pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **LAKEWOOD SENIOR LIVING-DRUMS LLC**
LEGAL ENTITY

To operate **FRITZINGERTOWN SENIOR LIVING COMMUNITY**
NAME OF FACILITY OR AGENCY

Located at **159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **164**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 60**

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

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 18, 2025** until **December 18, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **201660**

ISSUING OFFICER

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.

HS 628 – 04/23

Pennsylvania
Department of Human Services

EMAILING DATE: DECEMBER 18, 2025

[redacted]
[redacted]
Lakewood Senior Living-Drums LLC
[redacted]
[redacted]

RE: Fritzingertown Senior Living Community
159 South Old Turnpike Road
Drums, Pennsylvania 18222
License #201660

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on October 7, 2025 and October 10, 2025 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

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

December 16, 2025

[redacted]
LAKEWOOD SENIOR LIVING-DRUMS LLC
[redacted]

RE: FRITZINGERTOWN SENIOR LIVING COMMUNITY
159 SOUTH OLD TURNPIKE ROAD
DRUMS, PA, 18222
LICENSE/COC#: 20166

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2025, 10/10/2025 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: *FRITZINGERTOWN SENIOR LIVING COMMUNITY* **License #**: *20166* **License Expiration**: *11/02/2025*

Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *LAKEWOOD SENIOR LIVING-DRUMS LLC*

Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA, 18222*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/22/2006* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *109* **Waking Staff**: *82*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *10/10/2025*

Inspection Dates and Department Representative

10/07/2025 - On-Site: [redacted]

10/10/2025 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *164* **Residents Served**: *84*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Evergreen* **Capacity**: *60* **Residents Served**: *21*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *83*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *25* **Have Physical Disability**: *0*

Inspections / Reviews

10/07/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/09/2025*

11/05/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/06/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/07/2025*

Inspections / Reviews *(continued)*

12/16/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *11/06/2025*

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

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - 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).

Description of Violation

Staff person A was hired by the home on [redacted]/25; however, Pennsylvania State Police Criminal Background Check was not requested until 8/11/25.

Staff person B was hired by the home on [redacted]25; however, Pennsylvania State Police Criminal Background Check was not requested until 4/15/25.

Staff person C was hired by the home on [redacted]25; however, Pennsylvania State Police Criminal Background Check was not requested until 5/12/25.

Staff person D was hired by the home on [redacted]/25; however, Pennsylvania State Police Criminal Background Check was not requested until 3/31/25.

Staff person E was hired by the home on [redacted]/25; however, Pennsylvania State Police Criminal Background Check was not requested until 4/15/25.

Staff person F was hired by the home on [redacted]/24; however, Pennsylvania State Police Criminal Background Check was not requested until 10/21/24.

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Executive Director to reinservice Business Office /Human Resources Manager of the requirements of this regulation. (See Inservice sheet).

To enhance the currently compliant operations, the Business Office Manager will ensure that all criminal history checks on an ongoing basis are completed prior to the new hire's first day of employment,

51 - Criminal Background Check (continued)

Effective October 8, 2025, through January 7, 2026, the Executive Director will conduct monthly reviews of all new hires from the previous month to ensure compliance with the requirements for criminal history checks and hiring practices in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (Protective Services for Older Adults). Any identified deficiencies will be corrected immediately, and all findings will be documented and reviewed internally to support continuous improvement and ongoing regulatory compliance.

Licensee's Proposed Overall Completion Date: *01/07/2026*

Update: *11/05/2025*

Please attach training, audits

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

85d - Trash Receptacles

2. Requirements

2600.
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

At 9:45 a.m. there was a half full, uncovered trash can in the kitchenette located in the Secured Dementia Care Unit.

Repeated Violation 2/20/25

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Director of Dietary Services to replace the cover on the trash can in the kitchenette located in the Secured Dementia Care Unit.

To strengthen our already compliant operations, on October 8, 2025, the Director of Dietary Services re-inserviced all dietary staff and housekeeping staff on the requirements of this regulation, emphasizing the necessity for all trash receptacles to remain covered at all times.

Effective 10/07/2025 the Director of Dietary Services will regularly monitor all trash receptacles to reinforce that all trash receptacles remain covered at all times to prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. This initiative will be completed by January 9, 2026.

Licensee's Proposed Overall Completion Date: *01/07/2026*

Update: *11/05/2025*

Please attach pic of above noted trash can, training, audits

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

89b - Hot Water Temperature

3. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 2:00 p.m., the hot water temperature in the bathroom of room #35 measured 124.7 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Maintenance Director to decrease water temperature in Room 235 by adjusting the mixing valve on the water line supplying that room.

Daily temperatures were taken by maintenance assistant in that room and temperature has not exceeded 118 degrees Fahrenheit. (Daily log attached).

Effective 10/30/2025, in addition to our normal weekly water temperature monitoring the Maintenance Director or designee will conduct ongoing monitoring through 04/30/2026 to ensure continued compliance with regulatory standards. Water temperatures in Room 235 and various other resident-accessible areas will be monitored daily x1 week, then once weekly for 2 weeks then once monthly for 2 months to confirm that hot water does not exceed 120°F. Any deficiencies identified will be corrected immediately, with all findings documented and reviewed internally to support continuous quality improvement.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Update: *11/05/2025*

Please attach training, logs, audits

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

103e - Left Overs

4. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were 3 unlabeled, undated plates with leftover scrambled eggs and biscuits and gravy on the counter in the kitchenette located in the Secured Dementia Care Unit.

There was a bag of unlabeled, undated potato chips and bran cereal in the kitchenette located in the Secured Dementia Care Unit.

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Director to cover the food with plastic wrap, date it and place it in refrigerator in the kitchenette located in the Secured Dementia Care Unit.

103e - Left Overs (continued)

To strengthen our already compliant operations, on October 8, 2025, the Director of Dietary Services re-inserviced all dietary staff on the requirements of this regulation, emphasizing the necessity for all food to be covered and dated (and refrigerated if applicable).

Effective 10/09/2025 the Director of Dietary Services will regularly monitor that all food not presently being served are covered adequately, dated and refrigerated, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. This initiative will be completed by January 7, 2026.

Licensee's Proposed Overall Completion Date: *01/07/2026*

Update: *11/05/2025*

Please attach training, audits

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

103i - Outdated Food

5. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 9:55 a.m. there were 3 dented cans of House Recipe Fancy Ketchup located in the kitchen dry goods storage area.

Plan of Correction ***Accept ([redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Dietary Director to place the dented cans in area reserved for dented cans which states "DO NOT USE- to be returned to food vendor for credit".

To strengthen our already compliant operations, on October 8, 2025, the Director of Dietary Services re-inserviced all dietary staff on the requirements of this regulation, emphasizing that all dented cans must be discarded and not used under any circumstances.

Effective October 9, 2025, the Director of Dietary Services will conduct monthly monitoring to ensure that all cans delivered and in stock are free from dents and removed from pantry and not used if damaged. Any deficiencies will be corrected immediately, and all findings will be documented and reviewed internally to support continuous improvement efforts. This initiative will be completed by January 9, 2026.

Licensee's Proposed Overall Completion Date: *01/09/2026*

Update: *11/05/2025*

Please attach training, audits

103i - Outdated Food *(continued)*

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

123b - Emergency Procedures Posted

6. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Executive Director by posting Facility Emergency Procedures (relating to emergency preparedness) on Reception desk and each nurse's station so that they are visible and posted in a conspicuous and public places. Emergency Procedures are also maintained in facility Policy and Procedure manual.

To strengthen our already compliant operations, on October 8, 2025, the Executive Director inserviced Receptionist and Resident Crae Care Coordinators on the requirements of this regulation, emphasizing that Facility Emergency Procedures remain in visible and public places.

Effective October 9, 2025, the Executive Director will conduct monthly monitoring to ensure that Facility Emergency Procedures remain visible at Reception desk and each nurse's station. All findings will be documented and reviewed internally to support continuous improvement efforts. This initiative will be completed by 01/09/ 2026.

Licensee's Proposed Overall Completion Date: *01/09/2026*

Update: *11/05/2025*

Please attach training, audits, pic of posting

Evidence of Completion ***Implemented [redacted] 12/16/2025)***

See attached.

131f - Fire Extinguisher Inspection

7. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

All fire extinguishers in the upper level and lower level of the personal care area of the building and the secured dementia unit had not been inspected by a fire safety expect since September 2025, with the exception of the two fire extinguishers located in the lower level furnace room.

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate

131f - Fire Extinguisher Inspection (continued)

action was taken on 10/07/2025 by the Maintenance Director by notifying our contracted fire safety company ([redacted] that many fire extinguishers were expired by 7 days. They stated that there was a computer problem on their end and that they would be there on 10/08/2025 to replace the expired fire extinguishers.

On October 8 2025, [redacted] replaced the expired fire extinguishers (See attached work order).

To strengthen our already compliant operations, on October 9, 2025, the Maintenance Director re-inserviced all maintenance staff on the requirements of this regulation, emphasizing that during monthly fire extinguisher audits, they must notify the contracted fire safety company when an extinguisher's expiration date is approaching.

Effective October 9, 2025, the Maintenance Director will conduct monthly monitoring to ensure that all fire extinguishers are in a current unexpired status. All findings will be documented and reviewed internally to support continuous improvement efforts. This initiative will be completed by 01/09/ 2026.

Licensee's Proposed Overall Completion Date: *01/09/2026*

Update: *11/05/2025*

Please attach training, audits, inspection sheet

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1 's Medical Evaluation dated [redacted] /25 did not include the need for body positioning.

141a 1-10 Medical Evaluation Information (continued)

Repeated Violation 2/20/25

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Executive Director to correct the Medical Evaluation of Resident # 1 to reflect the accurate need for body positioning (the need for use of wheelchair).

To strengthen our already compliant operations, on October 9, 2025, the Director of Nursing re-inserviced all Resident Care Coordinators on the requirements of this regulation, emphasizing that all required topics must be thoroughly addressed during each Medical Evaluation.

Effective October 9, 2025, the Director of Nursing will conduct monthly monitoring to ensure that all required topics are thoroughly addressed during each Medical Evaluation.All findings will be documented and reviewed internally to support continuous improvement efforts. This initiative will be completed by 01/09/ 2026.

Licensee's Proposed Overall Completion Date: *01/09/2026*

Update: *11/05/2025*

Please attach updated DME, training, audits

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

141b1 - Annual Medical Evaluation

9. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 2's Medical Evaluation dated [redacted]/25 did not include special health or dietary needs.

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Executive Director to correct the Medical Evaluation of Resident # 2 to reflect the prescribed diet for this resident.

To strengthen our already compliant operations, on October 9, 2025, the Director of Nursing re-inserviced all Resident Care Coordinators on the requirements of this regulation, emphasizing that all required topics must be thoroughly addressed during each Medical Evaluation.

Effective October 9, 2025, the Director of Nursing will conduct monthly monitoring to ensure that all required topics are thoroughly addressed during each Medical Evaluation. All findings will be documented and reviewed internally to support continuous improvement efforts. This initiative will be completed by 01/09/ 2026.

Licensee's Proposed Overall Completion Date: *01/09/2026*

141b1 - Annual Medical Evaluation *(continued)*

Update: *11/05/2025*

Please attach updated DME, training, audits

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

144c1 - Smoking Area Guidelines

10. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 9:44 a.m., the home's designated smoking area had a cigarette butt on the ground next to the bench and a cigarette butt on the ground in the grass adjacent to that area.

The home's designated smoking area is located outside of the Personal Care building. At 8:55 a.m. staff person G was observed smoking outside of the Secured Dementia Care building near the courtyard fence.

Repeated Violation 2/20/25

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Maintenance Director to remove the addressed cigarette butts.

To strengthen our already compliant operations, on October 9, 2025, the Maintenance Director re-inserviced all maintenance and housekeeping staff on the requirements of this regulation, emphasizing proper safeguards inside and outside of the home to prevent fire hazards involved in smoking,

Person G was reinserviced in the facility smoking policy and the need to maintain proper safeguards inside and outside of the home to prevent fire hazards involved in smoking,

Effective October 9, 2025, the Housekeeping Director or designee will conduct monthly audits x3 to ensure that all cigarette butts on the property are fully extinguished and placed in the proper receptacles. All findings will be documented and reviewed internally to support continuous improvement efforts. This initiative will be completed by January 3 ,2026.

144c1 - Smoking Area Guidelines (continued)

Person G was reinserviced in the facility smoking policy and the need to maintain proper safeguards inside and outside of the home to prevent fire hazards involved in smoking,

Licensee's Proposed Overall Completion Date: *01/09/2026*

Update: *11/05/2025*

Please attach training, audits

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

144c2 - Smoking Area Distance

11. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is located in the parking lot to right of the building, however, this area is located approximately 3 parking spots away from 4 propane tanks.

Plan of Correction ***Accept ([redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/13/2025 by the Maintenance Director to move the home's designated smoking area approximately 100 feet away from the propane tanks.

To strengthen our already compliant operations, on October 13, 2025, the Maintenance Director re-inserviced all maintenance and housekeeping staff on the requirements of this regulation, emphasizing the need for the location of a smoking room or outside smoking area to be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Effective October 14, 2025, the Executive Director will conduct quarterly audits x3 to ensure that smoking area

144c2 - Smoking Area Distance (continued)

remains in its present state and not moved to an area closer than 100 feet from heat sources, hot etc. All findings will be documented and reviewed internally to support continuous improvement efforts. This initiative will be completed by August 9, 2026.

Licensee's Proposed Overall Completion Date: *08/09/2026*

Update: *11/05/2025*

Please attach training, audits

Evidence of Completion ***Implemented [redacted] - 12/16/2025)***

See attached.

184b - Labeling OTC/CAM

12. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

A package of Aspirin 81 mg tablets belonging to resident #3 was in the home's personal care medication cart and was not labeled with the resident's name.

Plan of Correction ***Accept [redacted] - 11/05/2025)***

In response to the violation on 10/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07 2025 by the Resident Care Coordinator to write Resident # 3's name on aspirin bottle.

To strengthen our already compliant operations, on October 13, 2025, the Director of Nursing re-inserviced all nursing staff and med techs on the requirements of this regulation. emphasizing the need for OTC medications and CAM belonging to the resident be identified with the resident's name.

Effective October 14, 2025, the Director of Nursing will conduct monthly audits x3 to ensure that OTC medications and CAM belonging to the resident is identified with the resident's name. All findings will be documented and reviewed internally to support continuous improvement efforts. This initiative will be completed by January 9, 2026.

184b - Labeling OTC/CAM (continued)

Licensee's Proposed Overall Completion Date: *01/09/2026*

Update: *11/05/2025*

Please attach pic of aspirin, training, audits

Evidence of Completion ***Implemented [redacted] 12/16/2025)***

See attached.