STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A005	A. BUILDING: _____ B. WING _____	C 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY COMPREHENSIVE CARE LLC	7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110

(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) COMPLETE DATE
H 000	Initials Comments TYPE OF SURVEY: Complaint COMPLAINT #: NJ00168212, NJ00166423, NJ0016324, NJ00167840 CENSUS: 65 SAMPLE SIZE: 4 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	H 000		
H5795	8:43E-13.5 UNIVERSL TRANSFR FORM:P&P REGARDG USE OF FORM A licensed healthcare facility or program shall develop and implement written policies and procedures addressing the required use of the Universal Transfer Form by a licensed healthcare facility or program's staff, method of transportation, procedures for security of the resident and all personal belongings or other items that accompany or immediately follow a transferred resident.	H5795		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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H5795	Continued From page 1	H5795		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00169324

Based on interview and record review it was determined that the facility failed to ensure that a policy and procedure that addresses the utilization and completion of a Universal Transfer Form (UTF), was developed and implemented for 1 of 4 residents reviewed, Resident #2.

On 12/05/2023, Surveyor #2 reviewed the Medical Record (MR) for Resident #2 who moved into the facility in NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 [redacted]. A review of the Progress Notes revealed that on NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 [redacted] The NJ ex order 26.4b1 [redacted].
On further review of Resident #2's MR, the surveyor did not observe documentation of a copy of the NJ ex order 26.4b1 [redacted]

On 12/06/2023 at 11:45 a.m., Surveyor #2 received copies of the After Visit Summary from Resident #2 indicating that on NJ ex order 26.4b1, the resident was at Jefferson Emergency Department for evaluation and was NJ ex order 26.4b1 [redacted]

At 2:45 p.m., the administrator stated they did not have a copy of the UTF for Resident #2 dated NJ ex order 26.4b1 and did not have a policy and procedure in place for the use of a Universal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A005	A. BUILDING: _____ B. WING _____	C 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY COMPREHENSIVE CARE LLC	7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110

(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) COMPLETE DATE
H5795	Continued From page 2 Transfer Form. The facility failed to retain a completed copy of the UTF sheet in Resident #2's MR when the [redacted] The facility failed to develop and implement a policy and procedure on the use of a UTF.	H5795		
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00168212, NJ00166423, NJ0016324, NJ00167840 CENSUS: 65 SAMPLE SIZE: 4 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following:	A 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A005	A. BUILDING: _____ B. WING _____	C 12/06/2023

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BENTLEY COMPREHENSIVE CARE LLC	7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110

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A 310	Continued From page 3 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: C#: NJ00168212, NJ00166423, NJ0016324, NJ00167840 Based on interview and observation, it was determined that the facility's administrator failed to implement and enforce the facility's policy and procedure titled "Concierge and Security Desk Operating Procedures," This deficient practice was evidenced by the following: On 12/5/2023 at 1:18 p.m., Surveyor #1 conducted an interview with Resident #2 who stated a package was delivered to his/her apartment door on [redacted]. It was believed by Resident #2 [redacted] On 12/5/2023 at 2:34 p.m., Surveyor #1 interviewed the facility's Administrator who revealed that the package for Resident #2 was brought directly to the resident's room by the delivery service and left outside his/her apartment	A 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A005	A. BUILDING: _____ B. WING _____	C 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY COMPREHENSIVE CARE LLC	7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110

(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) COMPLETE DATE
A 310	Continued From page 4 door. The Administrator stated there were no cameras in the resident's hallway to verify if another resident took the package. Continued surveyor's interview with the Administrator indicated that the package should have been left at the front desk and that Resident #2 should have had to come to the front desk to sign out the package in order to retrieve it. The surveyor reviewed the procedure titled "Concierge and Security Desk Operating Procedures" which revealed: "Mail/Package Deliveries ... 3. ... resident mail and deliveries should remain at the front desk for the residents to pick up. (All deliveries must be signed out by the resident before the package is distributed) ...." The facility failed to implement their delivery procedure for Resident #2 when a package was delivered and left unnattended at the resident's door.	A 310		
A 567	8:36-5.10(a)(4) General Requirements a) The facility shall notify the Department immediately by telephone at 609-633-9034 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 4. All alleged or suspected crimes which are serious crimes committed by or against residents, which have also been reported at the time of occurrence to the local police department;	A 567		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 567	Continued From page 5 This REQUIREMENT is not met as evidenced by: Complaint#: NJ00169324 Based on interview and record review it was determined that the facility failed to provide the Department of Health (DOH) with written confirmation of NJ ex order 26.4b1 [redacted] This deficient practice was evidenced by the following: On 12/05/2023, Surveyor #2 reviewed the Reportable Event Record/Report document which revealed the NJ ex order 26.4b1 [redacted] The written report was sent to the DOH on NJ ex order 26.4b1 [redacted] At 11:45 a.m., Surveyor #2 reviewed the Medical Record (MR) of Resident #2 who moved into the facility in NJ ex order 26.4b1 with diagnoses which NJ ex order 26.4b1 [redacted] A review of the Progress Notes dated NJ ex order 26.4b1 revealed that Resident #2 NJ ex order 26.4b1 [redacted] Resident #3. Surveyor #2 reviewed the MR of Resident #3 who NJ ex order 26.4b1 in NJ ex order 26.4b1 with diagnoses which include NJ ex order 26.4b1 [redacted] A review of the Progress Notes dated NJ ex order 26.4b1 revealed that NJ ex order 26.4b1 [redacted] On 12/06/2023 at 11:45 a.m., Surveyor #2 received a copy of the NJ ex order 26.4b1 [redacted] which revealed	A 567		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BENTLEY COMPREHENSIVE CARE LLC	7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110

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A 567	Continued From page 6 that NJ ex order 26.4b1 [redacted] On 12/06/2023 at 2:15 p.m., Surveyor #2 interviewed the Administrator who stated that the report was sent in on NJ ex order 26.4b1 because that was when they had concluded their internal investigation. A review of the facility policy titled, "Reportable Events" indicated that the Assisted Living Residence shall notify the DOH immediately by phone followed by written confirmation with 72 hours any serious accident, criminal act or incident occurs which involves the assisted living resident and results in serious harm or injury or results in the resident's arrest or detention. The facility failed to provide the Department of Health (DOH) with written confirmation of a resident-to-resident physical assault incident within 72 hours after the reported the event.	A 567		
A 749	8:36-7.3(a) Resident Assessments and Care Plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced	A 749		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 749	Continued From page 7 by: Complaint #: NJ00169324 Based on interview and record review, it was determined that the facility failed to ensure that the General Service Plan (GSP) was reviewed, updated, or revised to include interventions to reduce the risk of a NJ ex order 26.4b1 [redacted] On 12/05/2023 at 11:45 a.m., Surveyor #2 reviewed the Medical Record (MR) of Resident #2 who moved into the facility in NJ ex order 26.4b1 with diagnoses which included NJ ex order 26.4b1 [redacted] A review of the Progress Notes dated NJ ex order 26.4b1, revealed Resident #2 NJ ex order 26.4b [redacted] A review of Resident #2's GSP dated NJ ex order 26.4b1, showed no revisions nor any interventions made to reduce the risk of a verbal or physical altercation between Resident #2 and Resident #3. Surveyor #2 reviewed the MR of Resident #3 who moved into the facility in NJ ex order 26.4b1 with diagnoses which include NJ ex order 26.4b1 [redacted]. A review of the Progress Notes dated NJ ex order 26.4b1 revealed NJ ex order 26.4b1 [redacted] A review of the GSP showed no revisions or interventions dated NJ ex order 26.4b1 or beyond were made to reduce the risk of a verbal or physical altercation between Resident #3 and Resident #2. On 12/06/2023 at 12;50 p.m., Surveyor #2 interviewed the Director of Nursing who stated that she tried to update the GSP 3-4 days after an incident.	A 749		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A005	A. BUILDING: _____ B. WING _____	C 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY COMPREHENSIVE CARE LLC	7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110

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A 749	Continued From page 8 A review of the facility document titled Resident, "Abuse - Resident to Resident" states, "... documentation in the resident record regarding reassessment, change in behavior, interventions and resident response shall be made." The facility failed to update the GSP for Resident #2 and Resident #3 with interventions to address resident's current behavior needs and made the Care Managers of residents' issues.	A 749		
A 901	8:36-10.5(c)(4) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00168212, NJ00166423, NJ0016324, NJ00167840 Based on observation and interview it was determined that the facility failed to provide residents with written changes and substitutions	A 901		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 901	Continued From page 9 to the planned menu. This deficient practice was evidenced by the following: On 12/5/2023 at 10:58 a.m., the surveyor interviewed Resident #3 who revealed that the food listed on the menu was often not what was served. Resident #3 was unable to recall specific dates that menus were changed and not updated. On 12/5/2023 at 12:15 p.m., Surveyor #1 interviewed the Food Service Director (FSD) regarding changes made to the facility menu. The FSD stated that when a change was made in the menu for the day that he makes an announcement at breakfast. The FSD revealed he did not post menu changes for other residents to view. Surveyor #1 observed the lunch menu for 12/5/2023 which indicated that lemon upside down cake would be served. The cake was unavailable and was substituted for lemon meringue pie. The change in dessert was not posted for residents to view. The facility failed to ensure that any changes or substitutions in menus were posted or provided in writing to each resident.	A 901		

Reviewed
1/11/2024
Acceptable

OASIS AT THE Crescent

12/29/2023

To: NJ Department of Health

Re: Bentley ALP POC for Survey on 12/5/2023 and 12/6/2023

Hello,

Please accept the enclosed Plan of Correction for Bentley Comprehensive Care License# 04A005.

Kind Regards,

[redacted] Bentley Comprehensive Care Administrator License# (AL[redacted])

Bentley Comprehensive Care
NJ#04A005
7999 North Route 130
Pennsauken, New Jersey 08110

Complaint(s) of Survey visit dated: 12/5/2023 and 12/6/2023.

The plan of correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth or the fact alleged, or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and or/ executed solely because it is required by the provision of the New Jersey State Department of Health.

ID Tag A310: NJAC 8:36-3.4(a)(1) - Administration

1. Immediate

The corrective action was accomplished as the Concierge and Security staff have been re-trained by the Bentley Administrator regarding the facility's policy and procedures for all deliveries and mail distribution.

Resident #2, was reimbursed for the items that were [redacted] and along with all other residents, has been informed that package and mail distribution process has been address with all front desk staff to ensure the security of future package deliveries and/or mail distribution. The Administrator will continue to oversee this process to ensure that the process is followed.

2. Identifications of Others

The Bentley Administrator will review the package delivery binder on a weekly basis with the Concierge and Security staff to ensure that the package delivery process is being followed as required per their responsibilities and/or job requirements for all Concierge and Security staff. All residents have the ability to be affected.

3. Systemic Changes

The Bentley Administrator will conduct a monthly audit to maintain compliance within the facilities policies and procedures for package deliveries and mail distribution.

4. Quality Assurance

The package delivery process will be reviewed by the Administrator at the next quarterly QA meeting in January 2024 and ongoing.

Completed On: December 7, 2023

ID Tag A567: 8:36-5.10(a)(4) – General Requirements

1. Immediate

The corrective actions taken was, the Bentley Administrator acknowledged the lapse in the reporting time and immediately referenced the NJDHSS Assisted Living Regulations for reportable events. The Bentley Administrator reviewed all regulations to ensure compliance for future reportable events.

Resident #2, was reminded by the Administrator that the facility has no tolerance for verbal or physical abuse towards other residents. Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1 and given a final chance to follow the facility's policies and procedures to ensure the safety of himself and all other residents. The facility sympathizes with resident #2 as NJ ex order 26.4b1 however the facility encourages all residents to take accountability for their involvement in the incident as well.

Resident #3, was reminded by the Administrator that the facility has no tolerance for verbal or physical abuse towards other residents and that the facility takes resident to resident abuse seriously. NJ ex order 26.4b1 is actively assisting resident #3 with placement to safely discharge him to a more appropriate facility that may meet his medical/behavioral needs.

2. Identifications of Others

The Bentley Administrator/Designee will continue to reference the NJDHSS Assisted Living Regulations for reportable events for clarification when in doubt regarding the reportable events. In addition, the administrator will reach out to CALA educator contact to assist with maintaining compliance. All residents have the ability to be affected.

3. Systemic Changes

The Bentley Administrator has been in contact with an Administrator Consultant to utilize as an additional resource to ensure compliance with the NJ regulations. The Administrator will speak with the consultant on a monthly basis to review any challenges or issues that may occur in the facility.

4. Quality Assurance

The Bentley Administrator will conduct monthly compliance audits and review the NJAC Standards for Licensure of Assisted Living residences to ensure an understanding and compliance with all regulatory requirements.

This will be reviewed by the Administrator at the next quarterly QA meeting in January 2024 and ongoing.

Completed On: 12/8/2023.

ID Tag A749: 8:36-7.3(a) - Resident Assessments and Care Plans

1. Immediate

The corrective action was accomplished as the Director of Nursing was re-educated by our nursing consultant on completing the General Service Plans and Resident Assessments in accordance with the NJDHSS Assisted Living Regulations in efforts to maintain compliance.

Resident #2, NJ ex order 26.4b1 #3. The safety measures put in place is that both residents should NJ Ex Order 26.4b1 is located on the NJ Ex Order 26.4b1 Both residents are continually observed by staff in the eating area to avoid further incidents, verbal or physical. The DON updated the GSP to reflect the interventions for this incident.

Resident #3, NJ ex order 26.4b1 #2. The safety measures put in place is that both residents should NJ Ex Order 26.4b1 as one is located on the NJ Ex Order 26.4b1 Both residents are continually observed by staff in the eating area to avoid further incidents, verbal or physical. The DON updated the GSP to reflect the interventions for this incident.

2. Identifications of Others

The Director of Nursing and Nursing Consultant will review all General Service Plans and monitor the GSP completion on a weekly basis to ensure that the process is followed and completed as regulated. All residents have the ability to be affected.

3. Systemic Changes

The DON and nursing consultant will meet with the Administrator/Designee to provide monthly General Service Plan and/or Resident assessment reports to ensure that the process is completed as regulated to maintain compliance in accordance with the NJDHSS Assisted Living Regulations.

4. Quality Assurance

The General Service Plan process will be reviewed by the DON and Administrator at the next quarterly QA meeting in January 2024 and ongoing.

Completed On: 12/21/2023.

ID Tag A901: 8:36-10.5(c)(4) - Dining Services

1. Immediate

The corrective action was accomplished as the Food Service Director posted a notification to all residents that in addition to a verbal announcement, all menus will be revised to indicate any meal changes and/or substitutes.

2. Identifications of Others

The Food Service Director will notify the Administrator/Designee immediately upon a decision to change the menu to ensure that the menu revision process is properly completed. All residents have the ability to be affected.

3. Systemic Changes

The Food Service Director will also provide the Administrator/Designee with a copy of the revised menu to add to the front lobby slideshow display to serve as an additional posting for residents to review.

4. Quality Assurance

This will be reviewed by the Food Service Director and Administrator at the next quarterly QA meeting in January 2024 and ongoing.

Completed on: 12/28/2023.

OASIS AT THE Crescent

12/29/2023

To: NJ Department of Health

Re: Bentley ALP POC for Survey on 12/5/2023 and 12/6/2023

Hello,

Please accept the enclosed Plan of Correction for Bentley Comprehensive Care License# 04A005.

Kind Regards,

Lashonda Jones-Acrey, Bentley Comprehensive Care Administrator License# (AL200038211)

Bentley Comprehensive Care

NJ#04A005
7999 North Route 130
Pennsauken, New Jersey 08110

Complaint(s) of Survey visit dated: 12/5/2023 and 12/6/2023.

The plan of correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth or the fact alleged, or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and or/ executed solely because it is required by the provision of the New Jersey State Department of Health.

ID Tag A5795: 8:43E-13.5 – Universal Transfer Form: P&P Regarding Use of Form

1. Immediate

The corrective action was accomplished as the Administrators reached out to our corporate consultant to complete the Policy and Procedures for our Universal Transfer Forms. The policy and procedures were completed and provided to the Administrators and Director of Nursing.

Resident #2, The incomplete Universal Transfer Form was acknowledged by the Director of Nursing. The UTF for Resident #2 along with all other residents will be completed and documented for all facility transfers moving forward and a copy to be filed in their medical charts as regulated. The DON will continue to oversee this process to ensure that the UTF procedure is followed.

2. Identifications of Others

The Director of Nursing/Assistant Director of Nursing will closely monitor all resident transfers and the Universal Transfer Forms on a daily basis. The DON/ADON will provide the nursing staff with the UTF policy and procedures and in-service to all applicable nursing staff to avoid future incomplete Universal Transfer Forms. All residents have the ability to be affected.

3. Systemic Changes

The Director of Nursing with the assistance of the Nursing Consultant will review all resident transfers as well as Universal Transfer Form weekly to ensure that the UTF process is being followed (per) our policy and procedures and NJ regulations.

4. Quality Assurance

The UTF process will be reviewed by the Director of Nursing and Administrator at the quarterly QA meeting in January 2024 and ongoing.

Completed On: 12/06/2023