STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305091	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Poplin Nursing Home	442 Main Street Fremont, NH 03044

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, 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 42 residents.Findings include:Review on 4/30/26 of the facility's Water Management Plan, revised on 2/23/26, revealed the plan did not include an accurate description of the facility water system, did not identify specific areas where Legionella could grow and spread, and did not establish ways to intervene when identified control limits were not met. Further review of the control measures identified on the plan revealed that the temperature of the hot water storage tank should be maintained between 130 and 150 degrees Fahrenheit and that the temperature would be checked and recorded. The plan did not specify how frequently the hot water storage tank temperature should be monitored.Interview on 4/30/26 at approximately 10:15 a.m. with Staff B (Infection Preventionist) revealed that the facility had two resident rooms with bathtubs that were not in use (rooms [ROOM NUMBERS]), as well as eyewash stations (low-use areas).Review on 4/30/26 of the maintenance log book from December 2025 through April 2026 revealed no water temperatures had been recorded for the hot water storage tanks.Interview on 4/30/26 at approximately 1:00 p.m. with Staff A (Administrator) confirmed the above findings. Staff A revealed that the plan does not include all risk area such as the two resident bathtubs that are not in use and the eye wash stations.

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