STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515176	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampshire Center	260 Sunrise Boulevard Romney, WV 26757

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and staff interviews, the facility failed to provide care and services in accordance with professional standards of practice by crushing extended-release medications. This failed practice was found true for (1) one of (3) residents reviewed for weight loss during the complaint survey process. Resident identifier #45. Facility Census: 59. Findings Include:a) Resident #45A record review, completed on 05/05/26 at 10:30 AM, revealed a physician order for Resident #45, dated 09/24/19, that read as follows: Generic substitution is authorized unless otherwise indicated. Center may participate in therapeutic interchange program, where permitted by state regulations. May crush crushable meds.Further record review found that Resident #45 was ordered:-Tolterodine Tart Extended Release 4 milligram (MG) tablet one time a day on 05/10/25 to present-Potassium CL extended release 10 milliequivalent (MEQ) tablet from 07/27/22 to 03/31/26-Potassium CL extended release 20 MEQ tablet from 04/01/26 to presentDuring an interview on 05/05/26 at 1:10PM, Registered Nurse (RN) #29 stated, We crush all of her medications. A review of the blister pack for the Tolterodine Tart Extended release was completed with RN #29. The blister pack read, Do not chew or crush. The blister pack for the Potassium Extended release, read, Do not crush. Further record review of pharmacy recommendations for Resident #45, from 10/2025 to present, found the pharmacist did not mention the crushed medications as an irregularity. However, the Food and Drug Administration (FDA) web site warns about crushing the extended-release medications and put out the following information about the specific medications in question:-Crushing extended-release (ER) potassium chloride tablets is dangerous and warned against by the FDA and manufacturers, as it destroys the sustained-release mechanism. This causes an immediate release of the entire dose, leading to severe gastrointestinal irritation, bleeding, ulceration, and potential life-threatening hyperkalemia (high potassium)-Tolterodine tartrate extended-release (ER) capsules/tablets must never be crushed, chewed, or opened. FDA-approved labeling warns that tampering with these formulations destroys their sustained-release properties, causing a rapid release of the entire dose, which increases the risk of serious side effects and reduces drug effectiveness.Key Concerns with Crushing These Medications: Potassium Extended-Release: Crushing allows all the potassium to be released at once, rather than over time. This can cause severe gastrointestinal distress, stomach pain, vomiting, and potential stomach ulcers. Tolterodine Extended-Release: Crushing or chewing these tablets can cause too much medication to be absorbed at once, increasing the risk of side effects like dry mouth, constipation, and stomach pain. Indirect Weight Loss Factors: The gastrointestinal irritation from both medications (especially a damaged digestive tract from high-dose potassium) can lead to vomiting, diarrhea, or a reduced appetite.During an interview on 05/05/26 at 1:10PM, RN #29 confirmed what the blister packs read and further stated, We have always crushed them [resident's extended-release medications]. She would not even be able to swallow the potassium whole.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility failed to maintain complete and accurate medical records in accordance with standards of practice. This was a random opportunity for discovery during a complaint survey process, with the ability to affect more than a limted amount of residents. Resident Identifier: Resident #45. Census 59.Findings Included: a) Resident #45 During the routine complaint investigation process, performed on 05/04/26, it was discovered that the physician orders, care plan, and Kardex for Resident #45 did not contain the same information. They (orders, care plan and Kardex) were updated as the status of the resident changed, however, they simply added the new information to what was already there and did not remove outdated information. The care areas that were not matching were the sections pertaining to transfers, eating and hygiene. Orders in chart:12/17/25 - Non weight bearing (NWB) post fall R ankle for one day12/26/25 - R ankle ORIF (Open Reduction and Internal Fixation) surgery12/30/25 - NWB Right lower extremity (RLE) at all times01/15/26 - CAM (Controlled Ankle Motion) boot RLE at all times02/11/26 - Weight bearing as tolerated (WBAT) post ORIF R ankle ** No mention of sling in orders or total lift / Hoyer use ** These orders were changed and updated as the needs of the resident changed and were maintained per MD and in agreement with the resident and IDT teams discussions. Care plans:Current active - Transfer - CAM boot as needed and GAIT belt for transfers. Page 1Weight - WBAT RLE Page 1Weight - NWB RLE Page 31 The current care plan still is showing non weight bearing to right leg as well as weight bearing as tolerated on right leg. Depending on what page and section was reviewed, it had contradictory information. Care plan dated 03/09/26:Transfer - CAM boot as needed (prn) and full lift w/ purple sling. Page 1 - 1/5/26Weight - WBAT RLE Page 2Transfer - NWB RLE, call for staff help Page 16Weight - NWB RLE Page 31 This was the care plan in place during Resident #45's post surgical fix of the right leg. Depending on what page or section was reviewed, it had contradictions in how the resident was able to move and transfer. Kardex - for 05/04/26:Ambulation/transfers - (no mention of CAM boot or if the resident is weight bearing or non weight bearing)Other devices - CAM boot as need with transfers per orthopedicDressing / bathing - GAIT belt for transfers The Kardex is where the staff goes to sign off on tasks as well as see what a resident's ADL (activities of daily living) needs and transfer status is currently. There is a transfer section and it was left blank and did not match what information was in the orders or care plan. These three documents show staff how to care for a resident and how to provide that care in certain ways to maintain the safety and healing potential of residents. They should be updated and old information removed. In an interview with the Administrator, on 05/05/26 at approximately 2:00 PM, they confirmed that those records should all pretty much match and not have information that was no longer relevant. We have some clerical house keeping to do.