

LTC Life Safety Code Trend Report

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Survey Statistics

Number of recertification surveys reviewed: 28

Number of revisit surveys not passed: 0

Number of deficiency free recertifications: 1

Average number of deficiencies: 4.1

Number of recertifications with deficiencies: 27 or 97%

Number of complaint deficiencies: 0

A couple important life safety code reminders:

- Sprinkler inspections must be completed by a certified technician. This has been cited a few times in the recent months and wanted to make sure everyone is aware of this requirement.
- Your dry sprinkler system air compressor must be hard wired into your electrical system.
- Fire drill documentation must include evidence that you contacted the alarm monitoring company to ensure they received the fire alarm signal. While the deficiency varies in what is required to be included at a minimum I would include the company name, operator name, operator number (as this was identified multiple times), and the time they received the signal.
- Documentation for electrical receptacle testing must include each individual outlet's results. This includes if there are two outlets (identify top/bottom) or four outlets (identify top left/right and bottom left/right).

Top LSC Deficiencies for February 2026

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K712 – FIRE DRILLS

K914 – ELECTRICAL SYSTEMS – 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:

- Self-closing doors did not fully close and latch.
- Didn't conduct annual inspection/testing of fire rated doors.

Resident Room Doors:

- There were gaps between the door and the frame.
- Doors were held open with various devices such as wedges, kick down devices, etc.
- There were penetrations in the door.

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:

- Snow was not removed from the side walk outside of the emergency exit.

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:

- Monthly function testing wasn't completed.
- Annual 90-minute test wasn't completed.
- There weren't adequate emergency lights in various areas throughout the building.

Exit Signage:

- The exit sign didn't illuminate on backup power.
- There wasn't a battery present for an exit sign.
- The exit sign was missing one side of the housing.

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:

- Room walls had holes/penetrations.
- The self-closing device was removed from the door and there was a magnetic hold open device.

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:

- Monthly inspections were not completed.

Kitchen Hood Suppression System:

- Inspections weren't completed.
- The pain on the hood suppression system was peeling and bubbling.

Sprinkler Systems:

- The air compressor for the dry-sprinkler system was not hard wired to the electrical system.
- Mesh curtains had less than ½" gap which would obstruct the sprinkler coverage and may reduce the temperature reaching the device which would delay activation.
- Sprinkler heads had excessive dust/lint.
- Sprinkler heads needed replaced.
- Missing the hydraulic nameplate or placard.
- The spare sprinkler heads in the red box were outdated.
- Inspections were not completed by a certified technician.
- An escutcheon ring was missing.
- Missing a 3-year dry system testing and inspection.
- Missing quarterly inspections.
- Missing 5-year internal obstruction inspection.

Sprinkler System Outage Policy:

- The policy didn't include all required emergency impairments.
- The policy didn't address pre-planned impairments.
- The insurance company was not included in the policy.
- The policy was missing several required elements.

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:

- Strobe lights were not synchronized.
- Reports didn't individually list all items.
- Missing smoke/fire damper testing.
- Missing semi-annual inspections.
- Missing sensitivity testing in the last 2 years.

Fire Safety Plan:

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

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.
- The documentation didn't include that the monitoring company was contacted to ensure they received the fire alarm signal during the drill.
- Drills were conducted at approximately the same time.
- The incorrect year was documented.

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 the ceiling.
- Penetrations in the smoke barrier.
- Penetrations in the walls.

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:

- Extension cords were used.
- Electrical receptacle testing was not completed.
- The values for each outlet were not individually documented including the top and bottom outlets.
- Hospital grade outlets were not testing upon installation.
- Wires were exposed.
- Actual retention values were not documented.
- Use of power strips.

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:

- The annunciator panel was not functioning.
- Missing weekly inspections.
- Missing monthly tests.
- The load tests were not completed for a full 30 minutes.
- Inaccurate documentation such as the meter reading was less at the end of the test than the beginning, the transfer time was 309 seconds, load test documented at 376%.
- Missing annual main and feeder circuit breaker testing and inspection.
- Missing documentation on weekly inspections of the fuel, battery, oil, belts, and hoses.

PCREE

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

- There wasn't a policy on PCREE testing.
- PCREE testing was not completed in the last 12 months.
- Documentation didn't include the ground wire resistance, touch currents for both grounded and non-grounded equipment.
- Beds were not included in the test.

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 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:

- Oxygen concentrators were left on and unattended.
- Oxygen cylinders were unsecured.
- Empty and full oxygen cylinders were commingled when stored.
- Training on oxygen was not completed in the last 12 months.

Miscellaneous

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

- Duct tape was used on the dryer vent.
- Candles with wicks were present.
- Candles in the chapel had been previously lit and fluid used to fill them was stored in the chapel.

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.



Communication Plans & Contact Information

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

- A communication plan wasn't present in the EPP in the event of phone or internet failure.
- Contact information wasn't updated as the previous maintenance director's contact information was still in the plan.

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:

- Post-exercise analysis documentation wasn't completed.
- Efforts to participate in a community-based drill weren't documented.
- Failed to complete a full-scale and/or an additional exercise in the last 12 months.

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!

