

# LTC Life Safety Code Trend Report

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## Survey Statistics

Number of recertification surveys reviewed: 22

Number of revisit surveys not passed: 0

Number of recertifications with deficiencies: 22 or 100%

Number of deficiency free recertifications: 0

Average number of deficiencies: 7.5 \*note several providers had a large number of deficiencies which increasing this number significantly.

## Life Safety Code Regulation Reminders:

A deficiency that is not frequently cited was included in the reports reviewed in December. This is K331 and was cited due to the presence of plastic mini blinds. As a reminder, any window coverings, privacy curtains, and large wall coverings (such as a quilt displayed on a wall) must be fire retardant and include identification of this. It may be a good time to ensure that all window and wall coverings have some type of fire retardant identification and inspect resident rooms for any large wall covering that may violate these requirements.

## Emergency Preparedness Regulation Reminder:

Delegations of authority must be included in your emergency preparedness plan such as via incident command or a policy and procedure. This includes designating an alternate individual to act as the executive director or administrator in the event of an emergency and that person is unable to make decisions. You should also consider delegating authority to other key personnel in the emergency preparedness plan such as a person to act as a clinical liaison if the director of nursing is unable to respond to the building or someone to act in the absence the culinary/nutrition director is absent to ensure that residents and staff continue to receive nourishment.

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!

## Top LSC Deficiencies for December 2024

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K363 – CORRIDORS - DOORS

K712 – FIRE DRILLS

K918 – ESSENTIAL ELECTRICAL SYSTEM

### *K131 - Multiple Occupancies*

- Cited 1 time when the fire rated door between the nursing home and assisted living building did not fully close and latch.

### *K161 - Building Construction - Type and Height*

- Cited 4 times for penetrations in the ceiling and wall.

### *K211 - Means of Egress - General*

- Cited 3 times for:
  - 2 times when the exit door required excessive force to open.
  - Christmas decorations were blocking the exit door.

### *K222 - Egress Doors*

- Cited 2 times for:
  - The delayed egress door was not interconnected to the fire alarm so when the fire alarm was activated the door still required the 15-second delay in unlocking.
  - There was more than one delayed egress door in an exit pathway.

### *K271 - Discharge from Exits*

- Cited 2 times for:
  - There was not a hard packed, all weather surface to exit to a public way.
  - Cracks in the sidewalk caused the path to be uneven.

### *K281 - Illumination of Means of Egress*

- Cited 1 time when an emergency light did not have battery backup and only had one light bulb.

### *K291 - Emergency Lighting*

- Cited 4 times for:
  - The emergency light did not function when tested.
  - 2 times for missing monthly testing documentation.
  - 2 times for missing annual testing documentation.
  - Each light was not included on the testing documentation.

### ***K293 - Exit Signage***

- Cited 1 time when monthly testing documentation was missing.

### ***K321 - Hazardous Areas - Enclosure***

- Cited 4 times for:
  - The door to a hazardous area did not fully close and latch.
  - A hazardous room door was being held open with a wedge.
  - 3 times when storage areas greater than 50 ft<sup>2</sup> did not have a self-closing device installed on the door.

### ***K324 - Cooking Facilities***

- Cited 6 times for:
  - 6 times for missing hood suppression system inspections.
  - Deficiencies identified on the hood suppression system inspection report were not corrected.
  - Automatic self-igniting burners were not functioning properly which could lead to a gas leak.
  - The hood suppression system was painted which voided the UL rating.

### ***K331 - Interior Walls and Ceiling Finish***

- Cited 1 time when there were plastic mini blinds present in the therapy room and beauty shop.

### ***K341 - Fire Alarm System - Installation***

- Cited 2 times when the fire alarm circuit breaker was not mechanically protected.

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

- Cited 6 times for:
  - 2 times for not completing smoke detector sensitivity testing in the last two years.
  - 3 times for fire alarm inspections not being completed.
  - Several elements of the system were not functioning appropriately.
  - Deficiencies identified on the fire alarm inspection were not corrected.
  - The inspection report did not include an all inclusive list of interconnected devices.

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

- Cited 4 times for:
  - 2 times for missing contact information for DIAL, insurance carrier, and fire department.
  - The policy did not include instructions on conducting fire watch.
  - The fire watch instructions did not include that the fire watch must be continuous.
  - Fire watch instructions did not include that the person assigned duties will be dedicated.

### ***K347 - Smoke Detection***

- Cited 5 times for:
  - An area open to the corridor did not have a smoke detector installed.
  - 4 times for missing smoke detector sensitivity testing in the last two years.

### ***K351 - Sprinkler System - Installation***

- Cited 1 time when the air compressor for the dry sprinkler system was not hard wired into the electrical system.

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

- Cited 11 times for:
  - Did not complete monthly fire pump inspections.
  - 4 times for missing quarterly sprinkler system inspections.
  - 2 times when dry sprinkler heads were not replaced or tested in the last 10 years.
  - 3 times for missing escutcheon rings.
  - The sprinkler head had paint on it and was not replaced.
  - 2 times when there were penetrations around the sprinkler head.
  - A sprinkler head was falling away from the ceiling.
  - There were no spare sprinkler heads available.
  - The sprinkler riser did not have a hydraulic nameplate.
  - The sprinkler head was missing fluid in the bulb and needed replaced.
  - Storage within 18 inches of sprinkler heads.
  - 2 times for excessive dust/lint on sprinkler heads.
  - Missing a 5-year internal obstruction inspection.
  - Missing a 3-year full trip dry pipe test.

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

- Cited 4 times for:
  - 2 times when contact information for DIAL, Fire Department, and insurance carrier were not listed in the policy.
  - Several required elements were not included in the policy.
  - The policy did not state that fire watch rounds would be continuous and the assigned person dedicated.

### ***K355 - Portable Fire Extinguishers***

- Cited 2 times for:
  - Missing monthly inspection documentation.
  - The fire extinguisher was not properly mounted.

### ***K362 - Corridors - Construction of Walls***

- Cited 2 times for penetrations in the ceiling.

### ***K363 - Corridors - Doors***

- Cited 9 times for:
  - 3 times for gaps between the door and frame.
  - 3 times when doors did not fully close and latch.
  - The door frame was falling off.
  - A kick down device was installed on the doors.
  - 3 times when doors were held open with wedge devices.

### ***K372 - Subdivision of Building Spaces - Smoke Barriers***

- Cited 5 times for:
  - 2 times for penetrations in the smoke barrier.
  - 3 times for holes in walls.

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

- Cited 1 time when smoke barrier doors did not fully close.

### ***K511 - Utilities - Electric & Gas***

- Cited 3 times for:
  - Open electrical junction box.
  - Missing electrical cover plates.
  - A receptacle was pulled away from the wall.
  - A multiplug adaptor was being used in a resident room.

### ***K521 - HVAC***

- Cited 2 times for duct tape being placed on the dryer vent instead of vent tape.

### ***K711 - Evacuation and Relocation Plan***

- Cited 3 times for:
  - 3 times when the plan lacked all types of extinguishing devices listed in the report.
  - The plan did not identify a safe area for evacuation if necessary.

### ***K712 - Fire Drills***

- Cited 8 times for:
  - 5 for missing drills.
  - 2 times when drills were conducted at approximately the same time.
  - The documentation did not include whether the nursing home contacted the alarm monitoring company to verify if they received the signal.

### ***K741 - Smoking Regulations***

- Cited 2 times for smoking materials discarded on the ground.

***K761 - Doors - Maintenance, Inspection and Testing***

- Cited 5 times for:
  - 2 times when door inspections were not completed in the last 12 months.
  - 2 times when rolling fire doors were not inspected.
  - A fire door had a painted plastic piece covering the lower part of the door.
  - There was a gap between fire doors.

***K914 - Electrical Systems - Maintenance and Testing***

- Cited 6 times for:
  - 5 times when electrical receptacle testing was not completed.
  - Documentation did not include the date testing was not conducted or who completed.

***K918 - Essential Electrical Systems***

- Cited 8 times for:
  - 4 times for EES main and feeder circuit breaker inspection and testing were not completed in the last 12 months.
  - 3 times for missing weekly inspections of the generator.
  - 2 times for missing monthly load testing of the generator.
  - Documentation was missing for:
    - Oil level checked weekly.
    - Monthly meter readings
    - Start and stop times for monthly testing.

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

- Cited 4 times for using power strips, multi-plug adaptors, extension cords, and surge protectors with prohibited items plugged into them.

***K921 - Electrical Equipment - Maintenance and Testing***

- Cited 3 times for:
  - 2 times for PCREE testing not being completed.
  - Chairs and equipment in the therapy room were not included in testing.

***K922 - Gas Equipment - Other***

- Cited 1 time when an oxygen concentrator was left on and unattended.

***K923 - Gas Equipment - Cylinder and Container Storage***

- Cited 2 times for:
  - An oxygen cylinder was not stored securely.
  - 2 times when storage was not separated and marked by empty and full.
  - Combustible materials were within five feet of oxygen cylinders.

***K926 - Gas Equipment - Education and Training***

- Cited 1 time when there was no documentation of staff training on oxygen.

## **Emergency Preparedness E-Tags**



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

- Cited 4 times when the EPP was not reviewed and/or updated annually.

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

- Cited 1 time when the EPP did not include information on emerging infectious diseases and cyber attacks.

### ***E007 - EP Program Patient Population***

- Cited 3 times when the EPP did not include information on the resident population, delegations of authority for specific roles, and how the nursing home will maintain operation continuity.

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

- Cited 2 times when there was not a policy on subsistence needs for evacuation or sheltering in place, plans for alternate sources for energy to maintain continuity of operations, and necessary supplies for staff and residents.

### ***E018 - Procedures for Tracking of Staff and Patients***

- Cited 2 times when the EPP did not include a policy for tracking the location of staff and residents.

### ***E020 - Policies for Evacuation and Alternate Communication***

- Cited 1 time when the EPP did not include a policy on alternate communication plans with consideration of the care and treatment needs of evacuees, staff, transportation and locations of evacuation.

### ***E022 - Policies and Procedures for Sheltering in Place***

- Cited 1 time when the EPP did not include a policy on sheltering in place.

### ***E024 - Policies and Procedures - Volunteers and Staffing***

- Cited 3 times when the EPP did not include policies and procedures on the use of volunteers, including possible credentialing of the volunteers.

### ***E025 - Arrangement with Other Facilities***

- Cited 2 times when there were not current agreements with other providers in the event of necessary evacuation.

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

- Cited 1 time when the policy included in the EPP directed the nursing home to contact the Atlanta Regional CMS Office.

***E029 - Development of a Communication Plan***

- Cited 3 times for:
  - The communication plan has not been updated/reviewed in the last 12 months.
  - The communication plan did not include coordinating communication with local emergency management.

***E030 - Names and Contact Information***

- Cited 4 times for:
  - 3 times when contact information was not reviewed/updated in the last 12 months.
  - 2 times when the contact information did not include DIAL and the LTC Ombudsman.

***E033 - Methods for Sharing Information***

- Cited 1 time when the EPP did not include a policy on sharing resident information with other health care providers during an emergency.

***E036 - EP Training & Testing***

- Cited 1 time when the training program was not reviewed or updated in the last 12 months.

***E037 - EP Training Program***

- Cited 2 times when documentation of training for staff was not available.

***E039 - EP Testing Requirements***

- Cited 5 times for:
  - 3 times for not completing a full-scale exercise in the last 12 months.
  - 1 time for not completing a full-scale and additional exercise in the last 12 months.
  - 1 time for not completing an additional exercise in the last 12 months.