

# LTC Life Safety Code Trend Report

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# **Survey Statistics**

Number of recertification surveys reviewed: 50

Number of revisit surveys not passed: 5 - resulted in denial of payment

Number of recertifications with deficiencies: 49 or 98%

Number of deficiency free recertifications: 1 (2%)

Average number of deficiencies: 5

#### **Life Safety Code Regulation Reminders:**

There were a few things I noted while reviewing August LSC reports that I wanted to pass along as reminders.

Under K324, if you have self-igniting burners in the kitchen ensure that dietary staff are trained to notify maintenance immediately if they are not functioning correctly. There have been an increased number of deficiencies over the last several months related to this as it can unknowingly leak natural gas into the building.

Under K345, you are required to complete monthly fire pump inspections. We have a template policy and form on this requirement for members to use.

Under K347 - if you install a new smoke detector in the building you must have sensitivity testing completed within a year of installation.

#### **Emergency Preparedness Regulation Reminder:**

E020 - ensure that your EPP has a layout of the building(s) including smoke compartments, required egress, and fire extinguisher locations.

The <u>2024 LTC Life Safety Code and Emergency Preparedness Regulatory Review</u> is now open for registration! Join LeadingAge Iowa on October 23 for an afternoon of learning in a virtual capacity!

Also, please remember the Memorandum of Understanding (MOU) agreement, established for LAI members to help coordinate with other 'like facilities' in the event of an emergency. MOUs are available for both nursing home (NH) and assisted living (AL) providers. To learn more or to sign up to participate in the MOU, contact Kellie Van Ree, LAI's Director of Clinical Services.

Check out our <u>LSC Resource Page</u> on our LAI website!

# Top LSC Deficiencies for August 2024

K353 - SPRINKLER SYSTEM - MAINTENANCE AND TESTING

K712 - FIRE DRILLS

K321 – HAZARDOUS AREAS - ENCLOSURES

K918 – ESSENTIAL ELECTRICAL SYSTEM

K711 – EVACUATION & RELOCATION PLAN

## K161 - Building Construction - Type and Height

- Cited 5 times for:
  - o 3 times for missing ceiling tiles.
  - 2 times for holes in the ceiling.
  - Hole in the wall.

# K211 - Means of Egress - General

Cited 1 time when the emergency exit discharge walking surface was not level.
There was an approximate 4-5 inch drop off from the sidewalk to the parking lot.

## K222 - Egress Doors

- Cited 5 times for:
  - Two-motion twist type locks that may delay egress in the event of an emergency.
  - Codes to locked doors were not readily accessible to alert and oriented visitors and residents.
  - o Failed to have appropriate signage on the delayed egress door.
  - A delayed egress door did not release after 15 seconds or when the fire alarm was tested.
  - The alarm did not sound when the panic bar was suppressed on a delayed egress door.
  - There was a padlock present on the outside of a door which would prevent someone from being able to exit the room.

# K232 - Aisle, Corridor, or Ramp Width

- Cited 2 times for:
  - Multiple items being stored in the hallway which would limit the exit path width.
  - A retractable computer arm was not functioning properly and protruded in the hall approximately 2 feet.

#### K281 - Illumination of Means of Egress

- Cited 3 times for:
  - The outdoor emergency lights only had single bulbs.
  - The nursing home was unable to verify that the lights were connected to the generator.
  - The generator was not functioning for a period of two months and there were no other forms of emergency illumination.
  - The light did not function when tested.

# K291 - Emergency Lighting

- Cited 10 times for:
  - 3 times for failure to complete annual emergency light testing.
  - 4 times when the medication room lights were controlled by a switch and there was no other emergency lights installed in the room.
  - The generator was not functioning for a period of two months and there were no other forms of emergency illumination.
  - Missing monthly functional testing.
  - Did not include the outdoor lights on the individually listed documentation for monthly inspection and annual testing.

# K293 - Exit Signage

Cited 1 time for an exit sign only intermittently lighting.

# K311 - Vertical Openings - Enclosure

 Cited 1 time when the HVAC had mixed internal and external air return and was not separated by a smoke barrier which could act as a plenum in a fire. This was previously under waiver.

#### K321 - Hazardous Areas - Enclosure

- Cited 17 times for:
  - 3 times for self-closing doors that did not fully close when tested.
  - 14 times for rooms that were being used as storage that did not have a self-closing device installed on the door.
  - Penetration in a door of a hazardous area.

# K324 - Cooking Facilities

- Cited 8 times for:
  - o A self-igniting burner on the stove that was not functioning.
  - 4 times for missing hood suppression system inspections.
  - The physical therapy room had a stove that was used and was not covered by a hood suppression system.
  - The kitchen hood suppression system was not covering all cooking equipment.
  - A deficiency was noted on the hood suppression system inspection that was not corrected.

# K341 - Fire Alarm System - Installation

• Cited 8 times for not having a mechanical protective device on the fire alarm system circuit breaker to avoid it being inadvertently switched off.

# K343 - Fire Alarm System - Notification

• Cited 1 time for the enclosed courtyard not having alarm notification devices.

#### K344 - Fire Alarm - Control Functions

Cited 3 times for smoke doors that did not activate with fire alarm testing.

#### K345 - Fire Alarm System - Testing and Maintenance

- Cited 8 times for:
  - o 2 times for the fire alarm panel indicating trouble at the time of the survey.
  - 2 times for the fire alarm inspection report not individually listing each device interconnected to the system.
  - 2 times for missing fire alarm system inspections.
  - Did not have a fire/smoke damper inspection in the last 4 years.
  - o The fire alarm control panel batteries were not replaced in the last 5 years.

#### K346 - Fire Alarm - Out of Service

- Cited 5 times for:
  - The policy did not indicate that fire watch rounds were continuous, and the person assigned would be dedicated to fire watch.
  - 2 times for failure to include contact information for DIAL and the fire department.
  - Did not have a policy.
  - The policy listed the previous administrator as a contact person.

#### K347 - Smoke Detection

- Cited 8 times for:
  - 5 times for failure to have smoke detector sensitivity testing in the last 2 vears.
  - A smoke detector was not present in an alcove area that was open to the corridor.
  - A new detector was installed and had not been inspected within a year of installation.

# K351 - Sprinkler System - Installation

 Cited 2 times for not having a sprinkler head installed in a communication room and a medication room.

#### K353 - Sprinkler System - Maintenance and Testing

- Cited 21 times for:
  - 4 times for missing escutcheon rings.
  - The hydraulic name plate was not on the sprinkler riser.
  - o 6 times for sprinkler heads with excessive dust, dirt, and/or lint buildup.
  - 3 times for not completing monthly fire pump inspections.
  - 4 times for corroded sprinkler heads.
  - The sprinkler riser room did not have a metal cabinet with spare sprinkler heads and wrenches.
  - 2 times when the inspection report identified deficiencies that were not corrected.
  - 2 times for items zip-tied to sprinkler pipes.
  - Items stored within 18 inches of sprinkler heads.
  - 2 times for paint on sprinkler heads.
  - The sprinkler head was not affixed to the ceiling.
  - o 2 times for failure to complete 5-year internal obstruction inspections.

#### K354 - Sprinkler System - Out of Service

- Cited 7 times for:
  - 2 times for the policy not listing all emergency impairments.
  - The policy did not indicate the fire watch would be continuous, and the person would be dedicated.
  - Did not identify an impairment coordinator.
  - Several elements were missing in the policy.
  - The policy did not include contact information for:
    - 2 times for DIAL
    - The fire department
    - The insurance company

#### K355 - Portable Fire Extinguishers

- Cited 5 times for:
  - 3 times for missing monthly inspections.
  - o A fire extinguisher was sitting on the floor unsecured.
  - Missing annual inspection and maintenance.
  - 2 times when the fire extinguisher cabinet was mounted more than 5 feet from the floor.

#### K363 - Corridors - Doors

- Cited 10 times for:
  - 5 times for gaps between the doors and the door frames.
  - 8 times when the doors did not fully close and positively latch.

# K372 - Subdivision of Building Spaces - Smoke Barriers

Cited 3 times for penetrations in the smoke barriers.

## K374 - Subdivision of Building Spaces - Smoke Barrier Doors

Cited 2 times when the smoke/fire doors did not fully close.

# K379 - Smoke Barrier Door Glazing

 Cited 1 time when a smoke barrier door had cardboard and duct tape covering the window area due to it recently being broken.

#### K511 - Utilities - Electric & Gas

- Cited 7 times for:
  - Electrical outlets were pulled away from the wall.
  - 3 times for open electrical junction boxes that exposed wires.
  - 2 times when outlets were GFCI protected and within 6 feet of a water source.
  - Items stored in front of the electrical panel.

# K522 - HVAC - Any Heating Device

• Cited 1 time for using duct tape on the dryer vent.

#### K711 - Evacuation and Relocation Plan

- Cited 13 times for:
  - 13 times for not including all fire extinguishers including the kitchen hood suppression system in the fire safety plan.
  - Failure to include preparing the floors for evacuation.
  - Failure to include evacuation plans by smoke zones.

#### K712 - Fire Drills

- Cited 20 times for:
  - 10 times for missing drills.
  - o 10 times for drills being conducted at approximately the same time.
  - 2 times when documentation did not include the time the system was taken offline and put back into service.
  - The documentation indicated the drill was a silent drill, but then stated that the alarm sounded, and staff announced code red.
  - Documentation lacked the date, time, who participated in the drill, and that the alarm monitoring company was contacted.

#### K753 - Combustible Decorations

Cited 2 times for candles with wicks that appeared burnt being in the building.

# K761 - Doors - Maintenance, Inspection and Testing

- Cited 9 times for:
  - o 6 times for missing annual inspection of fire/smoke doors.
  - The inspection documentation did not include all 11 elements required.
  - 2 times for failure to inspect rolling fire doors.
  - The doors did not release when the fire alarm was tested.

#### K911 - Electrical Systems - Other

Cited 1 time for an unsealed void in the electrical panel.

# K914 - Electrical Systems - Maintenance and Testing

- Cited 5 times for:
  - 2 times for not including the actual retention value.
  - o 2 times for missing electrical receptacle testing in the last 12 months.
  - A non-hospital grade outlet was replaced with another non-hospital grade outlet. When replacing non-hospital grade outlets it must be with a hospital grade.
  - A hospital grade outlet was not tested when installed.

#### K916 - Electrical Systems - Essential Electric System Annunciator

 Cited 1 time when the remote annunciator panel for the generator was not in a location that had staff always present.

## K918 - Essential Electrical Systems

- Cited 15 times for:
  - 8 times for failure to complete annual inspection and exercising of the main and feeder circuit breaker.
  - Failure to complete an annual load bank test.
  - 3 times for not completing annual diesel fuel quality tests.
  - Did not have a natural gas reliability letter.
  - o A remote manual stop was not installed.
  - Missing weekly inspections of the emergency generator.
  - Documentation did not include:
    - 2 times for amperage at each leg.
    - Meter start and stop readings.
    - Transfer switch was operated.
    - 2 times for date/time of testing.
    - The generator was tested at 30% of the nameplate rating.

## K920 - Electrical Equipment - Power Cords and Extension Cords

- Cited 8 times for:
  - Use of a surge protector.
  - o 4 times for use of a power strip.
  - 3 times for using extension cords.
  - o 3 times for using a multi-plug adaptor.
  - o An outlet had a missing cover.
  - There was not a cover for a blank circuit breaker.

# K921 - Electrical Equipment - Maintenance and Testing

- Cited 7 times for:
  - Not including all required elements in documentation.
  - 6 times for missing PCREE testing.

## K922 - Gas Equipment - Other

Cited 2 times for oxygen concentrators left on and unattended in resident rooms.

# K923 - Gas Equipment - Cylinder and Container Storage

- Cited 6 times for:
  - o 2 times when oxygen cylinders were not securely stored.
  - o 3 times for combustible storage items within 5-feet of oxygen cylinders.
  - o Empty and full cylinders were intermingled.

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#### K926 - Gas Equipment - Training

Cited 1 time for failure to complete training on oxygen use.

# Emergency Preparedness E-Tags

# E004 - Develop an EP Plan, Review and Update Annually

 Cited 3 times for not reviewing/updating the EPP in the last 12 months.



#### E006 - Plan Based on All Hazards Risk Assessment

Cited 1 time for not having cyber-attacks listed in the hazard risk assessment.

## E013 - Development of EP Policies and Procedures

Cited 1 time for failure to have a policy on cyber-attacks.

#### E015 - Subsistence Needs for Staff and Patients

 Cited 1 time for not having specific food menus or subsistence needs identified in the EPP.

## E020 - Policies for Evacuation and Primary/Alternate Communication

 Cited 1 time for not having a layout of the building including identified smoke compartments, emergency egress, and fire extinguisher locations.

#### E026 - Roles Under a Waiver Declared by the Secretary

 Cited 1 time for not having a policy and procedures regarding the 1135 waiver process.

#### E036 - EP Training & Testing

 Cited 1 time for failure to have documentation of training and testing in the last 12 months.

# E037 - EP Training Program

• Cited 1 time for failure to have documentation of training for new staff or a sample of information provided to new staff on hire.

# E039 - EP Testing Requirements

- Cited 6 times for:
  - 2 times for not completing a full-scale drill and an additional exercise in the last 12 months.
  - o 4 times for not completing an additional exercise in the last 12 months.

