



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SAGE ATWATER TENANT TRS LLC
LEGAL ENTITY

To operate ECHO LAKE
NAME OF FACILITY OR AGENCY

Located at 900 NORTH ATWATER DRIVE, MALVERN, PA 19355
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Assisted Living-Special Care
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 104
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 38

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 1, 2024 until April 1, 2025,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **147130**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: April 1, 2024

[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 March 12, 2024, we have found the above facility to be in compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
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

March 25, 2024

[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 03/12/2024 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: *05/21/2024*
 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: *44* Total Daily Staff: *134* Waking Staff: *101*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *03/12/2024*

Inspection Dates and Department Representative

03/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *104* Residents Served: *68*

Special Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *38* Residents Served: *22*

Hospice
 Current Residents: *NM*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

03/12/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/30/2024*

Inspections / Reviews *(continued)*

03/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/01/2024

03/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26b Quality management plan content

1. Requirements

2800.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The residence's quality management plan did not include the review of resident council meetings and licensing violations.

Plan of Correction

Accept (redacted) - 03/22/2024)

2800. 26b

POC: On 3/14/24 General Manager was reeducated by the Regional Director of Health & Wellness regarding the details of 2800.26b. A written narrative summary will be written on March 31, 2024, to include all details of this regulation, specifically related to resident council meetings and licensing violations. See attached.

A written narrative summary will be completed quarterly by the General Manager, beginning Q1 2024 and kept in the Quality Assurance Binder for reference.

General Manager is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented (redacted) 03/25/2024)

66b Content of training plan

2. 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:

Description of Violation

The residence's staff training plan for training year 2024 does not include training on the care of residents with foley care needs. There is currently a resident with foley care needs. Staff were trained on the topic but it was not added to their training plan.

Repeat violation date: 8/7/23

Plan of Correction

Accept (redacted) - 03/22/2024)

2800.66b (repeat)

POC: On 9/29/23 all Wellness Associates were educated on Ileostomoy care & Foley care training by the Health & Wellness Director (HWD). Since then, all newly hired associates have been educated on Ileostomy care & Foley care within 14 days of hire and all Associates are retrained Annually. Binder shared with Surveyor.

On 3/14/24, ongoing Ileostomy care & Foley care training was added to the Master, Annual Training Calendar for ongoing completion and monitoring. See attached.

HWD is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented (redacted) - 03/25/2024)

85a Sanitary conditions

3. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/12/24 at 9:30am during initial walk through, Room [REDACTED] had a very strong odor of urine. The resident's bathroom floor had a yellow substance near and around the toilet and the floor was sticky.

Plan of Correction Accept [REDACTED] - 03/22/2024)

2800.85a

POC: The floor for the Resident in Apt [REDACTED] was immediately cleaned on 3/12/24 to remove urine from the bathroom floor. Wellness Associates were reeducated by HWD on 3/13/24 on the importance of examining all areas of the residence, multiple times a day, to ensure there are not unsanitary conditions.

All apartments in AL/MC will be inspected daily x2 weeks, beginning 3/13/24 to ensure there are no unsanitary conditions in the residence.

HWD is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([REDACTED] - 03/25/2024)

103g Storing food

4. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 3/12/24 at approximately 4pm, tubs of strawberry, chocolate and vanilla ice cream and orange sherbet were uncovered in the freezer of the kitchen.

Plan of Correction Accept ([REDACTED] - 03/22/2024)

2800.103g

POC: All ice cream containers were immediately covered on 3/12/24 upon being found uncovered. Dining Director and Dining Associates were reeducated by General Manager on the importance of covering ice cream after each use on 3/13/24.

Dining Director will audit ice cream freezers daily after lunch and dinner, x4 weeks, beginning 3/13/24 to ensure all ice cream containers are covered after each meal service.

Dining Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([REDACTED] 03/25/2024)

132b Safety inspection/fire drill

5. Requirements

2800.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b Safety inspection/fire drill (continued)

Description of Violation

The residence does not have documentation of an annual fire drill and fire safety inspection conducted by a fire safety expert. The most recent fire safety inspection was conducted on 1/27/23.

Plan of Correction

Accept [redacted] - 03/22/2024)

2800.132b

POC: Building Engineer was reeducated by General Manager on 3/13/24 to review necessity of completing a fire safety inspection and having a fire drill conducted by a fire safety expert annually.

The Annual fire safety inspection and annual fire drill conducted by the fire safety expert was scheduled and completed on 3/15/24. See attached.

General Manager and Building Engineer will schedule the annual fire safety inspection and annual fire drill conducted by the fire safety expert prior to February 28th of each year, beginning 2025.

General Manager and Building Engineer are responsible for annual scheduling and ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [redacted] - 03/25/2024)

132c Fire drill records

6. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home did not specify the exact location of the evacuation route on the following fire drill records:

11/14/23 at 9:30am – 5 min 36 sec

12/30/23 at 2:00am – 5 min 36 sec

1/26/24 at 9:15am – 5 min 26 sec

2/14/24 at 4:00pm – 5 min 17 sec

Plan of Correction

Accept [redacted] - 03/22/2024)

2800.132c

POC: Building Engineer was reeducated by General Manager on 3/13/24 to ensure the monthly written fire drill record includes the date, time, the amount of time it took for the evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

General Manager and Building Engineer will ensure all of the above information is documented monthly x 3 months, beginning April 2024, specifically the evacuation route. See attached.

General Manager and Building Engineer are responsible for annual scheduling and ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [redacted] - 03/25/2024)

132d Evacuation

7. Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

The residence does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The residence exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

11/14/23 at 9:30am – 5 min 36 sec

12/30/23 at 2:00am – 5 min 36 sec

1/26/24 at 9:15am – 5 min 26 sec

2/14/24 at 4:00pm – 5 min 17 sec

Plan of Correction

Accept ([redacted]) - 03/22/2024)

2800.132.d

POC: Building Engineer was reeducated by General Manager on 3/13/24 to ensure Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. (15 minutes, per Fire Safety Expert). See attached.

The Annual fire safety inspection and annual fire drill conducted by the fire safety expert was scheduled and completed on 3/15/24 to include the period of time in which the evacuation needs to take place as determined by the fire safety expert review (15 minutes, per Fire Safety Expert). See attached.

General Manager and Building Engineer will ensure all of the above information is documented monthly x 3 months, beginning April 2024.

General Manager and Building Engineer are responsible for annual scheduling and ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([redacted]) - 03/25/2024)

132f Alternate exit routes

8. Requirements

2800.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home did not alternate evacuation routes during the following drills:

11/14/23 at 9:30am– exit route used "behind the fire doors"

12/30/23 at 2:00am – exit route used "behind the fire doors"

1/26/24 at 9:15am – exit route used "behind the fire doors"

2/14/24 at 4:00pm – exit route used "behind the fire doors"

132f Alternate exit routes (continued)

Plan of Correction

Accept () - 03/22/2024)

2800.132f

POC: Building Engineer was reeducated by General Manager on 3/13/24 to ensure alternate exit routes are used during monthly fire drills.

General Manager and Building Engineer will ensure alternate exit routes are used and documented monthly x 3 months, beginning April 2024. See attached.

General Manager and Building Engineer are responsible for annual scheduling and ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented () 03/25/2024)

132h Designated meeting place

9. Requirements

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home did not evacuate all of the residents to a designated meeting place/fire safe area during the following fire drills:

11/14/23 at 9:30am – 65 residents present – residents evacuated “none”,

12/30/23 at 2:00am – 22 residents present – no indication of how many were evacuated

1/26/24 at 9:15am – 70 residents – only 8 evacuated

2/14/24 at 4:00pm – 66 residents – only 5 evacuated

Plan of Correction

Accept () - 03/22/2024)

2800.132h

POC: Building Engineer was reeducated by General Manager on 3/13/24 to ensure residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

General Manager and Building Engineer will ensure residents are evacuated to a designated meeting place away from the building or within the fire-safe area during each fire drill and it is documented monthly x 3 months, beginning April 2024.

General Manager and Building Engineer are responsible for annual scheduling and ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented () - 03/25/2024)