

LTC Life Safety Code Trend Report

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Survey Statistics

Number of recertification surveys reviewed: 39

Number of revisit surveys not passed: 1

Number of recertifications with deficiencies: 38 or 97%

Number of deficiency free recertifications: 1

Average number of deficiencies: 3.5

Number of complaint deficiencies: 1 - with 1 deficiency.

In a survey report during the month of July, a provider was cited for conducting their fire drills during approximately the same time. In the evidence of the deficiency, it stated that fire drills must be at least 90-minutes apart from other drills conducted on the same shift. However, upon clarifying this, the expectation is that the fire drills will be at least two hours apart from other drills. When discussing this requirement with members, I encourage you to plan your drills on either odd or even hours to ensure that they are always at least two-hours apart.

Registration is now open for [No K-Tags: Life Safety Code Confidence for LTC and Assisted Living Facilities Leaders](#) on October 23 from 10 a.m. - 1:45 p.m. at the Aurora Training Center in Urbandale. This seminar promises to deliver practical strategies and tips for meeting NFPA Life Safety Code Requirements.

Top LSC Deficiencies for July 2025

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K712 – FIRE DRILLS

K918 – ESSENTIAL ELECTRICAL SYSTEMS

K222 – EGRESS DOORS

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.

- Doors had two-motion twist type locks present.
- Emergency exit doors required excessive force to open.
- There were gaps between the door and the frame which would allow the passage of smoke.
- The door did not fully close and positively latch.
- Doors were held open with a wedge.

Smoke/Fire Doors:

- Annual testing was not completed on fire rated doors.
- The smoke doors did not automatically close when testing the fire alarm.
- Not all fire doors were included in the annual testing and inspection.
- Smoke/fire doors did not fully close and positively latch.

Delayed Egress:

- A delayed egress door would not engage when panic bar depressed.
- A keypad code was required to exit from a marked delayed egress door.
- The delayed egress door would not open when testing the fire alarm.
- Signage was not present on the delayed egress door.

Emergency Exit Pathways

This deficiency occurs when the emergency exit pathway may be hazardous to residents, visitors and staff. Additional items that may be included in this category could be when items are stored in the exit pathways that would limit the width. Examples of non-compliance included:

- A locked courtyard did not have a documented clinical needs assessment.
- An exit corridor was obstructed by storage of wheelchairs and furniture.

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:

- The light did not illuminate when tested.
- Lights in the medication room were controlled by a switch and there was not additional emergency lights present.
- Missing annual 90-minute testing.

Exit Signage:

- The exit sign was obstructed from view.

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.
- Penetrations were present in the wall and/or ceiling of a hazardous room that would allow for the passage of smoke/fire.
- The door to a hazardous room did not fully close and positively latch.

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:

- The stove did not ignite when tested which could allow for gas to leak unknowingly.
- Deficiencies identified in the inspection were not corrected.
- The hood system was painted which voided the UL rating.

Portable Fire Extinguishers:

- Monthly visual inspections were not completed.

Sprinkler Systems:

- Escutcheon rings were missing from the sprinkler head which creates a gap that can promote the spread of the fire.
- Sprinkler heads were noted with excessive dust, dirt, lint, cobwebs, and/or grease.
- The three-year dry sprinkler system inspection was not completed.
- Items were zip-tied to the sprinkler pipes.
- Deficiencies identified during inspections were not repaired.
- Quarterly sprinkler system inspections were not completed timely.

- Sprinkler heads were not replaced in a timely manner.
- Sprinkler heads were corroded.
- There was paint on the sprinkler heads.
- Fire pump testing was not completed.
- The air compressor was not hard-wired into the electrical system.
- Sprinkler heads were recessed in the ceiling which would obstruct the spray of the sprinkler.

The *Sprinkler System Outage Policy* is a required policy that includes specific elements. Non-compliance included:

- Several required elements were not included in the policy.

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 circuit breaker for the fire alarm system was not mechanically protected, which could result in someone inadvertently turning the system off.
- The circuit breaker for the fire alarm system was not labeled.
- The monitoring company received the incorrect codes when the system was tested which could disrupt a quick response by the fire department if they are unaware of where the fire is located.
- Semi-annual fire alarm system inspections were not completed timely.
- The fire alarm panel was in trouble mode at the time of the survey.
- A smoke detector was hanging by the wires.

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.
- There were missing drills.
- Documentation of the drill did not include:
 - That the monitoring company received the signal from the alarm.
 - The time that the system was reset following the drill.
 - The monitoring company operator's name.
 - The start and end time of the drill.
- The fire alarm was not tested following a silent drill.

Fire Safety Plan

The fire safety plan must be established and provide directions to the staff of action to take in the event of a fire such as evacuation plans based on where the fire is located, methods available to extinguish the fire, and who is responsible to contact 911. Non-compliance includes:

- The plan did not include all types of extinguishment available in the building including portable extinguishers and the hood suppression system.

Smoking

If the nursing home allows residents and/or staff to smoke on the premises they must have an approved receptacle for discarding smoking materials. Additionally, smoking materials must not be discarded on the ground and trash must not be placed in the designated smoking receptacle. All buildings must display the appropriate non-smoking signs in accordance with the Iowa Smoke Free Air Act.

- There was not a self-closing metal container to discard smoking materials in.

Walls, Ceiling, and Smoke Barriers

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

- Penetrations in the walls.
- Penetrations in the ceilings.

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 were stored in front of electrical panels.
- There were exposed wires observed during the survey.
- Electrical receptacle testing was not completed.
- Documentation was not completed when the hospital grade outlets were installed and that testing was completed.
- Multi-plug adaptors were used to power electrical devices.
- Non-approved surge protectors were used to power electrical devices.

HVAC

Heating & cooling systems present risk of fire to nursing homes and must be maintained safely. Non-compliance includes:

- Duct tape was used on the dryer ventilation system instead of vent tape.

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 tests.
- Did not complete the annual EES main and feeder circuit breaker testing and inspection.
- Documentation did not include use of the transfer switch, start and stop times.
- Did not complete the 1.5 hour annual load test for the diesel generator.

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.
- The PCREE testing did not include resistance and touch currents.

Oxygen

Oxygen concentrators and cylinders present a risk for hazards and fire. Concentrators and cylinders must be stored appropriately and used by properly trained staff. Examples of non-compliance include:

- An empty oxygen cylinder was commingled with a full cylinder.

Emergency Preparedness E-Tags

Development and Review

The nursing home must develop the emergency preparedness plan and review it annually. The EPP must also include an all-hazards risk assessment that drives the policies and procedures in the EPP as well as training and testing programs. Examples of non-compliance include:

- The EPP was not reviewed in the last 12 months.
- An all-hazards risk assessment was not included in the EPP.



Communication Plans and Procedures

The nursing home must incorporate contact information for key contacts and officials as well as for staff in the event that the information is needed during an emergency. Additionally, the nursing home must establish a communication plan along with an alternate communication plan if loss of phone or internet service occurs during an emergency. Examples of non-compliance include:

- The communication plan was not reviewed or updated within the last 12 months.

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 did not perform full-scale, community-based exercises and additional exercises (such as tabletop drills) in the last 12 months.
- Efforts to collaborate with local, regional and/or state emergency management personnel on a full-scale, community-based drill were not documented.

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!