

LTC Life Safety Code Trend Report

By: Kellie Van Ree, Vice President of Clinical Services & Education Strategy

Survey Statistics

Number of recertification surveys reviewed: 40

Number of revisit surveys not passed: 0

Number of deficiency free recertifications: 1

Average number of deficiencies: 5.7

Number of recertifications with deficiencies: 39 or 98%

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.
- Items should not be stored in a required path of egress (this includes excessive items in resident rooms).
- With each fire drill, the staff shall contact the monitoring company to ensure that they received the alarm signal. Documentation should include that this was completed along with identification information for the person that reported the signal was received (such as operator number).
- Each provider needs to complete an assessment regarding capability of accepting residents with life support services and have a policy or statement whether residents on life support services will be accepted.

Top LSC Deficiencies for January 2026

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K712 – FIRE DRILLS

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:

- There were gaps between the smoke doors.
- Self-closing doors did not fully close and latch.
- Testing and inspection of smoke and/or fire doors:
 - Missing annual testing and inspection of all fire/smoke doors.
 - Testing was not completed on the rolling fire door.
 - Doors did not pass testing and were not replaced.

Resident Room Doors:

- Doors with self-closing devices were missing the hinges.
- There were gaps between the door and the frame.
- Doors were held open and were not interconnected to the fire alarm.
- The door did not fully close when tested.

Delayed Egress:

- The delayed egress door did not open within 15 seconds.
- The door didn't immediately release upon activation of the fire alarm.
- Delayed egress doors did not have signage.

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:

- A gate had a two-motion latch and did not swing with the path of egress.
- Various items were stored in the path of egress.
- Two-motion twist type locks were present on doors.
- Ice and snow covered the emergency exit pathway.
- Emergency exit doors required more than 15 pounds of pressure to open.
- There were chains and padlocks on the front entrance door to prevent a resident from eloping when the alarm was not functioning.

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 rooms had lights that were able to be controlled with a switch and would not allow for continuous illumination during power loss.
- Only one bulb in the emergency light.
- The light did not illuminate when tested.
- Missing monthly testing.
- Missing 90-minute annual testing.
- There wasn't adequate emergency lights throughout the building.
- Testing did not include all emergency lights.

Exit Signage:

- Missing annual 90-minute testing.
- 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.
- Doors did not fully close and latch.
- The door was held open.

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 mounted too high from the floor.
- Monthly inspections were not completed.

Kitchen Hood Suppression System:

- Inspections were not completed as required.
- The hood suppression system was painted with unknown UL rating.
- The seams and joints were not smooth.
- Cleaning records were not maintained.

Sprinkler Systems:

- The dry sprinkler air compressor did not utilize an air maintenance device for the air receiver and lacked documentation that it was capable of maintaining the required air pressure.
- Fusible link and quick response sprinkler heads were installed in the same room.
- Inspections were not completed.
- Dry sprinkler heads were not replaced within 10 years.
- Fast response sprinkler heads were not replaced within 20 years.
- Standard sprinkler heads were not replaced within 50 years.
- Sprinkler heads were dirty.
- Storage within 18 inches of sprinkler heads.
- Escutcheon rings were missing around the sprinkler head.
- Inspections were not completed by certified technicians.
- Sprinkler heads had paint on them.
- Sprinkler heads had tape on the head.
- The sprinkler head was pulled into the ceiling which would obstruct the water flow.
- Deficiencies identified on inspections were not corrected.
- The fire department connection was obstructed by a shed which needed moved or signage directing the fire department where the connection was.
- Missing 5-year internal obstruction inspections.
- Sprinkler heads were corroded.
- Missing a 3-year dry system testing and inspection.

Sprinkler System Outage Policy:

- The policy lacked DIAL and the insurance company contact information.

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:

- The laundry room did not have a smoke detector present.
- The location of the fire alarm panel circuit breaker was not marked in the electrical panel.
- The fire alarm circuit breaker was not mechanically protected.
- The fire alarm system was in trouble mode.
- Missing fire alarm system inspections.
- Deficiencies identified during inspections were not corrected.
- The fire system dampers were not tested and inspected in the last 4 years.
- Heat detectors were more than 15-years old and had not been replaced.
- Detectors were missing protective covers.
- Strobes were not synchronized in the same visual field.
- Electrical wiring was visible.

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- Strobes failed testing.
- Sensitivity testing was not completed in the last 2 years.
- Inspections did not include all items individually listed on the report.
- Items were stored in front of pull stations.
- Doors were removed from various rooms and did not have smoke detection installed when they were open to the corridor.
- HVAC unit had supply and return ducts without dampers installed.

Fire alarm system outage policy:

- The policy lacked contact information for DIAL and the insurance company.

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:

- The alarm was not tested after a silent drill was conducted.
- Missing drills.
- The monitoring company was not contacted to ensure they received the signal.
- Missing start and stop times.
- The documentation was not consistent including the time the monitoring company received the signal was before the drill started.
- Silent drills were conducted outside of acceptable time frames.
- The documentation did not include all required elements.
- Staff signatures were not present.
- Drills were conducted at approximately the same time.

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.
- Penetrations in the smoke barrier.
- 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:

- Missing and/or broken faceplate.
- Various items stored in front of the electrical panel.
- “Spare” circuits were toggled in the on position.
- Exposed wiring from a light fixture.
- There was a void in the electrical panel.
- Electrical receptacle testing:
 - Testing was not completed in the last 12 months on non-hospital grade outlets.
 - The testing documentation didn’t include retention value.
- Extension cords, surge protectors, and multiplug adaptors 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:

- Weekly inspection documentation was missing all required elements.
- Monthly load testing was not completed.
- Annual testing and inspection of main and feeder circuit breakers.
- Weekly inspections were missing.
- Did not complete annual fuel quality testing.
- Did not have a natural gas reliability letter.
- The testing was not completed for a full 30 minutes.

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.
- Not all elements were included in the documentation.
- All resident equipment was not tested.

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:

- The main entrances lacked no smoking signage as required.
- 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:

- An oxygen concentrator was left on and unattended.
- Oxygen cylinders were unsecured.
- Combustible storage was within 5 feet of oxygen cylinders.

Miscellaneous

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

- An ABHR dispenser was installed directly above an outlet.
- A wax warmer was noted during observations.
- Candles with wicks were present.
- Space heaters were used in prohibited areas (resident rooms and sleeping areas).
- There wasn't a policy indicated that residents using life support services will be prohibited from admission.

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 EPP did not include the accurate address for DIAL.
- A hazard vulnerability analysis (HVA) was not completed to determine necessary resources.
- The HVA didn't include emerging infectious diseases.



Policies & Procedures

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

- A sprinkler system impairment coordinator was not identified in the policies.
- There wasn't a policy on collaborating with local, state, regional and territory emergency medical authorities.
- There wasn't a policy on cyber-attacks.
- The policies were not updated/reviewed in the last 12 months.
- There wasn't a written plan on how patient care will be coordinated with emergency management.
- There wasn't a policy on general awareness of 1135 waivers.

Communication Plans & Contact Information

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

- Contact information was not updated to include the new administrator.
- Contact information was missing from the EPP.
- Contact information was not updated or reviewed in the last 12 months.
- The contact information did not include the long-term care ombudsman.
- There wasn't an alternate communication plan included in the EPP.

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:

- Did not include full scale and additional exercises in the last 12 months.
- An additional exercise was not completed.
- A full scale exercise was not completed.
- The EPP didn't include documented efforts to contact local agencies to coordinate exercises.

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!

