

LTC Life Safety Code Trend Report

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Survey Statistics

Number of recertification surveys reviewed: 29

Number of revisit surveys not passed: 0

Number of recertifications with deficiencies: 100%

Number of deficiency free recertifications: 0

Average number of deficiencies: 4.1

Number of complaint deficiencies: 0

There has been an increase in deficiencies with residents and staff having candles with wicks present. You are not able to have these in the nursing home and if they are present during observations it will result in a deficiency, even without evidence of use. If you want to have a candle for the aroma, remove the wick before bringing it in.

Also, as a quick reminder, if you have turnover in key leadership positions related to life safety code (i.e. administrator or maintenance/safety personnel) review your policies for life safety code and emergency preparedness to update names and contact information.

Registration is ongoing 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 August 2025

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K712 – FIRE DRILLS

K920 – ELECTRICAL EQUIPMENT – POWER CORDS & EXTENSION CORDS

K918 – ESSENTIAL ELECTRICAL SYSTEMS

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.

Smoke/Fire Doors:

- Annual testing was not completed on fire rated doors.
- Not all fire doors were included in the annual testing and inspection.
- Smoke/fire doors did not fully close and positively latch.
- There was a broken hinge on a laundry chute door which prevented the door from fully closing.
- Doors were not individually listed on the testing document.
- A fire door between the kitchen and dining room was removed and not replaced.

Delayed Egress:

- A delayed egress door did not open within 15-seconds as required.
- The signage on a delayed egress door was too high on the door to be considered “readily visible”.

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:

- There were items stored in a stairwell, partially blocking an emergency exit.
- Hallways were blocked with wheelchairs and a scale.
- A waiver was not renewed regarding emergency discharge from the basement.

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.
- Missing monthly functional testing documentation.
- An emergency light was not present where required.
- An exterior emergency light only had one bulb.

Exit Signage:

- Monthly functional testing 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 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.

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 identified in the inspection were not corrected.
- The hood system was painted which voided the UL rating.
- Semi-annual inspections were not completed.
- There was not 18 inches of clearance for the hood suppression system.
- There was an excessive buildup of grease present.

Portable Fire Extinguishers:

- Monthly visual inspections were not completed.
- There was not a portable extinguisher on the popcorn machine cart or within the required distance.

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.

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- The three-year dry sprinkler system inspection was not completed.
- Deficiencies identified during inspections were not repaired.
- Quarterly sprinkler system inspections were not completed timely.
- The air compressor was not hard-wired into the electrical system.
- The five-year internal obstruction inspection was not completed.
- Items were stored within 18 inches of sprinkler heads.

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

- The policy had the previous administrator's name and contact information present.

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 alarm was silenced at the time of survey.
- Strobes were not synchronized when tested.
- All devices were not individually listed on the inspection documentation.

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:
 - The time that the system was reset following the drill.
 - The monitoring company operator's name.
 - The monitoring company was contacted following the drill.
 - Signatures of those participating in the drills.

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

- The policy had the previous administrator's name and contact information present.

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.

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 smoke barriers.

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.
- A receptacle was loose in the wall.
- Electrical receptacle testing was not completed.
- Multi-plug adaptors and extension cords were used to power electrical devices.
- Non-approved surge protectors were used to power electrical devices.
- An extension cord was wired to a fan cord and taped together.

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.
- Monthly functional testing was not completed for a full 30 minutes.
- The provider did not have a natural gas reliability letter available.
- Documentation did not include battery, belts, and hoses.
- When the generator malfunctioned and lead to the building being evacuated, the nursing home did not have documentation of repairs or testing before readmitting residents.

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 empty oxygen cylinder was commingled with a full cylinder.
- Oxygen concentrators were left on and unattended.
- Full oxygen cylinders were not separated from empty cylinders.
- Oxygen cylinders were not stored securely.

Miscellaneous

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

- The walls had carpet installed partially up the wall and there wasn't documentation available that the carpet was UL rated.
- Residents and staff had decorations which included candles with wicks present, some appeared to have been burnt previously, others had not.

Emergency Preparedness E-Tags

Policies & Procedures

The nursing home must incorporate policies and procedures on various topics into their emergency preparedness plan.

Examples of non-compliance include:

- A policy on sheltering in place was not available to review.
- A policy on general awareness of the 1135 waiver process was not present in the EPP.



Alternate Evacuation Locations

The nursing home must establish agreements with other providers in the event of evacuation. Non-compliance examples include:

- The nursing home did not have any arrangements with other providers to transfer residents during an emergency with the need to evacuate.

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 last drill did not have a post-exercise analysis completed.
- There was not a full-scale exercise or additional exercise completed within the last 12 months.

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!

