# Department of Human Services Bureau of Human Service Licensing

August 10, 2021

**EXECUTIVE DIRECTOR** 

SAGE ATWATER TENANT TRS LLC 1489 BALTIMORE PIKE, SUITE 240 Suite 240 SPRINGFIELD, PA 19064

RE: ECHO LAKE

900 NORTH ATWATER DRIVE

MALVERN, PA, 19355 LICENSE/COC#: 14713

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/23/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely, Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

#### **Facility Information**

Name: ECHO LAKE License #: 14713 License Expiration Date: 09/30/2022

Address: 900 NORTH ATWATER DRIVE, MALVERN, PA 19355

County: CHESTER Region: SOUTHEAST

#### Administrator

Name: Phone: 484-568-4777 Email:

#### **Legal Entity**

Name: SAGE ATWATER TENANT TRS LLC

Address: 1489 BALTIMORE PIKE, SUITE 240, Suite 240, SPRINGFIELD, PA, 19064

Phone: 4845684777 Email:

#### Certificate(s) of Occupancy

#### **Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 64 Waking Staff: 48

#### Inspection

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint Exit Conference Date: 07/23/2021

#### Inspection Dates and Department Representative

07/23/2021 - On-Site:

#### Resident Demographic Data as of Inspection Dates

**General Information** 

License Capacity: 96 Residents Served: 42

**Special Care Unit** 

In Home: Yes Area: 3rd floor Capacity: 30 Residents Served: 22

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42

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

Have Mobility Need: 22 Have Physical Disability: 2

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ECHO LAKE 14713

# Inspections / Reviews

### 07/23/2021 - Partial

Lead Inspector: Follow-Up Type: Not Required

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## No Deficiencies Identified

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