STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

HSRE-PMB V TRS, LLC
Gencare Lifestyle Federal Way at Steel Lake
31200 23rd Avenue South
Federal Way, WA 98003

RE: Gencare Lifestyle Federal Way at Steel Lake License # 2484

Dear Administrator:

This letter addresses Compliance Determination(s) 50488 (Completion Date 11/20/2024) and 46934 (Completion Date 09/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2260-1, WAC 388-78A-2260-2-d, WAC 388-78A-2610-1, WAC 388-78A-2610-2-d, WAC 388-78A-3000-1-a

The Department staff who did the on-site verification:
Steven Garrett, LTC Licensor
Jane Hermano, NCI

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Gencare Lifestyle Federal Way at Steel Lake
License/Cert.#: 2484
Compliance Determination #: 46934
Investigator: Jane Hermano
Investigation Date(s): 09/11/2024 through 09/25/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 145723
Region/Unit #: RCS Region 2 / Unit D

Allegation(s):
The four named residents tested positive with COVID-19

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Activities Dining Resident care equipment
Interviews:	Identified resident Housekeeping staff Nursing staff
Record Reviews:	Incident investigation Facility policies Medical Records

Investigation Summary:
Onsite investigation completed during full licensing inspection. Facility failed practice identified; the facility failed to implement their infection control policies and requirements to protect all 72 residents living in the facility. The facility failed to implement their policy on the required respiratory protection program in accordance with the appropriate infection control practice. See the Statement of Deficiencies in CD 46934 dated 09/11/2024.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

10/01/2024

HSRE-PMB V TRS, LLC
Gencare Lifestyle Federal Way at Steel Lake
31200 23rd Avenue South
Federal Way, WA 98003

RE: Gencare Lifestyle Federal Way at Steel Lake # 2484

Dear Administrator:

This document references the following complaint numbers 145723.

The Department completed a full inspection of your Assisted Living Facility on 09/25/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services

Region 2, Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2540 Administrator requirements. The licensee must ensure the assisted living facility administrator:
(1) Meets the training requirements under chapter 388-112A WAC; and

The facility administrator failed to complete department training requirements and home care certification under chapter 388-112A WAC. During the inspection, the facility administrator assigned an administrator designee to meet the regulatory requirements.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 09/11/2024 and 09/17/2024 of:
Gencare Lifestyle Federal Way at Steel Lake
31200 23rd Avenue South
Federal Way, WA 98003

This document references the following complaint numbers: 145723.

The following sample was selected for review during the unannounced on-site visit: 10 of 72 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Jane Hermano, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laurie Anderson
Residential Care Services

10/01/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

S Johnson
Administrator (or Representative)

10/11/2024
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 2 of 2 sampled residents' (Resident 1 and Resident 8) service plan the care needs, interventions, and monitoring required to meet the residents' needs. This failure place Resident 1 and Resident 8 at risk for unmet care needs and potential worsening of medical conditions.

Findings included...

Review of the facility's policy titled, "Initial Assessment", dated 10/04/2019, showed assessments were completed on all residents prior to and within 14 days of their move-in. The policy showed the assessment identified recent health histories and information from the resident or case manager involved. The policy showed the assessment became the resident's Negotiated Service Agreement (NSA) or service plan. The policy showed that the service plan provided direction to the caregiver on residents' capabilities, needs, and preferences.

RESIDENT 1
Review of Resident 1's full initial assessment, dated 01/29/2024, showed the facility admitted Resident 1 on [redacted]/2023. Review of the assessment showed that Resident 1 required assistance with medication management.

Review of June 2024, July 2024, and August 2024 medication administration records (MARs) showed that Resident 1 received 500 milligrams (mg) of Metformin (medication used to help lower blood sugar levels), twice a day, by mouth for Type II Diabetes Mellitus (a chronic medical condition when the body cannot regulate blood sugar at

normal levels).

Review of Resident 1's NSA, dated 06/24/2024, provided no guidance for caregivers about what actions to take if Resident 1 showed signs and symptoms of high or low blood sugar, such as increased thirst or urination, blurred vision, shakiness, or sweating.

During an interview on 09/12/2024 at 7:56 AM, Staff B, Wellness Director, stated that they were unaware the service plan did not document any caregiver instructions to follow if Resident 1 showed signs and symptoms of high or low blood sugar.

RESIDENT 8
Review of Resident 8's full initial assessment, dated 11/08/2023, showed the facility admitted Resident 8 on [redacted]/2023. Review of the assessment showed that Resident 8 required total assistance with bed mobility, incontinence (the loss of bladder or bowel control), transfers, dressing, and showers.

Review of Resident 8's September 2024 treatment administration record (TAR) showed that care staff accommodated the hospice plan of care. Review of the TAR showed an open wound on Resident 8's left and right buttocks area. The TAR showed that the home health wound nurse provided wound care one to two times weekly. Review of the TAR showed that the staff were required to report the signs and symptoms of wound infection to the home health nurse. Review of the TAR showed that if Resident 8's wound dressing became loose or soiled, the facility nurse changed the dressing as needed.

Review of Resident 8's NSA, dated 09/04/2024, showed that the staff monitored Resident 8 for potential skin breakdown due to incontinence. Review of the NSA showed staff were to observe Resident 8's skin for redness or open areas during toileting and report to the nurse. Review of the NSA did not provide a documentation of Resident 8's open wound. The NSA showed no caregivers guidance about what actions to take if Resident 8 showed signs and symptoms of wound infection, such as redness, odor, purulent (pus) drainage, pain, or fever.

During an interview on 09/17/2024 at 3:15 PM, Staff G, Memory Care Caregiver Medication Technician, stated that they were aware of the skin breakdown to Resident 8's "bottom". Staff G stated that the home health nurse monitored the wound for infection and changed the wound dressing weekly.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 11/9/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 10/11/2024

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 4 of 4 pets (Pet 1, Pet 2, Pet 3, and Pet 4) were certified by a veterinarian to be free of diseases transmittable to humans and receive regular examinations and vaccinations. This failure placed all 71 residents at risk of contracting illnesses transmittable by pets.

Findings included...

Observations of the facility during the full licensing inspection between 09/11/2024 and 09/17/2024 showed that dogs and cats resided in the facility.

Record review of the facility policy document titled, "Pets", dated 10/04/2019, stated that each pet must be certified free of diseases transmitted to humans. The document stated that animals will also receive all immunizations required of the species and receive regular examinations and any needed visits to the veterinarian.

Record review of the facility document titled, "GenCare Pet Policy Acknowledgement", dated 10/04/2019, stated that each pet owner acknowledged that they have read and signed the Pet Policy, and agreed to comply with the policy.

Pet 1
Review of Pet 1's records, showed that Pet 1 was due for three immunizations on 01/30/2023 and another immunization on 01/30/2021. Review showed that Pet 1 was

due for an immunization and physical examination on 04/09/2020. Review of Pet 1's records showed no documentation of veterinarian certification that verified Pet 1 was free of diseases transmittable to humans.

Pet 2
Review of Pet 2's records, showed that Pet 2 was due for immunizations on 07/26/2019, 09/06/2019, and 08/25/2017. Review of Pet 2's records showed no documentation of a veterinarian physical examination or certification that verified Pet 2 was free of diseases transmittable to humans.

Pet 3
Review of Pet 3's records, showed that Pet 3 was due for two immunizations on 10/19/2023. Review of Pet 3's records showed the last physical examination was on 10/19/2020. Review showed no documentation of veterinarian certification that verified Pet 3 was free of diseases transmittable to humans.

Pet 4
Review of Pet 4's records, showed that Pet 4 was due for two immunizations on 02/16/2024. Review of Pet 4's records showed that the last physical examination was on 12/12/2022. Review showed no documentation of veterinarian certification that verified Pet 4 was free of diseases transmittable to humans.

During an interview on 09/17/2024 at 4:30 PM, Staff A, Executive Director, stated that they were aware of the facilities pet policy and regulatory requirements regarding residents with pets in the facility. Staff A stated that they were unaware Pet 1, Pet 2, Pet 3, and Pet 4 were not up to date with their vaccinations, examinations or certifications from the veterinarians verifying the pets were free of diseases transmittable to humans, as required.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 11/9/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 10/11/2024

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that the resident's medication in 2 of 2 rooms (one nurse's office and one medication room on the first floor) were locked when left unsupervised by staff. This failure placed all 72 residents at risk for harm or illness if the medications were accessed and swallowed.

Findings included...

Review of the facility's polity titled, "Medication Services", dated 07/14/2022, showed that residents' medications were stored in locked carts or rooms accessible only to authorized staff and in accordance with label recommendation.

Review of the facility's resident characteristics roster showed 72 residents resided in the Assisted Living section of the facility. The roster showed 50 of the 72 residents were diagnosed with [redacted]. The roster showed the 72 residents independently walked or used a mobility device, such as wheelchair or walker.

Observation on 09/11/2024 at 12:20 PM, showed the door to the Nurse's office on the first floor was open. Observation showed 48 single unit dose packages of medications sat on top of an unlocked treatment cart (used for storage of medical and treatment supplies). Observation showed no facility staff were present in the room.

During an interview on 09/11/2024 at 12:50 PM, Staff I, Agency Licensed Practical Nurse (LPN) stated that staff lock the nurse's office which allowed the treatment cart to be unlocked. Staff I stated that the nurse's office was always locked. Staff I stated that it was a mistake to leave the door open. Staff I stated that they were unaware there were medications left on top of the unlocked treatment cart.

Observation on 09/13/2024 at 12:01 PM, showed that the door to the medication room adjacent to the Nurse's office was open. Observation showed the room contained an unlocked refrigerator which stored 22 medications; solution bottles used for the eyes and ears, insulin (medicine that control the sugar level in the blood) pens, and individually wrapped suppositories (medicine inserted into the rectum). Observation showed no facility staff were present in the room.

Observation on 09/13/2024 at 12:04 PM showed an unidentified resident approached

the Nurse's office and asked for a nurse. Observation showed no nurse was present. Observation showed that the unidentified resident waited for a while and then left when asked by three other unidentified residents to join them for lunch.

During an interview on 09/13/2024 at 12:10 PM, Staff A, Executive Director, stated that the Medication Technician and the nurse on duty were responsible to secure the medications. Staff A stated that the staff were responsible to always keep the rooms closed and locked.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 11/9/2024

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

S Johnson
Administrator (or Representative)

10/11/2024
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to implement infection control policies and requirements to protect 72 of 72 residents (Resident 1 through Resident 72) in the facility from an infectious illness. This failure placed all 72 residents at risk for cross contamination, contracting, and spreading a potentially life-threatening disease.

Findings included...

The Centers for Disease Control and Prevention (CDC) developed guidelines for infection prevention and control practices for healthcare setting in response to respiratory hazards. The Washington State Department of Social and Health Services (DSHS), the Washington State Department of Health (DOH), and the Washington State Department of Labor and Industries (L&I), established the current standards of infection control to

prevent and control the spread of respiratory infections, such as COVID-19, in healthcare settings.

Review of the facility's policy titled, "Infection Control", dated 04/28/2023, showed the facility ensured a healthy and safe environment for residents and staff. The policy showed that new staff were required to complete the infection control training before they provided resident services.

Review of the facility's document, titled "S7B Infection Control Public Health Department Reporting Form", showed that between 09/04/2024 and 09/13/2024, twenty-seven residents tested positive for COVID-19.

RESPIRATORY PROTECTION PROGRAM (RPP)
Review of the facility's policy titled, "Respiratory Protection Plan - Fit Testing", dated 09/13/2023, showed that the Executive Director was the Respiratory Program Administrator. The policy showed that the program administrator was responsible for the implementation of the RPP. Review of the policy showed that staff were required to complete the Medical Evaluation and Fit Testing. Staff were required to repeat the fit test annually, as required.

Review of the facility's policy titled, "Infection Control – Respiratory Outbreak Response", dated 03/28/2024, defined a respiratory outbreak when there were two or more positive resident cases in the facility within seven days. The policy addressed infection prevention procedures, which included to wear National Institute for Occupational Safety and Health (NIOSH)-approved N95 Respirator mask when care was provided to residents with respiratory illness. The policy showed additional measures to prevent the spread of infection and included routine care to unaffected residents first, and use of dedicated equipment for each infected resident.

Observation on 09/12/2024 at 8:10 AM, showed an unidentified facility caregiver wore a surgical mask (a non-fit tested respirator) while they delivered breakfast trays and provided services to three COVID-19 positive residents on the second floor.

During an interview on 09/12/2024 at 8:37 AM, Resident 11 stated that they were infected with COVID-19 between 09/04/2024 and 09/12/2024. Resident 11 stated that their symptoms started with cough and persistent sniffles. Resident 11 stated that during this time, caregivers entered their apartment and provided services. Resident 11 stated that they were unsure if the staff wore any respirator or a gown.

HAND HYGIENE
The Centers for Disease Control and Prevention (CDC) developed guidelines for infection prevention and control practices for healthcare settings. Review of CDC's "Standard Precautions for All Patient Care", showed that hand hygiene reduced the incidents and spread of infections.

Observation on 09/12/2024 between 8:16 AM and 8:20 AM, showed Staff J, Medication Technician/Caregiver, assisted three unidentified residents with medications. Observation showed Staff J used gloved hands to handle the keys to unlock the medication cart. With the same gloved hands, Staff J retrieved the residents' medication cards that contained the residents' medications. The cards were set up with unit-of-use packaging. Staff J pushed the medications from the card into plastic medication cups. Observation showed Staff J put the medication cups in a basket along with a blood pressure cuff. Observation showed Staff J carried the basket into three resident rooms and used the same blood pressure cuff on the positive COVID-19 resident and then on a COVID-19 negative resident. Observation showed Staff J did not disinfect the basket and the blood pressure cuff after each use. Observation showed Staff J did not wash their hands and change gloves after each resident contact.

Observation on 09/12/2024 at 8:20 AM showed Staff J used gloved hands to remove their surgical mask, used a tissue to wipe their nasal discharge, and discarded the used tissue in the trash. With the same gloved hand, Staff J put on a N95 respirator. Observation showed Staff J did not wash their hands before they changed their mask to an N95 respirator. Observation showed Staff J did not change gloves and wash their hands before and after they provided medication administration assistance and care services to a known COVID-19 positive resident.

During an interview on 09/13/2024 at 8:45 AM, Staff B, Wellness Director, stated that the staff were expected to follow the infection control policy and guidelines each time they provided medication assistance or administration and personal care service to residents. Staff B stated that the staff were trained on proper hand hygiene practices.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 11/9/2024 QS

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

JJohnson

Administrator (or Representative)

10/11/2024

Date

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 2 of 2 rooms (one main laundry room and one housekeeping utility room on the first floor) provided proper air flow and ventilation outside of the facility. This failure placed all 72 residents at risk of diminished quality of life and potential respiratory illness from poor air circulation in the building.

Findings included...

NOTE: WAC 388-78A-3040 Laundry, stated (5) The assisted living facility must ventilate laundry rooms and areas to the outside of the assisted living facility, including areas or rooms where soiled laundry is held for processing by off-site commercial laundry services.

WAC 388-78A-3090 Maintenance and housekeeping, stated (2) The assisted living facility must provide housekeeping supply room(s):(c) Equipped with:(iv) Mechanical ventilation to the outside of the assisted living facility

Observation during the environmental tour on 09/11/2024 between 12:28 PM and 12:44 PM, showed no ventilation system installed in the one main laundry room and one housekeeping utility room on the first floor. Observation showed that the room used for housekeeping utility was labeled, "Elevator Machine Room". Observation showed the housekeeping utility room included a floor mop sink and faucet with drainage. Observation showed the room stored buckets, mops, and cleaning chemicals. Observation showed that the room labeled, "Staff Service Only", was divided into three different functions. The first area stored maintenance tools and supplies, the second area in the middle was the main laundry, and the third area at the back of the room was the Maintenance Director's office. Observation showed the laundry's commercial washer and dryer were running.

During an interview on 09/11/2024 at the time of observations, Staff H, Maintenance Director, stated that they were unable to find any ventilation in the housekeeping utility room. Staff H stated that the one vent in the laundry area's ceiling duct was designed to pull in outside air. Staff H stated that they were unaware of the adjacent maintenance area's vent purpose. Staff H state that they were unable to find any control or wall switch to activate the vent. Staff H stated that they were unaware there was no outflow vent to move air from the housekeeping utility room and main laundry area to the outside of the facility.

During an interview on 09/13/2024 at 12:06 PM, Staff A, Executive Director, stated that there were no new constructions, renovations, or changes to the facility. Staff A stated that they were unaware there was no vent in the housekeeping utility room. Staff A stated that they were unsure if the one vent in the laundry's adjacent area was a mechanical outflow vent to the outside of the facility.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 11/9/2024 CS

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 10/11/2024