

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Cherrellyn Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5555 S Elati St Littleton, CO 80120	

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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>

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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to provide medications as ordered for one (#2) of three out of 14 sample residents. Specifically, the facility failed to have physician ordered medications available at the facility to administer to Resident #2. Findings include: I. Professional reference According to Loss of brain function - Liver Disease, National Library of Medicine MedLine Plus, (8/7/23), retrieved on 1/7/26 from https://medlineplus.gov/ency/article/000302.htm. Loss of brain function occurs when the liver is unable to remove toxins from the blood. This is called hepatic encephalopathy (HE). This problem may occur suddenly, or it may develop slowly over time. An important function of the liver is to make toxic substances in the body harmless. These substances may be made by the body (ammonia), or substances that you take in (medicines). When the liver is damaged, these 'poisons' can build up in the bloodstream and affect the function of the nervous system. The result may be HE. HE can occur suddenly, and you may become ill very quickly. HE can get worse quickly and become an emergency condition. Medicines are given to help lower ammonia levels and improve brain function. Medicines given may include rifaximin (Xifaxan). These medications reduce the amount of ammonia made in the intestines. If the HE improves while taking rifaximin, it should be continued indefinitely. According to the full prescriber information of Xifaxan by the manufacturer (published October 2023), retrieved on 1/6/26 from https://shared.salix.com/globalassets/pi/xifaxan550-pi.pdf. Xifaxan is a rifamycin antibacterial (medication) indicated (used to treat) for: Reduction in risk of overt hepatic encephalopathy (HE) recurrence in adults. Counsel patients that antibacterial drugs including Xifaxan should only be used to treat bacterial infections. They do not treat viral infections (the common cold). When Xifaxan is prescribed to treat a bacterial infection, patients should be told that although it is common to feel better early in the course of therapy, the medication should be taken exactly as directed. Skipping doses or not completing the full course of therapy may decrease the effectiveness of the immediate treatment and increase the likelihood that bacteria will develop resistance and will not be treatable by Xifaxan or other antibacterial drugs in the future. II. Resident #2 A. Resident status Resident #2, age [AGE], was admitted on [DATE], discharged to the hospital on [DATE] and readmitted on [DATE]. According to the December 2025 computerized physician's orders (CPO), diagnoses included hepatic encephalopathy, hepatitis C, hepatomegaly, and artificial right hip joint. The 11/12/25 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 14 out of 15. B. Resident and resident representative interview Resident #2 was interviewed on 12/29/25 at 3:00 p.m. Resident #2 said in the past, she had some difficulty getting her medications at the facility. She said she did not remember which medications. Resident #2's representative was interviewed on 12/30/25 at 12:22 p.m. Resident #2's representative said she helped unpack Resident #2's room on the first or second day after she was admitted on [DATE]. Resident #2's representative said she found a card of Xifaxan medication in her mom's belongings from the previous facility and she left the medication with the nurse on duty. C. Record review Review of Resident #2's November CPO revealed the following physician's orders: -Xifaxan oral tablet (used to treat bacterial infections or hepatic encephalopathy). Give twice a day for hepatic encephalopathy, ordered on 11/6/25. -Midodrine oral tablet (used to treat low blood pressure). Give three times a day for hypotension, ordered 11/5/25. - Lotilaner ophthalmic solution (used to treat parasitic eye infections). One drop in both eyes two times a day, ordered on 11/5/25 and discontinued on 12/1/25. Review of Resident #2's November 2025 medication administration record (MAR) revealed Resident #2 missed the evening dose of Xifaxan on 11/24/25 and 11/25/25. Review of the nursing progress notes on 11/24/25 and 11/25/25 documented the medication was not available in the facility and was on order from the pharmacy. Review of the order history from the pharmacy, provided by the facility pharmacy consultant, revealed the Xifaxan prescription was filled by the facility on 11/6/25 for a 14-day supply. This medication would have lasted through 11/20/25. The prescription was filled again by the pharmacy on 11/26/25 for another 14-day supply. -The facility did not have Xifaxan from the pharmacy between 11/20/25 to 11/25/25 when the prescription ran out and had not yet been filled. Review of the December 2025 (12/1/25 to 12/3/25 and 12/12/25 to 12/30/25) MAR revealed she did not receive two of two doses of Xifaxan on 12/12/25 and 12/14/25. The MAR revealed she was not given Xifaxan for one of two administrations on 12/13/25. The nursing progress notes written on 12/13/25 and 12/14/25 documented the facility was waiting for the pharmacy to deliver the medication to the facility. Review of Resident #2's nursing progress notes revealed</p>		