



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 21, 2023

[REDACTED]
Vice President Operations
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 July 10 and 11, 2023 and August 7, 2023 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 dated October 20, 2023 to October 20, 2024 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 October 20, 2023 to October 20, 2024 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) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 21, 2023 to May 21, 2024.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2800.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2800 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
42b	2	71	\$5	\$355	5 calendar days from mailing date of this letter
42c	2	71	\$5	\$355	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST 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.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

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,



Juliet Marsala
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: *10/20/2023*
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: *119* Waking Staff: *89*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *07/11/2023*

Inspection Dates and Department Representative

07/10/2023 - On-Site: [REDACTED]
07/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *71*

Special Care Unit

In Home: *Yes* Area: *Connections* Capacity: *38* Residents Served: *26*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *48* Have Physical Disability: *0*

Inspections / Reviews

07/10/2023 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/05/2023*

07/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/30/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2023*

10/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *08/30/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

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 06/21/23, at 6pm, a resident-to-resident altercation was alleged to have occurred. Resident #1's third and fourth fingers on their left hand were hurt when resident #2 bit them. This incident was reported to staff person A, on 06/21/23, at 6pm. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Accept [redacted] 07/31/2023)

POC: HWD, ED and Wellness nursing staff will be educated by 8/31/23 on Regulation 2800.15a ensuring compliance with timely reporting to DHS, AAA and local authorities, if applicable.

Beginning 8/1/23, HWD will review any incident daily or within 24 hours if after hours, to ensure compliance with timely reporting to DHS, AAA and County Police Department, if appropriate x 30 days.

HWD responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 10/02/2023)

22a1 Medical Eval - time frames

2. Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

- 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies

Description of Violation

Resident #3 was admitted on [redacted]/23. The resident's initial assessment was not completed.

Plan of Correction

Accept [redacted] - 07/31/2023)

POC: HWD and Wellness Nursing staff will be educated by 8/30/23 on regulation 2800.22a ensuring compliance with assuring all Resident initial assessments are completed within 60 days prior to admission.

By 8/31/23 all Resident charts will be audited for completed Initial Assessments. All future admissions will be reviewed on day of admission for completed initial assessments within 60 days prior to admission on a form specified by the Department x 2 months.

HWD responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 10/02/2023)

42b Abuse/Neglect

3. 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]/23, between the hours of [redacted] p.m. and [redacted] p.m. Staff person B recorded a video on their phone of staff person C harassing resident #4. In the video, staff person C can be heard saying to resident #4 "You starting already. Here we go again". Staff person B then moves their phone as it is recording, extremely close to resident #4's face, appearing to touch the resident's face while staff person B can be heard saying "boom" as if they just bumped into the resident's face. Resident #4 appears to stumble sideways immediately after. The video continues on to show resident #4 visibly upset and yelling at staff. Staff person C can then be heard saying, "I am not playing with you, MOVE, why you have this? Take it off. Take it off!" Staff person C is then seen to be forcefully grabbing at the resident's clothing while continuing to say "take it off". The resident's clothing can be seen to have come unbuttoned around their collarbone exposing the shirt worn underneath. Staff person B continues to be heard shrieking/laughing loudly. Staff person C stepped back from the resident and takes a fighting stance with their hands up as if to spar against resident #4. Resident then attempts to kick staff person C, who then forcefully grabs or swipes at the resident's clothing again around their waist area. The resident's clothing can be seen moving in the video and the clothing becomes further unbuttoned, indicating that the staff person did make physical contact with the resident a second time. Resident #4 yells to staff "I'll kill you!" as staff person D attempts to get close to the resident again while reaching a hand out towards resident. Resident #4 attempts to swat away staff person C's approaching hand while yelling "Get! Get the hell out!" While recording resident #4's interaction with staff member C, staff member B can be still heard was giggling, snickering and laughing throughout. The video was later shared by staff person B on social media with a caption over the video reading "I just [redacted] got here" with three cry-laughing emoji faces.

Repeated Violation 10/2/23, et al

Plan of Correction

Accept [redacted] - 07/31/2023)

POC: Staff Members B, C & D were terminated on [redacted] 23.

Echo Lake Wellness Associates were re-educated 7/5/23, 7/6/23, 7/7/23, 7/8/23, 7/9/23, 7/10/23, 7/11/23, 7/12/23 & 7/31/23 on Regulation 2800.42b by VP of Operations, Regional Director of Health & Wellness, HWD and ED to ensure that Residents are not be abused physically or verbally, mistreated or neglected in any way.

Beginning 8/1/23, HWD or designee will speak to 5 random Residents weekly, x2 weeks, then bi-weekly x2 months to ensure Residents are not being mistreated or neglected in any way.

HWD is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Not Implemented ([redacted] - 10/02/2023)

42c Dignity/Respect

4. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

42c Dignity/Respect (continued)

Description of Violation

On [redacted]/23, staff members B and C were laughing at and taunting resident #4. They were making fun of resident #4 for how they were dressed. Staff member B recorded the interaction with a cell phone while laughing and yelling as staff person C continued to taunt and harass resident #4. In the video staff person B moved the phone extremely close to resident #4's face, appearing to push the resident enough to stumble sideways slightly, while saying "boom". Staff person C is seen in the video to be repeated grabbing/pulling at the resident #4's clothing while standing in an attack/fighting position as the resident is clearly displaying agitation. Instead of assisting the resident with their needs, staff persons B and C teased, taunted and laughed at resident #4.

Plan of Correction

Accept ([redacted] - 07/31/2023)

POC: Staff Members B, C were terminated on [redacted]/23.

Echo Lake Wellness Associates were re-educated 7/5/23, 7/6/23, 7/7/23, 7/8/23, 7/9/23, 7/10/23, 7/11/23, 7/12/23 & 7/31/23 on Regulation 2800.42c by VP of Operations, Regional Director of Health & Wellness, HWD and ED to ensure that Residents are treated with dignity and respect.

Beginning 8/1/23, HWD or designee will speak to 5 random Residents weekly, x2 weeks, then bi-weekly x2 months to ensure Residents are being treated with dignity and respect.

HWD is responsible for sustained compliance.

Repeated Violation 10/2/23, et al

Licensee's Proposed Overall Completion Date: 08/31/2023

Not Implemented ([redacted] - 10/02/2023)

42s Privacy - self/possessions

5. Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted]/23 at [redacted], staff member B recorded an interaction between resident #4 and staff member C on their personal cell phone. Resident did not consent to being recorded. Staff member B later shared the video of the resident on social media further violating the residents right to privacy.

Plan of Correction

Accept ([redacted] - 07/31/2023)

POC: Staff Members B, C were terminated on [redacted]/23.

Echo Lake Wellness Associates were re-educated 7/5/23, 7/6/23, 7/7/23, 7/8/23, 7/9/23, 7/10/23, 7/11/23, 7/12/23 & 7/31/23 on Regulation 2800.42s by VP of Operations, Regional Director of Health & Wellness, HWD and ED to ensure that a resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Beginning 8/1/23, HWD or designee will speak to 5 random Residents weekly, x2 weeks, then bi-weekly x2 months to ensure that a resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

HWD is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Not Implemented ([redacted] - 10/02/2023)

103e Leftovers

6. Requirements

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated pack of hash browns and pasta in the walk-in refrigerator of the residence.

Plan of Correction

Accept [redacted] - 07/31/2023)

POC: The unlabeled, undated pack of hash browns and pasta in the walk-in refrigerator of the residence were immediately thrown away.

Dining Director will reeducate dining staff on the importance of labeling and dating all leftover by 8/31/23. Dining Director will audit walk-in weekly x 4 weeks to ensure all leftovers are labeled and dated.

Dining Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 10/02/2023)

105g Dryer lint removal

7. Requirements

2800.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 07/10/23, there was an approximate 1 inch accumulation of lint in the lint trap of the second-floor dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 07/31/2023)

POC: Accumulated lint in the second-floor drier was immediately removed and thrown away. In addition, all dryers on all three laundry room floors were checked for lint on 7/10/23.

Health and Wellness Director will re-educate Wellness staff on the regulation to empty dryer trap after every use by 8/31/23. "Remove Lint After Every Use" signs will be posted in all three laundry rooms by 8/1/23. Daily lint removal audits will be completed by HWD daily x 2 weeks, then weekly x 2 weeks to ensure ongoing compliance.

HWD responsible for ongoing compliance.

Repeat Violation 11/09/22, et al

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 10/02/2023)

132g Fire drills – days/times

8. Requirements

2800.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

132g Fire drills – days/times (continued)

Description of Violation

The residence conducted fire drills on Wednesday, 2/22/23, 3/29/23 and 4/26/23. Fire drills were then conducted on Thursday 05/25/23 and 06/29/23.

Plan of Correction

Accept [REDACTED] - 07/31/2023)

POC: Building Engineer was reeducated by General Manager on 8/1/23 to review necessity of holding fire drills on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

GM and Building Engineer will schedule random fire drills at random dates and times, throughout the month.

GM and Building Engineer are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] 10/02/2023)

183d Current medications

9. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 07/11/23, Quetiapine tab 25mg- take 1/2 tablet by mouth daily, prescribed for resident #2, was in the residence's medication cart; however, the medication was discontinued on 07/01/23.

Plan of Correction

Accept [REDACTED] - 07/31/2023)

POC - Upon discovery that Resident 2's medications were still in the cart on 7/11/23 after being discontinued on 7/11/23, the medication was immediately removed by the Health & Wellness Director, correlating directly to the prescriber's order as listed in the MAR.

A re-education will completed by 8/31/23 by the Health & Wellness Director with all Nurses and Med Techs to ensure medication are removed from the mediation cart upon discontinuation by the prescriber. A complete medication cart audit for each medication cart will be completed by 8/31/23 by the Health & Wellness Director to ensure accuracy. Beginning 8/1/23 a complete a medication cart audit for each medication cart will be completed weekly for the next two months by the Health & Wellness Director to ensure compliance.

Ongoing compliance with this regulation is the responsibility of the Health & Wellness Director.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] 10/02/2023)

184a Resident meds labeled

10. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a Resident meds labeled (continued)

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #4's Furosemide 40mg- 1 tablet by mouth daily, does not match physician's order for administration. The residence failed to place a direction changed sticker. On 05/27/23, the order was changed to 1 tablet by mouth two times a day.

Plan of Correction

Accept [redacted] - 07/31/2023)

POC - Upon discovery that Resident 4's medications were incorrectly labeled, change of direction stickers were immediately applied on 7/11/23 to medication container by the Health & Wellness Director, correlating directly to the prescriber's order as listed in the MAR. A re-education will completed by 8/31/23 by the Health & Wellness Director with all Nurses and Med Techs to ensure medication labels directly correspond with physician orders in the MAR. A complete medication cart audit for each medication cart will be completed by 8/31/23 by the Health & Wellness Director to ensure labels accurately match physician orders. Beginning 8/1/23 a complete a medication cart audit for each medication cart will be completed weekly for the next two months by the Health & Wellness Director to ensure compliance.

Ongoing compliance with this regulation is the responsibility of the Health & Wellness Director.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 10/02/2023)

187c Refusal to take medication

11. Requirements

2800.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 06/18/23, at 19:00, resident #5 refused to take a scheduled dose of Metformin 1000mg, Simvastatin tab 20mg, Irbesartan 100mg, and Trazadone 50mg. The residence did not report the refusal to the prescriber within 24 hours.

Plan of Correction

Accept [redacted] - 07/31/2023)

187c Refusal to take medication (continued)

POC - Resident #5 was alert, oriented, and refusing [redacted] medication. The Health & Wellness Director, as well as staff Nurses, had reported these refusals to both the resident's Power of Attorney and Prescriber as documented in the Resident's progress notes. The Prescriber and Power of Attorney stated that the resident is able to refuse medication as [redacted] saw fit, and that they did not need to be notified by the Nursing staff each and every time that Resident 5 refused medication. Per regulation, the Health & Wellness Director has created a "Notification of Medication Refusal Form" to make the Prescriber aware of the refusal and for the Prescriber to indicate how often [redacted] would like to be notified of the resident's refusal of medication, if ongoing. Moving forward, if a resident is regularly refusing medication, the Health & Wellness Director or designee will obtain written documentation from the prescriber on the created "Notification of Medication Refusal Form" indicating how frequently they would like to be notified of the medication refusal. This signed form will be placed in the residents' medical record. In addition, a Reportable Form will be sent to the DHS to notify them of the medication refusal within 24 hours of Resident's refusal of prescribed medication.

A training will provided by the Health & Wellness Director by 8/31/23 with all Nurses and Medication Technician's on when/how to use this form as well as the Reportable regulation to the DHS.

Ongoing compliance with this regulation is the responsibility of the Health & Wellness Director.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 10/02/2023)

201 Positive interventions

12. Requirements

2800.

201. Safe Management Techniques - The residence shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #4's assessment dated [redacted]/22 indicates that resident has a need relating to obtaining clean and seasonal clothing, identifying that resident is unaware of what clothing is appropriate and that staff will choose appropriate clothing form [redacted]. The assessment also identifies resident's needs relating to irritability and agitation when changing clothing and aggression towards staff when [redacted] does not wish to do something. Resident's support plan to meet these needs indicates that staff are to give the resident their space and time, redirect or re-approach later. On [redacted]/23, staff members B and C were laughing at, taunting and physically harassing resident #4 due to what they were wearing. Resident became agitated and aggressive towards staff. Instead of following the support plan for resident #4 or implementing any positive interventions to resident's behavior, Staff persons B and DC continue tease, taunt and laugh at resident #3, further agitating the resident.

Plan of Correction

Accept [redacted] - 07/31/2023)

POC: Staff Members B, C & D were terminated on [redacted] 23.

Echo Lake Wellness Associates were re-educated 7/5/23, 7/6/23, 7/7/23, 7/8/23, 7/9/23, 7/10/23, 7/11/23, 7/12/23 & 7/31/23 on Regulation 2800.42b by VP of Operations, Regional Director of Health & Wellness, HWD and ED to ensure that Residents are not be abused physically or verbally, mistreated or neglected in any way and their support plan is being followed as written.

Beginning 8/1/23, HWD or designee will speak to 5 random Residents weekly, x2 weeks, then bi-weekly x2 months

201 Positive interventions (continued)

to ensure Residents are not being mistreated or neglected in any way and their support plan is being followed as written.

HWD is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Not Implemented (████ - 10/02/2023)

224c1 Initial SP-30 days prior/adm

13. Requirements

2800.

224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

Resident #3 was admitted on █████/23; however, the resident's written preliminary support plan was not completed until █████/23.

Plan of Correction

Accept █████ - 07/31/2023)

POC: HWD and Wellness Nursing staff will be reeducated by 8/31/23 on regulation 2800.224c ensuring compliance with assuring all Resident preliminary support plans are completed within 30 days prior to admission.

By 8/31/23 all Resident charts will be audited for completed written preliminary support plans.

All future admissions will be reviewed on day of admission for completed written preliminary support plans within 30 days prior to admission, x 2 months.

HWD responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented █████ - 10/02/2023)

225a2 Assessment – significant change

14. 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 █████/23, resident#2 had a mental status change. Resident #2's assessment, dated █████/22, does not include resident to resident altercation that happened on █████/23 where resident#2 attacked and bit resident 1#'s fingers. An additional written assessment was not completed. Repeated Violation 10/2/23, et al

Plan of Correction

Accept █████ - 07/31/2023)

POC - Upon discovery that Resident 2's current assessment did not indicate they had a mental status change to include an incident with another Resident, the Health & Wellness Director updated the assessment to indicate that mental status change/resident-to-resident altercation on 7/21/23. All current resident assessments will be audited

225a2 Assessment – significant change (continued)

by the Health & Wellness Director by 8/31/23 to confirm there are no additional residents with an incomplete assessments. A re-education will be completed by the Health & Wellness Director by 8/31/23 with the Nursing staff to ensure that re-assessments are complete and accurate with any noted significant changes.

Ongoing compliance with this regulation is the responsibility of the Health & Wellness Director.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] - 10/02/2023)

15. 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] 23, resident #3's medical evaluation states under specific body positioning and/or body movement, that resident#3 needs to off-load bilateral heels at hour of sleep. Resident #3's assessment, dated [REDACTED]/23, does not include off-load bilateral heels at hour of sleep. An additional written assessment was not completed.

Plan of Correction

Accept [REDACTED] - 07/31/2023)

POC - Upon discovery that Resident 3’s initial assessment did not indicate specific body positioning and/or body movement, that resident#3 needs to off-load bilateral heels at hour of sleep, the Health & Wellness Director updated the assessment to indicate that Resident 3 had a specific body positioning and/or body movement need, that resident#3 needs to off-load bilateral heels at hour of sleep was updated on 7/11/23. All current resident initial assessments will be audited by the Health & Wellness Director by 8/31/23 to confirm there were no additional residents with an incomplete initial assessment. A re-education will be completed by the Health & Wellness Director by 8/31/23 with the Nursing staff to ensure that all sections of an initial assessment are complete and accurate.

Ongoing compliance with this regulation is the responsibility of the Health & Wellness Director.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] 10/02/2023)

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

Facility Information

Name: *ECHO LAKE* License #: *14713* License Expiration: *10/20/2023*
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*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *125* Waking Staff: *94*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/07/2023*

Inspection Dates and Department Representative

08/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *73*

Special Care Unit

In Home: *Yes* Area: *Connections* Capacity: *38* Residents Served: *28*

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *52* Have Physical Disability: *0*

Inspections / Reviews

08/07/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/31/2023*

09/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/30/2023

10/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

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] 23 around [redacted] pm, resident #1 rang the call bell for the assistance of staff person B, in preparing for bedtime. Resident #1, was performing [redacted]. Staff person B, become confrontational and provided [redacted] opinion that resident #1 was not completing the process correctly. Resident #1, communicated that [redacted] was, "fine."

During the second process of assisting with personal care process, resident #1 made a request to have assistance with changing [redacted] clothes. Resident #1, lost [redacted] balance and had to ask for the help from staff person B. Resident #1, communicated that staff person B, made the following statement: " I don't lift any one!" while trying to move the wheelchair staff person B, mumbled, " I can't do this!"

When staff person B, left the room [redacted] failed to ensure the resident's safety, who has a fear of falling. While walking out of the bathroom, staff person B, physically struck the right side of resident #1's head.

Plan of Correction

Repeated Violation 10/2/23, et al

Accept [redacted] - 09/01/2023)

Agency Staff Member B was reported to [redacted] Agency's owner and removed from all further shifts on [redacted] /23 immediately upon being advised of the incident. Echo Lake Wellness Associates were re-educated on 8/8/23 & 8/10/23 on Regulation 2800.42b by HWD to ensure that Residents are not abused physically or verbally, mistreated or neglected in any way.

Beginning 8/8/23 the HWD or designee will speak to 5 random Residents weekly, x2 weeks, then bi-weekly x2 months to ensure Residents are not being mistreated or neglected in any way.

HWD is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 09/29/2023

Not Implemented [redacted] - 10/02/2023)

42c Dignity/Respect

2. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted]-23 at [redacted] pm, staff person A, took [redacted] staff person B to the room of resident #1. [redacted] staff inquired about the care needs of resident #1 and understand how to assist with the care of resident #1. During the orientation process, resident #1, explained that [redacted] has an [redacted] and can be independent during this process. [redacted] staff person requested that resident #1 show them the [redacted] during the orienting and conversation process. Resident #1, who felt uncomfortable with the request but proceeded to show [redacted] staff the [redacted]

Repeated Violation 10/2/23, et al

Plan of Correction

Accept [redacted] - 09/01/2023)

[redacted] Staff Member B was reported to [redacted] owner and removed from all further shifts on [redacted] 23 immediately upon being advised of the incident. Echo Lake Wellness Associates were re-educated on 8/8/23 & 8/10/23 on Regulation 2800.42c by HWD to ensure that Residents are not abused physically or verbally, mistreated

42c Dignity/Respect (continued)

or neglected in any way and that they are treated with dignity and respect.

Beginning 8/8/23 the HWD or designee will speak to 5 random Residents weekly, x2 weeks, then bi-weekly x2 months to ensure Residents are not being mistreated or neglected in any way and they feel treated with dignity and respect.

HWD is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 09/29/2023

Not Implemented [REDACTED] - 10/02/2023)

42s Privacy - self/possessions

3. Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED]-23 at [REDACTED] pm, resident #1 was communicating [REDACTED] personal care needs to Staff person B in [REDACTED] room. While communicating [REDACTED] care concerns in the living quarters of the home, staff person B, requested that resident #1, display [REDACTED] Resident #1 was not in the need of care for [REDACTED] resident #1, was merely discussing care needs and the assistance required of staff.

Plan of Correction

Accept ([REDACTED] - 09/01/2023)

[REDACTED] Staff Member B was reported to [REDACTED] owner and removed from all further shifts on [REDACTED] 23 immediately upon being advised of the incident. Echo Lake Wellness Associates were re-educated on 8/8/23 & 8/10/23 on Regulation 2800.42s by HWD to ensure that Residents have the right to privacy of self and possessions. Privacy shall be provided to the Resident during bathing, dressing, changing and medical procedures and has the right to privacy of self and possessions.

Beginning 8/8/23 the HWD or designee will speak to 5 random Residents weekly, x2 weeks, then bi-weekly x2 months to ensure that Resident has the right to privacy of self and possessions. Privacy shall be provided to the Resident during bathing, dressing, changing and medical procedures and has the right to privacy of self and possessions.

HWD is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 09/29/2023

Not Implemented [REDACTED] - 10/02/2023)

66b Content of training plan

4. Requirements

2800.

66.b. The plan must include training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

66b Content of training plan (continued)

Description of Violation

The residence's staff training plan for training year 2023 does not include Ileostomy care training.

Plan of Correction

Accept [redacted] - 09/01/2023)

By 9/29/23, all Wellness Associates will be educated on Ileostomy care & foley care training by the HWD.

HWD will be responsible to assure all newly hired Associates are trained on Ileostomy & foley care training within 14 days of hire and then annually.

HWD is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/29/2023

Not Implemented [redacted] - 10/02/2023)

224c3 Support plan content

5. Requirements

2800.

224.c.3. The written preliminary support plan must document the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the individual, or referrals for the individual to outside services if the individual's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The preliminary support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the individual.

Description of Violation

Resident #1's assessment support plan does not include the following content:

Resident #1 requires a two person assist when showering. Resident #1 indicate concerns with [redacted] extremities, [redacted] hands no longer have strength and has concerns with holding the grab bars. Resident #1's left leg gives out sporadically and when this occurs [redacted] requires staff intervention.

Resident #1, also wears slip resistant shoes when personal care needs are addressed for fall prevention; the shoes are removed when showering.

Resident #1 is capable performing [redacted] care, at times [redacted] requires the assistance of staff.

Resident #1, detailed [redacted] needs, to the department, regarding personal care assistance. The Assessment Support Plan does not define this content.

Plan of Correction

Accept ([redacted] 09/01/2023)

HWD and Wellness Nursing Associates will be reeducated by 9/29/23 on regulation 2800.224c ensuring compliance with assuring all Resident preliminary support plans are completed to include the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the individual, or referrals for the individual to outside services if the individual's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The preliminary support plan must document the assisted living

224c3 Support plan content (continued)

services and supplemental health care services, if applicable, that will be provided to the individual.

By 9/29/23 all Resident charts will be audited to complete details of regulation 2800.224c. All future admissions will be reviewed on day of admission for completed written preliminary support plans x2 months.

HWD is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented ([REDACTED] 10/02/2023)