



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing date: November 30, 2022

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

RE: Echo Lake  
900 North Atwater Drive  
Malvern, Pennsylvania 19355  
License #: 147130

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on August 25 and 26, 2022, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *SAGE ATWATER TENANT TRS LLC*  
Address: [REDACTED]  
Phone: [REDACTED] 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: *116* Waking Staff: *87*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *08/26/2022*

**Inspection Dates and Department Representative**

08/25/2022 - On-Site: [REDACTED]  
08/26/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *96* Residents Served: *68*

**Special Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *48* Have Physical Disability: *0*

Inspections / Reviews

08/25/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/23/2022*

09/30/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/03/2022*

10/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 Record confidentiality

1. Requirements

2800.

- 17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 08/25/22, at 11:19 am, First Floor Service Plans were unlocked, unattended, and accessible on a desk in the first floor nursing station.

Plan of Correction

Accept

All documentation pertaining to residents removed from areas accessible to public at time of inspection. HWD will perform inspection of common areas on 1st, 2nd and 3rd floors weekly x 2 months to ensure no resident information is accessible., beginning 9/15/22(see attached). Wellness staff inserviced 9/20/22 on Regulation 2800.17 by HWD and are instructed to ensure no resident information is accessible and all resident information is secured ( see attached).

Completion Date: 09/20/2022

Document Submission

Implemented

All documentation pertaining to residents removed from areas accessible to public at time of inspection. HWD will perform inspection of common areas on 1st, 2nd and 3rd floors weekly x 2 months to ensure no resident information is accessible., beginning 9/15/22(see attached). Wellness staff inserviced 9/20/22 on Regulation 2800.17 by HWD and are instructed to ensure no resident information is accessible and all resident information is secured ( see attached).

18 Other laws, regs, ordins.

1. Requirements

2800.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's kitchen is open from 7:00 am to 7:00 pm daily. On 08/26/22, in an interview with staff person A, [redacted] stated that [redacted] is the only ServSafe Certified person in the kitchen during the week (Monday to Friday). Staff person A also acknowledged that [redacted] is not always onsite while the kitchen is open during the week.

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class. The certified employee must be available during all hours of operation. The certified employee is the Person-in-Charge (PIC) when in the facility.

Plan of Correction

Accept

Community certified another cook to ensure compliance with regulation, dated 9/18/22 (see attached). There is currently a ServSafe certified staff member in dining when the kitchen is open. Dining Director was inserviced by ED on 9/21/22 on Regulation 2800.18

18 Other laws, regs, ordins. (continued)

*It is the ongoing responsibility of the dining director to ensure ongoing compliance.*

**Completion Date:** 09/20/2022

**Document Submission**

**Implemented**

*Community certified another cook to ensure compliance with regulation, dated 9/18/22 (see attached).*

*There is currently a ServSafe certified staff member in dining when the kitchen is open.*

*Dining Director was inserviced by ED on 9/21/22 on Regulation 2800.18*

*It is the ongoing responsibility of the dining director to ensure ongoing compliance.*

28e Refund - death

1. Requirements

2800.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident’s estate within 30 days from the date the room is cleared of the resident’s personal property. In the event of a death of a resident 60 years of age and older, the residence shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The residence shall keep documentation of the refund in the resident’s record.

**Description of Violation**

*Resident #1 passed away on [redacted]/22. Resident #1's personal belongings were removed from [redacted] room on [redacted]/22. The resident was [redacted] years of age or older and the residence did not provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107) until 08/23/22.*

**Plan of Correction**

**Accept**

*The ED and BOM were educated on 9/14/22 on regulation 2600.28E by regional director of wellness ensuring that the previously paid charges will be refunded within 30 days of the date the apartment is cleared out of residents personal belongings (see attached).*

*ED/BOM will audit all residents records that have been discharged within the last 6 months for compliance with refunds by 9/30/22 (Attachment B)*

*ED/BOM will audit refunds of discharged residents within 15 days of departure to ensure residents are receiving refunds within 30 days of discharge x 2 months, beginning 9/30/22 ( see attached).*

*BOM is responsible for sustained compliance*

*Results of audits will be reviewed at monthly QA meeting.*

**Completion Date:** 09/20/2022

**Document Submission**

**Implemented**

*The ED and BOM were educated on 9/14/22 on regulation 2600.28E by regional director of wellness ensuring that the previously paid charges will be refunded within 30 days of the date the apartment is cleared out of residents personal belongings (see attached).*

*ED/BOM will audit all residents records that have been discharged within the last 6 months for compliance with refunds by 9/30/22 (Attachment B)*

*ED/BOM will audit refunds of discharged residents within 15 days of departure to ensure residents are receiving refunds within 30 days of discharge x 2 months, beginning 9/30/22 ( see attached).*

*BOM is responsible for sustained compliance*

*Results of audits will be reviewed at monthly QA meeting.*

88a Floors, walls, ceilings, windows, doors

1. Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The wall in the first floor bathroom has a hole from the door handle being pushed into the wall. The wall has been damaged before and the patching is protruding out from the wall creating a hazard.

Plan of Correction

Accept

The wall was inspected at 10am day of inspection and was free of hazard. There was a small hole in the wall from the door. There were no other areas found in the building during inspection.

The area was repaired and a door stop was installed to prevent recurrence 9/10/22 by Maintenance Technician. Maintenance Director was educated on Regulation 88A by ED to ensure all areas are in good repair 9/14/22 (see attached).

Maintenance Director and Maintenance Assistant will audit all common areas and bathrooms beginning 9/21/22 to ensure compliance weekly x 8 weeks (see attached).

Maintenance Director is responsible for ongoing compliance.

Completion Date: 09/20/2022

Document Submission

Implemented

The wall was inspected at 10am day of inspection and was free of hazard. There was a small hole in the wall from the door. There were no other areas found in the building during inspection.

The area was repaired and a door stop was installed to prevent recurrence 9/10/22 by Maintenance Technician. Maintenance Director was educated on Regulation 88A by ED to ensure all areas are in good repair 9/14/22 (see attached).

Maintenance Director and Maintenance Assistant will audit all common areas and bathrooms beginning 9/21/22 to ensure compliance weekly x 8 weeks (see attached).

Maintenance Director is responsible for ongoing compliance.

132a Monthly fire drill

1. Requirements

2800.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of December 2021, January, February and March 2022.

Plan of Correction

Accept

Fire drills were performed, however, evacuation was not performed due to oversight of COVID restrictions being lifted.

Unannounced fire drills with evacuation started April 2022 and will continue monthly by outside vendor and Echo Lake maintenance staff.

ED and Maintenance Director were reeducated on regulation 132A 9/14/22 by Vice President of Operations (see attached).

Monthly fire drill with evacuation will be reviewed at monthly QA meeting.

Completion Date: 09/20/2022

132a Monthly fire drill (continued)

Document Submission

Implemented

Fire drills were performed, however, evacuation was not performed due to oversight of COVID restrictions being lifted.

Unannounced fire drills with evacuation started April 2022 and will continue monthly by outside vendor and Echo Lake maintenance staff.

ED and Maintenance Director were reeducated on regulation 132A 9/14/22 by Vice President of Operations (see attached).

Monthly fire drill with evacuation will be reviewed at monthly QA meeting.

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:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.
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.
12. Information about a resident’s day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident #2, dated [redacted]/21, does not indicate the resident has a need for dementia - related care in a secured area.

Plan of Correction

Accept

All ADMEs in secure unit checked for accuracy by HWD on 9/14/22. (see attached).

HWD will randomly audit 10% of charts monthly beginning 9/15/22 to ensure ongoing compliance (see attached).

This is the ongoing responsibility of HWD to ensure accuracy of documentation.

Completion Date: 09/20/2022

Document Submission

Implemented

All ADMEs in secure unit checked for accuracy by HWD on 9/14/22. (see attached).

HWD will randomly audit 10% of charts monthly beginning 9/15/22 to ensure ongoing compliance (see attached).

This is the ongoing responsibility of HWD to ensure accuracy of documentation.

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

On 08/26/22, resident #3's glucometer was checked against the Medication Administration Record (MAR). Several readings listed on the MAR had been struck out stating the reading was documented on the wrong MAR.

Plan of Correction

Accept

Resident #3 suffered no ill effects related to these findings.

Glucometers were audited by HWD on 9/14/22 to ensure adherence to physician orders (see attached).

Nurses and med techs were re-educated on 9/16/22 on regulation 185A by HWD, ensuring physician orders are followed (see attached)

HWD will perform weekly glucometer beginning 9/16/22 audits x4 weeks, then monthly x2 months to ensure compliance. ( see attached)

The results will be discussed at monthly at QA meeting.

Completion Date: 09/20/2022

Document Submission

Implemented

Resident #3 suffered no ill effects related to these findings.

Glucometers were audited by HWD on 9/14/22 to ensure adherence to physician orders (see attached).

Nurses and med techs were re-educated on 9/16/22 on regulation 185A by HWD, ensuring physician orders are followed (see attached)

HWD will perform weekly glucometer beginning 9/16/22 audits x4 weeks, then monthly x2 months to ensure compliance. ( see attached)

The results will be discussed at monthly at QA meeting.

187d Follow prescriber's orders

1. Requirements

2800.

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

Description of Violation

Resident #3 is prescribed a blood sugar check twice a week on [redacted] and [redacted]. However, resident #3's MAR had been adjusted for readings being listed on [redacted] MAR incorrectly. This included the reading from [redacted]/22 which means the resident did not get a blood sugar check on Thursday [redacted]/22 as prescribed.

Plan of Correction

Accept

Resident #3 suffered no ill effects related to these findings.

Glucometers were audited by HWD on 9/14/22 to ensure adherence to physician orders (see attached).

Nurses and med techs were re-educated on 9/16/22 on regulation 185A by HWD, ensuring physician orders are followed (see attached)

HWD will perform weekly glucometer beginning 9/16/22 audits x4 weeks, then monthly x2 months to ensure compliance. (see attached)

The results will be discussed at monthly at QA meeting.



## 187d Follow prescriber's orders (continued)

**Completion Date:** 09/20/2022

**Document Submission****Implemented**

*Resident #3 suffered no ill effects related to these findings.*

*Glucometers were audited by HWD on 9/14/22 to ensure adherence to physician orders (see attached).*

*Nurses and med techs were re-educated on 9/16/22 on regulation 185A by HWD, ensuring physician orders are followed (see attached)*

*HWD will perform weekly glucometer beginning 9/16/22 audits x4 weeks, then monthly x2 months to ensure compliance. (see attached)*

*The results will be discussed at monthly at QA meeting.*

## 190a Completion of course—meds

## 1. Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person C has administered medications as recently as [REDACTED]/22. The home originally provided annual practicums as follows:*

*A fully completed Annual Practicum with a recertification date of [REDACTED]/2018,*

*A fully completed Annual Practicum with a recertification date of [REDACTED]/2019,*

*A fully completed Annual Practicum with a recertification date of [REDACTED]/2021,*

*An unsigned Annual Practicum with one MAR Review from [REDACTED] 2021 and one Med Observation from [REDACTED] 2021,*

*An Annual Practicum with a recertification date of [REDACTED]/2022 signed by staff person D, from a previous home. This form was blank under MAR reviews and Med Observations but staff had been recertified.*

*An Annual Practicum with a recertification date of [REDACTED]/22 signed by staff person D. This form had one MAR review and one Med Observation both dated [REDACTED]/22 but staff had been recertified.*

*Based on the above, staff person C had not maintained compliance with the annual practicum requirement of the Department approved medications administrations course for the years 2020 and 2022.*

*When staff was questioned about the documentation, additional documents were provided. These documents included fully completed Annual Practicums dated [REDACTED]/2020 and [REDACTED]/2022.*

*Staff were told the legitimacy of these documents is questionable since the inspector specifically requested the full and complete file.*

**Plan of Correction****Accept**

*Staff Person C has taken refresher course at [REDACTED] by [REDACTED] (Train the Trainer) on [REDACTED]/22 (See Attached).*

*Staff Person E does have documentation that course was complete, dated [REDACTED]/17 (see attached).*

*HWD/Practicum Observer reeducated on requirements for med tech by regional director of wellness on [REDACTED]/22 (see attached).*

*Ongoing responsibility of HWD to ensure proper paperwork is present for med tech at time of hire*

**Completion Date:** 09/20/2022

190a Completion of course—meds (continued)

Document Submission

Implemented

Staff Person C has taken refresher course at [redacted] by [redacted] (Train the Trainer) on [redacted]/22 (See Attached).

Staff Person E does have documentation that course was complete, dated [redacted]/17 (see attached).

HWD/Practicum Observer reeducated on requirements for med tech by regional director of wellness on [redacted]/22 (see attached).

Ongoing responsibility of HWD to ensure proper paperwork is present for med tech at time of hire

190c Record of training

1. Requirements

2800.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The residence's medication administration training record for staff person C does not include documentation that the course was successfully completed.

The residence's medication administration training record for staff person E does not include documentation that the course was successfully completed.

Plan of Correction

Accept

Staff Person C has taken refresher course at [redacted] by [redacted] (Train the Trainer) on [redacted]/22 (See Attached).

Staff Person E does have documentation that course was complete, dated [redacted]/17 (see attached).

HWD/Practicum Observer reeducated on requirements for med tech by regional director of wellness on [redacted]/22 (see attached).

Ongoing responsibility of HWD to ensure proper paperwork is present for med tech at time of hire

Completion Date: 09/20/2022

Document Submission

Implemented

Staff Person C has taken refresher course at [redacted] by [redacted] (Train the Trainer) on [redacted]/22 (See Attached).

Staff Person E does have documentation that course was complete, dated [redacted]/17 (see attached).

HWD/Practicum Observer reeducated on requirements for med tech by regional director of wellness on [redacted]/22 (see attached).

Ongoing responsibility of HWD to ensure proper paperwork is present for med tech at time of hire

227g Support plan - signatures

1. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4 participated in the development of [redacted] support plan on [redacted]/22. However, the resident did not sign and date the support plan.

## 227g Support plan - signatures (continued)

**Plan of Correction****Accept**

All resident ASP were audited by HWD on 9/14/22 to ensure adherence to physician orders (see attached).  
 HWD will perform monthly random ASP audits, 10% of charts beginning 9/14/22 x 3 months (see attached)  
 If resident is unable to sign, audit will verify box is checked citing reason why ASP not signed.  
 The results will be discussed at monthly at QA meeting

**Completion Date:** 09/20/2022

**Document Submission****Implemented**

All resident ASP were audited by HWD on 9/14/22 to ensure adherence to physician orders (see attached).  
 HWD will perform monthly random ASP audits, 10% of charts beginning 9/14/22 x 3 months (see attached)  
 If resident is unable to sign, audit will verify box is checked citing reason why ASP not signed.  
 The results will be discussed at monthly at QA meeting

## 227h Support plan – refusal sign

**1. Requirements**

2800.

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 #4 participated in the development of [REDACTED] support plan on [REDACTED]/22. The resident did not sign the support plan. The residence did not make a notation regarding the resident's inability or refusal to sign.

**Plan of Correction****Accept**

All resident ASP were audited by HWD on 9/14/22 to ensure adherence to physician orders (see attached).  
 HWD will perform monthly random ASP audits, 10% of charts beginning 9/14/22 x 3 months (see attached)  
 If resident is unable to sign, audit will verify box is checked citing reason why ASP not signed.  
 The results will be discussed at monthly at QA meeting

**Completion Date:** 09/20/2022

**Document Submission****Implemented**

All resident ASP were audited by HWD on 9/14/22 to ensure adherence to physician orders (see attached).  
 HWD will perform monthly random ASP audits, 10% of charts beginning 9/14/22 x 3 months (see attached)  
 If resident is unable to sign, audit will verify box is checked citing reason why ASP not signed.  
 The results will be discussed at monthly at QA meeting

## 231c1 Preadmit screening

**1. Requirements**

2800.

231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

- i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

231c1 Preadmit screening (continued)

- ii. A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident’s physician, designated person and the resident’s family to coordinate the resident’s care.

**Description of Violation**

Resident #5 was admitted to the special care unit on [REDACTED]/21. However, resident #5’s written cognitive preadmission screening was completed on [REDACTED]/22.

**Plan of Correction**

**Accept**

All SDCU charts audited 9/15/22 by HWD for prescreen within 72 hours of admission (see attached)  
 HWD will perform random chart audits 10% of census monthly beginning 9/15/22 to ensure compliance x 3 months (see attached)  
 HWD was retrained by regional director of wellness on 9/15/22 regulation 2800.231c1 (see attached)  
 This is the ongoing responsibility of HWD to ensure compliance.

**Completion Date:** 09/20/2022

**Document Submission**

**Implemented**

All SDCU charts audited 9/15/22 by HWD for prescreen within 72 hours of admission (see attached)  
 HWD will perform random chart audits 10% of census monthly beginning 9/15/22 to ensure compliance x 3 months (see attached)  
 HWD was retrained by regional director of wellness on 9/15/22 regulation 2800.231c1 (see attached)  
 This is the ongoing responsibility of HWD to ensure compliance.