

LTC Life Safety Code Trend Report

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Survey Statistics

Number of recertification surveys reviewed: 31

Number of revisit surveys not passed: 0

Number of recertifications with deficiencies: 30 or 97%

Number of deficiency free recertifications: 1

Average number of deficiencies: 5.9

Life Safety Code Regulation Reminders:

As we begin a new calendar year, here are some commonly cited routine testing and inspection requirements to ensure you begin your year right. For details on elements that must be included please visit the LeadingAge Iowa [Life Safety Code](#) resources page.

- Emergency lights and exit signs - monthly functional testing and annual 90-minute testing.
- Hood suppression system - monthly visual inspection (similar to fire extinguishers) and semi-annual inspection by trained professional.
- Fire alarm system - semi-annual inspection by trained professionals.
- Fire pump system - weekly, monthly and annual testing required.
- Smoke detectors - sensitivity testing every 2 years.
- Fire dampers - every 4 years.
- Sprinkler system - quarterly system inspections by trained professionals.
- Sprinkler system - internal obstruction inspection every 5 years.
- Sprinkler system - pressure test every 3 years.
- Portable fire extinguishers - inspected monthly, serviced annually.
- Electrical receptacle testing - non-hospital grade annually. Once they fail, they must be replaced with hospital-grade receptacles that are tested upon installation and repair.
- Patient-Care Related Electrical Equipment - when first placed into service and with any repairs. Testing must be completed no less than annually.
- Generators - weekly inspections, monthly load testing, diesel fuel annual quality test, annual testing of EES main and feeder circuit breakers, There may be additional load tests based on the manufacturer's recommendations.

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 January 2025

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K712 – FIRE DRILLS

K363 – CORRIDORS - DOORS

K324 – COOKING FACILITIES

K921 – ELECTRICAL EQUIPMENT – MAINTENANCE & TESTING

K161 - Building Construction - Type and Height

- Cited 1 time for a penetration in the ceiling.

K200 - Means of Egress Requirements - Other

- Cited 1 time when emergency lighting located near exit doors was motion censored and did not have battery backup.

K222 - Egress Doors

- Cited 4 times for:
 - A delayed egress door opened immediately, without the 15-second delay.
 - A sign covered the push bar on an exit door.
 - A delayed egress door did not release after the 15-second delay.
 - An exit door required excessive force to open.

K232 - Aisle, Corridor, or Ramp Width

- Cited 1 time when carts were stored in a hallway, which protruded approximately 3-feet into the hall.

K281 - Illumination of Means of Egress

- Cited 2 times for:
 - Emergency lighting does not have battery backup.
 - The medication room and nurse's station did not have an emergency light installed.

K291 - Emergency Lighting

- Cited 6 times for:
 - Medication room lights were controlled by a switch without additional emergency lights installed.
 - 2 times when emergency lights did not function when tested.
 - 3 times when monthly functional testing documentation was not present.
 - 2 times when annual testing was not documented.
 - The testing documentation failed to include all emergency lights.

K293 - Exit Signage

- Cited 1 time when an exit light did not illuminate when tested.

K311 - Vertical Openings - Enclosure

- Cited 1 time for a penetration in the ceiling to the attic space.

K321 - Hazardous Areas - Enclosure

- Cited 7 times for:
 - Penetrations in the wall of a hazardous area.
 - 2 times when the door to a hazardous area did not fully close and latch.
 - 5 times when hazardous room doors did not have a self-closing device installed.

K324 - Cooking Facilities

- Cited 10 times for:
 - 4 times when inspections were not completed.
 - 2 times for excessive grease buildup on the system.
 - The hood suppression system did not fully cover the cooking appliances.
 - 2 times when deficiencies identified on inspections were not corrected.
 - The hood suppression system was not interconnected to the fire alarm system.
 - Self-igniting burners were not functioning properly.
 - The hood suppression system was painted, which voids the UL rating.
 - The nozzles were pointed at the back of cooking appliances which would make them ineffective in the event of a fire.

K331 - Interior Walls and Ceiling Finish

- Cited 1 time for a hole in a wall.

K341 - Fire Alarm System - Installation

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

K342 - Fire Alarm System - Initiation

- Cited 1 time when pull stations were installed more than 48 inches from the floor.

K345 - Fire Alarm System - Testing and Maintenance

- Cited 7 times for:
 - 2 times when strobes were not synchronized when the system was tested.
 - 2 times for smoke detectors that had painters' tape on them.
 - A pull-station was obstructed.
 - Deficiencies identified on inspection reports were not corrected.
 - Batteries for the system were not dated.
 - 2 times when inspections were not completed.
 - The fire alarm system was in trouble mode during the survey.

K346 - Fire Alarm - Out of Service

- Cited 3 times for:
 - 2 times when contact information was missing from the policy including DIAL and the local fire department.
 - The policy did not state that authorities having jurisdiction would be notified before and at the end of a fire watch.

K347 - Smoke Detection

- Cited 2 times for:
 - There was not a smoke detector installed in an area open to the corridor.
 - Sensitivity testing not completed in the last two-years.

K353 - Sprinkler System - Maintenance and Testing

- Cited 20 times for:
 - 7 times for sprinkler heads with excessive lint and dust.
 - 4 times when escutcheon rings were missing around the sprinkler head.
 - 2 times when deficiencies identified on inspections were not corrected.
 - 2 times for missing inspections.
 - A 5-year internal obstruction inspection was not completed.
 - 2 times for sprinkler heads that had paint on them.
 - 2 times when the hydraulic name plate was not on the sprinkler riser.
 - Wet-system sprinkler heads have not been replaced in the last 50-years.
 - There were different types of sprinkler heads installed in the same area.
 - Dry sprinkler heads were more than 10-years old and were not tested or replaced.
 - 2 times when sprinkler heads were obstructed with various items which would prohibit functioning.

K354 - Sprinkler System - Out of Service

- Cited 6 times for:
 - 2 times when several required elements were not included in the policy.
 - An impairment coordinator was not identified in the policy.
 - 3 times when the policy lacked contact information for authorities having jurisdiction.
 - The fire watch did not indicate rounds are continuous.

K362 - Corridors - Construction of Walls

- Cited 1 time for a penetration in the wall.

K363 - Corridors - Doors

- Cited 11 times for:
 - 3 times when gaps were noted between doors or between the door and the frame.
 - 7 times when the door would not fully close and latch.
 - 4 times when a door was propped open.
 - The bathroom door interfered with the swing of the room door.

K372 - Subdivision of Building Spaces - Smoke Barriers

- Cited 2 times for penetrations in the smoke barrier.

K374 - Subdivision of Building Spaces - Smoke Barrier Doors

- Cited 1 time for smoke barrier doors not closing when the fire alarm was tested.

K511 - Utilities - Electric & Gas

- Cited 4 times for:
 - A GFCI outlet was not installed near a water source.
 - 2 times for open junction boxes that exposed electrical wiring.
 - An outlet was missing a cover plate.

K522 - HVAC - Any Heating Device

- Cited 1 time when the vent was not attached to the dryer.

K700 - Operating Features - Other

- Cited 2 times for:
 - Excessive cardboard boxes in the medical records room.
 - Combustible materials were stored next to the HVAC/Furnace unit.

K711 - Evacuation and Relocation Plan

- Cited 4 times for:
 - A fire safety plan was not provided during the survey.
 - 2 times when the fire safety plan did not include all types of extinguishers in the building.
 - During an interview, the dietary staff were not aware of the emergency button to activate the hood suppression system.

K712 - Fire Drills

- Cited 12 times for:
 - 10 times when drills were not completed.
 - 2 times when documentation lacked activation of the fire alarm system following silent drills.
 - 2 times when drills were conducted at approximately the same time.
 - Documentation lacked the start and end times of the fire drill.
 - Documentation lacked individuals called during the drill to ensure the system was functioning appropriately.
 - Silent drills were conducted outside of the acceptable time frames.

K741 - Smoking Regulations

- Cited 2 times for:
 - Not having a self-closing metal container to discard smoking materials.
 - Trash was in the ashtray.

K761 - Doors - Maintenance, Inspection and Testing

- Cited 7 times for:
 - The documentation did not include all required testing elements.
 - 2 times when fire doors did not fully close.
 - 3 times when testing of the fire doors was not completed.
 - 2 times when all fire-rated doors were not included in annual testing.
 - There was a gap in the rated door.

K914 - Electrical Systems - Maintenance and Testing

- Cited 8 times for:
 - Outlets failed testing and were not replaced.
 - 6 times when testing was not completed.
 - All elements were not documented.
 - Did not document actual retention value.

K918 - Essential Electrical Systems

- Cited 9 times for:
 - There was leaf debris around the generator that could increase risks of a fire.
 - 2 times when annual diesel fuel quality testing was not completed.
 - 3 times when weekly inspections were not completed.
 - The generator was not functional for more than six months.
 - The monthly load test was not completed for the full 30 minutes.
 - 2 times when monthly testing was not completed.
 - The responses documented on testing and inspection logs were not accurate to the category.
 - Documentation was missing for:
 - Meter start/stop times.
 - Amperages at each leg.
 - Belts and hoses.
 - Battery inspection.

K920 - Electrical Equipment - Power Cords and Extension Cords

- Cited 3 times for using surge protectors and power strips.

K921 - Electrical Equipment - Maintenance and Testing

- Cited 10 times for:
 - 10 times when PCREE testing was not completed.
 - A policy on PCREE testing was not provided.

K923 - Gas Equipment - Cylinder and Container Storage

- Cited 1 time when an oxygen cylinder was not secured.

K926 - Gas Equipment - Education and Training

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

Emergency Preparedness E-Tags



E006 - Plan Based on All Hazards Risk Assessment

- Cited 1 time when the EPP did not include emerging infectious diseases.

E007 - EP Program Patient Population

- Cited 2 times when a policy was not present in the EPP that addressed the resident population, succession planning, essential personnel functions during an emergency, and critical resources.

E009 - Local, State, Tribal Collaboration Process

- Cited 1 time when documentation was not included on attempts to contact local emergency preparedness officials on planning and testing.

E015- Subsistence Needs for Staff and Patients

- Cited 1 time when the EPP lacked policies on sewage or waste disposal, basic needs for staff and residents, and a sample three-day menu.

E020 - Policies for Evacuation and Alternate Communication

- Cited 1 time for not having a policy on evacuation.

E024 - Policies and Procedures - Volunteers and Staffing

- Cited 2 times when a policy was not included in the EPP for credentialing and using volunteers during an emergency.

E025 - Arrangement with Other Facilities

- Cited 1 times when signed agreements were not included in the EPP with like facilities for evacuation during an emergency.

E026 - Roles Under a Waiver Declared by the Secretary

- Cited 1 time when a policy was not included on the general awareness of the 1135 waiver process.

E029 - Development of a Communication Plan

- Cited 1 time when the communication plan was not reviewed/updated annually.

E030 - Names and Contact Information

- Cited 2 times when contact information for Federal, State, Regional and local emergency preparedness officials was not included in the EPP.

E039 - EP Testing Requirements

- Cited 8 times for:
 - 5 times when full scale and additional exercises were not completed in the last 12 months.
 - 2 times when full scale drills were not completed in the last 12 months.
 - Did not complete an additional exercise in the last 12 months.

