

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

November 13, 2023

[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 10/02/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**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: *125* Waking Staff: *94*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *10/02/2023*

**Inspection Dates and Department Representative**

10/02/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>104</i>	Residents Served:	<i>71</i>
Special Care Unit			
In Home:	<i>Yes</i>	Area:	<i>Connections</i>
Capacity:	<i>38</i>	Residents Served:	<i>25</i>
Hospice			
Current Residents:	<i>8</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>69</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>54</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

10/02/2023 - Partial  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/02/2023*

10/31/2023 - POC Submission  
Submitted By: [REDACTED] Date Submitted: *11/08/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/01/2023*

Inspections / Reviews (*continued*)

11/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 9-30-23, at resident #1 hit resident #2 on the arm with a cane, while watching television in the common area . This incident was observed by staff person A. This incident was reported to staff person B on 9-30-23, at 3:43pm. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Repeated Violation: 7/10/23 et al

Plan of Correction

Accept ( [redacted] 10/31/2023)

POC: The date you are referencing is incorrect for this tag. The 9/30/23 incident was reported to DHS, AAA and the Act 13 Mandatory Reporting Form was also completed and faxed to AAA, all timely.

The incident that occurred on 9/24/23 and was reported to DHS timely, within 24 hours, on 9/25/23. This incident was also reported verbally to Area Agency on Aging (AAA) on 9/24/23 via a recorded line, but the Act 13 Mandatory Reporting Form was not completed as the AAA representative, [redacted], stated on a recorded line that [redacted] was sending the Act 13 Mandatory Reporting Form to AAA [redacted]. AAA indicated that [redacted], was completing Mandatory Reporting Form while the HWD was on the phone with [redacted]. HWD, Memory Care Director and ED were educated on 10/4/23 by Regional Director of Health and Wellness on regulation 2800. 15a ensuring compliance with timely reporting to AAA and timely completion of Act 13 Mandatory Reporting Form to AAA.

Beginning 10/25/23, HWD will review all incidents daily, or within 24 hours if after hours, for 30 days, to ensure compliance with timely reporting to DHS, AAA and County Police Department, if appropriate.

HWD responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ( [redacted] - 11/13/2023)

17 Record confidentiality

2. 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 10-2-23, at 11:43am, Collagenase SANTYL Ointment 250 units/g belonging to resident #1 was unlocked, unattended, and accessible on the top of the medication cart.

Plan of Correction

Accept ( [redacted] - 10/31/2023)

POC: LPNs, Memory Care Director and Mediation Technician's were educated on 10/24/23 by the Health and Wellness Director on regulation 2800. 17 ensuring compliance with Confidentiality of Records. HWD reviewed the regulation and re-educated LPNs and Medication Technicians on the proper storage of medication to prevent

17 Record confidentiality (continued)

confidential information being left in a public space. A review of HIPPA policy was included in the re-training. Beginning 10/25/23, HWD or designee will review medication carts weekly, to ensure compliance with Confidentiality of Records and the proper storage of medication to prevent confidential information being left in a public space weekly x4 weeks. HWD responsible for sustained compliance.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ( [redacted] 11/13/2023)

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 the following days, resident #1 proceeded to physically assault resident #2 on the following days:

- 9-24-23, resident #1 punched resident #2 in the mouth as they were walking down the hall. Resident #2 made the statement "That [redacted] hit me!"
- 9-30-23, while resident #2 sat in the common area watching television, [redacted] was struck by resident #1 with a cane.

Resident #1's ASP, dated 3/24/23 indicates that the resident has no problem with agitation and aggressive behaviors. The home did not update the resident's ASP nor develop a plan following any of resident #1's aforementioned episodes of aggression.

Repeated Violation: 7/10/23 et al, 8/7/23.

Plan of Correction

Accept ( [redacted] - 10/31/2023)

POC: HWD and Memory Care Director were re-educated on 10/25/23 by the Regional Director of Health and Wellness regarding regulation 2800.42b specifically including the regulatory response and requirements related to residents exhibiting problems with agitation and aggressive behaviors to include the need to review the resident's ASP and to develop a new ASP as episodes of agitation or aggressive behaviors manifest or worsen.

As the resident associated with this tag is no longer residing in the community, the ASP will not be able to be updated.

Ongoing, any episode of resident agitation or aggressive behaviors will be reviewed by the HWD or Memory Care Director daily, or within 24 hours if after hours, and the ASP will be updated to reflect new behaviors and the plan to address the changing needs of the resident will be reflected in the ASP and reviewed with direct care team for ongoing compliance.

Beginning 10/26/23, HWD will monitor Progress Notes daily, or within 24 hours, if after hours, x30 days, to identify any resident with new or worsening episodes of agitation or aggressive behaviors and update ASP as required.

HWD responsible for sustained compliance.

42b Abuse/Neglect (continued)

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ( ) - 11/13/2023

42c Dignity/Respect

4. Requirements

2800.

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

Description of Violation

On 5-27-23 resident #1 became disruptive in the dining room area. Resident #1 made a statement in regards to the diverse ethnicity of other resident in the home by saying the following: " Get out of here because you are Positive interventions were not utilized to address the verbal aggression.

Plan of Correction

Accept ( ) - 10/31/2023

POC: LPNs, Medication Technician's, Memory Care Director and Resident Care Associates were re-educated on 10/26/23 by the Health and Wellness Director regarding regulation 2800.42c specifically including the regulatory response to utilize Positive Interventions as outlined in the residents ASP to address verbal and physical aggression to minimize potential behaviors.

Ongoing, any episode of resident agitation or aggressive behaviors will be reviewed by the HWD or Memory Care Director daily, or within 24 hours if after hours, and the Positive Interventions will be reviewed for effectiveness. The ASP will be updated to reflect changes to the Positive Interventions utilized.

Beginning 10/26/23, HWD will monitor Progress Notes daily, or within 24 hours, if after hours, x30 days, to identify any resident with new or worsening episodes of agitation or aggressive behaviors and update ASP as required to include new Positive Interventions. All changes will be reviewed with direct care team for ongoing compliance. HWD responsible for sustained compliance.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ( ) - 11/13/2023

82c Locked poisons

5. 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

Collagenase SANTYL Ointment , with a manufacture's label indicating "This medicine may be harmful if swallowed", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident #1, have not been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept ( ) - 10/31/2023

POC: LPNs, Memory Care Director and Medication Technician's were educated on 10/24/23 by the Health and Wellness Director on regulation 2800.82c ensuring compliance locking up all poisonous materials. HWD reviewed the regulation and re-educated LPNs and Medication Technicians on the proper storage of medication to prevent

82c Locked poisons (continued)

poisonous materials and ointments being left in a public space.
Beginning 10/25/23, HWD or designee will review medication carts weekly, to ensure the proper storage of
mediation to prevent poisonous materials being left in a public space weekly x4 weeks.
HWD responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ( ) - 11/13/2023)

183b Medications and syringes locked

6. Requirements

2800.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is
locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 10-2-23, at 11:43am, Collagenase SANTYL Ointment 250 unit/g for resident #3 was unlocked, unattended, and
accessible on top of the medication cart located in the secured unit of the home.

Plan of Correction

Accept ( ) - 10/31/2023)

POC: LPNs, Memory Care Director and Mediation Technician's were educated on 10/25/23 by the Health and
Wellness Director on regulation 2800.183b ensuring compliance locking up all prescription medication, OTC
medications, CAM and syringes. HWD reviewed the regulation and re-educated LPNs and Medication Technicians on
the proper storage of medication to prevent all medications, including poisonous materials and ointments being left
in a public space.

Beginning 10/25/23, HWD or designee will review medication carts weekly, to ensure the proper storage of all
prescription medication, OTC mediations, CAM and syringes are locked up at all times in the Secured unit of the
community, weekly x4 weeks.

HWD responsible for sustained compliance.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ( ) - 11/13/2023)

202 Prohibitions

7. Requirements

2800.
202. The following procedures are prohibited:
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of
controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a
drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral
condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident # #1 is prescribed Lorazepam 0.5

202 Prohibitions (continued)

for anxiety. According to the progress notes on 5-27-23, at 17:31 Lorazepam was administered to resident #1 to control behaviors of verbal and physical aggression. On 9-24-23, at 11:28 am, Lorazepam 0.5mg was administered to control behaviors of physical aggression.

Plan of Correction

Accept (█ - 10/31/2023)

POC: LPNs, Medication Technician's and Memory Care Director were re-educated on 10/26/23 by the Health and Wellness Director regarding regulation 2800.202 specifically including the use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior and that is prohibited. Use of Positive Interventions as outlined in the residents ASP to address verbal and physical aggression to minimize potential behaviors was reviewed.

Ongoing, any episode of resident agitation or aggressive behaviors will be reviewed by the HWD or Memory Care Director daily, or within 24 hours if after hours, and the Positive Interventions will be reviewed for effectiveness. The ASP will be updated to reflect changes to the Positive Interventions utilized.

Beginning 10/26/23, HWD will monitor Progress Notes daily, or within 24 hours, if after hours, x30 days, to identify any resident with new or worsening episodes of agitation or aggressive behaviors and update ASP as required to include new Positive Interventions. Use of PRN medications will be reviewed to ensure it was not used as a Chemical Restraint. All changes will be reviewed with direct care team for ongoing compliance.

HWD responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented (█ - 11/13/2023)

225a2 Assessment – significant change

8. 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 5-27-23, resident # 1 demonstrated verbal aggression against other residents in the home. On 9-24-23 and 9-30-23, the resident physically attacked resident #2. Resident # 1's assessment, dated 3-31-23, indicates that the resident has no issues with agitation and/or aggressive behaviors. An additional written assessment was not completed after the incidents of aggression.

Plan of Correction

Accept (█ - 10/31/2023)

POC: LPNs and the Memory Care Director were re-educated on 10/26/23 by the Health and Wellness Director regarding regulation 2800.225.a.2 specifically including the requirement of the administrator, administrator designee, LPN, under the supervision of an RN, or an RN shall complete additional written assessments with any significant change in a resident's condition if prior to annual assessment.

As the resident associated with this tag is no longer residing in the community, the ASP will not be able to be updated.

Ongoing, any significant change in a resident's condition will be reviewed by the HWD or Memory Care Director daily, or within 24 hours if after hours, and the ASP will be updated to reflect care changes and the need for any Positive Interventions to be added to the ASP.



**225a2 Assessment – significant change (continued)**

*Beginning 10/26/23, HWD will monitor Progress Notes daily, or within 24 hours, if after hours, x30 days, to identify any resident with new a significant change in condition and update ASP as required to include care need changes and any new Positive Interventions. All changes will be reviewed with direct care team for ongoing compliance. HWD responsible for sustained compliance.*

*Proposed Overall Completion Date: 11/30/2023*

**Licensee's Proposed Overall Completion Date: 11/30/2023**

**Implemented (█ - 11/13/2023)**