

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

March 2, 2026

[REDACTED]
SAGE ATWATER TENANT TRS LLC
[REDACTED]
[REDACTED]

RE: ECHO LAKE
900 NORTH ATWATER DRIVE
MALVERN, PA, 19355
LICENSE/COC#: 14713

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2026, 01/23/2026 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: 117 Waking Staff: 88

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/26/2026

Inspection Dates and Department Representative

01/22/2026 - On-Site: [REDACTED]
 01/23/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 104 Residents Served: 74

Special Care Unit
 In Home: Yes Area: Connections Capacity: 38 Residents Served: 26

Hospice
 Current Residents: 9

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 43 Have Physical Disability: 0

Inspections / Reviews

01/22/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/19/2026

02/10/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/27/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/13/2026

Inspections / Reviews *(continued)*

02/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/13/2026

03/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

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

Description of Violation

On [REDACTED] at 9:01 AM, resident records were unlocked, unattended, and accessible in staff person A's office. Two white binders of resident records were open on top of a cabinet and visible from the doorway. Additional resident support plans were laid out on a desk and information about resident wounds and hospice was written on a large white board in the office.

At 9:33 AM a white binder labeled "1st floor staff responsibilities and individual service plans" was on a shelf outside staff person A's office.

At 9:39 AM a white binder labeled "Connections staff responsibilities and assignment sheets" was sitting on the counter in the Studio 3 south room.

Plan of Correction

Accept [REDACTED] - 02/10/2026)

POC: Confidential Records that were accessible in common areas were immediately secured. Echo Lake Wellness associates were reeducated on resident confidentiality and record access requirements under 2800.17 on 2/2/26, 2/3/26 and 2/4/26 by the Director of Health & Wellness and General Manager. Beginning 1/26/26, Director of Health & Wellness or designee will conduct an audit of all confidential records daily for six weeks to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ([REDACTED] 03/02/2026)

42b Abuse/Neglect

2. 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

Resident [REDACTED] was admitted to the home on [REDACTED]. Resident [REDACTED] has a diagnosis of [REDACTED] and [REDACTED]. Resident [REDACTED] is only oriented to self and can become upset when confused. Resident [REDACTED] progress notes state that [REDACTED] was found walking up and down the halls on [REDACTED] cursing and banging [REDACTED] bag on the wall and stating [REDACTED] was seeking a way out. Staff interviews reported that resident [REDACTED] frequently walks the unit carrying [REDACTED] personal bag. Resident [REDACTED] support plan dated [REDACTED] states [REDACTED] is independent with ambulating, requires some supervision in the home and attendance when leaving the community. Plan to meet the supervision needs are "resides on secured unit with supervision, family, staff. Or escort accompany resident when leaving the unit". Resident [REDACTED] wears a WanderGuard device.

42b Abuse/Neglect (continued)

On [REDACTED] at 8:01 AM The resident [REDACTED] WanderGuard device pinged at elevator 5. After 1 min. 7 sec. this alert was cleared by staff. Resident [REDACTED] received [REDACTED] morning medications at 8:27 AM. Resident was last seen at approximately 8:30 AM in the dining room of the secure unit after receiving medications. At 8:40 AM Staff person B, the memory care director, noticed resident [REDACTED] was not in the dining area and began to look for the resident. At 9:00 AM staff person B reported that resident [REDACTED] could not be found in the secure unit and sent out a community alert to staff to check the premises. Staff person C volunteered to drive around the surrounding areas.

At 9:07 AM local police were called by a concerned citizen at a nearby Wawa store, which is approximately a 20 minute walk from the residence. There are two ways to get to the Wawa from the residence; a walking path next to a fenced in lake that leads to the parking lot of a shopping center that includes the Wawa, or walking up the hill, through a neighborhood, across a two lane divided road and down to a more heavily trafficked intersection. Local Police reported they received a call about a resident [REDACTED] who was confused and did not know how to get home or where [REDACTED] lived. Local police reported that resident [REDACTED] said someone had dropped [REDACTED] off at the Wawa. Local police sat resident 1 in the back of the police car due to the weather that day which was a high of 33 degrees Fahrenheit while they attempted to find contact information for the resident's family. As this was occurring, Staff person C arrived at Wawa to ask if Wawa staff had seen the resident using a photo and was told the resident was outside with the police in the car. The resident was wearing a gray winter coat, long pants, a sweater and sneakers. Resident [REDACTED] was carrying a water bottle and personal bag. Resident [REDACTED] was released to staff person C who returned the resident to the residence. At 9:29 AM local police cleared the call. When the resident returned to the residence, they were assessed and found to be unharmed and happy to be back. The resident indicated to staff of the residence that they were able to identify and enter the codes used to secure the doors to the unit and therefore was able to exit the building.

Plan of Correction

Accept ([REDACTED] 02/11/2026)

2800.42B

POC: Echo Lake Wellness Associates were reeducated by the Health & Wellness Director & General Manager on 2/2/26, 2/3/26 and 2/4/26 on Regulation 2800.42B to ensure that residents are not neglected, intimidated, physically or verbally abused, or subjected to corporal punishment in any way and reeducated on our Elopement Procedure and Policy and Prevention.

To ensure ongoing compliance, beginning 2/1/26, the Health and Wellness Director or designee will be responsible for auditing that the Memory Care Unit code and signage is changed monthly x 3 months and then audited quarterly x 1 year.

To ensure ongoing compliance, beginning 2/10/26 Elopement Drills will be conducted monthly x 3 months and then resume every 6 months ongoing.

Resident 1 was monitored closely after elopement and initially had no exit seeking behaviors noted. On 1/30/26, Resident 1 was noted to be wandering the hallways looking to "go home". Resident 1 was immediately placed under 1:1 supervision and remains on 1:1 supervision at this time for [REDACTED] safety. PCP and POA are aware and agreeable.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ([REDACTED] - 03/02/2026)

51 Criminal background checks

3. Requirements

2800.

51. Criminal background checks

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- b. The hiring policies shall be in accordance with the Department of Aging’s Older Adult Protective Services Act policy as posted on the Department of Aging’s web site.

Description of Violation

Staff person B’s date of hire was [REDACTED]. Staff person B does not reside in Pennsylvania and a FBI background check was not completed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/10/2026)

2800.51

POC: All employees not residing in Pennsylvania, background checks were audited on 1/22/26 and 1/23/26 upon notice that FBI checks were not completed in accordance with the Department of Aging’s Older Adult Protective Services Act to ensure compliance.

General Manager in-serviced People Relations Director on 1/23/26 on FBI background check policy for employees not residing in Pennsylvania.

People Relations Director will audit five (5) staff members background checks weekly for four (4) weeks beginning 2/9/26 and ending 3/6/26.

People Relations Director is responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [REDACTED] - 03/02/2026)

82c Locked poisons

4. 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

On [REDACTED] at 9:39 AM, Woolite Carpet and Upholstery, with a manufacture’s label indicating "Keep out of reach of children, Concentration of the contents can be harmful or Fatal", was unlocked, unattended, and accessible to residents in the Studio 3 south room.

At 9:40 AM Gold bond ultimate lotion with a manufacture’s label indicating "if swallowed get medical help or contact poison control right away", was unlocked, unattended, and accessible to residents in resident [REDACTED] bedroom.

At 9:47 AM, Onyx professional nail polish remover with a label reading "Harmful if taken internally, if ingested, seek medical attention immediately and contact Poison Control" was unlocked, unattended, and accessible to residents in a unlocked gray cabinet in the activities area. Not all the residents of the residence, including residents [REDACTED] and [REDACTED], have been assessed as capable of recognizing and using poisons safely.

82c Locked poisons (continued)

Plan of Correction

Accept [REDACTED] - 02/10/2026)

82c

All poisonous materials were locked and secured immediately on 1/22/26. All Wellness Associates were reeducated by the Health & Wellness Director and General Manager on 2/2/26, 2/3/26 and 2/4/26 on Regulation 82c and ensuring that all poisons on Memory Care Unit are locked and secured unless being used with staff supervision. Beginning 2/2/26, Health & Wellness Director or designee will complete daily audits of all poisonous substances on the Memory Care Unit to ensure they are properly stored and locked daily x 2 weeks then three times a week x 2 weeks.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [REDACTED] - 03/02/2026)

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 [REDACTED], at 9:51 AM, there was a full uncovered, unattended trash can in the memory care dining area.

Repeat violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 02/10/2026)

2800.85d

POC: Kitchen trash can was immediately covered on 1/22/26 upon being found uncovered. Trash cans in all kitchens were checked to ensure they were properly covered on 1/22/26. On 1/23/26 all Culinary Staff were reeducated by General Manager on the importance of trash cans being covered.

Culinary Director will audit daily for two (2) weeks that all kitchen trash cans are covered beginning 2/9/26 and ending 2/22/26.

Culinary Director is responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 02/22/2026

Implemented [REDACTED] - 03/02/2026)

100b Removal snow/obstructions

6. Requirements

2800.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On [REDACTED], at 10:04 AM, there was an approximate 1/8 inch accumulation of ice in a patch that was approximately 3 foot long by 1 foot wide in the center of the outside walkways in front of the exit door from stairwell 7. It last snowed on [REDACTED]

100b Removal snow/obstructions (continued)

Plan of Correction

Accept () - 02/10/2026

2800.100b

POC: Exit and Entrance from stairwell 7 was immediately salted and ice cleared upon being found on 1/22/26. All exits and entrances were checked to ensure they were free from ice and obstructions on 1/22/26. On 1/23/26 all Maintenance Staff were reeducated by General Manager on the importance of entrance and exits free from ice and obstructions.

Maintenance Director will audit daily for two (2) weeks that all entrances and exits are free from ice and obstructions beginning 2/9/26 and ending 2/22/26.

Maintenance Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/22/2026

Implemented () - 03/02/2026

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 () there was an approximate 1/4 inch accumulation of red and gray lint covering the entire lint trap of the first-floor dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept () - 02/10/2026

2800.105g

POC: Accumulated lint in the first floor dryer was immediately removed and thrown away. In addition, all three laundry rooms were checked for lint on 1/22/26.

All Wellness Associates were reeducated by the Health & Wellness Director & General Manager on 2/2/26, 2/3/26 and 2/4/26 on Regulation 2800.105g and to remove lint from dryer traps after each use.

Beginning 2/2/26, daily lint removal audits will be completed by Health & Wellness Director or designee daily x 2 weeks then weekly x 2 weeks to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented () - 03/02/2026

121a Unobstructed egress

8. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On (), at 9:50 AM, a locked door blocked egress from the residence's memory care dining area. The residence uses an approved mag lock system. A keypad is located to the right side of the double door. When the code is entered only the left door is released. The emergency exit signed is centered over both doors.

121a Unobstructed egress (continued)

Plan of Correction

Accept (█) - 02/10/2026)

2800.121a

POC: Upon identification on 1/22/2026, the Memory Care dining room mag lock system was immediately assessed by the Building Engineer. Following evaluation, the contracted life safety vendor was contacted the same day to inspect. The vendor ordered parts and will reprogram the system to ensure that entry of the approved keypad code releases both doors simultaneously, allowing full and unobstructed egress. On 1/23/26 A full building audit of all mag lock doors and delayed egress systems was conducted by Maintenance Director. On 1/23/26 Maintenance Director was reeducated by General Manager on regulation regarding unobstructed egress. Maintenance Director will audit daily for two (2) weeks beginning 2/9/26 and ending 2/22/26. Maintenance Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/22/2026

Implemented (█) 03/02/2026)

123c Evacuation diagrams

9. Requirements

2800.

123.c. For a residence serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The residence currently serves 74 residents. However, the emergency evacuation diagram posted near the center elevator on the first and second floor does not show location of the fire extinguishers and pull signals.

Plan of Correction

Accept (█) - 02/10/2026)

2800.123c

POC: The emergency evacuation diagrams were immediately reviewed following surveyor notification on 1/22/26. Updated evacuation diagrams have been revised to include the location of all fire extinguishers and manual pull stations on each floor. The corrected diagrams have been posted in a public location in compliance with regulatory requirements. On 1/23/26 Maintenance Director was reeducated by General Manager on regulation regarding emergency evacuation diagrams.

Maintenance Director will audit monthly for two (2) months beginning 2/9/26 and ending 3/31/26.

Maintenance Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 03/02/2026)

254a Records – discharge/active

10. Requirements

2800.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 1/22/2026

254a Records – discharge/active (continued)

, several boxes containing the records for discharged residents were unlocked, unattended, and accessible in a room on the first floor labeled "soiled utility" .

Plan of Correction**Accept** (████) - 02/10/2026

2800.254a

POC: The storage closet for records of active and discharged residents was immediately locked on 1/22/26. All Wellness Associates were reeducated by the Health & Wellness Director and General Manager on 2/2/26, 2/3/26 and 2/4/26 on Regulation 2800.254a and to ensure record storage closet remains locked at all times. Beginning 2/2/26, Health & Wellness Director or designee will audit that the storage door is locked at all times daily x 2 weeks then three times a week x 2 weeks to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/27/2026**Implemented** (████) - 03/02/2026