

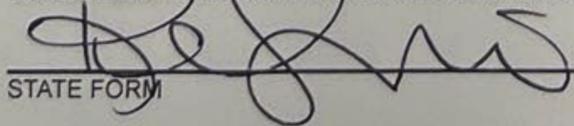
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7221	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2024
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NAME OF PROVIDER OR SUPPLIER A LOVE FOR LIFE	STREET ADDRESS, CITY, STATE, ZIP CODE 4108 ALCAZAR STREET NE ALBUQUERQUE, NM 87109
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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) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during an Initial Survey completed on 09/11/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living facilities for Adults. Resident Census: ██████	8 000		
8 016	8 NMAC 370.14.16 Staff Qualifications A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a 40-mile radius may have one full-time administrator. The administrator shall: (1) be at least 21 years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico caregivers criminal history screening act, 8.370.5 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the employee abuse registry, 8.370.8 NMAC. B. Direct care staff:	8 016		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

9/24/24

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8 016	<p>Continued From page 1</p> <p>(1) shall be at least 16 years of age;</p> <p>(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 8.370.8 NMAC; and</p> <p>(4) shall comply with the current requirements of reporting and investigating incidents pursuant to incident reporting, intake processing and training requirements, 8.370.9 NMAC;</p> <p>(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:</p> <p>(a) a valid New Mexico driver's license with the appropriate classification for the vehicle that is used to transport residents;</p> <p>(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;</p> <p>(c) proof of insurance; and</p> <p>(d) documentation of a clean driving record;</p> <p>(6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the caregivers criminal history screening requirements, 8.370.5 NMAC, shall provide current (within the last 6 months) proof of the caregiver's criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and</p> <p>(7) employers shall comply with the requirements of the caregivers criminal history screening requirements, 8.370.5 NMAC.</p> <p>[8.370.14.16 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.16 B (3) (6)</p>	8 016		

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8 016	<p>Continued From page 2</p> <p>Refer to 8.370.8 EMPLOYEE ABUSE REGISTRY</p> <p>8.370.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social</p>	8 016		

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8 016	<p>Continued From page 3</p> <p>security number, and other appropriate identifying information required by the registry.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.</p> <p>[8.370.8.8 NMAC - N, 07/01/2024]</p>	8 016		

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8 016	Continued From page 4 8.370.5.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: ... D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 8.370.5.8 NMAC. (2) A signed authorization for release of information form. (3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink. (4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four (\$74) dollars. Of which, twenty-four (\$24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven (\$7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department. ... E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee.	8 016		

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8 016	<p>Continued From page 5</p> <p>The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by Department of Public Safety and the Federal Bureau of Investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules.</p> <p>The fees will not be applied to any other activity or expense undertaken by the department.</p> <p>F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 8.370.5.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or</p>	8 016	<p>A checklist has been implemented that will assure that all EAR clearance documents are completed and printed and stored in employee file prior to employee start date. New employee files will be audited the first day of each month. The new checklist will be implemented on 09/24/24.</p>	

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8 016	Continued From page 6 disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes. Based on record review and interview, the facility failed to ensure Direct Care Staff (DCS): 1. Were cleared by the Employee Abuse Registry (EAR) prior to hire. 2. Within 20 days of hire, the applicant submitted their application and fingerprints to the Caregivers Criminal History Screening Program (CCHSP). These deficient practices could likely result in the (R #s) residents identified on the census provided by the Administrator on 09/10/24, to be at risk of harm or abuse if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents, and may be a convicted felon. The findings are: A. Record review of DCS #3's employee file (date of hire 02/12/24), revealed the facility did not ensure that DCS #3: 1. Received a clearance from the EAR prior to hire. 2. That the application and fingerprints were	8 016	A checklist has been implemented that will assure that all EAR clearance documents are completed and printed and placed in employee file prior to employee start date. New employee files will be audited the last day of each month. The new checklist will be implemented on 9/24/24.	

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8 016	Continued From page 7 submitted to the CCHSP within 20 days of hire. B. On 09/11/24 at 10:00 am, during an interview, the Administrator confirmed for DCS #3, that the facility did not ensure that DCS #3: 1. Was cleared from the EAR prior to hire. 2. That the application and fingerprints were submitted to the CCHSP within 20 days of hire.	8 016		
8 022	8 NMAC 370.14.22 Facility Reports, Records, Rules, Policies Facility Reports, Records, Rules, Policies and Procedures: A. Reports and records: Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained;	8 022		

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STREET ADDRESS, CITY, STATE, ZIP CODE

A LOVE FOR LIFE

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ALBUQUERQUE, NM 87109**

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8 022	<p>Continued From page 8</p> <p>(7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction;</p> <p>(8) 30 days of menus as planned, including snacks and 30 days of menus as served, including snacks;</p> <p>(9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable;</p> <p>(10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also include a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies:</p> <p>(a) an emergency that affects just the facility; and</p> <p>(b) a region/area wide emergency;</p> <p>(11) a copy of this rule, requirements for assisted living facilities for adults, 8.370.14 NMAC;</p> <p>(12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and</p> <p>(13) vaccination records for pets in the facility.</p> <p>B. Reports and records: Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority:</p> <p>(1) a copy of the facility license;</p>	8 022		

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8 022	<p>Continued From page 9</p> <p>(2) employee personnel records, including an application for employment, training records and personnel actions:</p> <ul style="list-style-type: none"> (a) caregiver criminal history screening documentation pursuant to 8.370.5 NMAC; (b) employee abuse registry documentation pursuant to 8.370.8 NMAC; and <p>(3) a copy of all waivers or variances granted by the licensing authority.</p> <p>C. Rules: Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident's rights and shall include the following:</p> <ul style="list-style-type: none"> (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident's pets; and (8) resident use of electric blankets and appliances. <p>D. Policies and procedures: All facilities shall have written policies and procedures covering the following areas:</p> <ul style="list-style-type: none"> (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the resident's current physician or PCP orders, treatments and diet plans every six months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or 	8 022		

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8 022	<p>Continued From page 10</p> <p>other record indicating where the resident will be, cell phone contact, etc.);</p> <p>(5) the handling of resident's funds, if the facility provides such services;</p> <p>(6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 8.370.9 NMAC;</p> <p>(7) reporting and investigating internal complaints;</p> <p>(8) reporting and investigating complaints to the incident management bureau;</p> <p>(9) staff and resident fire and safety training;</p> <p>(10) smoking policy for staff, residents and visitors;</p> <p>(11) the facility's bed hold policy;</p> <p>(12) admission agreement;</p> <p>(13) admission records;</p> <p>(14) resident records including maintenance and record retention if the facility closes;</p> <p>(15) program narrative;</p> <p>(16) resident's rights with regard to making health care decisions and the formulation of advance directives;</p> <p>(17) personnel policies;</p> <p>(18) identifying and safeguarding resident possessions;</p> <p>(19) securing medical assistance if a resident's own physician is not available;</p> <p>(20) staff training appropriate to staff responsibilities;</p> <p>(21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents;</p> <p>(22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and</p>	8 022	<p>We have reached out to the local Health Authority to request a new license inspection. This will be completed by 10/15/24.</p>	

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8 022	Continued From page 11 (23) mealtimes, daily snacks, menus, special diets, resident's personal preference for eating alone or in the dining room setting. [8.370.14.22 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.22 A (6) Based on record review and interview, the facility failed to ensure the kitchen had a current inspection from the local Health Authority that has jurisdiction. This deficient practice could likely result in the (R #s [REDACTED]) residents identified on the resident census list provided by the Administrator on 09/10/24, to be at risk of contracting foodborne illnesses, by ingesting food contaminated by bacteria and germs. The findings are: A. Record review of the facility's most recent kitchen inspection from the local Health Authority having jurisdiction was not current. It had an expiration date of 06/30/24. B. On 09/10/24 at 2:20 pm, during an interview with the Administrator, she confirmed that the facility did not have a current kitchen inspection.	8 022		
8 063	8 NMAC 370.14.63 Fire Extinguishers Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two 2A10BC fire extinguishers:	8 063	We have reached out to the local Health Authority to request a new kitchen inspection. This will be completed by 10/15/24.	

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8 063	<p>Continued From page 12</p> <p>(1) one extinguisher located in the kitchen or food preparation area; (2) one extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be 50 feet.</p> <p>B. Fire extinguishers, alarm systems, automatic detection equipment and other firefighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [8.370.14.63 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.63 B</p> <p>Reference NAPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.</p> <p>Based on observation and interview, the facility failed to ensure that the fire extinguishers were being inspected monthly as recommended by the manufacturer.</p> <p>This deficient practice could likely result in all [REDACTED] (R #s [REDACTED] residents identified on the census provided by the Administrator on 09/10/24, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur</p>	8 063	<p>The process has been updated to include a dedicated person to inspect on the first of each month with the Administrator inspecting on the final day of the month to ensure compliance. A sign off sheet has been created to insure compliance. This will begin on 9/24/24.</p>	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7221	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER A LOVE FOR LIFE		STREET ADDRESS, CITY, STATE, ZIP CODE 4108 ALCAZAR STREET NE ALBUQUERQUE, NM 87109		
(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
8 063	Continued From page 13 and the fire extinguishers did not work. The findings are: A. On 09/10/24 at 9:35 am, during observation of two of the facility's fire extinguishers located in the northwest corner and the middle of the eastside hallway of the facility had not been inspected monthly as recommended by the manufacturer. Both respective tags were punched in June 2024, but have never been inspected (dated and initialed). B. On 09/10/24 at 9:45 am, during an interview with the Administrator, she confirmed that the fire extinguishers in the facility had not been inspected monthly.	8 063	The process has been updated to include a dedicated person to inspect on the first of each month with the Administrator inspecting on the final day of the month to ensure compliance. A sign off sheet has also been created to insure compliance. This will begin on 9/24/24.	
8 065	8 NMAC 370.14.65 Fire Drills All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one documented fire drill per month and at a minimum, one documented fire drill each eight hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills.	8 065		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7221	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER A LOVE FOR LIFE		STREET ADDRESS, CITY, STATE, ZIP CODE 4108 ALCAZAR STREET NE ALBUQUERQUE, NM 87109		
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8 065	Continued From page 14 [8.370.14.65 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.65 B (4) Based on record review and interview, the facility failed to ensure monthly fire drills included the following information if there were any problem noted during the drill. This deficient practice could likely result in the [REDACTED] (R #s [REDACTED] residents identified on the census, provided by the Administrator on 09/10/24, to be at risk of harm, injury, or death if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building. The findings are: A. Record review of the facility's fire drill records for July 2024 and August 2024 revealed the fire drill records did not contain any documentation of any problem noted during the drill. B. On 09/10/24 at 11:20 am, during an interview, the Administrator confirmed the facility fire drill records for July 2024 and August 2024 did not include any documentation of any problem noted during the drill.	8 065	The current Fire Drill form has been updated to include a section to note if there were any problems during the fire drill. An end of month audit will occur each month. The new form will be used for the October 2024 fire drill.	