DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**01/10/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING SAN MARTIN	**8374 W CAPOVILLA AVE, LAS VEGAS, NEVADA ,89113**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual, complaint investigation, and infection control State Licensure survey conducted at your facility on 01/10/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 150 Residential Facility for Group beds which provides assisted living services for elderly and disabled persons and/or persons with Alzheimer's disease and/or persons with chronic illness, Category II residents. The census at the time of the survey was 107. Twenty five resident files and ten employee files were reviewed. The facility received a grade of B. One complaint was investigated. Complaint #NV00067134 with six allegations was substantiated without deficiency. Allegation #1 - The facility's washers and dryers were out of service was substantiated without deficiency based on observations of 2 washers which were out of order, 17 operational washers and 15 operational dryers. Interviews with nine residents indicated there were no issues with the facility's laundry services and laundry was done twice a week. Residents who did laundry on their own had no issues with finding an operational washer or dryer to utilize. The Director of Maintenance revealed in the event a washer or dryer was damaged the facility would attempt to repair the appliance and if it could not be repaired the facility would order a new appliance. Allegation #2 - Residents had to wait an extended period of time to have their food order taken by staff was unsubstantiated based on observations of residents providing their lunch order to dietary staff upon entering the dining area. Interviews with nine residents indicated staff took their meal order within a few minutes of them entering the dining area. Interview with Dietary staff revealed once residents arrived	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: CYNTHIA MORRIS LPN,RDO | Title: Cynthia Morris, LPN, RDO | Date: 02/10/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	in the dining area, they assisted the residents with getting setup and then began serving meals to the residents. Allegation #3 - Residents waited up to 45 minutes to receive their meal was unsubstantiated based on observations of residents being served lunch within 20 minutes of entering the dining area. Interviews with nine residents and a resident's family member who all indicated they never had to wait for 45 minutes or longer to receive a meal. A caregiver revealed at the beginning of all meals residents were assisted with preparing for a meal followed by caregivers and dietary staff passing out meal trays. Allegation #4 - Servers informed residents the facility was out of condiments when they were not was unsubstantiated based on observations of supplies of condiments in the kitchen and residents using condiments during meals. Staff were providing condiments and fountain drinks to residents as requested. Interviews with nine residents indicated they were always provided condiments. Dietary aides indicated condiments were provided to residents as requested. Allegation #5 - Call buttons were not operational, and residents had to wait an extended period of time for assistance was unsubstantiated based on observations of staff responding to residents' call buttons within five minutes. Record review of the call bell log indicated call bells were answered within five minutes. Interviews with nine residents and a resident's family member indicated the facility responded quickly when residents activated their call button. Interviews with two Caregivers and the Resident Care Coordinator indicated staff were alerted on their radios when a resident activated their call button and staff were expected to respond within five to ten minutes. The Maintenance Director indicated if a call button was not working the call button would have been repaired or replaced. The facility's policy regarding their emergency alert system documented if a resident's call system was not working			

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	properly, the Executive Director and Maintenance Director are to be notified immediately. Allegation #6 - Resident rooms were left uncleaned for three weeks was unsubstantiated based on observations of residents' rooms which were clean with no odors or dirt present. Housekeeping was observed cleaning resident's rooms. Interviews with nine residents and a resident's family member revealed their rooms were cleaned by staff once per week or as needed. Interviews with three housekeepers indicated they clean all resident rooms in the facility at least once a week or as needed. The investigation into the allegations included: Observations of call bell response time, cleanliness of rooms, operational washers and dryers, dining room service, and availability of condiments. Interviews with nine residents, one family member, two Caregivers, three Housekeepers, the Maintenance Director, and the Resident Care Coordinator. Record review of 25 resident files. Document review of the Emergency Alert System policy and call response log. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:			

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 01/10/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. There was a large amount of water pooling on the floor in the dish wash area and the floor felt soft when stepping on the tiles. The source of the water accumulation appeared to be from an undetermined location underneath the floor. b. Three of four hand washing sinks in the kitchen were not operating. c. There was build-up and staining on the diamond tread tile floor throughout the kitchen. d. There was debris under the soda machine/coffee machine table. e. There was food and debris build-up between the floor and the wall stones in the serving area. 3. Equipment and Maintenance Violations: a. There was heavy ice build-up on back of the evaporator fan in the walk-in cooler. b. There was heavy ice build-up across the entire ceiling of the walk-in freezer. c. The ceiling was peeling along the cook's line ventilation hood. d. There was a gap in the wall near the ice machine and mop sink. This was a repeat deficiency from the 01/12/22, 3/9/22, and 5/10/22 State Licensure survey. Severity: 2 Scope: 3	0255	1. Areas noted in deficiency will be repaired/ cleaned immediately 2. Re- education to all dining staff on proper cleaning guidelines and standards per regulations 3. FSD will walk areas daily at start of shift to ensure cleanliness and organization is maintained. 4. Food Services Director 5. 02/10/2023 6. Please see attached photos and receipt of repairs	02/10/2023

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record view and interview, the facility failed to perform medication reviews every six months for 1 of 25 residents (Resident #14). Findings include: Resident #14 (R14) R14 was admitted on 10/22/21 with a diagnosis of diabetes. R14's medical record lacked documented evidence of a six-month medication review of R14's medications by a physician, pharmacist or registered nurse. The Administrator was unable to provide documented evidence of the six month medication review for R14. Severity: 2 Scope: 1	0870	1. Staff in-serviced on the importance of medication reviews and the regulatory requirements of this 2. Audits will be completed on clinical charts monthly for accuracy and compliance. 3. ED will confirm RSD is completing audits evidenced by check off list verification and random chart audits 4. Resident Services Director 5. 2/21/2023 6. Please see attached medication reviews completed on residents who were non-compliant.	02/21/2023

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure a current and correct Ultimate User Agreement for the administration of medication was obtained for 1 of 25 residents (Resident #9). Findings include: Resident #9 (R9) R9 was admitted on 1/31/22 with diagnoses including depression and hypertension. R9's file contained an Ultimate User Agreement signed on 1/04/22, which documented R9's medications were self-managed. On 1/10/23 at 12:58 PM, R9 appeared confused, was unable to answer questions and was unable to locate the medications in R9's room which were supposed to be self-managed by R9. On 1/10/23 at 1:45 PM, the Administrator reported R9 had changes in behaviors which prompted the facility to remove R9's medications from R9's room and assume responsibility for R9's medication administration. The Administrator acknowledged a current Ultimate User Agreement reflecting the current status of R9's medication administration had not been signed by R9 or a guardian or person authorized in a durable power of attorney for health care for R9 and by the Administrator. Severity: 2 Scope: 1	0876	1. In-service all departments involved in admission process 2. Resident's paperwork will be reviewed by ED prior to admission to ensure all paperwork is completed in its entirety. 3. RSD will audit clinical chart monthly for accuracy and compliance, Additionally, paperwork for new move ins will be reviewed by ED prior to move in 4. Resident Services Director 5. 02/21/2023 6. Please see attached documentation	02/21/2023

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0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review and interview, the facility failed to	0878	1. Re-training of MT's on when to order medication and to notify RSD if there are issues with receiving medication. 2. RCC to audit carts weekly to ensure medications are available for all resident's 3. RSD will ensure that RCC is completing the weekly audits and will adjust based on finding to maintain compliance. 4. Resident Services Director 5. 02/21/2023 6. Please see attached documents.	02/21/2023

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	ensure medications were on-site per the physician's order for 2 of 25 residents (Resident #13 and #14). Findings include: Resident #13 (R13) R13 was admitted on 05/12/20, with diagnoses including congestive heart failure and diabetes. A physician's order dated 01/22/22 documented Atropine one percent. Place two drops under the tongue every two hours for congestion. The medication was not on-site and there was no order to discontinue the medication. The Medication Technician acknowledged the medication was not on-site and was unable to provide a discontinue order. Resident #14 (R14) R14 was admitted on 10/22/21 with a diagnosis of diabetes. A physician's order 1/11/23 documented to administer 5 milligrams (mg) Melatonin one tablet by mouth at bedtime as needed for sleep. The medication was not on-site. The Medication Technician acknowledged the medication was not on-site and explained R14's family member would be picking the medication up from a local pharmacy and bringing it to the facility. This was a repeat deficiency from the 05/10/22 State Licensure survey. Severity: 2 Scope: 1			
0961 SS= D	Alzheimer’s Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 2. If a residential facility is authorized to operate as a residential facility which provides care to persons with Alzheimer ' s disease and as another type of facility, the entire facility must comply with the requirements of this section or the residents who suffer from Alzheimer ' s disease or other related dementia must be located in a separate portion of the facility that complies with the provisions of this section. Inspector Comments: Based on observation, interview, and record review, the facility failed to: 1) maintain a safe and secure unit for persons with Alzheimer's	0961	1. Alz has been removed from current licensure, #19 has been moved to MC appropriately. 2. Residents with a Dx of Dementia will not be in AL setting and referred to MC for placement. 3. SP meetings will be held monthly to discuss changes with residents and if alternate placement (MC) is warranted. 4. Resident Services Director and Executive Director 5. 01/31/2023 6. Please see attached documentation of licensure change and resident transfer to MC	01/31/2023

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	disease or related dementia; and 2) ensure residents with dementia, sundowning, and wandering behaviors were not retained for 2 of 25 sampled residents (Resident #19 and #22). Findings include: On 01/10/23 at 12:00 PM, the Assistant Administrator reported the Memory Care Unit (the dedicated secured unit for persons with Alzheimer's disease or related dementia) was dismantled approximately a year and a half previously and was not currently in use at the facility. The Assistant Administrator indicated the facility no longer wanted the Alzheimer's endorsement on the license, and all residents should be appropriate, not a wandering risk, and safe to reside in the facility. If a resident demonstrated any sundowning behaviors, delusional behaviors, agitation, and trying to leave the facility, the resident would be transferred to the other facility which had a Memory Care unit. The Assistant Administrator acknowledged the dedicated unit was not currently equipped with audible alarms on exit doors and free from access to potentially toxic substances, such as cleaning supplies and laundry detergent. A review of the licensing database (Alis) revealed the facility had not removed the Alzhiemer's endorsement from the license. Resident #19 (R19) R19 was admitted to the facility on 01/31/22 with diagnoses including dementia, cognitive impairment, and history of cerebral vascular accident. The Physical Examination dated 12/13/21 documented R19 had dementia, was confused, had occasional sundowning behaviors and other behavior problems, and was oriented to person only. The Physician's Visit report dated 03/28/22 documented R19 was appropriate for a Memory Care Unit. The Physician's Visit reports dated 05/31/22, 06/13/22, and 06/20/22 documented R19 was having increased agitation and anxiety at bedtime and would be appropriate for a higher level of care in a Memory Care unit as R19 was unable to care for self and would benefit			

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	from more frequent staff monitoring. The Physician's Visit reports dated 08/01/22 and 08/15/22 documented R19 continued to have behaviors, especially in the evening, had anxious / agitation episodes, and appeared afraid, stating, 'Can you help me? Do you know where I am? I have never been so confused in my life. Do I live here?' This matter was discussed with R19's Power of Attorney and facility staff, who agreed a Memory Care Unit would be better suited for R19. Physician's Visit reports dated 09/27/22, 10/24/22, 10/31/22 documented R19 was disoriented to situation, place, and time, and facility staff endorsed to on coming staff members concerns with behaviors including agitation, irritation, and delusions, and required redirection. A Physician Communication Note completed by the Medication Technician dated 11/14/22 documented R19 was very confused, crying and asking for spouse, wheeling self up and down the hallway saying R19 wanted to go home. A Physician's Visit report dated 11/21/22 documented R19 had significant cognitive deficit due to dementia and an episode of agitation on 11/17/22 in which R19 was trying to leave the building. The Psychiatric Consult dated 01/09/23 documented R19 was alert and oriented to one (person) and was assessed with probable Alzheimer's dementia with behavioral disturbances and sundowning behaviors. Family and staff reported R19 had increased confusion and falls at night, and occasional agitation around 3:00 or 4:00 PM. On 01/19/23 at 12:35 PM, a Medication Technician confirmed R19 was very confused, only oriented to person, and had behaviors of agitation. On 01/19/23 at 1:00 PM, R19 was confused and did not respond verbally to questions of person, place, and time. The Assistant Administrator indicated R19 had some behaviors of confusion and wanted to go home, needed frequent monitoring and redirection by staff, but did not verbalize the need for R19 to be placed in a Memory			

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	Care unit. Resident #22 (R22) R22 was admitted to the facility on 07/09/22 with diagnoses including dementia and hypertension. The Physical Examination dated 07/09/22 documented R22 was confused, had wandering behaviors, and had sundowning behaviors. The Physician's Visit Note dated 08/03/22 documented a Caregiver reported R22 was increasingly anxious, restless, irritable, and difficult to manage when the Caregiver attempted to redirect the resident. The Physician's Visit Note dated 09/10/22 documented R22 was assessed with senile dementia with depression and behavioral disturbance. The Hospital Emergency Room statement dated 09/12/22 documented R22 had a urinary tract infection and chronic dementia, with discharge orders to return to Memory Care. On 01/10/23 at 10:00 AM, the Assistant Administrator acknowledged R22 had dementia, behaviors with confusion and agitation, especially at night, and would need redirection by staff upon attempt to leave the facility. On 01/10/23 at 12:30 PM, a Medication Technician reported R22 was confused, would become agitated, and sometimes had behaviors of wanting to leave the facility. Severity: 2 Scope: 1 Based on observation, interview, and record review, the facility failed to: 1) maintain a safe and secure unit for persons with Alzheimer's disease or related dementia; and 2) ensure residents with dementia, sundowning, and wandering behaviors were not retained for 2 of 25 sampled residents (Resident #19 and #22). Findings include: On 01/10/23 at 12:00 PM, the Assistant Administrator reported the Memory Care Unit (the dedicated secured unit for persons with Alzheimer's disease or related dementia) was dismantled approximately a year and a half previously and was not currently in use at the facility. The Assistant Administrator indicated the facility no longer wanted the Alzheimer's endorsement on the license, and all residents should be appropriate, not a wandering risk, and safe			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	to reside in the facility. If a resident demonstrated any sundowning behaviors, delusional behaviors, agitation, and trying to leave the facility, the resident would be transferred to the other facility which had a Memory Care unit. The Assistant Administrator acknowledged the dedicated unit was not currently equipped with audible alarms on exit doors and free from access to potentially toxic substances, such as cleaning supplies and laundry detergent. A review of the licensing database (Alis) revealed the facility had not removed the Alzhiemer's endorsement from the license. Resident #19 (R19) R19 was admitted to the facility on 01/31/22 with diagnoses including dementia, cognitive impairment, and history of cerebral vascular accident. The Physical Examination dated 12/13/21 documented R19 had dementia, was confused, had occasional sundowning behaviors and other behavior problems, and was oriented to person only. The Physician's Visit report dated 03/28/22 documented R19 was appropriate for a Memory Care Unit. The Physician's Visit reports dated 05/31/22, 06/13/22, and 06/20/22 documented R19 was having increased agitation and anxiety at bedtime and would be appropriate for a higher level of care in a Memory Care unit as R19 was unable to care for self and would benefit from more frequent staff monitoring. The Physician's Visit reports dated 08/01/22 and 08/15/22 documented R19 continued to have behaviors, especially in the evening, had anxious / agitation episodes, and appeared afraid, stating, 'Can you help me? Do you know where I am? I have never been so confused in my life. Do I live here?' This matter was discussed with R19's Power of Attorney and facility staff, who agreed a Memory Care Unit would be better suited for R19. Physician's Visit reports dated 09/27/22, 10/24/22, 10/31/22 documented R19 was disoriented to situation, place, and time, and facility staff endorsed to on coming staff members			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**01/10/2023**

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	concerns with behaviors including agitation, irritation, and delusions, and required redirection. A Physician Communication Note completed by the Medication Technician dated 11/14/22 documented R19 was very confused, crying and asking for spouse, wheeling self up and down the hallway saying R19 wanted to go home. A Physician's Visit report dated 11/21/22 documented R19 had significant cognitive deficit due to dementia and an episode of agitation on 11/17/22 in which R19 was trying to leave the building. The Psychiatric Consult dated 01/09/23 documented R19 was alert and oriented to one (person) and was assessed with probable Alzheimer's dementia with behavioral disturbances and sundowning behaviors. Family and staff reported R19 had increased confusion and falls at night, and occasional agitation around 3:00 or 4:00 PM. On 01/19/23 at 12:35 PM, a Medication Technician confirmed R19 was very confused, only oriented to person, and had behaviors of agitation. On 01/19/23 at 1:00 PM, R19 was confused and did not respond verbally to questions of person, place, and time. The Assistant Administrator indicated R19 had some behaviors of confusion and wanted to go home, needed frequent monitoring and redirection by staff, but did not verbalize the need for R19 to be placed in a Memory Care unit. Resident #22 (R22) R22 was admitted to the facility on 07/09/22 with diagnoses including dementia and hypertension. The Physical Examination dated 07/09/22 documented R22 was confused, had wandering behaviors, and had sundowning behaviors. The Physician's Visit Note dated 08/03/22 documented a Caregiver reported R22 was increasingly anxious, restless, irritable, and difficult to manage when the Caregiver attempted to redirect the resident. The Physician's Visit Note dated 09/10/22 documented R22 was assessed with senile dementia with depression and behavioral disturbance. The Hospital Emergency Room statement dated			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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		A. BUILDING _____ B. WING _____	**01/10/2023**

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	09/12/22 documented R22 had a urinary tract infection and chronic dementia, with discharge orders to return to Memory Care. On 01/10/23 at 10:00 AM, the Assistant Administrator acknowledged R22 had dementia, behaviors with confusion and agitation, especially at night, and would need redirection by staff upon attempt to leave the facility. On 01/10/23 at 12:30 PM, a Medication Technician reported R22 was confused, would become agitated, and sometimes had behaviors of wanting to leave the facility. Severity: 2 Scope: 1			
1540 SS= F	Cultural Competency Training Inspector Comments: Based on observation, record review, and interview, the facility failed to post a non-discrimination sign and submit to the Division a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate the program for cultural competency for employee training. On 01/10/23 in the morning, the Assistant Administrator acknowledged a non-discrimination sign was not posted, a training course was not declared on the Bureau's website, and training was not provided to staff. Severity: 2 Scope: 3	1540	1. Payment made to NVHCA.GOV for membership and upcoming class for Cultural Comp on all employees registered. 2. As new hires are onboarded a monthly class will be held for Cultural competency. 3. File/Binder created to track employee's compliance and expiration dates to ensure we maintain compliance. 4. Business Office Manager/HR and Executive Director 5. First class is 02/23/2023, Second class is 03/31/2023 6. See attached receipt of payment for class on 02/24/2023	02/24/2023