

LTC Life Safety Code Trend Report

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Survey Statistics

Number of recertification surveys reviewed: 24

Number of revisit surveys not passed: 2

Number of deficiency free recertifications: 0

Average number of deficiencies: 4

Number of recertifications with deficiencies: 100%

Number of complaint deficiencies: 1 with 5 deficiencies cited

A couple important life safety code reminders:

- Review your inspection reports each time they're completed. If a concern with the inspection isn't corrected, this will be cited as a deficiency under the applicable inspection regulation.
- Check your emergency exit pathways to ensure the surface is smooth and able to be used adequately, including by those in wheelchairs.

Top LSC Deficiencies for May 2026

K712 – FIRE DRILLS

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K761 – INSPECTION, MAINTENANCE & TESTING – 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.

Smoke/Fire Doors:

- The fire and/or smoke-rated doors didn't have annual testing and inspection completed in the last 12 months.
- Labels were missing or painted over.
- The door wouldn't open without excessive force.
- Smoke doors didn't fully close when tested.

Delayed Egress:

- There was a curtain blocking the signage for the delayed egress door.
- The exit door needed excessive force to open.

Resident Room Doors:

- There was a gap between the door and the frame which would allow for the passage of smoke and/or fire.
- Penetrations around the doorknob.
- The door wouldn't fully close and positively latch.

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 table and chairs were present, blocking the emergency egress path.
- The exit door wouldn't open without use of excessive force.
- The sidewalk on emergency path was damaged.
- There was a 3-4 inch drop from outside to the landing which would create a hazard during an emergency.

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:

- Missing monthly functional testing.
- Missing annual 90-minute testing.
- A light didn't illuminate when tested.
- Lights in the mechanical room were controlled by a switch and there weren't additional emergency lights present.

Exit Signage:

- No deficiencies cited.

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:

- Penetrations in the wall and/or ceiling which would allow for passage of smoke and/or fire.
- The door to the hazardous area wouldn't 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:

- Deficiencies weren't corrected that were identified during the inspection.
- The hood was painted with unknown paint and unsure of the fire rating on the cover.
- The stove top wasn't all covered by nozzles.

Sprinkler Systems:

- Missing 5-year internal obstruction inspection and testing.
- Identified deficiencies weren't corrected.
- Corroded sprinkler heads.
- No hydraulic name plate on the sprinkler riser.
- Fire pump inspection didn't include the actual time of completion.
- Dirty sprinkler heads
- Penetration around the sprinkler head which would allow for the passage of smoke and body.
- Items were stored within 18 inches of sprinkler heads.
- Missing escutcheon rings.

Sprinkler System Outage Policy:

- The policy included the non-emergency number to contact the fire department.
- Several elements were missing from 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:

- Smoke detector detached from the ceiling.
- The fire alarm was in trouble mode upon inspection.
- All devices weren't individually listed on the report.
- Missing smoke detector sensitivity testing in the last 2 years.

Fire System Outage Policy:

- The policy and procedure had the non-emergency number listed for the fire department.

Fire Safety Plan:

- No deficiencies cited.

Extinguishers:

- Monthly inspection of the extinguishers was not completed.
- The extinguisher was covered and not easily accessible.

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.
- The fire alarm wasn't tested 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 ceiling.
- A penetration in the smoke barrier was noted.

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:

- The roof was leaking and dripping into where an electrical junction was.
- Missing cover plates.
- An outlet was not secured to the wall.
- Missing electrical receptacle testing.
- The electrical receptacle testing only included pass/fail and didn't include the other required elements.
- Extension cords and unapproved power strips were used.

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 annual fuel quality tests.
- Missing weekly inspections.
- Missing monthly load tests.

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:

- Trash and discarded smoking materials were commingled.

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.
- Full and empty oxygen cylinders were commingled.

Miscellaneous

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

- An ABHR dispenser was installed directly above an electrical outlet.
- The boiler failed inspection and wasn't repaired or replaced.
- Candles with wicks were present in the building.
- The amount of wall decorations exceeded 30% in a resident room.

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 wasn't reviewed/updated in the last 12 months.
- The contact information for staff wasn't updated or reviewed in the last 12 months.



Policies and Procedures

The emergency preparedness plan must include the following information:

- There wasn't a policy on hot to ensure cool temperatures for residents during the hot months as several units were not functioning properly and there wasn't an HVAC system throughout the building.

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:

- No additional exercise wasn't completed.
- A full-scale drill wasn't completed.
- The after-action reports were not present for conducted drills.
- A propane service agreement wasn't maintained for emergencies.

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!