



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **CPSR ASSOCIATES LLC**

LEGAL ENTITY

To operate **MON VALLEY CARE CENTER**

NAME OF FACILITY OR AGENCY

Located at **200 STOOPS DRIVE, MONONGAHELA, PA 15063**

(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 **41**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

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 **May 13, 2025** until **May 13, 2026**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **418160**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
DEPUTY SECRETARY

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



# Pennsylvania Department of Human Services

Emailing Date: May 13, 2025

[REDACTED]  
CPSR Associates LLC  
200 Stoops Drive  
Monongahela, Pennsylvania 15063

RE: Mon Valley Care Center  
License #: 418160

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on February 19, 2025, and February 20, 2025, and the corrections you have made after our inspections, 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,

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

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *MON VALLEY CARE CENTER* License #: *41816* License Expiration: *05/21/2025*  
Address: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*  
County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *CPSR ASSOCIATES LLC*  
Address: *200 STOOPS DRIVE, MONONGAHELA, PA, 15063*  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *11/04/2002* Issued By: *DOH*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Provisional* Exit Conference Date: *02/25/2025*

**Inspection Dates and Department Representative**

02/19/2025 - On-Site: [REDACTED]  
02/25/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *41* Residents Served: *36*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *13* Have Physical Disability: *1*

**Inspections / Reviews**

**02/19/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2025*

03/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/29/2025

04/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/07/2025

04/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

17 - Record Confidentiality

1. Requirements

2600.

17. 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 2/19/25 between 11:27 a.m. and 12:00 p.m., staff person A, [REDACTED], intermittently walked away from the medication cart leaving the eMAR unattended and accessible with multiple resident names and medications in view.

Repeat violation 7/25/24 et al

Plan of Correction

Accept [REDACTED] - 03/24/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/19/2025 by the Administrator. Immediate action was taken by the PCHA-closing the computer screen to prevent access to the EMAR.

To enhance the currently compliant operations, on 02/19/2025 the administrator met with Staff member A. [REDACTED] was re-instructed on need to keep computer closed while away from the med cart to maintain resident's confidential .PCHA is responsible for this POC. An audit tool was created on 2-19-25 to monitor all medications technician during med pass to maintain resident's confidential to be in compliance with regulation 2600 17, with a completion date of 03/21/2025.

Effective 2-19-25the PCHA will perform daily spot checks throughout the day on med cart with medication technician to monitor that all resident's records are kept confidential through 4-19-25 and ongoing to maintain ongoing compliance with Regulation 2600 17. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All audit tools will be kept in compliance with Regulation 2600 65i

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented [REDACTED] - 04/17/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has gas hot water tanks located in the mechanical room on the 1st floor.

18 - Compliance With Laws (continued)

**Plan of Correction**

Accept [redacted] - 04/01/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/19/2025 The director of maintenance was immediately notified of the need to have a carbon monoxide monitor placed in close proximity to the mechanical room on the first floor. The device was immediately ordered and placed 18' feet from the mechanical room on the first floor.

To enhance the currently compliant operations, on 02/19/2025 the administrator is responsible for this POC. The maintenance director will do monthly checks on all carbon monoxide monitors to ensure that they are all in working order, This will be done with the monthly fire drills and added to fire drill reports, The results will be discussed in the monthly quality insurance meeting, with a completion date of 04/21/2025. The maintenance director will check the batteries for the monitor weekly and replace when needed.

Effective 2-19-25 the Maintenance Supervisor will perform monthly checks through 4-19-25 and on going to remain in compliance with Regulation 2600 18 . Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All audit documentation will be kept in compliance with Regulation 2600 65i

Proposed Overall Completion Date: 03/21/2025

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] - 04/17/2025)

54a - Direct Care Staff

**3. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

**Description of Violation**

Staff person A, hired [redacted]/21, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

Repeat violation 7/25/24 et al

**Plan of Correction**

Accept [redacted] - 03/24/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Administrator. The PCHA is responsible for the POC. Immediate action was taken to have staff person A bring high school diploma and registration status of personal care registry. The required information was added to staff member A personal file.

54a - Direct Care Staff (continued)

To enhance the currently compliant operations, on 02/19/2025 the PCHA created an audit tool with the assistance of the HR department to determine that all proper paperwork if obtained prior to any staff member starting resident care, with a completion date of 03/21/2025.

Effective 2-19-25 the PCHA will perform with each new hire and current employee through 03/21/2025 and ongoing to maintain ongoing compliance with ensuring direct care staff, have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

All documentation of audit will be kept in compliance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented [redacted] - 04/17/2025)

65f - Training Topics

4. Requirements

2600.

65.f. 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 and cognitive impairments.

Description of Violation

Direct care staff person A, hired [redacted]/21, and staff person B, hired [redacted]/23, did not receive the following required training topics during the 2024 annual training year:

- Medication self-administration
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Also, direct care staff person A did not receive training topics in care for residents with dementia and cognitive impairments.

Repeat violation 7/25/24 et al

Plan of Correction

Accept [redacted] - 03/24/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/19/2025 by the administrator. The PCHA is responsible for the POC. Immediate action was taken that staff member A and staff member B received the training on medication self administration and meeting the needs of the residents described in the preadmission screening assessment tool, DME and support plan. Staff member A received training for residents with dementia and cognitive impairments.

65f - Training Topics (continued)

To enhance the currently compliant operations, on 02/19/2025 the administrator created an audit tool of all required yearly training topics for all staff members and new hires to make certain that all staff gets the required training, with a completion date of 03/21/2025.

Effective 2-19-25 the administrator will perform monthly training topics through 03/21/2025 and on going to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons including medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

All documentation of audit will be kept in compliance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented (█) - 04/17/2025)

65g - Annual Training Content

5. Requirements

2600.

65.g. 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.

Description of Violation

Direct care staff person A, hired █/21, and staff person B, hired █/23, did not receive annual fire safety training by a fire safety expert or by a staff trained by a fire safety expert during the the 2024 training year.

Repeat violation 7/25/24 et al

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/19/2025 by the administrator. Staff member A and staff person B received fire safety training by the maintenance supervisor who is trained by a fire safety expert.

To enhance the currently compliant operations, on 2-19-25 the administrator created an audit that will make sure that all current employees and new hires , with a completion date of 3-21-25 have the proper staff training required.

Effective 2-19-25 the administrator will perform monthly checks through 3-21-25 and on going to maintain ongoing compliance with regulation 2600 65g. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

All documentation of audit will be kept in compliance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented (█) /17/2025)

65g - Annual Training Content (continued)

65i - Training Record

6. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of 2024 annual direct care staff training does not include the content of the course for multiple trainings, to include the following:

- Mandatory Abuse
- Recognizing Caretaker Burnout
- Infection Control
- Emergency Preparedness
- Care for Residents with Dementia
- Falls & Accidents

The home's record of diabetic training for staff person C, conducted on 4/25/24, does not include the content of the course.

The home's record of 2024 annual training for staff persons A and B does not include the length of the course for the following trainings:

- Proper Body Mechanics
- Abuse and prevention 7/28/24

Plan of Correction

Accept [REDACTED] 03/24/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/19/2025 by the administrator to review all training papers to assess that all the lengths of course, and content of courses are documented correctly.

To enhance the currently compliant operations, on 2-19-25 the administrator created an audit tool to assess that all times and course content are documented correctly with a completion date of 3-21-25.

Effective 2-19-25 the administrator will perform monthly audit checks through 3-21-25 and on going to maintain ongoing compliance with Regulation 2600 65i Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

All documentation of audit will be kept in compliance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented ([REDACTED]) 04/17/2025)

85e - Trash Outside Home

7. Requirements

**85e - Trash Outside Home (continued)**

2600.

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

**Description of Violation**

*On 2/19/25 at 10:40 a.m., the doors were halfway opened on the 4 dumpsters near the kitchen. There was trash in the dumpsters.*

**Plan of Correction****Accept (█ - 03/24/2025)**

*In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/19/2025 by the Administrator. The maintenance supervisor was immediately notified that the dumpsters lid needed to be closed and remain closed after staff takes out the trash to the dumpsters.*

*To enhance the currently compliant operations, on 02/19/2025 The PCHA is responsible for this POC. An audit tool was developed on 2-19-25 where the director of maintenance will perform daily checks at random times to ensure that the dumpster lids are closed to be in compliance with Regulation 2600 85.e. The dietary and maintenance staff will make sure that the dumpster lids are closed at all times during the day, with a completion date of 03/20/2025. The results of the audit will be discussed at the monthly QA and safety meetings with discussion on how to maintain compliance.*

*Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*All documentation of audit will be kept in compliance with Regulation 2600.65i*

**Licensee's Proposed Overall Completion Date: 03/21/2025**

**Implemented (█ - 04/17/2025)****91 - Telephone Numbers****8. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

*On 2/19/25, none of the required telephone numbers were posted on or by resident #1's telephone.*

**Plan of Correction****Accept (█ - 03/24/2025)**

*In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Administrator. The PCHA is responsible for this POC. Immediate action was taken by the PCHA to place a listing of required emergency telephone numbers above resident #1 telephone.*

*on 02/19/2025 the administrator created an audit tool where the PCHA will perform weekly room checks to ensure that all emergency numbers are posted above all telephones in resident's room, with a completion date of 03/20/2025. The PCHA will educate staff on need to observe all rooms to make sure that posting of emergency phone numbers are above the resident's phones and report to PCHA if posting is missing.*

91 - Telephone Numbers (continued)

Effective 2-19-25 the PCHA will perform weekly room checks through 4-19-25 and ongoing to maintain compliance with regulation 2600 91. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation of audit will be kept in compliance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented [redacted] - 04/17/2025)

105g - Lint Removal and Duct Cleaning

9. Requirements

2600.

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 2/19/25, there was an approximate 1/2-inch accumulation of lint in the lint trap of the dryer in the residents' laundry room.

Plan of Correction

Accept [redacted] - 03/24/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/19/2025 by the Administrator to clean the dryer lint trap in the resident's laundry.

The PCHA created an audit tool on 2-19-25 that will have the overnight RCA check the lint tray nightly to make sure that it is free of lint. This will be ongoing to be in compliance with Regulation 2600 105g, with a completion date of 03/21/2025. The sign off sheet will be placed above the dryer and will be signed off nightly.

Effective 2-19-25 the RCA will perform nightly checks through 4-19-25 and on going to maintain ongoing compliance with Regulation 2600 105g. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

All documentation of audit will be kept in compliance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented [redacted] - 04/17/2025)

132d - Evacuation

10. Requirements

2600.

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

Description of Violation

Resident #2 has not been evacuated for fire drills, including the fire drill conducted on 1/6/25, due to immobility and need for staff assistance to transfer. Resident #2's assessment and support plan, dated [redacted]/24, indicate the resident

**132d - Evacuation (continued)**

is totally immobile and that resident "would need assistance x at least 3" staff persons to get into a wheelchair to evacuate.

Repeat violation 10/3/24 et al and 7/25/24 et al

**Plan of Correction**

Directed (████ 04/01/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/20/2025 by the PCHA. The PCHA called resident's #2 █████ to inform that due to resident's #2 bedbound status and need for 3 or more staff members to evacuate her from █████ room in the event of an emergency a 30 day notice is being given for discharge from PCH. PCHA will assist █████ in finding a new facility that will be able to accommodate █████ status to ensure her safety. A call was made to "██████████" giving them a referral for resident #2 and █████ information to assist in finding a facility that will meet resident's #2 needs. Once the █████ has made a decision on a new facility all needed information including DME and Rasp will be sent to the facility of choice. MVCC will assist the new facility in setting up transportation to the new facility.

All residents will be re-evaluated monthly for any change in condition to ensure that they are able to be safely moved to safe zone in the event of an emergency. If any change in status is found, the resident and █████ will be notified of need to transfer to facility that will meet the resident's needs, with a completion date of 03/21/2025. The staff will be re-educated on the need to evacuate all residents to a fire safe area or outside for all fire drills. To be complaint will safety regulations. The PCHA will have all staff members review the facility policy and procedures on evacuation of residents in the event of an emergency. The administrator will observe the fire drills over the next 3 months to ensure that all proper procedures are followed including the evacuation of all residents.

Effective 2-19-25 the PCHA will perform monthly evaluations through 03/21/2025 to maintain ongoing compliance with ensuring residents are able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

**DIRECTED** - Within 24 hours of receipt of the plan of correction - The administrator will ensure that all residents are evacuated to a fire safe area for each fire drill.

The only time a resident may not have to evacuate is if the resident receives hospice care AND is actively dying in accordance with § 2600.29ab-1 (SOP): A physician, who is not an employee or contractor of the home, has certified in writing, that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill. In addition the home MUST ensure all additional requirements in accordance with § 2600.29ab-2 through 29a-b10 are met and documentation is kept. - █████ 4/1/25

132d - Evacuation (continued)

Directed Completion Date: 03/28/2025

Implemented [redacted] - 04/17/2025)

141a 1-10 Medical Evaluation Information

11. 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

The medical evaluation, dated [redacted]/24, for resident #3 is blank in the areas of health status and cognitive functioning.

Repeat violation 10/3/24 et al and 7/25/24 et al

Plan of Correction

Accept [redacted] - 03/24/2025)

In response to the violation on 02/19/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/19/2025 by the administrator to review all medical evaluations have all been properly filled out.

To enhance the currently compliant operations, on 2-19-25 the administrator will create an audit tool with a completion date of 3-21-25 to ensure that all medical evaluations have been filled out properly.

Effective 2-19-25 the administrator will perform audit checks on all new admission and yearly medical evaluation to ensure that all forms are filled out completely through 3-21-25 and on going to maintain ongoing compliance with Regulation 2600 141a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

All documentation of audit will be kept in compliance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented [redacted]/17/2025)