

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

May 27, 2026

[REDACTED] ADMINISTRATOR
TITHONUS TYRONE LP

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2026, 04/24/2026 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:** LNI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 47 **Waking Staff:** 35

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 04/24/2026

Inspection Dates and Department Representative

04/23/2026 - On-Site: [REDACTED]

04/24/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 33

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 15 **Residents Served:** 9

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 33

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 14 **Have Physical Disability:** 0

Inspections / Reviews

04/23/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/11/2026

05/11/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/22/2026

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/18/2026

Inspections / Reviews *(continued)*

05/19/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/26/2026

05/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/8/26 and 4/14/26, from 3:00 PM to 9:00 PM, there were no staff persons present in the home who were certified in both CPR and First Aid.

Plan of Correction

Accept () - 05/19/2026

Immediate Corrective Action Taken:

- A review of staff schedules and certification records was completed immediately by the Administrator and the Resident Wellness Coordinator following the identification of the violation.
- Staff members currently assigned to all shifts were verified for active CPR/AED/First Aid certification.
- Any gaps in coverage were immediately addressed by adjusting the schedule to ensure a certified staff member is present at all times.
- The staff member who did not have the complete certification, completed the required training on 4/23/2026 and is now compliant with regulations.

Systemic Changes to Prevent Recurrence:

- Administrative Services Director and Resident Wellness Coordinator were educated on 4/23/2026 on the required certifications needed for compliance.
- A tracking system (log/spreadsheet) was implemented on 4/27/2026 and will be maintained by the Resident Wellness Coordinator to monitor all staff CPR/AED/First Aid certification expiration dates.
- On 4/27/2026, the scheduling process has been revised to ensure at least one CPR/AED/First Aid certified staff member is assigned to every shift, including evenings and weekends.
- Beginning 4/27/2026, the Administrative Services Director will verify that new hires will be CPR/AED/First Aid certified during the first 90 days of employment.

Completion date: 5/8/2026 and ongoing

Licensee's Proposed Overall Completion Date: 05/18/2026

Implemented () - 05/27/2026

231e - No Objection Statement

2. 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 #1 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

Directed () - 05/19/2026

Corrective Action Taken:

- All resident records in the secured dementia care unit were audited by Administrator and Community Relations

231e No Objection Statement (continued)

Director to verify no additional records were missing "No Objection" documentation. Completed and compliance verified on 4/30/2026.

- Missing documentation was obtained from resident's designated person on 4/27/2026. Records were updated by Administrator to ensure compliance.

Systemic Changes to Prevent Recurrence:

- The admission and transfer process has been updated to use the "Carefeed" platform to send all contracts for "DocuSign", requiring completion of the "No Objection Statement" prior to admission or transfer.
- On 4/24/2026, the Community Relations Director, responsible for contracts at time of admission, was re educated on documentation requirements for secured dementia care units.

Monitoring Procedure:

- The Administrator will audit 100% of new admissions/transfers into the secured dementia unit for the next 90 days beginning 4/24/2026.
- After 7/24/2026, audits will be conducted by the Community Relations Director and occur monthly.
- Any missing documentation will be addressed immediately.

Completion Date: ongoing

Directed Completion Date: 05/19/2026

Implemented ([REDACTED] - 05/27/2026)