



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to KINGSTON PA SLC TENANT LLC

LEGAL ENTITY

To operate TIFFANY COURT AT KINGSTON

NAME OF FACILITY OR AGENCY

Located at 700 NORTHAMPTON STREET, KINGSTON, PA 18704

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 110
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 14, 2025 until November 14, 2026,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **233190**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



Pennsylvania Department of Human Services

Emailing Date: November 14, 2025

[REDACTED]
Kingston PA SLC Tenant LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: Tiffany Cout at Kingston
700 Northampton Street
Kingston, Pennsylvania 18704
License #: 233190

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 21, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa. Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa. Code Ch. 2600.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

November 7, 2025

KINGSTON PA SLC TENANT LLC
[REDACTED]
[REDACTED]

RE: TIFFANY COLURT AT KINGSTON
700 NORTHAMPTON STREET
KINGSTON, PA, 18704
LICENSE/COC#: 23319

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/21/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *TIFFANY COLURT AT KINGSTON* License #: 23319 License Expiration: 01/01/2026
Address: 700 NORTHAMPTON STREET, KINGSTON, PA 18704
County: LUZERNE Region: NORTHEAST

Administrator

Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Legal Entity

Name: *KINGSTON PA SLC TENANT LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/10/1996* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *113* Waking Staff: *85*

Inspection Information

Type: *Full* Notice: *Announced* BHA Docket #:
Reason: *Complaint, Change Legal Entity* Exit Conference Date: *10/21/2025*

Inspection Dates and Department Representative

10/21/2025 - On- [REDACTED]

Resident Demographic Data as of Inspection Dates**General Information**

License Capacity: Residents Served: *85*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*

Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

10/21/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND