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

August 3, 2026

[redacted], REGIONAL DIRECTOR
SAGE ATWATER TENANT TRS LLC
[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 05/27/2026, 05/28/2026 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**: *04/01/2027*

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**: *128* **Waking Staff**: *96*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *05/28/2026*

Inspection Dates and Department Representative

05/27/2026 On Site: [redacted]

05/28/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* **Residents Served**: *80*

Special Care Unit

In Residence: *Yes* **Area**: *3rd floor* **Capacity**: *38* **Residents Served**: *27*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *78*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *48* **Have Physical Disability**: *0*

Inspections / Reviews

05/27/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *07/03/2026*

Inspections / Reviews *(continued)*

07/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *07/16/2026*

07/15/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/31/2026*

08/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

3d Post license/VR/Regs

1. Requirements

2800.
3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Description of Violation

On 5/27/2026, the copy of the chapter 2800 and the residence's current license inspection summary, dated 01/22/2026, were not posted in a conspicuous and public place in the residence.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Immediate Corrective Action:
On 5/27/2026, the residence immediately made available the current Chapter 2800 regulations and the current License Inspection Summary dated 01/22/2026 in the designated public posting area located in the residence lobby/entrance area. Compliance was verified by the General Manager. The General Manager reviewed all required public postings to ensure the current assisted living residence license, license inspection summary, and Chapter 2800 regulations were present, current, and displayed in a conspicuous public location accessible to residents, staff, and visitors.

Education:
The Administrator was re-educated regarding the requirements of 55 Pa. Code §2800.11(d), including maintaining all required postings in a conspicuous public location and updating postings when new inspection summaries or licenses are issued.

Monitoring:
The Administrator or designee will conduct a monthly audit of all required public postings for a period of three months to verify that required documents remain current, complete, and visibly posted. Any deficiencies identified during the audit will be corrected immediately.

Responsible Person:
General Manager

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

63a First Aid/CPR 1:35

2. Requirements

2800.
63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 3/12/2026, from 11:49 pm to 7:00 am, 82 residents were present in the residence. During this time only two staff persons were present in the residence who were trained in first aid and certified in obstructed airway techniques and CPR. The staff person on the third floor was certified in CPR only.

63a First Aid/CPR 1:35 (continued)

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

Immediate Corrective Action:
Upon identification of the deficiency, the staff member assigned to the third floor was scheduled to complete first aid training through a trainer certified by a hospital or other recognized health care organization. The staffing schedule was reviewed and adjusted to ensure that, for every 35 residents, at least one staff person trained in first aid and certified in obstructed airway techniques and CPR is present in the residence at all times. The Administrator/Wellness Director reviewed current staffing schedules and employee training records to verify compliance with the requirements of 55 Pa. Code §2800.63(a). A process was implemented to verify that each shift has the required number of qualified staff based on resident census prior to posting the schedule. A current roster of employees with CPR, first aid, and obstructed airway certifications will be maintained and used during scheduling.

Education:
The Administrator/Wellness Director responsible for scheduling were educated regarding the requirements of 55 Pa. Code §2800.63(a), including maintaining the required ratio of qualified staff on duty based on the resident census at all times.

Monitoring:
The Administrator/Wellness Director will review staffing schedules prior to each posted schedule to verify compliance with the required ratio of qualified staff. In addition, weekly audits of staffing schedules and certification records will be conducted for four weeks. Any identified deficiencies will be corrected immediately.

Responsible Person:
Administrator/Wellness Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

63b F/A - CPR trainer quals.

3. Requirements

2800.
63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff persons A, B, and C were trained in CPR and first aid by national CPR foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

63b F/A - CPR trainer quals. *(continued)*

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Immediate Corrective Action:
Upon notification of the deficiency, Staff A, B, and C were scheduled to complete CPR, first aid, and obstructed airway training through a trainer certified by a hospital or other recognized health care organization. Documentation of the training and trainer credentials will be maintained in the personnel files. The Administrator/Wellness Director reviewed all CPR, first aid, and obstructed airway training records to verify compliance with trainer qualification requirements. The residence established a process to verify trainer credentials prior to scheduling or accepting CPR and first aid certifications for employees.

Education:
The Administrator/Wellness Director responsible for employee training records was educated regarding the requirements of 55 Pa. Code §2800.63(b), including verification that all CPR, first aid, and obstructed airway training is provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Monitoring:
The Administrator/Wellness Director will review trainer credentials prior to each CPR and first aid training session and will conduct monthly audits of employee training records for a period of three months to ensure ongoing compliance. Any identified deficiencies will be addressed immediately.

Responsible Person:
Administrator/Wellness Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

65i Training topics

4. Requirements

2800.
65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia, cognitive and neurological impairments.
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.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

Description of Violation

Direct care staff persons D, E, F, and G, did not receive training in medication self-administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2025 training year.

Repeated Violation- 4/8/2025, et al.

65i Training topics (continued)

Plan of Correction ***Accept (- 07/14/2026)***

Immediate Corrective Action:
Staff persons D, E, F, and G were scheduled to receive and complete training on medication self-administration and instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan. Documentation of completed training was placed in each employee's personnel file. The Human Resources Director conducted a review of all direct care staff training records for the 2025 training year to verify completion of all required annual training topics under 55 Pa. Code §2800.65(i). Any identified training deficiencies were immediately addressed and documented. The residence's training tracking system was revised to include all required annual training topics and completion dates to ensure compliance.

Education:
The Human Resources Director responsible for staff development and training was re-educated regarding the annual training requirements outlined in 55 Pa. Code §2800.65(i), including the requirement that all direct care staff receive training in medication self-administration and resident-specific care needs annually.

Monitoring:
The Human Resources Director will conduct a monthly audit of all direct care staff training records for a period of three months to verify completion of required annual training topics. Training compliance reports will be reviewed monthly, and any identified deficiencies will be corrected immediately. New hires and existing staff approaching annual training deadlines will be tracked through the training matrix to ensure timely completion.

Responsible Person:
Human Resources Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented (- 08/03/2026)

85a Sanitary conditions

5. Requirements

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

Description of Violation

On 5/27/2026, at 9:36 am, the bottom of the ice cream freezer in the special care unit kitchen was stained with ice cream.

On 5/28/2026, at 9:15 am, the bottom of the ice cream freezer in the main kitchen was stained with ice cream.

Repeated Violation - 4/8/2025, et al.

Plan of Correction ***Accept (- 07/14/2026)***

Immediate Corrective Action:
On 5/27/2026 and 5/28/2026, the ice cream freezers in the Special Care Unit kitchen and the main kitchen were immediately cleaned and sanitized. During the medication pass observation, Staff Person H was immediately

85a Sanitary conditions (continued)

counseled on proper hand hygiene and instructed to wash hands in accordance with infection control practices before continuing medication administration. The General Manager and Executive Chef inspected all kitchen equipment and food storage areas to ensure sanitary conditions were maintained throughout the residence. Administrator/Health and Wellness Director reviewed infection control practices with all wellness staff and medication technicians, emphasizing proper hand hygiene during medication administration. Environmental cleaning schedules and infection control practices were reviewed and reinforced.

Education:
Dining and Wellness staff received education regarding maintaining sanitary conditions, proper cleaning and sanitizing procedures, and hand hygiene in accordance with infection control standards and 55 Pa. Code §2800.85(a).

Monitoring:
The Culinary Director will conduct weekly sanitation inspections of all kitchen areas and equipment for one month. The Administrator/Wellness Director will conduct weekly medication pass observations for one month to verify compliance with proper hand hygiene practices. All findings will be documented, and any identified deficiencies will be corrected immediately with additional education or corrective action as appropriate.

Responsible Person:
Administrator/Wellness Director and Culinary Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

6. Requirements

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

Description of Violation

On 5/28/2026, at 9:36 am, during a medication pass observation, staff person H did not wash his/her hands between administering medication to residents.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Immediate Corrective Action:
On 5/27/2026 and 5/28/2026, the ice cream freezers in the Special Care Unit kitchen and the main kitchen were immediately cleaned and sanitized. During the medication pass observation, Staff Person H was immediately counseled on proper hand hygiene and instructed to wash hands in accordance with infection control practices before continuing medication administration. The General Manager and Executive Chef inspected all kitchen equipment and food storage areas to ensure sanitary conditions were maintained throughout the residence. Administrator/Health and Wellness Director reviewed infection control practices with all wellness staff and medication technicians, emphasizing proper hand hygiene during medication administration. Environmental cleaning schedules and infection control practices were reviewed and reinforced.

Education:
Dining and Wellness staff received education regarding maintaining sanitary conditions, proper cleaning and

85a Sanitary conditions (continued)

sanitizing procedures, and hand hygiene in accordance with infection control standards and 55 Pa. Code §2800.85(a).

Monitoring:
The Culinary Director will conduct weekly sanitation inspections of all kitchen areas and equipment for one month. The Administrator/Wellness Director will conduct weekly medication pass observations for one month to verify compliance with proper hand hygiene practices. All findings will be documented, and any identified deficiencies will be corrected immediately with additional education or corrective action as appropriate.

Responsible Person:
Administrator/Wellness Director and Culinary Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

85d Trash cans – kitchen/bath

7. 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 5/27/2026, at 9:33 am, there was an uncovered unattended trash can in the dining area in the the special care unit.

Repeated Violation - 1/22/2026, et al., 4/8/2025, et al.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Immediate Corrective Action:
On 5/27/2026, the uncovered trash can located in the dining area of the Special Care Unit was immediately removed and replaced with a covered trash receptacle. Compliance was verified by the General Manager. The General Manager conducted a review of all kitchens, dining areas, resident bathrooms, and common area locations throughout the residence to ensure trash receptacles were equipped with properly functioning covers and were maintained in accordance with regulatory requirements. Any receptacles identified as non-compliant were immediately corrected or replaced.

Education:
Dining services staff were re-educated regarding the requirements of 55 Pa. Code §2800.85(d), including the requirement that trash in kitchens be maintained in covered receptacles and that staff promptly report missing or damaged covers to management.

Monitoring:
The Culinary Director or designee will conduct weekly rounds for a period of two weeks and monthly audits thereafter for an additional three months to verify that all required trash receptacles remain covered and in good repair. Findings will be documented and corrective action will be implemented immediately for any identified concerns.

85d Trash cans – kitchen/bath (continued)

Responsible Person:
Culinary Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

101j7 Lighting/operable lamp

8. Requirements

2800.
101.j. Each resident shall have the following in the living unit:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Immediate Corrective Action:
Upon identification of the deficiency, Resident #1's living unit was provided with an operable bedside lamp that could be independently turned on and off from the bedside. Compliance was verified by the Administrator/Wellness Director. The Administrator/Wellness Director conducted an inspection of all resident living units to verify that each resident had access to an operable bedside lamp or other source of lighting that could be turned on and off at the bedside. Any identified deficiencies were corrected immediately.

Education:
The Administrator/Wellness Director was re educated regarding the requirements of 55 Pa. Code §2800.101(j)(7), including the requirement that every resident living unit have an operable bedside light that is readily accessible to the resident.

Monitoring:
The Administrator/Wellness Director will conduct monthly environmental rounds for a period of three months to verify that each resident living unit maintains an operable bedside lighting source. Findings will be documented, and any deficiencies identified will be corrected immediately.

Responsible Person:
Maintenance Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

103c Food protected

9. Requirements

103c Food protected *(continued)*

2800.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 5/27/2026, at 9:36 am, there was an uncovered tray of pastries and container of macaroni salad stored in the refrigerator in the special care unit.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Immediate Corrective Action:
On 5/27/2026, the uncovered tray of pastries and container of macaroni salad stored in the Special Care Unit refrigerator were immediately covered and properly stored to protect the food from contamination. Compliance was verified by the General Manager. The Executive Chef conducted an inspection of all refrigerators and food storage areas throughout the residence to ensure all food items were properly covered, labeled as applicable, and protected from contamination during storage. Any identified deficiencies were corrected immediately.

Education:
Dining staff and all staff responsible for handling or storing food were re-educated regarding proper food storage practices and the requirements of 55 Pa. Code §2800.103(c), including maintaining food in covered containers to protect against contamination during storage, preparation, transportation, and service.

Monitoring:
The Culinary Director will conduct weekly audits of all food storage areas, including kitchen and Special Care Unit refrigerators, for a period of four weeks. Audit findings will be documented, and any deficiencies identified will be corrected immediately with additional staff education as needed.

Responsible Person:
Culinary Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

103g Storing food

10. Requirements

2800.

103g Storing food *(continued)*

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

Description of Violation

On 5/28/2026, at approximately 9:15 am, there were opened, and unsealed cookies and onion rings in the walk in freezer in the main kitchen.

Repeated Violation 4/8/2025, et al.

Plan of Correction ***Accept (- 07/14/2026)***

Immediate Corrective Action:
On 5/28/2026, the opened and unsealed packages of cookies and onion rings in the walk in freezer were immediately placed in closed, sealed containers or properly resealed to protect the food from contamination. Compliance was verified by the General Manager. The Executive Chef conducted a comprehensive inspection of all refrigerators, freezers, and dry food storage areas throughout the residence to ensure all opened food items were stored in closed or sealed containers. Any improperly stored food items identified during the inspection were corrected immediately. Food storage procedures were reviewed with dining staff to reinforce compliance with regulatory requirements.

Education:
All dining staff received re education regarding the requirements of 55 Pa. Code §2800.103(g), including proper storage of opened food items in closed or sealed containers to maintain food safety and prevent contamination.

Monitoring:
The Culinary Director will conduct weekly audits of all food storage areas, including refrigerators, freezers, and dry storage, for a period of four weeks, to verify compliance with proper food storage practices. Audit findings will be documented, and any identified deficiencies will be corrected immediately with additional staff education or corrective action as appropriate.

Responsible Person:
Culinary Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented (- 08/03/2026)

103i Outdated food

11. Requirements

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

Description of Violation

On 5/27/2026, there was unlabeled, undated bacon and rice in metal pans in the special care unit refrigerator.

Repeated Violation - 4/8/2025, et al.

Plan of Correction ***Accept (- 07/14/2026)***

Immediate Corrective Action:
On 5/27/2026, the unlabeled and undated bacon and rice stored in metal pans in the Special Care Unit refrigerator were immediately discarded. Compliance with proper food labeling and dating requirements was verified by the

103i Outdated food (continued)

General Manager. The Executive Chef conducted a comprehensive inspection of all refrigerators, freezers, and food storage areas throughout the residence to ensure that all prepared and opened food items were properly labeled and dated in accordance with the residence's food safety procedures. Any food items that were unlabeled, undated, outdated, or otherwise non-compliant were immediately discarded. The residence reviewed and reinforced its food labeling and dating procedures with all dietary staff.

Education:
All dining staff received re-education regarding the requirements of 55 Pa. Code §2800.103(i), including the proper labeling, dating, storage, and disposal of food items to prevent the use of outdated or potentially unsafe food.

Monitoring:
The Culinary Director will conduct weekly audits of all food storage areas, including the Special Care Unit and main kitchen refrigerators and freezers, for a period of four weeks, to verify compliance with food labeling, dating, and storage requirements. Audit findings will be documented, and any identified deficiencies will be corrected immediately with additional staff education or corrective action as appropriate.

Responsible Person:
Culinary Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

133.2 Exit signs - direction

12. Requirements

2800.
133.2. Access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The exit sign for fire stairwell #8 next to resident room number 306 does not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 5/27/2026, the residence served 80 residents.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Immediate Corrective Action:
Upon identification of the deficiency, directional exit signage was installed, or arrangements were made for immediate installation, to clearly indicate the line of travel from the corridor adjacent to resident room 306 and fire stairwell #8 to the nearest exit. Compliance was verified by the Maintenance Director. The Maintenance Director conducted a facility-wide inspection of all exit routes to verify that directional exit signage was present wherever the nearest exit was not readily visible. Any additional deficiencies identified during the inspection were corrected promptly to ensure compliance with 55 Pa. Code §2800.133.2.

Education:
The Maintenance Director was re-educated regarding the requirements of 55 Pa. Code §2800.133.2, including the requirement that access to exits be marked with readily visible signs indicating the direction of travel whenever the exit is not in direct view.

133.2 Exit signs - direction (continued)

Monitoring:
The Maintenance Director will conduct monthly environmental and life safety rounds for a period of three months to verify that all required exit and directional signage remains in place, unobstructed, and clearly visible. Findings will be documented, and any deficiencies identified will be corrected immediately.

Responsible Person:
Maintenance Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)

183e Storing Medications

13. Requirements

2800.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed Lorazepam 1 mg tab. On 5/28/2026, the blister pack for the medication had a tear on spot #2 covered with tape with the pill in the package.

Resident #3 prescribed Lorazepam 1 mg tab. On 5/28/2026, the blister pack for the medication had a tear on spots #2, #26, and #27 covered with tape with the pill in the package.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Immediate Corrective Action:
On 5/28/2026, the compromised blister packs for Resident #2's and Resident #3's Lorazepam were immediately removed from use and replaced in accordance with the pharmacy's recommendations. The pharmacy was notified of the damaged packaging, and replacement medication was obtained. All controlled medication blister packs were inspected to verify that packaging was intact and medications were stored in accordance with manufacturer instructions. The Administrator/Wellness Director conducted a facility-wide review of medication storage practices, including inspection of blister packaging for prescription medications, controlled substances, over-the-counter medications, and CAM, to ensure medications were stored in an organized manner and that packaging remained intact. Any damaged or compromised medication packaging identified during the review was removed from service and replaced through the dispensing pharmacy.

Education:
Licensed nurses and medication administration staff received re-education regarding the requirements of 55 Pa.

183e Storing Medications (continued)

Code §2800.183(e), including proper medication storage, inspection of medication packaging prior to administration, and the requirement to immediately remove damaged medication packaging from service and notify the pharmacy for replacement.

Monitoring:
The Administrator/Wellness Director will conduct weekly medication storage audits for four weeks. Audits will include inspection of medication packaging integrity, storage conditions, and compliance with pharmacy and manufacturer requirements. Findings will be documented, and any identified deficiencies will be corrected immediately with additional education or corrective action as appropriate.

Responsible Person:
Administrator/Wellness Director

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/03/2026)