



pennsylvania
DEPARTMENT OF HUMAN SERVICES

[REDACTED]
[REDACTED]
Sage Atwater Tenant TRS, LLC
[REDACTED]
[REDACTED]

RE: Echo Lake
900 North Atwater Drive
Malvern, Pennsylvania 19355
License #: 147131

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection November 3, 4, 5, 8, 9, 10, 12, 15, and 16, 2021, December 16, 2021, February 18 and 22, 2022, and April 13, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), the Department hereby REVOKES your certificate of compliance 147130 September 30, 2021 to September 30, 2022 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated September 30, 2021 to September 30, 2022 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 13, 2022 to September 30, 2022.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

[REDACTED]

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *ECHO LAKE* License #: *14713* License Expiration: *09/30/2022*
Address: *900 NORTH ATWATER DRIVE, MALVERN, PA 19355*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *484-568-4777* Email: [REDACTED]

Legal Entity

Name: *SAGE ATWATER TENANT TRS LLC*
Address: [REDACTED]
Phone: *4845684777* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *09/23/2020* Issued By: *Tredyffirn twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *02/22/2022*

Inspection Dates and Department Representative

11/03/2021 - On-Site: [REDACTED]
11/04/2021 - Off-Site: [REDACTED]
11/05/2021 - Off-Site: [REDACTED]
11/08/2021 - Off-Site: [REDACTED]
11/09/2021 - Off-Site: [REDACTED]
11/10/2021 - Off-Site: [REDACTED]
11/12/2021 - Off-Site: [REDACTED]
11/15/2021 - Off-Site: [REDACTED]
11/16/2021 - Off-Site: [REDACTED]
12/16/2021 - Off-Site: [REDACTED]
02/18/2022 - Off-Site: [REDACTED]
02/22/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 96

Residents Served: 49

Special Care Unit

In Home: Yes

Area: *connection*

Capacity: 30

Residents Served: 20

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 24

Have Physical Disability: 0

Inspections / Reviews

11/03/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/05/2022*

03/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/07/2022*

03/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/12/2022*

5a1 DHS access

1. Requirements

2800.

5.a. The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 11/16/21, at 10:56am via email, an agent of the Department requested access to Resident #1's incident report from [REDACTED]/21, and payroll reports for all direct care staff, LPNs and medication technicians for the time period of 10/30/21 through 11/1/21. Staff person A did not respond to the request. After inquiring again via email on 12/13/21, Staff A provided only the requested incident report. The payroll records have not been provided.

Plan of Correction

Accept

Upon request for any documentation from a surveyor or anyone at the department of Human Services, the assisted living administrator or designee will promptly retrieve requested items. If the requested document is not readily available the assisted living administrator or designee will respond to the DHS representative with a time frame upon which the requested documentation will be available. All incident report requests will be managed by the health and wellness director and all payroll reports will be given to DHS via the business office manager. **SLW 5.4.33**

Completion Date: 03/02/2022 Licensee Proposed Date

Implemented

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/21, at On [REDACTED]/21 at approximately [REDACTED], Resident #1 was [REDACTED]. This incident of [REDACTED] was not reported to the local Area Agency on Aging.

Plan of Correction

Accept

- 1. Day of DHS surveyor's visit this was reported to AAA.
- 2. Any similar incident in the future will be reported to the AAA by the assisted living administrator or designee within 24 hours.
- 3. Wellness staff and Director training will be completed by the assisted living administrator or designee **SLW 5.4.22.**

Completion Date: 04/11/2022 Licensee Proposed Date

Implemented

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/2021, Resident #1 was [REDACTED]. The residence did not report this incident to the Department.

16c Incident reporting (continued)

Plan of Correction

Accept

1. Any potentially serious injury or life threatening incidents will be reported to DHS and AAA if it is of suspicious manner by the Health and Wellness Director or designee.

2. Training wellness staff and directors on what are reportable incidents will be completed.

SLW 5.4.22
Implemented

Completion Date: 04/11/2022 Licensee Proposed Date

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted]/21, for resident #1, indicates the resident requires total assistance with turning and positioning in bed/chair. On [redacted]/21 and [redacted]/21, the resident did not receive this assistance as required.

Plan of Correction

Accept

1. Memory care will have Q2 hour checks on the overnight shift. Caregivers will complete checks and document in electronic health record. 2. Memory Care Director will complete a weekly audit of the overnight checks x6 months and thereafter complete monthly checks, ongoing. 3. Care staff will be re-educated on the resident plan of care in regards to ADL needs and support needed. Training to be completed by Health and Wellness Director/Memory Care Director/Designee.

SLW 5.4.22
Not Implemented

Completion Date: 04/04/2022 Licensee Proposed Date

42b Abuse/Neglect

1. Requirements

2800.

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 [redacted]/21 at approximately [redacted], resident #1 wa [redacted]

Previously, on [redacted]/21, resident #1 was [redacted]
[redacted] The home did not remove the device after this incident and did not assess the resident's capability of using the device safely.

Resident #1 was not initially assessed as being capable to use the positioning device. The resident's ASP was updated with a significant change on [redacted]/21 when the resident was [redacted]. The ASP described that the resident needs complete assistance with transferring in/out of bed/chair and that staff members

42b Abuse/Neglect (continued)

will assist in transfers using a sit to stand device with two persons. A bed assist cane is mentioned in the plan, but does not describe the staff's role in using this device. The ASP also states that the resident needs total assistance with turning and positioning in bed/chair and that staff will assist moving the resident while in bed or chair.

Plan of Correction

Accept

1. Assessment of need/diagnosis, physician order, update of assessment/support plan when implementing the use of an enabler will be complete and documented upon determination of the need of an enabler.
2. Enablers will each have a cover at all times.
3. Enabler's will be checked weekly by the Health and Wellness Director or Designee. See attached audit tool.
4. Resident will be assessed on ability to use the enabler and educated on the proper use. Health and Wellness Director/Designee will complete.
5. Resident and responsible party will be required to sign a negotiated risk agreement stating they understand the risks associated with the use of the enabler.
6. Re-training as stated in response to the 2800.23A violation by Health and Wellness Director/Designee.
7. Internal policy changed no enablers will be permitted for use in the memory care neighborhood.

Completion Date: 04/04/2022 Licensee Proposed Date

SLW 5.4.22
Not Implemented

42p Restraints

1. Requirements

2800.
42.p. A resident shall be free from restraints.

Description of Violation

From [redacted] /21 through [redacted] /21, resident # 1's bed was equipped with a bed rail. The resident has a primary diagnosis [redacted]. On [redacted] /21, resident #1 [redacted]. The home did not remove the device after the resident demonstrated unsafe use. Due to the continued use of the rail despite safety concerns, this device posed as a means to restrain the resident.

Plan of Correction

Accept

- In addition to the previous plan of care the following will be completed:
1. Wellness staff and director team will be re-trained on what is a or could be considered a restraint by the Health and Wellness Director/Designee. Training will focus on both conventional types of restraints as well as items not typically considered a restraint.
 2. Training will also include what to do if a resident is unable to use the item safely any longer. Health and Wellness Director/Designee to complete all of the above training.

Completion Date: 04/11/2022 Licensee Proposed Date

SLW 5.4.22
Implemented

141a Medical evaluation

1. Requirements

2800.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

141a Medical evaluation (continued)

Description of Violation

The medical evaluation for resident # 1, dated 6/17/21, does not include an indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray.

Plan of Correction

Accept

1. PPD will continue to be administered on day of move-in and entered into both the EHR and the ADME by the LPN or Health and Wellness Director.

2. Read results will be added to the ADME and the EHR by the LPN or Health and Wellness Director.

SLW 5.4.22

Completion Date: 04/04/2022 Licensee Proposed Date

Implemented

185a Storage procedures

1. Requirements

2800.

185.a. The residence 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

From [redacted]/21 through [redacted]/21, Resident #1's bed was equipped with a bed rail. Direct Care Staff did not receive training on the use of this device.

Plan of Correction

Accept

1. Direct care staff training on the proper use and potential risks of the enabler will be completed by Health and Wellness Director or Designee upon hire and annually.

2. Initial training will be completed by 3/31/22.

SLW 5.4.22

Completion Date: 04/04/2022 Licensee Proposed Date

Implemented

203 Bedside rails

1. Requirements

2800.

203.b. Half-length rails are permitted only if the following conditions are met:

- 1. The resident's assessment or support plan, or both, addresses the medical symptoms necessitating the use of half-length rails and the health and safety protection necessary in order to safely use half-length rails.

Description of Violation

One half-length rail was used on resident #1's bed from [redacted]/21 through [redacted]/21. However, resident #1's assessment and support plan, dated [redacted]/21, does not address the medical symptoms necessitating the use of half-length rails and the health and safety protection necessary in order to safely use half-length rails.

Plan of Correction

Accept

1. Significant change assessment will be completed by the Health and Wellness Director/Designee prior to the use of the enabler.

2. Physician will approve and order an enabler for each resident that needs one.

3. Enabler use and reason for the enabler and any staff participation to assist resident in the use of the enabler will be added to the residents ASP by the Health and Wellness Director/Designee.

SLW 5.4.22

Completion Date: 04/11/2022 Licensee Proposed Date

Implemented

225a2 Assessment – significant change

1. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [redacted]/21, resident #1 [redacted]. Resident #1’s assessment, dated [redacted]/21, does not include the use of a bed rail, physical diagnoses or symptoms to support the use of the rail, or a plan to use the device safely. An additional written assessment was not completed.

Plan of Correction

Accept

Additions to the above POC.

2. Physician order and diagnosis for the need of the enabler will be documented by the Physician/LPN. Health and Wellness Director/Designee will have the resident/responsible party sign the negotiated risk agreement.

4. weekly x 6 months and monthly thereafter audits will be competed by the Health and Wellness Director/designee

5. POC/and service plan will be updated with dx, order, resident safety assessment and staff training by the Health and Wellness Director/Designee.

SLW 5.4.22

Completion Date: 04/11/2022

Not Implemented