STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305103	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Covenant Living of Keene	100 Wyman Rd Keene, NH 03431

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 update their Water Management Program and implement control measures to prevent the growth and spread of Legionella and other opportunistic waterborne pathogens in a facility with a census of 20 residents (Resident identifier is #16).Findings include:Observation on 6/2/26 at approximately 10:00 a.m. of facility lobby revealed 2 drinking water fountains.Review on 6/2/26 of the facility Water Management Program dated January 2023 revealed no evidence of revisions or updates. Review revealed no identification of water drinking fountains. Further review revealed on page 31 a control measure labeled, DWM18, Run hot and cold water outlets daily in unoccupied resident rooms. Review revealed on page 43 Control Measures-Infection Control, If patients bring their own humidifiers.ensure the devices are disinfected daily and filled only with sterile water.Interview on 6/3/26 at approximately 10:15 a.m. with Staff F (Facilities Director) revealed that 2 water drinking fountains in the facility lobby had been turned off at the fixture and have not been in use since November 2025. Interview on 6/3/26 at approximately 10:15 a.m. with Staff G (Facilities) revealed evidence of flushing of empty rooms monthly, not daily. Staff G revealed there was no identification of the closed water drinking fountains as a risk or control measures in place.Observation on 6/3/26 at approximately 10:40 a.m. of Resident #16's room revealed a humidifier. Further observation revealed a sign on the humidifier that read fill with distilled water only.Interview on 6/3/26 at approximately 10:40 a.m. with Staff H (Licensed Practical Nurse) confirmed Resident #16 had a humidifier in their room.Interview on 6/3/26 at approximately 10:45 a.m. with Staff E (Infection Preventionist) revealed the resident humidifiers are filled with distilled water and not sterile water as described in the Water Management Plan. Further interview confirmed there had been no updates or revisions within the past year of the facility Water Management Program.

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