

LTC Life Safety Code Trend Report

By: Kellie Van Ree, LeadingAge Iowa's Director of Clinical Services

Survey Statistics

Number of recertification surveys reviewed: 15

Number of revisit surveys not passed: 0

Number of recertifications with deficiencies: 14 or 93%

Number of deficiency free recertifications: 1

Average number of deficiencies: 2.1

Number of complaint deficiencies: 1

This report includes a few surveys that were completed in early October as well as the end of November around the government shutdown. The deficiencies cited were typical of life safety code surveys. There continues to be deficiencies cited related to candles. If you have candles in the building, you must ensure that they don't have a wick in them.

Top LSC Deficiencies for November 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.

Smoke/Fire Doors:

- There was a gap between smoke doors.

Delayed Egress:

- Delayed egress doors lacked required signage.

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 medication room light was controlled by a switch, and the room did not have additional emergency lighting.

Exit Signage:

- The exit sign directional arrow pointed to a resident room.

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.

Sprinkler Systems:

- There were items stored within 18 inches of a sprinkler head.
- Sprinkler heads (wet system) have not been replaced in the last 50 years.
- Quarterly inspections were not completed.

- The dry system 3-year inspection was not completed.
- Deficiencies noted during the sprinkler system inspection were not corrected.
- A ceiling tile blocked the sprinkler's head.
- Missing escutcheon rings.

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:

- Inspections were not completed semi-annually.
- Smoke detectors were within 3 feet of an air vent/return.

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:

- Missing drills.
- Documentation was not included in the fire drill that the alarm was sounded.

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 in other zones in the building. Examples of non-compliance include:

- Penetrations in the walls.

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:

- Outlets that failed testing were not replaced.
- An electrical box was loose.

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:

- Annual diesel fuel quality testing was not completed.
- The EES main and feeder circuit breaker testing was not completed in the last 12 months.
- Did not document use of the transfer switch during monthly load tests.

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 equipment was not included in PCREE testing (or documentation supporting the oxygen vendor completed the testing).

Smoking

If a nursing home allows residents and/or staff to smoke, they must comply with requirements such as designated smoking areas and ensuring the appropriate containers are available to discard smoking materials. Non-compliance includes:

- Smoking materials were discarded in a garbage container.

Miscellaneous

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

- 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

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:

- A full-scale drill was not completed in the last 12 months.
- Full-scale and additional exercise were not completed in the last 12 months.
- The nursing home did not document communication efforts to participate in a community-based drill.



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!

