

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

July 31, 2025

[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 07/02/2025 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 TYRONE License #: 32949 License Expiration: 08/15/2025
 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 & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 07/02/2025

Inspection Dates and Department Representative

07/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 70 Residents Served: 39
 Secured Dementia Care Unit
 In Home: Yes Area: MEMORY CARE Capacity: 11 Residents Served: 10
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 13 Have Physical Disability: 0

Inspections / Reviews

07/02/2025 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/18/2025

07/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/27/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/30/2025

Inspections / Reviews *(continued)*

07/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed ABH (ativan, benadryl, haldol) topical gel for anxiety, 1ml every 8 hours as needed. However, resident #1 was administered this medication on 4/10/24, at 2:05 PM and a second time at 3:58 PM.

Plan of Correction

Accept ([redacted] - 07/21/2025)

Code Definition: The home shall follow the directions of the prescriber.

Details: Resident #1 is prescribed ABH (ativan, benadryl, haldol) topical gel for anxiety, 1ml every 8 hours as needed. However, resident #1 was administered this medication on 4/10/24, at 2:05 PM and a second time at 3:58 PM.

Immediate Corrective Action

Action Plan: Prevent immediate recurrence of medication administration errors.

Steps:

- Conduct immediate training for med pass staff emphasizing adherence to medication administration instructions and potential risks associated with deviating from prescribed directions.

Responsible Party: Executive Operations Officer

Time line: Completed July 3, 2025

Education

Action Plan: Provide education to team regarding prescriber directions for medication administration.

Steps:

- Training will include review of the policy for medication administration, including outlining proper procedures for checking and following prescription guidelines.
- Training will also include real-life scenarios, including this violation, to highlight consequences and reinforce correct procedures.
- All new med pass staff will be trained during orientation. Training for existing team will be ongoing.
- Documentation of training will be maintained.

Responsible Party: Executive Operations Officer

Time line: Completed July 3, 2025

Long Term Actions

Action Plan: Ensure sustained compliance with medication administration guidelines.

Steps:

- Verify current medications and administration schedules for all residents and compare to prescriptions.
- Audit current medication logs and resident records to ensure all entries are correct and procedures followed.
- Train staff on immediate corrective actions for caught deviations, including double-checking prescriptions against administration logs.
- Perform quarterly reviews of medication records to ensure alignment with current regulations and best practices.

Responsible Party: Executive Operations Officer/Designee

Time line: Within 60 days

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented ([redacted] - 07/31/2025)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #1 is prescribed Quetiapine TAB 25MG take one tablet by mouth twice daily for agitation.

Plan of Correction

Accept (█ - 07/21/2025)

Code Definition: The following procedures are prohibited: A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Details: Resident #1 is prescribed Quetiapine TAB 25MG take one tablet by mouth twice daily for agitation.

Immediate Corrective Action

Action Plan: Ensure that Resident #1 is not subject to chemical restraint.

Steps:

- *Recognize the current usage of Quetiapine TAB 25MG for Resident #1 as agitation control, which may qualify as chemical restraint.*
- *Consult with Resident #1's prescribing physician to review the purpose and necessity of the prescription.*
- *Determined appropriate diagnosis for medication is DEMENTIA with ANXIETY*

Responsible Party: Executive Operations Officer

Time line: Completed July 6, 2025

Education

Action Plan: Educate staff on the prohibition of chemical restraints under regulation 2600.202.

Steps:

- *Educate med pass staff on the definition of chemical restraints and the regulatory prohibition.*
- *New med pass team members will be trained as part of onboarding.*
- *Documentation of training will be maintained.*

Responsible Party: Executive Operations Officer

Time line: To be completed by 7/28/2025

Long Term Actions

Action Plan: Improve collaboration with prescribing healthcare providers to ensure compliance with regulatory requirements.

Steps:

- *Staff will assess for regulatory compliance on new orders received from providers prior to sending order to pharmacy for filling.*
- *EOO/Designee will audit medication records quarterly to ensure that the providers are maintaining compliance with regulatory requirements.*
- *Request will be made to physician for correction for any orders found to be out of compliance.*
- *Perform quarterly reviews of medication records to ensure alignment with current regulations and best practices*

Responsible Party: Executive Operations Officer/Designee

Time line: To be completed by 7/28/2025

Licensee's Proposed Overall Completion Date: 07/28/2025

Implemented (█ - 07/31/2025)

202 - Prohibitions (continued)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The home did not complete a significant change assessment when Resident #1 was moved to the secure dementia care unit in [REDACTED]

Plan of Correction

Accept ([REDACTED] - 07/21/2025)

Code Definition: The resident shall have additional assessments as follows: If the condition of the resident significantly changes prior to the annual assessment.

Details: The home did not complete a significant change assessment when Resident #1 was moved to the secure dementia care unit in [REDACTED]

Immediate Corrective Action

Action Plan: Ensure that a significant change assessment is in place for Resident #1.

Steps:

- Audited for significant change assessment for resident #1.
- Significant change assessment was found to be completed but was not printed or signed.
- Assessment was printed and signatures obtained.
- Assessment now on file in medical record.

Responsible Party: Executive Operations Officer/Designee

Time line: Completed on 7/7/2025

Education

Action Plan: Educate staff on the requirement for significant change assessments.

Steps:

- Organize a training session for all caregiving staff on the importance of reporting changes in resident condition so the assessment can be updated.
- Training will include examples of what constitutes a significant change and the importance of timelines for conducting assessments.
- New team members will be trained as part of onboarding.
- Documentation of training will be maintained.

Responsible Party: Executive Operations Officer/Designee

Time line: To be completed by 7/28/2025

Long Term Actions

Action Plan: Ensure ongoing compliance with resident assessment requirements.

Steps:

- Audits will be conducted of current resident assessments to ensure that they accurately reflect the resident's conditions and needs.
- Updates will be made to assessments to reflect any significant changes discovered on this audit.
- Assessments will be updated timely for residents with significant changes consistently moving forward.
- Documentation of audits will be maintained.

Responsible Party: Executive Operations Officer/Designee

Time line: To be completed by 8/20/25

225c - Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 08/20/2025

Implemented (█) - 07/31/2025)

227h - Support Plan Refuse Sign

4. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 could not participate in the development of █ support plan on █. The resident could not sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction

Accept (█) - 07/21/2025)

Code Definition: If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Details: Resident #1 could not participate in the development of █ support plan on █. The resident could not sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Immediate Corrective Action

Action Plan: To immediately address the missing notation in Resident #1's support plan regarding █ inability to sign.

Steps:

- Review Resident #1's support plan dated █ to confirm the missing signature and notation.
- Document a clear notation stating the resident's inability to sign on the support plan or have the resident make █ mark.
- Support plan will be placed on file and will contain proper documentation of inability to sign or will reflect the resident signature.

Responsible Party: Executive Operations Officer

Time line: To be completed by 7/25/2025

Education

Action Plan: To reinforce the protocol for documenting residents' inability or refusal to sign support plans and ensure this policy is communicated effectively to all staff.

Steps:

- Training will be held for all staff to review procedures for managing cases of resident inability or refusal to sign.
- New team members will be trained during onboarding.
- Documentation will be maintained.

Responsible Party: Executive Operations Officer/Designee

Time line: To be completed by 7/28/2025

Long Term Actions

Action Plan: To ensure sustained compliance with documentation requirements regarding resident support plans.

Steps:

- EOO/Designee will audit support plans quarterly to ensure proper printing, filing and signing.
- Signatures will be obtained or documentation made for any support plans that are found to be out of compliance.
- Documentation of audits will be maintained.

Responsible Party: Resident Wellness Coordinator

227h - Support Plan Refuse Sign (continued)

1. Time line: To be completed by 7/28/2025

Licensee's Proposed Overall Completion Date: 07/28/2025

Implemented ([REDACTED] - 07/31/2025)