LeadingAge Iowa

September 2025

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: 94%

Number of deficiency free recertifications: 2

Average number of deficiencies: 3.7

Number of complaint deficiencies: 0

A quick survey tip for the month: ensure that you're documenting the attempts you've made to connect with local emergency management agencies to participate in community-based exercises. If you don't have documentation of participation, surveyors want to review the efforts you've made to attempt to participate.

Registration is ongoing for No K-Tags: Life Safety Code Confidence for LTC and Assisted Living Facilities Leaders on October 23 from 10 a.m. - 1:45 p.m. at the Aurora Training Center in Urbandale. This seminar promises to deliver practical strategies and tips for meeting NFPA Life Safety Code Requirements.

Congratulations to On With Life on a deficiency free survey!

Top LSC Deficiencies for September 2025

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

K712 – FIRE DRILLS

K918 – ESSENTIAL ELECTRICAL SYSTEMS

K920 – ELECTRICAL EQUIPMENT – POWER CORDS & EXTENSION CORDS

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 keypad locked door was not connected to the fire alarm system.
- Emergency exit doors required excessive force to open.
- The self-closing device installed on the door was disconnected.
- The door did not fully close and positively latch.
- Door were held open with various devices such as wedges.

Smoke/Fire Doors:

- Annual testing was not completed on fire rated doors.
- Not all fire doors were included in the annual testing and inspection.
- Smoke/fire doors did not fully close and positively latch.
- Not all required elements for smoke/fire door testing were included on the annual testing documentation.

Delayed Egress:

- A delayed egress door did not unlock when the fire alarm was tested.
- Delayed egress doors lacked required signage.

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:

- Hallways were obstructed with tables, chairs, recliners,

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 annual 90-minute testing.
- Missing monthly functional testing documentation.
- Annual testing documentation did not include the date testing occurred.

Exit Signage:

- No deficiencies cited this month.

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^2 or greater and are used to store combustible materials.
- There was a penetration in the wall of a hazardous room.
- The door 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:

- Deficiencies identified in the inspection were not corrected.
- Semi-annual inspections were not completed.
- There was an excessive buildup of grease present.

Portable Fire Extinguishers:

- Monthly visual inspections were not completed.
- The pressure gauge was in the red zone.
- Annual inspection/service was not completed.
- The K-extinguisher was damaged and needed replaced.

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.
- The three-year dry sprinkler system inspection was not completed.
- Deficiencies identified during inspections were not repaired.
- Quarterly sprinkler system inspections were not completed timely.
- The air compressor was not hard-wired into the electrical system.
- Items were stored within 18 inches of sprinkler heads.
- The escutcheon ring was detached from the ceiling, impeding the sprinkler head.
- The fire alarm connection to the sprinkler system was missing its caps.
- The fire pump testing documentation was missing all required elements.

- Sprinkler heads were not replaced as required.
- There was paint on the sprinkler heads.
- Items were attached to the sprinkler pipes.

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

- The policy lacked several required elements.
- Contact information for authorities having jurisdiction was missing.

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 alarm was silenced at the time of survey.
- Strobes were not synchronized when tested.
- All devices were not individually listed on the inspection documentation.
- The fire alarm system breaker was not mechanically protected.
- A strobe failed testing.
- Deficiencies identified on inspections were not corrected.
- Missing semi-annual inspections.
- Smoke detector sensitivity testing was not completed within the last 2 years.
- The sensitivity testing documentation did not include the ranges considered for passing testing.

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.
- Documentation of the drill did not include that the monitoring company was contacted following the drill and verified they received the signal.

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

- Contact information for authorities having jurisdiction was not included in the policy.

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.
- Penetrations in the smoke barriers.
- Penetrations in the ceiling.
- A towel was covering the dryer hose that penetrated the wall.

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:

- Items were within 3 feet of electrical panels.
- Electrical receptacle testing was not completed.
- Multi-plug adaptors and extension cords were used to power electrical devices.
- Non-approved surge protectors were used to power electrical devices.
- Receptacles failed testing and were not replaced with hospital-grade receptacles.
- Not all outlets in the rooms were tested.
- All required elements were not included in the documentation.

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.
- Annual diesel fuel quality testing was not completed.
- Documentation of inspections and testing did not include:
    - Start and stop times.
    - Amperages at each leg.
    - Transfer switch use.

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:

- No self-closing metal device is present to discard smoking materials in.
- The metal ashtray exceeded capacity, nearly impeding the ability of the lid to self-close.

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 empty oxygen cylinder was commingled with a full cylinder.
- Oxygen concentrators were left on and unattended.
- Combustible materials were stored within 5 feet of oxygen cylinders.

Miscellaneous

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

- The vent on the dryer had duct tape instead of vent tape.
- 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

Develop and Review/Update

The nursing home must develop the emergency preparedness plan and then review/update at least annually. Examples of non-compliance include:

- The EPP was not reviewed/updated in the last 12 months.

Policies & Procedures

The nursing home must incorporate policies and procedures on various topics into their emergency preparedness plan. Examples of non-compliance include:

- No deficiencies were cited in this area.

Alternate Evacuation Locations

The nursing home must establish agreements with other providers in the event of evacuation. Non-compliance examples include:

- No deficiencies were cited in this area.

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 full-scale drill and additional exercise were not completed in the last 12 months.
- Efforts to coordinate a community-based exercise were not documented.
- The post-exercise analysis documentation did not include all required elements.
- A full-scale drill was 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!

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