

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

May 20, 2025

[REDACTED], REGIONAL DIRECTOR HEALTH AND WELLNESS
SAGE ATWATER TENANT TRS LLC

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 04/08/2025, 04/09/2025 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: *04/01/2026*
 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: *113* Waking Staff: *85*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *04/09/2025*

Inspection Dates and Department Representative

04/08/2025 - On-Site: [REDACTED]
 04/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *104* Residents Served: *74*

Special Care Unit
 In Home: *Yes* Area: *3rd Floor* Capacity: *38* Residents Served: *25*

Hospice
 Current Residents: *9*

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: *39* Have Physical Disability: *0*

Inspections / Reviews

04/08/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2025*

05/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/16/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2025*

Inspections / Reviews *(continued)*

05/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/02/2025

05/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65h 16 hrs annual training

1. Requirements

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Description of Violation

Direct care staff person A received only 10 hours of annual training relating to [redacted] job duties during training year January 1 ,2024 to December 31, 2024.

Plan of Correction

Accept ([redacted] - 05/15/2025)

POC: All direct care staff training records were immediately audited on 4/8/25 and 4/9/25 upon notice of a direct care staff members training record not meeting the minimal 16 hours of annual training. All other direct staff members training records met a minimal 16 hours of annual training.

General Manager in-serviced People Relations Director on direct care staff annual training record on 4/10/25.

People Relations Director will audit five (5) direct care staff members training records weekly for four (4) weeks beginning 4/14/25. Audits will continue monthly until December 2025.

People Relations Director is responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([redacted] - 05/20/2025)

65i Training topics

2. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Assisted living service needs of the resident.

Description of Violation

Direct care staff person A did not receive training in:

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

5. Assisted living service needs of the resident

during the training year January 1, 2024 to December 31, 2024.

Plan of Correction

Accept ([redacted] - 05/15/2025)

POC: All direct care staff training records were immediately audited on 4/8/25 and 4/9/25 upon notice of a direct care staff members training record did not include mandatory training topics. All other direct staff members training records met requirements for mandatory training topics.

General Manager in-serviced People Relations Director on direct care staff mandatory training topics on 4/10/25.

People Relations Director will audit five (5) direct care staff members training records weekly for four (4) weeks beginning 4/14/25. Monthly audits will continue through December of 2025. Staff Member A began remedial trainings on 4/14/25 and People Relations Director is responsible for completion by 4/30/25.

People Relations Director is responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([redacted] - 05/20/2025)

65j Annual training content

3. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.

during training year January 1, 2024 to December 31, 2024.

Plan of Correction

Accept (█) - 05/15/2025)

2800.65j

POC: All direct care staff training records were immediately audited on 4/8/25 and 4/9/25 upon notice of a direct care staff members training record did not include mandatory training topics. All other direct staff members training records met requirements for mandatory training topics.

General Manager in-serviced People Relations Director on direct care staff mandatory training topics on 4/10/25.

People Relations Director will audit five (5) direct care staff members training records weekly for four (4) weeks

People Relations Director is responsible for ongoing compliance

Staff Member A began remedial trainings on 4/14/25 and People Relations Director is responsible for completion by 4/30/25.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented (█) - 05/20/2025)

85a Sanitary conditions

4. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/9/25, at 2:00 P.M., the main kitchen deep freezer bottom was stained with ice cream and food debris.

Plan of Correction

Accept (█) - 05/12/2025)

2800.85a

POC: All Ice cream containers were immediately covered on 4/9/25 upon being found uncovered. All Ice cream

85a Sanitary conditions (continued)

freezers were deep cleaned on 4/10/25. Executive Chef, Dining Room Manager, and Dining Associates were reeducated by General Manager on the importance of covering ice cream after each use and keeping all ice cream freezers sanitary and clean on 4/10/25. All ice cream freezers were added to monthly cleaning list. Dining Room Manager will audit ice cream freezers daily after lunch and dinner, for two (2) weeks, beginning 4/10/25 to ensure all ice cream containers are covered after each meal service and freezers are cleaned. Dining Room Manager is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented () - 05/20/2025)

85d Trash cans – kitchen/bath

5. Requirements

2800.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/8/25, at 10:46 A.M., there was a uncovered trash can that was 1/3 full in the dining area of the special care unit.

Plan of Correction

Accept () - 05/12/2025)

2800.85d

POC: Kitchen trash can was immediately covered on 4/8/25 upon being found uncovered. Trash cans in all kitchens were checked to ensure they were properly covered on 4/8/25. On 4/10/25 Executive Chef, Cooks, and Kitchen Utility were reeducated by General Manager on the importance of trash cans being covered.

Executive Chef will audit daily for two (2) weeks that all kitchen trash cans are covered beginning 4/10/25.

Executive Chef is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented () - 05/20/2025)

85e Trash outside

6. Requirements

2800.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:15A.M., the lids were open on the two dumpsters located behind the residence. The dumpster was open with trash inside it, pallets and a bedframe were located next to the dumpsters on the ground.

Plan of Correction

Accept () - 05/12/2025)

2800.85e

POC: All outside trash dumpsters were immediately covered on 4/8/25 upon being found uncovered. On 4/10/25 Building Engineer, Maintenance Techs, and Kitchen Utility were reeducated by General Manager on the importance of outside trash dumpster being covered after each use.

Building Engineer will audit daily for two (2) weeks that outside trash dumpsters are covered beginning 4/10/25.

Building Engineer is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/09/2025

85e Trash outside (continued)

Implemented () - 05/20/2025

103f Fridge/Freezer Temps

7. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the deep freezer in the 3rd floor kitchenette.

Plan of Correction

Accept () - 05/12/2025

2800.103f

POC: A thermometer was immediately placed in ice cream freezer upon be found without one present. All refrigerators and freezers were checked on 4/9/25 to ensure that a thermometer is located in each refrigerator or freezer, all were compliant. On 4/10/25 Executive Chef and Cooks were reeducated by General Manager on the importance of each refrigerator and freezer having a thermometer.

Executive Chef will audit daily for two (2) weeks that all refrigerators and freezers have thermometers.

Executive Chef is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented () - 05/20/2025

103g Storing food

8. Requirements

2800.

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

Description of Violation

The ham and potato soup in the the main kitchen refrigerator was opened and unsealed.

The " Pacific Jade Indian Curry Sauce Starter" in the main kitchen was damaged and the plastic container was split open at the bottom.

Repeated Violation: 3/12/24

Plan of Correction

Accept () - 05/12/2025

2800.103g

POC: All food items that were not labeled and did not have a use by date were immediately discarded. All refrigerators and freezers were inspected to ensure all food items were properly labeled with a clear use by date. On 4/10/25 Executive Chef and Cooks were reeducated by General Manager on the importance of all food items being labeled with a use by date.

Executive Chef will audit daily for two (2) weeks that all ice cream containers are covered beginning 4/10/25.

Executive Chef is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented () - 05/20/2025

103i Outdated food

9. Requirements

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were on tube of cottage cheese, one bottle of pesto sauce, and one tub of horse radish that were expired in the main kitchen refrigerator.

Plan of Correction

Accept ([redacted] - 05/12/2025)

2800.103i

POC: All expired food and damaged food containers were immediately discarded upon being found. All refrigerators and freezers were checked for expired food items and not correctly labeled food items, no new expired items were found on 4/9/25. On 4/10/25 Executive Chef and Cooks were reeducated by General Manager on the importance of properly labeling and discarding all expired food items.

Executive Chef will audit daily for two (2) weeks refrigerators and freezers for expired and properly labeled food.

Executive Chef is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented ([redacted] - 05/20/2025)

132e Fire drill - sleeping hours

10. Requirements

2800.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 10/6/24, at 6:00 A.M. The previous sleeping hours fire drill was conducted on 4/16/24 at 5:30 A.M. According to staff and resident interviews, residents are up and walking around at 6:00 A.M.

Plan of Correction

Accept ([redacted] - 05/15/2025)

2800.132e

POC: General Manager in-serviced Building Engineer on fire drills occurring once every 6 months during sleeping hours.

General Manager and Building Engineer will ensure fire drills are scheduled during resident sleeping hours when additional staff members are not present. Building Engineer will document fire drills taking place during sleeping hours at least once every six months beginning April 2025. A remediation sleeping drill will be completed by 4/30/25.

Building Engineer is responsible for the monthly fire drill schedule and ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([redacted] - 05/20/2025)

132g Fire drills – days/times

11. Requirements

2800.

132g Fire drills – days/times (continued)

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.

Description of Violation

The residence routinely holds fire drills between 5:30 A.M. and 4:00 P.M. as evidenced by the following drills:

1. 3/18/24 at 11:40 A.M. with 69 residents and 21 staff
2. 4/16/24 at 5:30 A.M. with 66 residents and 9 staff
3. 5/15/24 at 10:05 A.M. with 66 residents and 28 staff
4. 6/27/24 at 3:33 P.M. with 69 residents and 20 staff
5. 7/21/24 at 11:12 A.M. with 66 residents and 35 staff
6. 8/24/24 at 2:11 P.M. with 68 residents and 19 staff
7. 9/13/24 at 11:02 A.M. with 75 residents and 29 staff
8. 10/16/24 at 6:02 A.M. with 71 resident and 14 staff
9. 11/8/24 at 3:44 P.M. with 71 residents and 20 staff
10. 12/30/24 at 1:02 P.M. with 72 residents and 19 staff
11. 1/23/25 at 11:05 A.M. with 71 residents and 27 staff
12. 2/10/25 at 10:34 A.M. with 72 residents and 24 staff
13. 3/20/25 at 3:31 P.M. with 74 residents and 19 staff.

The drill conducted on 10/16/24 at 6:02am had 14 staff participating. The drill conducted on 4/15/24 had 9 staff participating. The 11P.M. to 7:00 A.M. shift is routinely staffed with 7 staff people.

Plan of Correction

Accept () - 05/12/2025

2800.132g

POC: Building Engineer was reeducated by General Manager on 4/10/25 to ensure fire drills occur on different days of the week, at different times of the day and night.

General Manager and Building Engineer will ensure fire drills are scheduled on different days of the week, at different times of the day and night. Building Engineer will document fire drill days and times monthly for 3x months, beginning April 2025

Building Engineer is responsible for the monthly fire drill schedule and ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented () - 05/20/2025

236a Staff training

12. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the special care unit had only 2 hours of training related to dementia care during the January 1, 2024 to December 31, 2024 training year.

Plan of Correction

Accept () - 05/15/2025

2800.236a

236a Staff training (continued)

POC: All direct care staff training records were immediately audited on 4/8/25 and 4/9/25 upon notice of a direct care staff members training record did not include mandatory training topics. All other direct staff members working with Alzheimer's Disease or dementia residents had 8 hours of initial training within the first 30 days of hire and a minimum of 8 hours of annual training related to Dementia care and services.

training records met requirements for mandatory training topics.

General Manager in-serviced People Relations Director on direct care staff Dementia and Special Care mandatory training topics on 4/10/25.

People Relations Director will audit five (5) direct care staff members training records weekly for four (4) weeks.

Staff Member A began remedial trainings on 4/14/25 and People Relations Director is responsible for completion by 4/30/25.

People Relations Director is responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented (████) - 05/20/2025)