

# LTC Life Safety Code Trend Report

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## Survey Statistics

Number of recertification surveys reviewed: 37

Number of revisit surveys not passed: 0

Number of recertifications with deficiencies: 35 or 95%

Number of deficiency free recertifications: 2

Average number of deficiencies: 3.7

During a survey conducted in June, K293 was cited when the directional arrows on the exit signage were not correct. In this specific example, the directional arrows pointed in both directions, neither of which were an exit corridor.

To ensure compliance, you should audit your exit signage and ensure that if directional arrows are necessary that they are pointing to the exit door. If the sign has directional arrows audit to ensure that they are the correct direction in accordance with the exit.

LeadingAge Iowa is planning an in-person education event this fall on life safety code regulations. Block your calendar on Thursday, October 23 to join us! Registration will be open soon.

## Top LSC Deficiencies for June 2025

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K712 – FIRE DRILLS

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.
- Doors were held open with a wedge.

### *Smoke/Fire Doors:*

- Annual testing was not completed on fire rated doors.
- The smoke doors did not automatically close when testing the fire alarm.
- Not all fire doors were included in the annual testing and inspection.

### *Delayed Egress:*

- A delayed egress door would not engage when panic bar depressed.

### *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:

- The sidewalk outside the emergency exit had a gap that could cause someone to trip or difficulty with wheelchair mobility.

### *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.
- Missing monthly functional testing.
- Missing annual 90-minute testing.

*Exit Signage:*

- An exit sign was not illuminated.
- Missing annual exit sign testing.
- The exit sign had both directional arrows, and neither were an emergency exit.

*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 ft<sup>2</sup> or greater and are used to store combustible materials.
- There was penetrations in the wall and/or ceiling of a hazardous room that would allow for the passage of smoke/fire.

*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:*

- The system was painted which voided the UL rating.
- The seams of the system were not welded as required.
- Semi-annual inspections were not completed timely.
- Nozzles on the system were covered with tape.

*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.
- 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.
- Cables were zip-tied to the sprinkler pipes.
- Deficiencies identified during inspections were not repaired.
- Quarterly sprinkler system inspections were not completed timely.
- The fire alarm system panel was in trouble mode and indicated it was a sprinkler system impairment.
- Sprinkler heads were not replaced in a timely manner.
- Sprinkler heads were corroded.

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

- Several required elements were not included in the policy.

### *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 circuit breaker for the fire alarm system was not mechanically protected, which could result in someone inadvertently turning the system off.
- An enclosed courtyard did not have audible and/or visual notification for the fire alarm system.
- Semi-annual fire alarm system inspections were not completed timely.
- All devices that are interconnected to the fire alarm system were not individually listed in the inspection report.
- Smoke detector sensitivity testing was not completed within the last two years.
- The sensitivity testing did not identify the testing range considered as “passing”.
- A fire horn did not have a cover which exposed wires.

### *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.
- All required documentation for the fire drill was not included.
- The fire alarm was not tested following a silent drill.

### *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.
- Missing ceiling tiles.
- Penetrations in the ceilings.
- Penetrations in smoke barriers.
- A waiver was not renewed related to a tunnel between two buildings.

### 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:

- An electrical receptacle was pulled away from the wall which exposed electrical wiring.
- An open electrical junction box exposed electrical wiring.
- Each outlet was not tested as part of the receptacle testing.
- An electrical switch did not have a cover which exposed wires.
- An electrical outlet had a cracked cover.
- Non-hospital-grade electrical receptacles were not tested in the last 12 months.
- Observations revealed the use of multi-plug adaptors, non-approved power strips, and extension cords.

### HVAC

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

- The dryer ventilation system was held together with a zip-tie.
- The dryer ventilation system was open which allowed excessive dryer lint to escape from the system.

### 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.
- Documentation did not include monthly start and stop times, meter readings, amperages at each leg, belts/hoses, and the transfer of power.

### 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).
- The signage for full and empty cylinders was not present.
- An oxygen cylinder was not securely stored.
- Full and empty oxygen cylinders were not separated.

## Emergency Preparedness E-Tags

### 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 communication plan did not include contact information for the long-term care ombudsman or DIAL.

### 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 nursing home did not perform full-scale, community-based exercises and additional exercises (such as tabletop drills) in 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!