

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

May 4, 2026

[REDACTED], ADMINISTRATOR/OWNER
HILLSIDE MANOR PERSONAL CARE HOME INC
177 OLIVER ROAD
UNIONTOWN, PA, 15401

RE: HILLSIDE MANOR PERSONAL CARE
HOME
177 OLIVER ROAD
UNIONTOWN, PA, 15401
LICENSE/COC#: 46799

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/17/2026 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: *HILLSIDE MANOR PERSONAL CARE HOME* License #: *46799* License Expiration: *04/16/2026*
 Address: *177 OLIVER ROAD, UNIONTOWN, PA 15401*
 County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HILLSIDE MANOR PERSONAL CARE HOME INC*
 Address: *177 OLIVER ROAD, UNIONTOWN, PA, 15401*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/17/1996* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/17/2026*

Inspection Dates and Department Representative

03/17/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *76* Residents Served: *30*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *6*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

03/17/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/01/2026*

04/03/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/03/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/09/2026*

Inspections / Reviews (*continued*)

04/06/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/03/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/03/2026

05/04/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/03/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

89b - Hot Water Temperature

1. Requirements

2600.

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

Description of Violation

At 10:12am, the hot water temperature at the sink in the common bathroom by the dining room was 125.7 degrees Fahrenheit.

At 10:37am, the hot water temperature at the sink in the shared bathroom in bedroom #103 was 124.3 degrees Fahrenheit.

At 10:40am, the hot water temperature at the sink in the common bathroom by the nurses station was 123.2 degrees Fahrenheit.

Plan of Correction

Directed ([REDACTED] - 04/06/2026)

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/17/2022 by the Housekeeping Supervisor to turn down the temperature on the hot water tank. When the water temperature was re-checked in the afternoon 3/17/026, the temperature was still above 120F. The temperature was turned down again and re-checked on 3/18/26. On 3/18/26, common bathroom by dining room 119.4F, room #103 118.6F, common bathroom by nurses station 116.2F.

To enhance the currently compliant operations, on 3/31/2026 the facility supervisor will re-educate the housekeeping supervisor on regulation 89.b. and to notify maintenance staff in writing for any deficits with a completion date of 4/1/2026. Documentation of education will be kept.

Effective 3/31/2026, the housekeeping supervisor or designee will perform daily hot water checks from 3 sources x 7 days, weekly checks x 4 weeks, and monthly checks on-going to maintain compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All items in regulation 2600.89.b will be discussed at quality management meeting on 4/16/26. (DIRECTED: The quality management review scheduled for 4/16/26 shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 4/6/26). Record of hot water temperature checks and quality management meeting will be kept on file.

Proposed Overall Completion Date: 05/10/2026

Directed Completion Date: 04/16/2026

Implemented ([REDACTED] - 05/04/2026)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

101j7 - Lighting/Operable Lamp (continued)

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:34am, no operable lamp or other source of lighting was present at resident #1's bedside.

Plan of Correction

Directed (████) - 04/06/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/17/2026 by the housekeeping supervisor to replace the lamp.

To enhance the currently compliant operations, on 3/31/26, the facility supervisor will educate the housekeeping supervisor on regulation 101.j. to ensure lamps are operable when cleaning rooms with a completion date of 4/1/2026. Documentation will be kept.

Effective 3/31/2026, the housekeeping supervisor will inspect all rooms for a operable light source then perform weekly checks x 4 weeks to maintain ongoing compliance with all rooms having a operable lamp at bedside. Long-term monitoring - checking light source to ensure it is operable added to housekeeping deep cleaning checklist so when rooms are deep cleaned, lamp is checked. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Proposed Overall Completion Date: 05/03/2026

Directed Completion Date: 04/06/2026

Implemented (████) - 05/04/2026

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

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

Description of Violation

At 10:18am, the temperature in the home's walk-in freezer was 12 degrees Fahrenheit. At 3:27pm, there were 2 thermometers in the walk-in freezer that read 9 degrees Fahrenheit and 12 degrees Fahrenheit.

Plan of Correction

Accept (████) - 04/06/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/17/2026 by the Dietary Department to move the contents of the freezer to the back-up freezers and called the appliance company to service the freezer. Walk in freezer repaired on 3/31/26.

To enhance the currently compliant operations, on 3/31/2026, the facility supervisor will educate the dietary department on regulation 103.f., to monitor and record all freezers and refrigerators temperatures daily and to notify the maintenance supervisor in writing for any deficits with a completion date of 4/7/2026. Documentation will be kept.

Effective 3/31/2026 the dietary department supervisor will perform and record daily temperature checks on all refrigerators and freezers to maintain ongoing compliance with temperatures. Administrator will review recorded temperatures daily x 2 weeks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

103f - Refrigerator/Freezer Temps (continued)

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented (█) - 05/04/2026

127a - Portable Space Heaters

4. Requirements

- 2600.
- 127.a. Portable space heaters are prohibited.

Description of Violation

At 3:30pm, a Magnavox portable space heater was present and in use in the dry storage area behind the home's kitchen.

Plan of Correction

Accept (█) - 04/03/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/17/2026 by the Facility Supervisor to In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/17/2026 by the Facility Supervisor to remove the portable space heater.

To enhance the currently compliant operations, on 4/1/26, the facility supervisor educated all staff that portable space heaters are prohibited in the building with a completion date of 4/8/2026. Documentation will be kept.

Effective 4/8/2026 the facility supervisor will perform weekly checks x 1 month to maintain ongoing compliance with ensuring no space heaters are in the facility. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/03/2026

Implemented (█) - 05/04/2026

132h - Designated Meeting Place

5. Requirements

- 2600.
- 132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

According to the home's fire drill record, on 9/13/25 at 3:08am, there were 36 residents present in the home; however, only 35 residents were evacuated to a fire-safe area.

Plan of Correction

Accept (█) - 04/03/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/17/26 by the facility supervisor to correct the number of residents in the home to 35 (one resident was in the hospital so the facility census was 36 but the number of residents in the home was 35)

132h - Designated Meeting Place (continued)

To enhance the currently compliant operations, on 4/2/26 the administrator re-educated the facility supervisor on regulation 2600.132.h. with a completion date of 4/2/2026. Documentation of education will be kept on file.

Effective 4/2/26 the administrator will perform monthly audits x 12 months of the fire drill documentation to maintain ongoing compliance with ensuring all residents are evacuated to a fire-safe area. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/31/2027

Implemented ([redacted]) - 05/04/2026)

141a 1-10 Medical Evaluation Information

6. 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 #2's medical evaluation, dated [redacted], indicates "See Attached" under the medication addendum section; however, there was nothing attached to resident #2's medical evaluation. Also, resident #2's medical evaluation indicates "UTO" as resident #2's weight.

Resident #3's medical evaluation, dated [redacted], indicates "unsteady" as resident #3's weight.

Plan of Correction

Directed ([redacted]) - 04/06/2026)

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/02/2026 by the Nurse Practitioner. Resident # 2 attached the signed medication list to the DME. (Medication list was filed in the resident's chart under orders). Resident #2 called dialysis for current weight and updated DME. Resident #3 obtained weight via chair scale and updated DME with current weight.

To enhance the currently compliant operations, on 4/2/2026 the CRNP and facility supervisor reviewed all resident's DME to ensure medication was listed on DME or medication list was attached. Facility supervisor and CRNP audited and updated all DMEs with current weight with a completion date of 4/2/2026.

141a 1-10 Medical Evaluation Information (continued)

Effective 5/1/2026 the CRNP will perform monthly audits of all DMEs x 6 months to ensure resident weights are documented and medications are attached to DMEs to maintain ongoing compliance with regulation 2600.141.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 10/31/2026

Directed Completion Date: 05/03/2026

Implemented () - 05/04/2026

141b1 - Annual Medical Evaluation**7. Requirements**

2600.

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

Description of Violation

Resident #1's most recent medical evaluation, dated [REDACTED] indicates "UTO" as resident #1's weight.

Resident #4's most recent medical evaluation, dated [REDACTED] indicates "UTO" as resident #4's weight.

Plan of Correction

Directed () - 04/06/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/02/2026 by the Nurse Practitioner. Resident #1 and Resident #4 weight obtained and DME updated to reflect current weight.

To enhance the currently compliant operations, on 4/2/2026 facility supervisor and CRNP audited and updated all DMEs to reflect current weight with a completion date of 4/2/2026.

Effective 5/1/2026 CRNP will perform monthly audits of all DMEs x 6 months to ensure resident weights are documented on DME to maintain ongoing compliance with regulation 2600.141.b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept on file.

Proposed Overall Completion Date: 10/31/2026

Directed Completion Date: 05/03/2026

Implemented () - 05/04/2026

183b - Meds and Syringes Locked**8. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

Description of Violation

At approximately 2:00pm, there was an open tube of L-Mesitran Gel Soft and Santyl Ointment 250 units/g that were present in resident #2's bedroom. According to resident #2's assessment, dated [REDACTED], resident #2 cannot self-administer medications.

REPEAT VIOLATION: 1/7/2025, et. al.

Plan of Correction

Directed ([REDACTED]) - 04/06/2026)

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/17/2026 by the Facility Supervisor to remove the wound care supplies from the resident's room and placed in the nurses station.

To enhance the currently compliant operations, on 4/2/2026 facility supervisor inspected all rooms for medications for residents who are unable to self administer medications. CRNP educated facility supervisor on regulation 2600.183.b. on 4/2/2026. Documentation will be kept for inspection of medications in rooms and for education of regulation.

Visiting Nurse Agency was also notified wound care supplies can not be kept at bedside on 3/17/2026.

Effective 4/6/2026 the facility supervisor will perform weekly inspections of rooms for all residents with wound care orders x 4 weeks then monthly inspections x 3 months to ensure medications are not in rooms of residents who have been assessed as unable to self administer medications and ensure supplies/medications for wound care are in the med cart/nurses station to maintain ongoing compliance with regulation 2600.183.b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Proposed Overall Completion Date: 08/31/2026

Directed Completion Date: 05/03/2026

Implemented ([REDACTED]) - 05/04/2026)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.

Description of Violation

No pharmacy label was present on resident #2's Santyl ointment-250unit/g.

REPEAT VIOLATION: 1/7/2025, et. al.

184a Resident's Meds Labeled (continued)

Plan of Correction

Directed ([REDACTED]) - 04/06/2026)

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/17/2026 by the Facility Supervisor to write the resident's first and last name on the medication and apply "Direction Change Refer to Mar" sticker and placed in a bag with a copy of the signed physicians order on 4/3/2026.

To enhance the currently compliant operations, on 4/2/2026 facility supervisor inspected all medications for pharmacy labels. CRNP educated facility supervisor on regulation 2600.184.a. on 4/2 2026. All staff qualified to administer medications were educated on regulation 2600.184.a. Staff education will be completed by 4/7/2026. Documentation will be kept for inspection of medications for pharmacy labels and for staff education of regulation.

Visiting Nurse Agency was also notified on 3/17/2026 by CRNP that wound care supplies provided by visiting nurse agency need to be taken to the nurses station for labeling and storage.

Effective 4/6/2026 the facility supervisor will perform weekly inspections for all residents x 4 weeks then monthly inspections x 3 months to ensure medications are labeled to maintain ongoing compliance with regulation 2600.184.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept on file.

Proposed Overall Completion Date: 08/31/2026

Directed Completion Date: 05/03/2026

Implemented ([REDACTED]) - 05/04/2026)

187a - Medication Record

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.

Description of Violation

Resident #2's March 2026 medication administration record (MAR) indicates resident #2 is prescribed Dakins Solution 0.125% [REDACTED] w/Dakins, apply Medihoney, ABD pad and kling once daily. According to the resident's home health agency, resident #2 is receiving L Mesitran Gel 50g/1.75oz as a substitution for this medication; however, this medication is not indicated on resident #2's March 2026 MAR.

187a Medication Record (continued)

Plan of Correction

Directed () - 04/06/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/17/2026 by the Nurse Practitioner to obtain a order from primary care provider to discontinue Medihoney and substitute L Mesitran Gel. Discontinued medication was removed from the MAR and new order for L Mesitran added to MAR on 3/17/2026.

To enhance the currently compliant operations, on 4/2/2026 CRNP and facility supervisor reviewed all medications and compared to MAR to ensure all medications match the MAR with a completion date of 4/2/2026. CRNP also educated facility supervisor on regulation 2600.187.a. CRNP also spoke with Visiting Nurse Agency about having written signed physician orders for all wound care supplies. All staff persons qualified to administer medications will be educated on 2600.187.a.by CRNP with a completion date for education on 4/7/2026. Documentation of med review and education will kept on file.

Effective 4/6/2026 the facility supervisor will perform weekly inspections x 4 weeks then monthly inspections x 3 months for all residents to ensure medications are on the MAR to maintain ongoing compliance with regulation 2600.187.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Proposed Overall Completion Date: 08/31/2026

Directed Completion Date: 05/03/2026

Implemented () - 05/04/2026

187b - Date/Time of Medication Admin.

11. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed the following medications for wound care:

- Santyl ointment 250unit/g Apply nickel thickness out to the edges of wound once daily
- Medpura ointment Apply topically () twice daily
- Dakins Solution 0.125% Cleanse () w/Dakins, apply Medihoney, ABD pad and Kling once daily

According to interviews and visiting nurse notes, resident #2's home health agency administers these treatments to resident #2 on Mondays, Wednesdays and Fridays; however, these treatments are documented on resident #2's March 2026 MAR as administered by the home's staff persons to include the following dates/times:

- 3/16/26 and 3/11/26 at 11:00am, these medications were documented as administered by staff person A
- 3/9/26 at 11:00am, these medications were documented as administered by staff person B

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Directed () - 04/06/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/02/2026 by the Nurse Practitioner to add an exception to QuickMar dropdown menu for staff to sign off wound care as administered by VN on days wound care is provided by visiting nurse.

To enhance the currently compliant operations, on 4/2/2026 the CRNP will educate all staff who pass medications on the addition of the exception of "visiting nurse" added to drop down menu in QuickMar for all residents that have medications/wound care administered by visiting nurses with a completion date of 4/7/2026. Documentation of staff education will be kept.

Effective 4/13/26 the facility supervisor will perform weekly audits x 3 months of all resident MARs who receive wound care/medications from visiting nurses through 7/5/2026 to maintain ongoing compliance with 2600.187.b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/05/2026

Directed Completion Date: 05/03/2026

Implemented () - 05/04/2026

187d - Follow Prescriber's Orders

12. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is routinely out of the home on (). On numerous dates/times while resident #2 was (), resident #2 did not receive medications as prescribed, to include the following:

- Midodrine 5mg tablet-Take 2 tablets by mouth 3 times a day, which were not administered to resident #2 at 8:00am on 3/17/26, 3/14/26, 3/7/26 and 3/5/26
- Amiodarone 200mg tablet-Take 1 tablet by mouth once daily, which was not administered to resident #2 on 3/17/26, 3/14/26 and 3/7/26
- Medpura Ointment-Apply topically () twice daily, which was not administered to resident #2 at 11:00am on 3/17/26 and 3/10/26

Plan of Correction

Directed () - 04/06/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/30/2026 by the facility supervisor to contact PCP and obtain signed orders to change medication/wound care administration times on (). Resident's MAR was updated to include new orders on 3/30/26.

To enhance the currently compliant operations, on 4/3/2026 the CRNP will re-educate all staff certified to pass medication on regulation 2600.187.d with a completion date of 4/7/2026. Documentation of staff education will be kept.

187d Follow Prescriber's Orders (continued)

Effective 4/13/26 the facility supervisor will perform weekly audits x 3 months of all resident MARs to maintain ongoing compliance with 2600.187.d. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/05/2026

Directed Completion Date: 05/03/2026

Implemented (█) - 05/04/2026

225a - Assessment 15 Days

13. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's medical evaluation, dated █, indicates resident #2 requires assistance with turning and repositioning; however, resident #2's assessment, dated █ indicates resident #2 is independent with turning and repositioning.

Plan of Correction

Accept (█) - 04/06/2026

In response to the violation on 03/17/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/02/2026 by the CRNP to contact PCP and receive order to update DME to reflect resident does not need assistance with turning/repositioning.

To enhance the currently compliant operations, on 4/2/2026 the CRNP preformed audit of all residents DME/RASPS to ensure mobility is documented on RASP as indicated on DME with a completion date of 4/2/2026. Documentation will be kept.

Effective 5/1/2026 the CRNP will perform audit of all DME/RASP monthly x 6 months to maintain ongoing compliance with regulation 2600.22.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented (█) - 05/04/2026