

# LTC Life Safety Code Trend Report

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## Survey Statistics

Number of recertification surveys reviewed: 36

Number of revisit surveys not passed: 0

Number of recertifications with deficiencies: 33 or 92%

Number of deficiency free recertifications: 3

Average number of deficiencies: 4.1

There are an increasing number of deficiencies in K324 with the kitchen hood suppression system and the joints and seams. The examples in the deficiency evidence include that the hood suppression system is not welded which can lead to grease becoming trapped in the joints and seams. Please take a minute to check your hood suppression system(s) and ensure that it complies.

Another compliance tip - if you have a waiver in place, I encourage you to place a note on your calendar prior to the expiration of the current waiver to renew it. During the life safety code breakout session at spring conference, DIAL indicated that they are able to approve waivers that are short-term (less than 6 months) but any long-term waivers must be sent to CMS for approval which is likely to take a longer period.

***Congratulations to Akron Care Center and  
Woodland Terrace (Bartels Lutheran Retirement  
Community) on Deficiency Free Surveys!***

## Top LSC Deficiencies for May 2025

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K918 – ESSENTIAL ELECTRICAL SYSTEMS

K363 – CORRIDOR DOORS

### Multiple Occupancy Types

Two hour rated fire walls must be present between multiple occupancy types (such as a nursing home and assisted or independent living). The fire walls must be intact (without penetration). Additionally, fire doors between multiple occupancy types must be present and close. Deficiency examples include:

- There was a gap in the two-hour fire wall between two buildings.

### 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.
- A door that was not an emergency exit had an emergency exit sign.
- Emergency exit doors required excessive force to open.
- The code to a magnetic lockdown door was not readily available.
- 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.
- The fire door between the nursing home and assisted living did not fully close.

### Delayed Egress:

- The delayed egress doors did not contain the appropriate signage.

### Aisle, Corridor, and Ramp Width

This deficiency occurs when there are items placed in emergency exit pathways that may limit the width of the exit. Examples of non-compliance included:

- There was combustible storage placed in the emergency exit egress path.

### 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:

- An emergency light did not function when tested.
- An outdoor emergency light only had one bulb.
- Monthly functional testing was not completed.
- The annual 90-minute testing was not completed.
- The medication room light was controlled by a switch and did not have any other emergency lighting source.

#### Exit Signage:

- Monthly and annual testing of the emergency exit signage 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 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.
- Hazardous room doors did not fully close and positively latch.

### 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.
- Deficiencies identified on the inspection report were not repaired.

#### Portable Extinguishers:

- Access to the portable fire extinguishers were obstructed by various items.
- The extinguisher was mounted more than five feet from the floor.

### *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.
- The sprinkler riser and control valves were obstructed by items being stored around them.

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.
- The policy lacked identification of who would be contacted to report the system was functional following repair.

### *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:

- A smoke detector was installed within three feet of an air diffuser.
- The circuit breaker for the fire alarm system was not mechanically protected, which could result in someone inadvertently turning the system off.
- 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 system was not wired correctly as a pull station did not trigger a signal to the monitoring company.
- A heat detector was hanging by the wires.

### *Fire Alarm Outage Policy:*

- Contact numbers for DIAL, insurance company and fire department were not included in the policy.
- The fire watch log had the incorrect fire department and contact information listed.
- The policy did not state that the individual assigned to fire watch rounds will be dedicated.

### *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.

### *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.

### *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 open circuit breaker did not have a filler.
- An electrical receptacle was pulled away from the wall which exposed electrical wiring.
- An open electrical junction box exposed electrical wiring.
- 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:

- Use of duct tape to seal dryer exhaust and ventilation systems (instead of vent tape).

### 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.
- Missing the annual diesel fuel quality test.
- Did not have a natural gas reliability letter.
- 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, 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.
- Documentation of PCREE completed on rental equipment was not present.

### 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).
- A full cylinder was placed in the empty cylinder storage area.
- The signage for full and empty cylinders was not correct.
- An oxygen cylinder was not securely stored.

### Misc

The following deficiencies are not commonly cited and don't correlate well with other broader topics:

- The nursing home did not renew a waiver on the construction type.
- A solid cubicle curtain was hung in the shower room which would limit the effectiveness of the sprinkler system.
- A resident had a candle with a wick present. If candles are present they must not have a wick which allow them to burn if lit.
- A soiled linen bin was in a resident's room. The door did not have a self-closing device as required and the label on the bin did not indicate it was for soiled linen.
- An activity closet was completely full of combustible materials.

## Emergency Preparedness E-Tags

### Plan Development, Review, and Update

Once developed, the emergency preparedness plan must be reviewed and updated at least annually and as needed. Non-compliance examples include:

- The plan was not reviewed within the last 12 months.

### Plan Based on All Hazards Risk Assessment

The EPP must include an all-hazards risk or vulnerability assessment that includes both facility- and community-based hazards. The risk assessment shall also include all natural and man-made disasters and be updated/reviewed at least annually and as needed. Examples of non-compliance include:

- The risk assessment did not include cyber-attacks.

### Inclusion of Required Policies and Practices

The emergency preparedness plan must include specific required elements outlined in Appendix Z. Examples of required elements that were not included in plans are:

- Policies on cyber attack procedures.

### 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:



### *LeadingAge Iowa Long-Term Care Life Safety Code Trend Report*

- The contact information included in the EPP was not reviewed and updated within the last 12 months.
- The contact information included individuals who were no longer employed.

### *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 homes have not performed full-scale, community-based exercises in the last 12 months.
- Additional exercises (such as tabletop drills) were not completed 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!