

LTC Life Safety Code Trend Report

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Survey Statistics

Number of recertification surveys reviewed: 35

Number of revisit surveys not passed: 0

Number of deficiency free recertifications: 2

Average number of deficiencies: 3.4

Number of recertifications with deficiencies: 33 or 94%

Number of complaint deficiencies: 1 with 12 deficiencies cited

A couple important life safety code reminders:

- Ensure that your emergency preparedness plan includes a hazard vulnerability analysis.
- Each item included in your hazard vulnerability analysis should have an associated policy and procedure available in the EPP.
- You should document all efforts to communicate with local emergency officials to participate in a community based exercise.

Top LSC Deficiencies for April 2026

K712 – FIRE DRILLS

K918 – ELECTRICAL SYSTEM – ESSENTIAL ELECTRICAL SYSTEMS

K345 – FIRE ALARM SYSTEM – MAINTENANCE & TESTING

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

Doors

There are many types of doors that are used in long-term care settings. Examples include delayed egress, emergency exit, corridor, smoke, and fire doors. Here are some examples of non-compliance with each type of door.

Smoke/Fire Doors:

- Smoke doors didn't fully close when tested.
- The fire and/or smoke-rated doors didn't have annual testing and inspection completed in the last 12 months.

Resident Room Doors:

- The doors didn't fully close and positively latch.

Emergency Exits and Pathways

There must be pathway for emergency egress that is unobstructed in the event that emergency exit is required. Examples of non-compliance includes:

- Emergency exit doors didn't open after 15 minutes as indicated on the signage.
- Emergency egress doors lacked proper signage.
- An emergency exit door wouldn't open without excessive force.
- The alarm didn't initial when the panic bar was depressed.
- The door wasn't automatically released when testing the fire alarm.
- The concrete path from an emergency exit was damaged.

Emergency Backup Lights and Exit Signage

There must be emergency battery backup lights including exit signs located throughout the building depending on if an emergency generator is present and automatically transfers power. Both the lights and the exit signage have specific requirements that must be met. Examples of non-compliance include:

Emergency Lighting:

- Medication room lights were controlled by a switch without any other emergency light source.
- The backup batteries were dead.
- A light wasn't present where it should be.
- Missing monthly testing.
- Annual testing wasn't completed in the last 12 months.
- Outside lights were missing bulbs.

Exit Signage:

- The exit sign didn't illuminate when tested.

Hazardous Areas & Enclosures

Rooms such as the kitchen, storage rooms, soiled utility, and laundry are considered hazardous and must be maintained in a manner to prevent the spread of fire. Examples of non-compliance include:

- The door didn't fully close and positively latch to a hazardous room.
- The door to a hazardous room didn't have a self-closing device installed.

Fire Extinguishment

There are several methods of fire extinguishment in the building including automatic sprinklers or suppression systems and portable extinguishers. Each type of extinguishment must meet specific requirements.

Kitchen Hood Suppression System:

- There was excessive grease buildup on the system.
- Inspections weren't completed.

Sprinkler Systems:

- There wasn't an installed sprinkler head where there should have been (elevator vestibule).
- Missing 3 year dry system testing.
- A list of all sprinkler heads wasn't maintained in the spare sprinkler head box.
- Sprinkler heads were excessively dusty/dirty.
- Sprinkler heads weren't replaced within the last 10 years as required.
- Missing quarterly inspections.
- Items stored within 18 inches of sprinkler heads.
- Missing escutcheon rings.
- Items stored on sprinkler pipes.
- Items failed testing and were not replaced.

Fire Alarm System

The fire alarm system includes many interconnected devices such as smoke detectors, pull stations, signaling devices, and the fire alarm panel. Deficiencies with the fire alarm system incorporate installation of devices, initiation of the system, communication, inspections, and a required outage policy. Examples of non-compliance include:

- A smoke detector was damaged.
- Inspection reports didn't include all devices listed individually and include all interconnected devices.
- Missing inspection reports.
- Missing smoke detector sensitivity testing in the last 2 years.
- The alarm system was noted in trouble mode during the survey.

Fire Safety Plan:

- The fire safety plan did not include all types of extinguishment available in the building.

Extinguishers:

- The portable extinguishers didn't have annual maintenance in the last 12 months.
- Portable extinguishers were mounted more than 5 feet from the ground.

Fire Drills

Fire drills must be conducted at least every shift on a quarterly basis. The events of the fire drill must be altered to simulate real life scenarios including the time which must be at least one hour before or after other drills conducted during the same shift. SNFs may conduct silent drills between 9 p.m. and 6 a.m.; however, the fire alarm must be tested the following day after the silent drill. All events, including participants, must be documented appropriately. Examples of non-compliance include:

- Drills were conducted at approximately the same time.
- The documentation didn't identify that the monitoring company received the signal, including the operators name and number.
- Drills were not completed.
- The documentation failed to include that the alarm was tested the day following a silent drill.
- Documentation didn't include the actual start and stop time of the drill.
- The day of the month wasn't documented - only "July".

Walls, Ceiling, and Smoke Barriers

The walls, ceilings and smoke barriers throughout the building must be intact to prevent possible fires in other zones in the building. Examples of non-compliance include:

- There was a penetration in the two-hour fire wall.
- Ceiling tiles were missing.
- There was a penetration in the walls.
- The smoke barrier had a penetration.
- There was a gap around the vent pipe for the dryer.
- A drywall panel was missing.

Electrical

Electrical systems present an inherent fire risk, and the goal of long-term care providers should be to minimize any additional safety risks associated with electricity such as the electrical panels, wiring, outlets, and light fixtures. Examples of non-compliance include:

- Items stored within three feet of electrical panels.
- Extension cords, power strips and multi-plug adaptors were used to plug in various items.
- There was evidence of a water leak from the ceiling which was dripping near an open electrical junction box.

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- The generator transfer switch didn't have an arc flash hazard warning signage.
- Open electrical junction box, exposing wires.
- Missing electrical receptacle testing.
- Staff used white out to make it appear the testing was completed in the last 12 months but surveyor could tell that it was falsified.
- Christmas lights were hanging from walls and ceiling.

Emergency Generators

Nursing homes are required to have emergency generators which require frequent inspection and testing to ensure the device is functioning appropriately. Non-compliance includes:

- Weekly inspections weren't completed.
- Monthly load tests weren't completed.
- The generator was not working.
- Batteries were overdue for replacement.
- Deficiencies identified during an inspection and testing weren't corrected.
- Documentation for monthly load tests:
 - Actual start/stop times.
 - Transfer switch operation.
 - Voltage/amp at each leg.

PCREE

Patient care-related electrical equipment (PCREE) must be tested to ensure that the equipment is functioning appropriately. Non-compliance includes:

- PCREE testing wasn't completed in the last 12 months.

Smoking

If a nursing home allows residents and/or staff to smoke, they must comply with requirements such as designated smoking areas and ensuring the appropriate containers are available to discard smoking materials. Non-compliance includes:

- No deficiencies cited related to smoking this month.

Oxygen

Oxygen needs to be used and stored in a safe and secure manner and staff need to be trained in safe use when applying or using oxygen equipment. Non-compliance includes:

- Oxygen concentrators were left on and unattended.
- Oxygen cylinders were unsecured.
- Combustible items were stored within five feet of oxygen cylinders.

Miscellaneous

The following deficiencies were cited and did not correlate with other grouped deficiencies:

- The elevator inspection wasn't completed.
- An ABHR dispenser was installed directly above the light switch.

Emergency Preparedness E-Tags

Develop and Review/Update

The nursing home must develop the emergency preparedness plan and then review/update at least annually. Examples of non-compliance include:

- The EPP didn't include contact information for staff.
- There wasn't a hazard vulnerability analysis included.



Policies and Procedures

The emergency preparedness plan must include the following information:

- There wasn't a policy on maintaining temperatures between 71-81 degrees.
- The EPP lacked a policy on credentialing volunteers.
- There wasn't an agreement for fuel deliver to maintain emergency operations of the generator.

Training & Testing

The nursing home must train staff on the emergency preparedness plan and procedures as well as provide a method for residents and their responsible parties to be aware of the plan and procedures. Additionally, the nursing home is expected to test the emergency preparedness plan by completing at least one full-scale community-based drill and an additional exercise such as a tabletop drill annually. Non-compliance includes:

- No additional exercise wasn't completed.
- A full-scale drill wasn't completed.
- Documentation of efforts to participate in a community based exercise weren't maintained.

Just a reminder that LeadingAge Iowa facilitates a like-facility memorandum of understanding for emergency evacuation locations for both nursing homes and assisted living. If you are interested in participating or have questions, please let me know!

Check out our [LSC Resource Page](#) on our LAI website!