

Department of Human Services
Bureau of Human Service Licensing

July 18, 2022

[REDACTED]
SAGE ATWATER TENANT TRS LLC
[REDACTED]
[REDACTED]

RE: ECHO LAKE
900 NORTH ATWATER DRIVE
MALVERN, PA, 19355
LICENSE/COC#: 14713

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

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: *1489 BALTIMORE PIKE, SUITE 240, Suite 240, SPRINGFIELD, PA, 19064*
Phone: *484-568-4777* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *09/23/2020* Issued By: *Tredyffrin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

Inspection Information

Type: *Interim - Provisional* Notice: *Unannounced* BHA Docket #:
Reason: *Provisional, Monitoring* Exit Conference Date: *06/28/2022*

Inspection Dates and Department Representative

06/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *96* Residents Served: *64*

Special Care Unit

In Home: *Yes* Area: *Connections* Capacity: *30* Residents Served: *28*

Hospice

Current Residents: *-*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *48* Have Physical Disability: *1*

Inspections / Reviews

06/28/2022 - Interim - Provisional

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2022*

Inspections / Reviews (*continued*)

07/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/20/2022*

07/18/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

82c Locked poisons

1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 12:30pm on 6/28/22, the tall cabinet in the activities room in the Connections SDCU area is unlocked. A bottle of nail polish remover is present on a shelf in the cabinet with a warning label that reads "harmful if swallowed, contact poison control". The activities area was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident of the Connections SDCU have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

Training regarding 2800.82c was completed with the staff member that left the closet unlocked, while the surveyor was in the community. All life enrichment staff were trained using the attached regulatory information.

Completion Date: 07/14/2022

Document Submission

Implemented

Training regarding 2800.82c was completed with the staff member that left the closet unlocked, while the surveyor was in the community. All life enrichment staff were trained using the attached regulatory information.

184b Resident meds labeled

1. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 6/28/22, a bottle of Vitamin D3 belonging to resident # 1 was in the 1st and 2nd floor medication cart and was not labeled with the resident's name.

Plan of Correction

Accept

- 1. within 24 hours of a new resident moving in an audit will be completed of the medications in the medication cart.
- 2. weekly medication cart audits will be completed by HWD/LPN or designee ongoing.

Completion Date: 07/19/2022

Document Submission

Implemented

- 1. within 24 hours of a new resident moving in an audit will be completed of the medications in the medication cart.
- 2. weekly medication cart audits will be completed by HWD/LPN or designee ongoing.

233c Key-locking devices

1. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the residence's locking mechanism are not conspicuously posted near the door to exit stairwell 8 in the special care unit.

Plan of Correction

Accept

The code for the door was replaced while the surveyor was still on the floor. See attached

Completion Date: 06/28/2022

233c Key-locking devices (continued)**Document Submission*****Implemented***

The code for the door was replaced while the surveyor was still on the floor. See attached