include a list of diagnoses or a list of medications, as required by regulation.

## Plan of Correction

Accept [REDACTED] - 06/25/2025)

On 5/27/25, Executive Director (ED) immediately educated DHW on requirements in regulation 141.a. On 5/27/25, DHW immediately notified primary care physician Dr. Mangino that the diagnoses and medications were missing from the DME form. With PCPs permission, DHW updated said DME form with diagnoses and medications.

**141a 1 10 Medical Evaluation Information (continued)**

By 6/30/25, DHW will audit current residents' DME forms for compliance with regulation 141.a. DHW or designee will audit 3 residents' DME forms weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 month for compliance with regulation 2600.141.a.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [REDACTED] - 06/30/2025)

**202 - Prohibitions****3. Requirements**

2600.

202. The following procedures are prohibited:

3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.

**Description of Violation**

On [REDACTED] at 1:40 pm, resident [REDACTED] was taken by both wrists and told "Come on!" by Staff Member A to get out of bed. Staff person A used a manual method to adversely motivate the resident to get out of bed. The resident responded, "You are hurting me!"

**Plan of Correction**

Accept [REDACTED] - 06/25/2025)

On 5/20/2025, Staff person A was immediately suspended pending the outcome of the investigation. Investigation was conducted, including ensuring no other residents have been subjected to pressure point techniques. Abuse could not be substantiated in this incident so Employee A was brought back to work on 5/28/25. Prior to starting shift, Staff person A was reeducated on regulation 2600.202. Documented counseling was given to staff person A on pressure point techniques.

By 6/30/25, DHW will reeducate all team members on regulation 2600.202.

By 6/30/25, DHW will reeducate all clinical team members on proper transfer techniques.

DHW or designee will interview 3 residents to ensure they have not been subjected to pressure point techniques weekly x 4 weeks then biweekly x 4 weeks then monthly x 1 month for compliance with regulation 2600.42c.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [REDACTED] - 06/30/2025)

**224a - Preadmission Screen Form****4. 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 [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was not completed.

**Plan of Correction**

Accept [REDACTED] - 06/25/2025)

On 05/27/25, ED retrained DHW on the requirements in regulation 2600.224a.

By 6/30/25, DHW will complete audit of current residents' preadmission screening forms to ensure compliance with

**224a Preadmission Screen Form (continued)**

regulation 2600.224a.

DHW or designee will audit 3 residents' preadmission screening forms to ensure they are completed 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 weekly x 4 weeks then biweekly x 4 weeks then monthly x 1 month to ensure compliance with regulation 2600.224a.

**Licensee's Proposed Overall Completion Date:** 08/28/2025

**Implemented** [REDACTED] - 06/30/2025)