LeadingAge Iowa

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LTC Life Safety Code Trend Report

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Survey Statistics

Number of recertification surveys reviewed: 38

Number of revisit surveys not passed: 0

Number of deficiency free recertifications: 4

Average number of deficiencies: 4.3

Number of recertifications with deficiencies: 89%

Number of complaint deficiencies: 1 with 2 deficiencies cited

A couple important life safety code reminders:

- Double check that your alcohol-based hand rub dispensers are not installed over an electrical receptacle (such as a light switch or outlet).
- Review all of your inspection reports for possible deficiencies in your systems and ensure they're corrected quickly. (Such as a need to replace sprinkler heads.)

Top LSC Deficiencies for July 2026

K918 – ELECTRICAL SYSTEMS – ESSENTIAL ELECTRICAL SYSTEM

K712 – FIRE DRILLS

K353 – SPRINKLER SYSTEM – MAINTENANCE & TESTING

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:

- Penetration in fire rated door.
- Gap between the smoke doors.
- The smoke doors failed to close when tested.
- Missing annual inspection of fire doors.
- The fire rating label was painted over.
- Doors were missing from the annual inspection.

Delayed Egress:

- Delayed egress doors lacked signage.
- The door failed to open after 15 seconds as required.
- The delayed egress door required excessive force to open.

Resident Room Doors:

- Doors wouldn't fully close and latch.
- Doors were held open with various devices such as wedges.

Emergency Exits and Pathways

There must be pathway for emergency egress that is unobstructed in the event that emergency exit is required. Examples of non-compliance includes:

- An emergency exit was blocked by a cart.
- The concrete surface outside deteriorated causing an uneven exit pathway.
- Storage reduced the width of the exit pathway.

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:

- Monthly testing wasn't completed.
- Annual 90-minute testing wasn't completed.
- Emergency lights were missing from the monthly and annual testing.

Exit Signage:

- Monthly functional testing wasn't completed.
- Annual 90-minute testing wasn't completed.
- The exit sign didn't work when tested.
- The battery test button was broken.

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:

- No self-closing device was installed on the door to a hazardous room.
- The door failed to fully close and latch.
- The door was held open.
- Penetrations in the walls/ceiling.

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:

- Inspections weren't completed.
- The hood was painted and wasn't sealed.
- Failed to have documentation of semi-annual cleaning.
- A shelf obstructed the nozzles.
- There was excessive grease buildup on the system.

Sprinkler Systems:

- Missing 5-year internal obstruction inspection.
- Storage within 18 inches of sprinkler heads.
- Missing hydraulic name plate.
- Escutcheon rings weren't flush with the ceiling.
- Sprinkler heads had excessive dust/dirt/lint.
- Sprinkler heads were due for replacement but not completed.

Portable Extinguishers:

- Monthly inspections weren't completed.

Sprinkler System Outage Policy:

- The policy lacked designation of an impairment coordinator.
- The contact information was incorrect and/or missing.
- Several elements were missing from 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 device report for the inspection was missing.
- Dampers failed inspection and weren't repaired/replaced.
- The fire alarm was in trouble mode at the time of the survey.
- The fire alarm system batteries were expired.
- Inspections were missing.
- The outdoor signaling device didn't work.
- When tested, the system didn't communicate with the monitoring company.

Fire System Outage Policy:

- The policy didn't have contact information for authorities having jurisdiction listed.
- Several elements of the policy were missing.
- The fire alarm was out of service, and the fire watch documentation lacked several elements.
- Smoke detector sensitivity testing wasn't completed within the last 2 years.

Fire Safety Plan:

- The plan lacked all types of extinguishment.

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.
- The drills were conducted at approximately the same time.
- The alarm wasn't activated following a silent drill.
- Documentation didn't include the date the drill happened or the contact name or operator number at the communication center.

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.
- Penetrations in the 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:

- The electrical panel wasn't locked.
- An electrical receptacle was loose from the wall.
- Open junction box.
- Gap in the circuit breaker panel.
- Missing receptacle testing.
- The electrical receptacle testing wasn't completed in the last 12 months for non-hospital grade and since installation for hospital grade.
- The electrical receptacle failed testing but wasn't replaced.
- Extension cords, power strips and multi-plug adaptors were used.

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 inspection.
- Missing monthly inspections.
- No annual fuel quality test.
- Battery wasn't included in monthly testing documentation.
- Missing annual main and feeder circuit breaker testing.
- Stop time of the generator wasn't recorded.
- Amperages at each leg weren't recorded.
- Time for the power to transfer wasn't documented on testing.
- Failed to have a natural gas reliability letter.

PCREE

Patient care-related electrical equipment (PCREE) must be tested to ensure that the equipment is functioning appropriately. Non-compliance includes:

- PCREE testing wasn't completed in the last 12 months.

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 deficiencies cited.

Oxygen

Oxygen needs to be used and stored in a safe and secure manner and staff need to be trained in safe use when applying or using oxygen equipment. Non-compliance includes:

- Oxygen concentrators were left on and unattended.
- Full and empty oxygen cylinders were commingled.
- Combustible materials were stored within 5-feet of oxygen.
- Cylinders weren't stored securely.
- No signs designating empty and full were present.
- Oxygen was stored in a resident room.

Miscellaneous

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

- A waiver wasn't renewed for the HVAC system.
- Alcohol-based hand rub (ABHR) dispensers were installed above light switches.
- Candles with wicks were present in the building.

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 wasn't reviewed/updated in the last 12 months.
- The communication section of the EPP wasn't reviewed/updated in the last 12 months.
- The contact information wasn't updated in the last 12 months.

Policies and Procedures

The emergency preparedness plan must include the following information:

- The nursing home didn't follow their procedure for fire watch by notifying the authorities having jurisdiction of the fire alarm system outage.
- There wasn't a policy on the 1135 waiver process.

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:

- Missing an additional exercise.
- Missing the full-scale exercise.
- Missing the full-scale and additional exercise.
- The tabletop didn't have adequate post-exercise review documentation.

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 new website!