STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305049	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverwoods at Exeter	6 White Oak Drive Exeter, NH 03833

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 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, the facility failed to implement water management control measures, potentially exposing a census of 3 residents to waterborne pathogens. Findings include:Review on 3/18/26 of the facility Water Management Plan for Legionella Control, reviewed on 9/26/25, revealed .Protocol for Flushing Unoccupied Resident Rooms and Daily Use Outlets: Maximum number of days a resident room is allowed to be vacant without action: 3 days. Protocols for resident rooms recently vacated: Open every fixture in room on maximum hot setting for 1 minute. Open every fixture in room on maximum cold setting for 1 minute. Flush toilet times 1. Clean and disinfect faucets, showerheads, and jets. Document activity. Protocol for resident rooms vacant for more than 5 days: Open every fixture in room on maximum hot setting for 2 minute. Open every fixture in room on maximum cold setting for 2 minute. Flush toilet times 2. Clean and disinfect faucets, showerheads, and jets. Document activity. Protocol for the resident rooms vacant for more than 3 days. Open water pipe and flush for 2 minutes (if outside temperature is above 68 [degrees] F [Fahrenheit] .Potable Water System Routine Monitoring Plan Test water temperature in each hot water tank, acceptable range 120F -140F, frequency .biweekly .Test water temperature in one hot water outlet per building in use, Acceptable range 113F-120F, frequency .biweekly .Test Chlorine residual level in 1 shower for each building in use, acceptable range Greater than 0.2 mg[milligrams]/[per]L[Liter] Frequency .biweekly .Test pH [power of hydrogen] level in 1 shower for each building in use, acceptable range 7.2-7.8 .Frequency .biweekly .Review on 3/18/26 of the Healthcare Domestic Hot Water Temperature Checks Log for February 2026 and March 2026 revealed the following:2/2/26 the skilled dining room hot water outlet temperature 110 ;2/10/26 the skilled dining room hot water outlet temperature 108 ;2/16/26 the skilled unit mop closet hot water outlet temperature 108 ;2/23/26 the skilled kitchen hot water outlet temperature 108 ;3/2/26 the skilled unit mop closet hot water outlet temperature 108 ;3/9/26 the skilled unit mop sink hot water outlet temperature 108 ;3/16/26 the skilled unit island sink hot water outlet temperature 106 .Interview on 3/18/26 at approximately 9:00 a.m. with Staff A (Maintenance Supervisor) revealed the facility could not provide documentation of the flush logs for vacant rooms, biweekly hot water tank temperature logs, biweekly shower chlorine residual logs, and biweekly shower pH level logs as required by the facility water management plan. Staff A confirmed the above hot water outlet temperatures were below the allowable levels defined in the water management plan and stated that no corrective action had been taken for the out of range temperatures.

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