STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305016	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havenwood-Heritage Heights	33 Christian Avenue Concord, NH 03301

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility failed to submit to the Centers for Medicare & Medicaid Services (CMS) complete and accurate direct care staffing information based on payroll data for Fiscal Year Quarter 1 2026 (October 1 - December 31).Findings include:Review on 4/20/26 of the facility's Payroll Based Journal Staffing Data Report for Fiscal Year Quarter 1 2026 (October 1 - December 31) revealed that the facility failed to submit data for the quarter.Interview on 4/21/26 at 8:45 a.m. with Staff B (Administrator) confirmed the above and stated that the facilities Payroll Based Journal Staffing Data for Fiscal Year Quarter 1 2026 had been rejected.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on interview and record review, it was determined that the facility failed to have a water management plan that included all the necessary elements to prevent the growth and spread of Legionella and other opportunistic waterborne pathogens in a facility with a census of 64 residents.Findings include:Review on 4/21/26 of the facility's Water Management Plan, dated 1/1/26, revealed the facility used guideline materials from the Center for Disease Control for Legionella and other opportunistic pathogens to establish the facility plan. Further review revealed, The water system will be visually inspected monthly to include sinks/showers, holding tanks and mixing valves Inspection and maintenance of thermal mixing valves (TMVs) will occur monthly to make sure that adequate temperatures are maintained to prevent the growth of legionella Flushing of low use water systems will be completed monthly .HHH [Havenwood Heritage Heights] will contract with an outside contractor to provide testing for our water system annually. The water management plan did not contain a risk assessment, and the control measures were generic without specific locations or interventions for correction when controls were not met. There were no control measures for empty resident rooms. Interview on 4/22/26 at approximately 9:02 a.m. with Staff A (Maintenance Director) confirmed that the water management plan did not specify control measures or specific interventions when measures were not met. Staff A shared that they did not have documentation of interventions for out of range control measures. Staff A revealed that they were unable to produce evidence of annual water testing for 2025 and was unaware if it was completed. Staff A additionally revealed that maintenance did not monitor empty rooms and that the responsibility when empty rooms occur was the responsibility of the housekeeping department. Interview on 4/22/26 at approximately 9:34 a.m. with Staff C (Social worker) revealed that the facility currently had 2 empty resident rooms for greater than 7 days. (Dates last occupied were 4/7/26 and 4/13/26.)Interview on 4/22/26 at approximately 9:42 a.m. with Staff D (Director of Environmental Services) revealed that housekeeping was responsible for terminal cleaning when a resident room becomes empty, but they did not perform any other activities such as flushing faucets.