

# LTC Life Safety Code Trend Report

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## Survey Statistics

Number of recertification surveys reviewed: 35

Number of revisit surveys not passed: 2 - with average of 2 deficiencies

Number of deficiency free recertifications: 2

Average number of deficiencies: 3.5

Number of recertifications with deficiencies: 33 or 95%

Number of complaint deficiencies: 1 without deficiencies cited

A couple important life safety code reminders:

- If you're repairing ventilation ducts from the dryer you must use vent tape. Duct tape cannot be used.
- Periodically review your life safety code policies (including fire/sprinkler system out of service and emergency preparedness) to ensure that contact information doesn't include individuals who are no longer employed with you.
- The only types of locks that can be used on internal doors are those that just require one-motion. If they have a twist type lock, hook and eye lock, deadbolt, etc. they are not acceptable as they may delay the person's ability to egress in an emergency.
- Any type of kickdown device installed on the door is not acceptable and should be removed. If you remove, ensure that you're properly repairing the door to ensure that it doesn't have holes/penetrations.

## Top LSC Deficiencies for March 2026

K918 – ELECTRICAL SYSTEM – ESSENTIAL ELECTRICAL SYSTEMS

K345 – FIRE ALARM SYSTEM – MAINTENANCE & TESTING

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K712 – FIRE DRILLS

## 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.
- Self-closing doors didn't fully close.

### *Resident Room Doors:*

- The doors didn't fully close and positively latch.
- Doors were held open by various devices.
- Doors had a kick-down device installed.

## 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 sidewalk outside of the emergency exit.
- Emergency exit doors didn't open after 15 minutes as indicated on the signage.
- Emergency egress doors lacked proper signage.
- Hook and eye locks were placed on bathroom doors which would delay someone's ability to egress in an emergency.
- An emergency exit door wouldn't open without excessive force.
- Beds were stored in the hallway which protruded approximately three feet into the exit path.

## 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:*

- Emergency lights didn't illuminate when tested.
- The documentation for testing of emergency lights didn't include all of the lights.
- Annual testing wasn't completed in the last 12 months.

### *Exit Signage:*

- The exit sign only had one side that was functioning.

### 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.
- There was a penetration in a hazardous room door.
- The door to a hazardous area was being held open by various devices.
- 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:*

- Inspection reports had several deficiencies identified that weren't corrected.
- There was excessive grease buildup on the system.
- Inspections weren't completed.

#### *Sprinkler Systems:*

- Testing and inspection wasn't completed by a certified technician.
- Sprinkler heads exceeded their replacement dates.
- Missing three-year dry-sprinkler system inspection.
- Sprinkler heads were excessively dusty and dirty.
- Quarterly inspections weren't completed.
- Storage of items within 18 inches of sprinkler heads.
- Privacy curtains had ¼ inch mesh instead of ½ inch which would impair the sprinkler head coverage during a fire.

#### *Sprinkler System Outage Policy:*

- Several required elements were missing from the policy.
- The policy included an impairment coordinator that was no longer employed.

### 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 fire alarm circuit breaker was not mechanically protected.
- Missing semi-annual inspections.
- Missing sensitivity testing in the last 2 years.

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- The inspection report didn't include all devices interconnected to the alarm.
- The smoke detectors failed sensitivity testing and weren't replaced.
- Smoke/Fire dampers failed testing and inspection and weren't replaced.
- Deficiencies identified on semi-annual inspections were not corrected.
- Missing fire/smoke damper testing and inspection in the last four years.
- A smoke detector was hanging by the wires.
- Strobe lights were not synchronized.

### *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:

- Drills were conducted at approximately the same time.
- The documentation didn't identify that the monitoring company received the signal.
- Drills were not completed.
- The documentation failed to include that the alarm was tested the day following a silent drill.

### *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 between the hospital and the nursing home.
- There was a penetration in the ceiling.
- There was a penetration in the walls.
- The smoke barrier had a penetration around cables.

### *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:

- There was a gap between the faceplate and wall.
- Items stored within three feet of electrical panels.
- Receptacles that failed testing were not replaced with hospital grade receptacles.

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- Electrical receptacle testing wasn't completed in the last 12 months for non-hospital grade outlets or upon installation for hospital grade.
- Extension cords and multi-plug adaptors were used to plug in various 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 inspections weren't completed.
- Monthly load tests weren't completed.
- Annual main and feeder circuit breaker testing and inspection wasn't completed.
- Annual diesel fuel quality testing wasn't completed.
- Documentation for weekly inspections didn't include:
  - Oil levels
  - Fuel levels.
- Documentation for monthly load tests:
  - It was completed for less than 30 minutes.
  - Documentation didn't include the start/stop times, when the transfer switch was used, and amperages 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:

- The smoking area didn't have a metal container with a self-closing lid for discarding used smoking materials.
- Trash was intermingled with discarded smoking materials.

### 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.
- Combustible items were stored within five feet of oxygen cylinders.

### Miscellaneous

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

- Duct tape was used on the dryer vent.
- The nursing home failed to have documentation of CMS approving their FSES survey until 8 months after completion.

### 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:

- The emergency preparedness plan had contact information for individuals no longer employed.

#### 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:

- Full-scale exercise wasn't completed in the last 12 months.
- The plan lacked documentation of efforts to collaborate with community settings on emergency preparedness.
- No additional exercise was completed in the last 12 months.
- A post-exercise analysis wasn't completed following the exercises and drills.

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!