

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 06/05/2025, 06/09/2025 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: *03/21/1999* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *104* Waking Staff: *78*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *06/05/2025*

**Inspection Dates and Department Representative**

06/05/2025 - On-Site: [REDACTED]  
 06/09/2025 - 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: *7*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *26* Have Physical Disability: *0*

**Inspections / Reviews**

06/05/2025 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*

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] resident [REDACTED] wandered into resident [REDACTED] room at approximately 9:30 p.m. Around this time staff heard voices coming from resident [REDACTED] room and when they entered the room they found resident [REDACTED] in resident [REDACTED] recliner with resident [REDACTED] standing over resident [REDACTED]. Resident [REDACTED] had bruising on their face and a cut on their lip. Staff determined that resident [REDACTED] had hit resident [REDACTED] after resident [REDACTED] wandered into resident [REDACTED]'s room. Resident # [REDACTED] has a history of wandering into resident rooms other than their own. The home did not put safeguards into place to monitor the resident's wandering behaviors and as a result resident [REDACTED] suffered injuries from resident [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 06/25/2025)

On [REDACTED] Resident [REDACTED] and resident [REDACTED] were immediately separated. Med tech evaluated resident [REDACTED] and activated 911. Resident [REDACTED] and resident [REDACTED] were transported to ER for medical evaluation.

On 5/14/25, Resident [REDACTED] returned to community with [REDACTED] and contusions left side of face.

On 05/14/25, upon return from the hospital, resident [REDACTED] was placed on 1:1 care with private duty aid.

On 05/14/25 the Director of Health and Wellness (DHW) reeducated memory care director to report wandering behaviors to clinical team.

By 6/30/25, DHW will reeducate all team members on requirements of regulation 2600.42.b.

DHW or designee will interview 3 residents to ensure they do not feel neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way per weekly x 4 weeks then biweekly x 4 weeks then monthly x 1 month for compliance with regulation 2600.42b.

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

Implemented [REDACTED] - 06/30/2025)