

LTC Life Safety Code Trend Report

By: Kellie Van Ree, LeadingAge Iowa's Director of Clinical Services

Survey Statistics

Number of recertification surveys reviewed: 39

Number of revisit surveys not passed: 0

Number of recertifications with deficiencies: 39 or 100%

Number of deficiency free recertifications: 0

Average number of deficiencies: 4.1

I altered the format of this month's report. While it includes the same information, I tried to remove the K-tag number and changed it to a category with examples of non-compliance. I felt this would be more helpful as many of the same concerns are cited under multiple tags depending on the surveyor citing the deficiency. Please let me know if you like the format of the report or would prefer to have it the previous way.

Key Take Aways from the LSC Breakout Session

If you were unable to join us at the 2025 Spring Conference & Solutions Expo, I wanted to provide a few key take-aways from the Life Safety Code breakout session.

- If your dry sprinkler system is due for a 3-year inspection during the winter, please request a waiver to perform the inspection when the weather warms up.
- For assisted living fire drills - particularly those that must occur during sleeping hours, incorporate creative ideas to encourage participation such as offering rolls and coffee after the 5 a.m. drill. Also, note that if you have an attached nursing home or other level of care which is separated by a two-hour fire wall, you are able to evacuate tenants to that area instead of requiring them to go outside.
- While not required, surveyors are encouraging AL providers to install hospital-grade outlets or complete receptacle testing as outlined in the nursing home requirements.
- For PCREE testing - if an outside agency completes testing (such as on oxygen concentrators obtained through an agreement). The nursing home must maintain documentation of the testing on that equipment.
- If providers request a waiver to return to substantial compliance following a survey due to a contractor being unable to complete necessary repairs timely or a part is not able to be delivered timely, add extra time to the waiver to prevent any need for requesting extensions. For example, if a part is expected to be delivered a week after the substantial compliance date add a week or two extra to ensure that the item is delivered and repairs completed prior to the revisit. As an FYI the state can approve waivers up to a 6-month period before it must go to the federal office for approval.

Top LSC Deficiencies for April 2025

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K918 – ESSENTIAL ELECTRICAL SYSTEMS

K920 – ELECTRICAL EQUIPMENT – POWER CORDS & EXTENSION CORDS

K345 – FIRE ALARM SYSTEM – TESTING & MAINTENANCE

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 that would potentially delay a person's ability to egress in an emergency.
- Doors did not fully close and positively latch when tested.
- Penetrations were present in the door.
- Doors were being held open with a wedge (or another device used to the hold open the door that is not connected to the fire alarm system).

Smoke/Fire Doors:

- Smoke doors did not properly close when the fire alarm system was tested.
- Smoke and fire doors did not have a coordinator installed which would ensure the correct door closed first to ensure the doors would positively latch.
- Annual testing and inspection of fire rated doors was not completed.
- Annual testing and inspection documentation did not include horizontal or rolling fire doors.
- The fire rated label was painted over.

Delayed Egress:

- The delayed egress doors did not contain the appropriate signage.

Aisle, Corridor, and Ramp Width

This deficiency occurs when there are items placed in emergency exit pathways that may limit the width of the exit. Examples of non-compliance included:

- Multiple items were stored in the hallway including lifts, computer carts, and chairs.

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 annual 90-minute testing was not completed.
- The lights did not illuminate when the surveyor tested them.
- Monthly functional testing was not completed.

Exit Signage:

- The exit sign did not illuminate when tested.
- Monthly functional testing of the emergency exit signage was not completed.

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 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 (or holes) were observed in the wall and/or ceilings. Note that this is also cited in various other locations throughout the building, but this deficiency is specific to hazardous areas.

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:

- Excessive grease build up was noted.
- The system was painted which voided the UL rating.
- The seams of the system were not welded as required.
- The system was not interconnected to the fire alarm system.
- Semi-annual inspections were not completed timely.
- The filters or baffles were installed horizontally instead of vertically which can impact the grease drainage.
- The inspection reports did not identify if there was excessive grease buildup noted or if the suppression system was cleaned appropriately.

Portable Extinguishers:

- The extinguishers were overdue for the six-year service.
- Monthly inspections were not completed timely.
- The fire extinguisher was not mounted as it was sitting on the floor.
- The portable popcorn machine did not have a fire extinguisher mounted on the cart.

Sprinkler Systems:

- Escutcheon rings were missing from the sprinkler head which creates a gap that can promote the spread of the fire.
- Sprinkler heads needed replaced.
- Sprinkler heads were noted with excessive dust, dirt, lint, cobwebs, and/or grease.
- Objects were stored within 18 inches of sprinkler heads.
- The air leakage test on a dry-sprinkler system was not completed within the last three years.
- The internal obstruction inspection was not completed within the last five years.
- Sprinkler heads were corroded.
- Quarterly sprinkler inspections were not completed timely.
- The sprinkler riser and control valves were obstructed by items being stored around them.
- The fire pump had a large water leak.

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

- The policy did not include leakage as a reason for possible impairment.
- Contact numbers for DIAL, Fire Department, and the Insurance Company were not present.
- The policy lacked that the impairment site would be tagged.
- The policy did not include that tools would be assembled at the impairment site.

Alcohol-Based Hand Rub

Hand sanitizer is very caustic and presents hazards being present in the building. When used, providers must ensure that specific safety measures are followed. Non-compliance with these measures included:

- The hand sanitizer dispensers were installed directly above electrical outlets.

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:

- A smoke detector was installed within three feet of an air diffuser.

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- The circuit breaker for the fire alarm system was not mechanically protected, which could result in someone inadvertently turning the system off.
- The fire alarm system was not automatically sending a signal that it was activated.
- Staff were not always on duty that knew how to reset the fire alarm system.
- Semi-annual fire alarm system inspections were not completed timely.
- A fire/smoke damper inspection was not completed within the last four years.
- Several areas of the fire alarm system failed testing during inspection and were not repaired prior to the survey or a waiver requested.
- Smoke detector sensitivity testing was not completed within the last two years.

Fire Alarm Outage Policy:

- The contact phone numbers in the policy were not up to date.

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 was lacking when the fire alarm was activated following a silent drill.

Fire Safety Plan

The fire safety plan must be established and provide direction 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:

- During an interview, staff were unaware of how to manually activate the hood suppression system using the attached pull station.
- The plan did not include all types of extinguishment available in the building including portable extinguishers and the hood suppression system.

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.
- Missing ceiling tiles.
- 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:

- Combustible materials stored within three feet of electrical panels.
- Use of multiplug adaptors.
- The light ballast was loose creating a gap.
- Electrical receptacle testing did not include actual retention values.
- Testing was not completed when hospital grade outlets were installed as required.
- Electrical receptacle testing was not completed.
- Use of extension cords.
- Use of non-approved power strips or devices plugged into approved power strips that are prohibited.

Smoking

Some long-term care providers still allow smoking in designated smoking areas for both residents and staff. Proper procedures must be maintained if smoking is allowed.

Examples of non-compliance include:

- Smoking materials discarded on the ground which presents a fire risk if nearby yard or tree debris were to ignite.
- A self-closing metal container was not present in the smoking areas to discard smoking materials.
- A non-smoking campus sign was not posted.
- The appropriate smoke-free signs were not placed on public entrances.

HVAC

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

- Use of duct tape to seal dryer exhaust and ventilation systems (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.
- Missing the annual diesel fuel quality test.
- Did not have a natural gas reliability letter.
- Documented tests were for future dates.

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- Did not complete the annual 1.5 hour load bank test.
- Did not complete the annual EES main and feeder circuit breaker testing and inspection.
- Documentation did not include monthly start and stop times and weekly oil level inspections.

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.

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 oxygen concentrator was left on and was unattended (not in use).
- Combustible materials were stored within five feet of oxygen cylinders.
- Oxygen cylinders were not separated by empty and full.

Misc

The following deficiencies are not commonly cited and don't correlate well with other broader topics:

- A resident had an abundance of personal belongings stored including paper and newspapers that present a high fire risk (hoarding type situations).

Emergency Preparedness E-Tags

Plan Development, Review, and Update

Once developed, the emergency preparedness plan must be reviewed and updated at least annually and as needed. Non-compliance examples include:

- The plan was not reviewed within the last 12 months.
- The plan was not updated when new key leadership staff were hired.

Plan Based on All Hazards Risk Assessment

The EPP must include an all-hazards risk or vulnerability assessment that includes both facility- and community-based hazards. The risk assessment shall also include all natural and man-made disasters and be updated/reviewed at least annually and as needed. Examples of non-compliance include:



- The risk assessment did not include emerging infectious diseases, cyber-attacks, missing residents.

Inclusion of Required Policies and Practices

The emergency preparedness plan must include specific required elements outlined in Appendix Z. Examples of required elements that were not included in plans are:

- A delegation of authority when the administrator or key decision maker is not present.
- A system to track on duty staff such as which staff members are caring for specific residents at evacuated locations.
- A policy on sheltering in place.
- Consideration for the resident population when determining evacuation location.
- Agreements or Memorandums of Understanding with like-facilities in the need to evacuate.
- A policy outlining the general awareness of the 1135 waiver process and how to apply.

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 contact information included in the EPP was not reviewed and updated within the last 12 months.
- The contact information for authorities having jurisdiction (such as DIAL) was not correct.
- There was no policy on an alternate communication 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:

- There was no method for sharing the emergency preparedness plan with residents' families.
- The nursing home did not document efforts to contact local authorities to participate in a community-based drill.
- The nursing home did not complete the required drills in the last 12 months.
- Documentation of an after-action summary for a drill did not include all required elements such as those participating in the drill.

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!

