

LTC Life Safety Code Trend Report

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Survey Statistics

Number of recertification surveys reviewed: 36

Number of revisit surveys not passed: 0

Number of deficiency free recertifications: 1

Average number of deficiencies: 4.9

Number of recertifications with deficiencies: 35 or 97%

Number of complaint deficiencies: 2 - each resulted in 1 deficiency.

A couple important life safety code reminders:

- Ensure that your emergency exit pathways are clear of snow and ice.
- It appears that they are now citing electric candle warmers as a possible fire hazard - so you may want to audit resident rooms (and possibly offices) to ensure they don't have these.
- If you complete silent drills during the overnight shift, ensure that you test your fire alarm the following day and that it is documented on your fire drill form.

Top LSC Deficiencies for December 2025

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K345 – FIRE ALARM SYSTEM – TESTING AND MAINTENANCE

K918 – ESSENTIAL ELECTRICAL SYSTEMS

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:

- Fire doors did not release when the fire alarm was activated.
- Self-closing doors did not fully close and latch.
- Testing and inspection of smoke and/or fire doors:
 - Did not include all required 11 elements.
 - Doors were missing from the testing and inspection report.
 - The doors did not have a fire-rated label.
 - Inspection and testing was not completed in the last 12 months.

Resident Room Doors:

- There were gaps between the door and the frame.
- Doors were held open and were not interconnected to the fire alarm.
- Penetrations in doors.
- Items hung on the doors that would prohibit them from fully closing.
- The door did not fully close when tested.

Delayed Egress:

- A delayed egress door didn't release upon activation of the fire alarm.
- The door did not function with depression of the panic bar.

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:

- Various items were stored in the path of egress.
- There were several types of locks on doors that would limit a person's ability to egress in an emergency such as:
 - Hook and eye latch
 - Padlock
 - Two-motion twist type lock
- Ice and snow covered the emergency exit pathway.
- Emergency exit doors required more than 15 pounds of pressure to open.

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:

- Common areas had lights that were able to be controlled with a switch and would not allow for continuous illumination during power loss.
- Did not complete 90-minute testing in the last 12 months.
- Did not complete monthly functional testing.
- An emergency light was missing a battery.

Exit Signage:

- The exit sign was not illuminated.
- Did not complete monthly functional testing.
- The exit sign did not illuminate when on auxiliary power.

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 storage room or hazardous room doors did not have a self-closure device. Storage rooms are defined as rooms that are 50 ft² or greater and are used to store combustible materials.
- There was a penetration in the wall of a hazardous room.

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.

Portable Extinguishers:

- The extinguisher was blocked.
- Monthly inspections were not completed.
- The fire extinguisher was not mounted on the wall as required.

Kitchen Hood Suppression System:

- The system was painted and could not identify that it was fireproof paint.
- There were gaps in the seams which increased the risk of fire.
- Deficiencies identified during inspection were not corrected.
- Inspections were not completed semi-annually.
- There was excessive grease buildup on the system.
- Burners on the stove would not automatically light, which could allow for leakage of gas.

Sprinkler Systems:

- Sprinkler heads had excessive dust, dirt, lint, or grime.
- Heads were misaligned which would not allow for equal distribution of water from the head.
- The hydraulic name plate was missing from the sprinkler riser.
- An escutcheon ring was not in place.
- The pressure gauge was not replaced in a timely manner.
- Inspections were not completed at least quarterly.
- Inspections were completed by staff and not a certified technician.
- There was a penetration around the sprinkler head.
- The 5-year internal obstruction inspection was not completed.
- Did not have six spare sprinkler heads in the red box for all sprinkler head types used.
- Deficiencies identified on the inspections were not corrected.

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:

- Smoke alarms were not installed correctly or hanging by wires.
- The inspection and testing reports did not individually list all devices interconnected to the alarm system.
- The alarm system was in trouble mode at the time of the survey.
- Smoke detector sensitivity testing was not completed in the last 2 years.
- Deficiencies identified during inspections were not corrected.
- The fire alarm inspections were not completed at least semi-annually.
- Strobes visual in the same area were not synchronized.
- Fire/smoke damper testing was not completed in the last 4 years.
- The fire alarm breaker was not mechanically protected.

Fire alarm system outage policy:

- Lacked several required elements.

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:

- Missing drills.
- Drills were conducted at approximately the same time.
- A silent drill was conducted outside of allowable time frame.
- The monitoring company was not contacted to ensure they received the signal of the fire alarm.
- All required elements were not included in the documentation.
- When a silent drill was conducted, the alarm was not tested the following day.

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:

- Penetrations in 2-hour fire walls.
- Hole in the ceiling.
- Missing access panel in the wall.
- Penetrations in the smoke barrier.
- The smoke barrier was missing gypsum board.
- Missing ceiling tiles.

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:

- Exposed wiring.
- Damaged faceplates.
- Gas leaking as the pilot light was not lit.
- Missing faceplates.
- Electrical receptacle testing:
 - Testing was not completed in the last 12 months on non-hospital grade outlets.
 - When outlets failed testing they were not replaced.
 - Hospital grade outlets were not tested upon installation.
- Extension cords and surge protectors were used in resident rooms and with unapproved items.

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:

- Missing weekly inspections.
- Missing monthly load testing.
- No natural gas reliability letter.
- No diesel fuel quality test in the last 12 months.
- Missing belts and hoses on weekly inspection documentation.
- Monthly load tests were not completed for the full 30 minutes.
- Missing annual EES main and feeder circuit breaker testing.
- A manual stop was not installed with a new generator.
- Monthly testing documentation did not include the actual length of time to transfer power.

PCREE

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

- Failure to complete PCREE testing initially and on-going.

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:

- Smoking materials were discarded with the garbage.
- Discarded smoking materials on the ground.

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:

- An oxygen concentrator was left on and unattended.
- Oxygen cylinders were not stored separately by empty and full.
- Oxygen cylinders were unsecured.
- Combustible storage was within 5 feet of oxygen cylinders.
- Did not have documentation of staff training.

Miscellaneous

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

- Candles were present with previously lit wicks.
- A candle warmer plate was present which could get hot enough to cause a fire.
- Portable space heaters were filled with oil and in sleeping areas.
- A portable space heater was used in an unoccupied area.

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 was not reviewed/updated in the last 12 months.
- The hazard vulnerability analysis did not include cyber security.



Policies & Procedures

The nursing home must incorporate policies and procedures on various topics into their emergency preparedness plan. Examples of non-compliance include:

- All hazards identified in the hazard vulnerability analysis did not have an associated policy and procedure.
- The EPP did not have delegations of authority identified.
- The provider didn't have a policy on cyber attacks.

Emergency Agreements/Arrangements

The nursing home must establish agreements with other providers and vendors in the event of emergency. Non-compliance examples include:

- The provider didn't have a contract for diesel fuel delivery for the emergency generator.
- There wasn't an arrangement/agreement for food deliver or sample emergency menu plans.
- The provider didn't have agreements for the following provisions in the event of an emergency - food, water, medical supplies, medications, transportation, or evacuation providers reviewed or renewed in the last 12 months.

Communication Plans & Contact Information

The nursing home must include a current list of contacts and plans for alternate means of communication:

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- There wasn't current contact information for staff included in the EPP including physicians and volunteers.
- The EPP did not have an alternate communication plan identified.

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:

- The nursing home didn't have a policy on training staff or testing emergency procedures.
- There wasn't documentation that staff were trained on the EPP.
- Did not complete a full-scale drill and/or additional exercise in the last 12 months.
- Did not document attempts to participate in a community-based exercise.
- A full-scale drill was completed, but a post-exercise analysis was not included.

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!

