



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **TITHONUS BEDFORD LP**
LEGAL ENTITY

To operate **COLONIAL COURTYARD AT BEDFORD**
NAME OF FACILITY OR AGENCY

Located at **220 DONAHUE MANOR ROAD, BEDFORD, PA 15522**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **83**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 19**

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 12,** **2025** until **June 5,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **329480**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
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 12, 2025

Tithonus Bedford LP
C/O Integracare Corporation



RE: Colonial Courtyard at Bedford
220 Donahue Manor Road
Bedford, Pennsylvania 15522
Certificate #: 32948

Dear Tithonus Bedford LP:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase in the home's Secured Dementia Care Unit capacity from 16 to 19. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

November 12, 2025

[REDACTED] ADMINISTRATOR
TITHONUS BEDFORD LP
[REDACTED]
[REDACTED]

RE: COLONIAL COURTYARD AT
BEDFORD
220 DONAHUE MANOR ROAD
BEDFORD, PA, 15522
LICENSE/COC#: 32948

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/23/2025, 09/24/2025 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: COLONIAL COURTYARD AT BEDFORD License #: 32948 License Expiration: 06/05/2026
 Address: 220 DONAHUE MANOR ROAD, BEDFORD, PA 15522
 County: BEDFORD Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: TITHONUS BEDFORD LP
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/12/2000 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 103 Waking Staff: 77

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/25/2025

Inspection Dates and Department Representative

09/23/2025 - On-Site: [REDACTED]
 09/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 83 Residents Served: 73
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 16 Residents Served: 14
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 30 Have Physical Disability: 1

Inspections / Reviews

09/23/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/24/2025

Inspections / Reviews (*continued*)

10/30/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2025

11/06/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/13/2025

11/12/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2025
Reviewer: [REDACTED] Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contracts dated [REDACTED] for resident #3, [REDACTED] for resident #4, and [REDACTED] for resident #7, were not signed by the residents.

Repeated violation - 8/21/24

Plan of Correction

Accept [REDACTED] - 11/06/2025)

1. Violation review 2600 25b. Contract Signatures-

The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2. Violation Interpretative Statement-

The resident-home contracts dated [REDACTED] for resident #3, [REDACTED] for resident #4, and [REDACTED] for resident #7, were not signed by the residents.

3. Review of Benefit of the Regulation, per RCG-

Guarantees that residents

understand the contents of the contract in order to make an informed decision about whether or not to sign

4. Description of the Repair of the Immediate Problem-

All contracts identified during inspection have been corrected and revised in collaboration with the residents' families and resident. Updated contracts are now properly signed and filed in each resident's record. The contracts for Residents #3, # 4 & #7 were reviewed and corrected in collaboration with the residents' families and the community relations director on 10/15/2025.

5. Determine/ Document the Root cause of the Violation-

Lack of Process to ensure compliance with 2600.25b

6. Detail Action Steps/ System Developed to prevent future occurrences-

To prevent recurrence, all future Senior Living and Memory Care contracts completed via DocuSign will include resident signatures obtained upon move-in. The Executive Director or designee will verify the presence of both the residents' and the community's signatures prior to finalizing the admission file. Compliance will be monitored during the admission audit process starting 10/15/25.

7. Designated position responsible and specify target date of correction- Marketing Director and Executive Director will monitor for completion at each admission, all files were audited for completion as of 10/15/25 . will be monitored ongoing.

25b - Contract Signatures *(continued)*

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([REDACTED] - 11/12/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 9/23/25 at approximately 9:15 AM, [REDACTED] on the Secure Dementia Care Unit (SDCU) was observed having an enabler bar which was not securely attached to resident #1's bed creating a hazard.

Plan of Correction

Accept ([REDACTED] - 10/29/2025)

1. Violation review 2600 81b Resident Personal Equipment-

Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2. Violation Interpretative Statement-

On 9/23/25 at approximately 9:15 AM, [REDACTED] on the Secure Dementia Care Unit (SDCU) was observed having an enabler bar which was not securely attached to resident #1's bed creating a hazard.

3. Review of Benefit of the Regulation, per RCG-

Clean assistive devices that are in good repair are less likely to cause injury or illness to residents.

4. Description of the Repair of the Immediate Problem-

Enabler bar was immediately fix and adjusted to be secure to the bed properly. audited all enabler bars in community for secure.

5. Determine/ Document the Root cause of the Violation-

Lack of Process to ensure compliance with 2600.81b

6. Detail Action Steps/ System Developed to prevent future occurrences-

At staff meeting on 10/15/25 retrained all staff on proper inspection and maintenance of apparatus. Report hazards as needed. Developed routine checks in QMAR system daily three times a day(once all shifts) also made sure Safety Director has added to TELS program to check them once each month.

7. Designated position responsible and specify target date of correction-

Wellness Director and Safety Director will monitor and audit enabler bars monthly as of 10/15/25 and on going. Reports of findings of issues will be reviewed in Monthly Safety meetings. This will be ongoing monthly.

81b - Resident Personal Equipment (*continued*)

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█ - 11/12/2025)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/23/25 at approximately 10:30AM, the following medications were observed unlocked, unattended, and accessible in resident rooms:

- On 9/23/25 prescriptions of Nystatin cream and Nystop powder prescribed to resident #6 were located in █
- On 9/23/25 Insulin cartridges were found in █ refrigerator belonging to resident #4.

Repeated violation - 8/21/24

Plan of Correction

Accept (█ - 11/06/2025)

1. Violation review 2600-183b Meds and Syringes Locked-

Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2. Violation Interpretative Statement-

On 9/23/25 at approximately 10:30AM, the following medications were observed unlocked, unattended, and accessible in resident rooms:

On 9/23/25 prescriptions of Nystatin cream and Nystop powder prescribed to resident #6 were located in █

On 9/23/25 Insulin cartridges were found in █ refrigerator belonging to resident #4.

3. Review of Benefit of the Regulations, per RCG-

Medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medications will be safe from harming themselves with the medications.

4. Description of the Repair of the Immediate Problem-

Lock boxes were provided to the residents that had medications at bedside on 9/23/25

5. Determine/ Document the Root cause of the Violation-

Lack of Process to ensure compliance with 2600.183b

6. Detail Action Steps/ System Developed to prevent future occurrences-

Conducted an immediate audit of all residents' rooms for compliance with medication storage on 9/23/25 from RWD and ED and lock boxes were provided on that date. Documented findings and addressed issues discovered. Reported audit results to Resident Wellness Director and Executive Director for review and further action. Wellness team training with MA's and LPN's to ensure education of proper storage of medications with orders may keep at bedside. Training to happen on 10/23/25. Staff will be reminded in QMAR that all medications need check on daily rounds.

7. Designated position responsible and specify target date of correction-

Resident Wellness Director will establish a monthly schedule for inspection of rooms with monthly cart audit as on

183b - Meds and Syringes Locked (continued)

11/1/25 and ongoing. Will report findings at monthly staff meetings and fix corrections at the time of inspection. Executive Director will monitor on monthly one on one meetings starting 10/28/25 and ongoing monthly.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 11/12/2025

185a - Implement Storage Procedures

4. 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

On 9/24/25 at approximately 10:30 AM, prescription GB Diabetic cream, to be applied as needed for resident #6 was not available in the medication cart.

Resident #4 is prescribed an insulin pump to monitor blood sugars before meals and bedtime. The following measurements were found documented incorrectly:

- On 9/21/25 between 8:00 to 9:00 AM the glucometer phone app recorded 147, however the Medication Administration Record (MAR) had a recorded blood sugar of 141
- On 9/21/25 between 8:00 to 9:00 PM the glucometer phone app did not have a measured blood sugar; however, the resident MAR had a recorded blood sugar of 183

Repeated violation - 8/21/24

Plan of Correction

Accept (█) - 11/06/2025

1. Violation review 2600 185a - Implement Storage Procedures

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.

2. Violation Interpretative Statement-

On 9/24/25 at approximately 10:30 AM, prescription GB Diabetic cream, to be applied as needed for resident #6 was not available in the medication cart.

Resident #4 is prescribed an insulin pump to monitor blood sugars before meals and bedtime. The following

185a - Implement Storage Procedures (continued)

measurements were found documented incorrectly:

On 9/21/25 between 8:00 to 9:00 AM the glucometer phone app recorded 147, however the Medication Administration Record (MAR) had a recorded blood sugar of 141

On 9/21/25 between 8:00 to 9:00 PM the glucometer phone app did not have a measured blood sugar; however, the resident MAR had a recorded blood sugar of 183.

Review of Benefit of the Regulation, per RCG-

Guarantees that residents

understand the contents of the contract in order to make an informed decision about whether or not to sign

4. Description of the Repair of the Immediate Problem-

Changes were made to update the MAR with proper record by Resident Wellness Director on 9/23/25. Cream was a DC and was immediately gotten orders to DC it on 9/25/25.

5. Determine/ Document the Root cause of the Violation-

Lack of Process to ensure compliance with 2600.185a

6. Detail Action Steps/ System Developed to prevent future occurrences-

Staff meeting with MA and LPN to ensure proper training of processes for typing in the exact BG for all residents on 10/23/25. Monthly audits beginning 10/1/25 by Resident Wellness director are currently being done to ensure numbers in MAR match Glucometer. Resident #4 was instructed to not use personal phone to check BG to ring and let staff use the phone that is in wellness center on 9/23/25

7. Designated position responsible and specify target date of correction-

Resident Wellness Director as of 10/1/25 is monthly checking BG to match MAR for each resident to ensure process is correct. This will be done monthly by the RWD and will be documented in Glucose Binder monthly on the 1st and ongoing. Executive Officer to monitor weekly that process is monitored on weekly wellness one on ones as on 10/1/25 and ongoing.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 11/12/2025)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #2 is prescribed wound treatments daily. On 9/18/25 between 8:00 to 9:00 AM the following prescriptions were not utilized to clean the wound.

- Maxorb extra AG+ 2X2
- Saline wound wash

Plan of Correction

Accept ([REDACTED]) - 10/29/2025)

1. Violation review 2600 187d - Follow Prescriber's Orders

The home shall follow the directions of the prescriber.

2. Violation Interpretative Statement-

Resident #2 is prescribed wound treatments daily. On 9/18/25 between 8:00 to 9:00 AM the following prescriptions were not utilized to clean the wound.

Maxorb extra AG+ 2X2

Saline wound wash

3. Review of Benefit of the Regulation, per RCG-

Ensures MAR accuracy by minimizing the chances of documentation mistakes if a resident refuses a medication.

4. Description of the Repair of the Immediate Problem-

Review of wound treatment protocols with staff involved.

5. Determine/ Document the Root cause of the Violation-

Lack of Process to ensure compliance with 2600.187b

6. Detail Action Steps/ System Developed to prevent future occurrences-

Staff meeting with MA and LPN who do treatments on 10/23/25 to discuss protocols and sign off of treatment applications. Discuss communication log between shifts to confirm all treatment schedules are adhered to consistently. Assign all med staff need to print out dashboard and missed meds list on QMAR after each shift sign and log to ensure compliance.

7. Designated position responsible and specify target date of correction-

Resident Wellness Director will monitor Signed sheets daily for compliance of medications and treatments. Charge nurse on each shift will monitor in absence of RWD. These will start as of 10/23/25 and be daily ongoing.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([REDACTED]) - 11/12/2025)

190b - Insulin Injections

6. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 9/6/25 and 9/7/25 between 7:00 to 9:00 AM, staff member A, who did not complete the Department-approved diabetes patient education program training until 9/16/25, administered Lantus Solostar subcutaneously to resident #1.

Plan of Correction

Accept ([REDACTED]) - 10/29/2025)

1. Violation review 2600 190b. Insulin Injections-

A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2. Violation Interpretative Statement-

On 9/6/25 and 9/7/25 between 7:00 to 9:00 AM, staff member A, who did not complete the Department-approved diabetes patient education program training until 9/16/25, administered Lantus Solostar subcutaneously to resident #1.

3. Review of Benefit of the Regulation, per RCG-

Ensures that staff who administer insulin do so in a safe manner

4. Description of the Repair of the Immediate Problem-

Got immediate class scheduled for staff member A , staff member A was pulled from Giving insulin or Glucose checks till recertified.

5. Determine/ Document the Root cause of the Violation-

Lack of Process to ensure compliance with 2600.190b

6. Detail Action Steps/ System Developed to prevent future occurrences-

Class was given 10/2/25 for staff member A to be in compliance. Tickler was made for all other staff that gives medication to make sure that date of annual is not missed. Resident wellness director and Executive Director immediately audited all as of 9/24/25. This will be monitored monthly ongoing.

7. Designated position responsible and specify target date of correction-

Currently corrected as of 10/2/25 will monitor monthly with tickler by Resident Wellness Director and Executive Director.

Licensee's Proposed Overall Completion Date: 10/18/2025

190b - Insulin Injections (*continued*)

Implemented ([REDACTED] - 11/12/2025)

231e - No Objection Statement

7. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #7 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept ([REDACTED] - 11/06/2025)

1. Violation review 2600 231e. No Objection Statement

Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2. Violation Interpretative Statement-

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #7 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

3. Review of Benefit of the Regulation, per RCG-

Ensures that residents and their designated persons have chosen a secured care setting

4. Description of the Repair of the Immediate Problem-

Contracts for Residents #3 and #7 were reviewed and corrected in collaboration with residents' families on 10/15/25. Documentation confirming that the residents and/or their designated representatives do not object to admission to the Secure Dementia Care Unit has been completed and filed in each resident's record on 10/15/25.

5. Determine/ Document the Root cause of the Violation-

Lack of Process to ensure compliance with 2600.231e

6. Detail Action Steps/ System Developed to prevent future occurrences-

Moving forward, all Secure Dementia Care Unit (SDCU) admissions will include a completed No Objection Statement with either the residents' signature or a resident mark, obtained upon move-in. The Executive Director or designee will verify completion and documentation prior to finalizing each admission file. This will be monitored as part of the admission audit process to ensure ongoing compliance.

7. Designated position responsible and specify target date of correction- *Marketing Director and Executive Director will review records on admissions of resident to ensure all signatures are completed as of 10/15/25 and ongoing.*

231e - No Objection Statement (continued)

correction and completion date 10/15/25

Licensee's Proposed Overall Completion Date: *10/30/2025*

Implemented (█ - 11/12/2025)