

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

February 25, 2026

[REDACTED]
TITHONUS TYRONE LP

[REDACTED]
C/O INTEGRACARE CORPORATION
[REDACTED]

RE: COLONIAL COURTYARD AT TYRONE
5546 EAST PLEASANT VALLEY BLVD
TYRONE, PA, 16686
LICENSE/COC#: 32949

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2026 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 TYRONE **License #:** 32949 **License Expiration:** 08/15/2026
Address: 5546 EAST PLEASANT VALLEY BLVD, TYRONE, PA 16686
County: BLAIR **Region:** CENTRAL

Administrator

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

Legal Entity

Name: TITHONUS TYRONE LP
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/02/1999 **Issued By:** Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 48 **Waking Staff:** 36

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 01/16/2026

Inspection Dates and Department Representative

01/13/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 35

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 15 **Residents Served:** 10

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 34
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 13 **Have Physical Disability:** 0

Inspections / Reviews

01/13/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/09/2026

02/11/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/20/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 02/20/2026

Inspections / Reviews *(continued)*

02/25/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

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 the following dates resident [redacted] demonstrated physically aggressive behaviors towards other residents on the home's Secure Dementia Care Unit (SDCU).

- On [redacted] at 3:30 pm, staff member A witnessed resident [redacted] push resident [redacted] resulting in resident [redacted] falling and receiving an injury to the back of [redacted] head. Resident [redacted] required medical attention because of this injury.
- On [redacted] at 2:34 pm, staff member B documented that resident [redacted] slapped resident [redacted] in the back of neck. This slap by resident [redacted] resulted in a red mark on resident [redacted]s neck.

• On [redacted] at 6:35 pm, staff member C documented that staff member D witnessed resident [redacted] push resident [redacted] resulting in resident [redacted] falling and hitting [redacted] head.

Resident [redacted] has a history of physical and verbal aggression towards multiple residents. Staff reported resident [redacted] has been observed exhibiting the following behaviors:

- Grabbing at other residents' arms
- Getting into other residents' faces and yelling at them
- Verbally abusing other residents by calling them dumb and worthless

Plan of Correction

Accept [redacted] - 02/11/2026)

Violation of 2600.42.b

Violation Description

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

Details: On the following dates resident [redacted] demonstrated physically aggressive behaviors towards other residents on the home's Secure Dementia Care Unit (SDCU). • On 11/20/25 at 3:30 pm, staff member A witnessed resident [redacted] push resident [redacted] resulting in resident [redacted] falling and receiving an injury to the back of [redacted] head. Resident [redacted] required medical attention because of this injury. • On 12/23/25 at 2:34 pm, staff member B documented that resident [redacted] slapped resident [redacted] in the back of neck. This slap by resident [redacted] resulted in a red mark on resident [redacted]s neck. • On 1/2/26 at 6:35 pm, staff member C documented that staff member D witnessed resident [redacted] push resident [redacted] resulting in resident [redacted] falling and hitting [redacted] head. Resident [redacted] has a history of physical and verbal aggression towards multiple residents. Staff reported resident [redacted] has been observed exhibiting the following behaviors: • Grabbing at other residents' arms • Getting into other residents' faces and yelling at them • Verbally abusing other residents by calling them dumb and worthless

Immediate Actions

1. Resident Behavioral Assessment and Development of Intervention Plan

1.1 Action Plan: Conducted a comprehensive assessment of Resident [redacted]s behavior to develop immediate intervention strategies to ensure resident and staff safety.

1.2 Steps:

- Conducted an immediate behavioral assessment meeting involving the interdisciplinary team, Resident's daughter/POA and Colonial Courtyard at Tyrone's CRNP, Amy Whitesel to discuss Resident [redacted]
- Develop a short-term individualized intervention strategy to manage Resident [redacted]s aggressive behavior.

42b Abuse (continued)

• Documentation of incidents or progress observed will be maintained ongoing. Future concerns will be escalated to primary care provider.

1.3 Responsible Party: Life Stories (Memory Care) Director

1.4 Time line: Completed on 1/12/2026

2. Staff Training

2.1 Action Plan: Equip staff with the necessary skills to safely manage residents with dementia.

2.2 Steps:

• Organize immediate mandatory training sessions for all SDCU staff focusing on intervention techniques specific to dementia related aggression.

• Include communication strategies, de escalation techniques, and safe physical interventions as well as environmental management.

• Ongoing trainings for current staff will continue monthly.

• New team members will continue to receive the Behind the Door Dementia Training as part of onboarding.

• Documentation of training will be maintained.

2.3 Responsible Party: Life Stories (Memory Care) Director

2.4 Time line: Completed on January 16, 2026

3. Ongoing Management of Residents at risk or with exhibited behaviors

3.1 Action Plan: Maintain an optimized environment and proactively mitigate behaviors when possible.

3.2 Steps:

• Monitor residents and document catastrophic reactions to seek out patterns or trends.

• Documented catastrophic reactions will be reviewed at stand up, daily and also at the monthly safety and quality meeting.

• Concerns on residents at risk or with exhibited behaviors will be communicated to the primary care provider.

• Documentation will be maintained.

3.3 Responsible Party: Life Stories (Memory Care) Director and Executive Operations Officer

3.4 Time line: Implemented 2/5/2026

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [REDACTED] - 02/25/2026)