

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152512	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/16/2014
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NAME OF PROVIDER OR SUPPLIER  MARION COUNTY DIALYSIS	STREET ADDRESS, CITY, STATE, ZIP CODE 3834 S EMERSON AVE BLDG B INDIANAPOLIS, IN 46203
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V000000	<p>This was a federal ESRD (CORE) recertification survey.</p> <p>Survey Dates: 9/10/14, 9/11/14, 9/12/14, 9/15/14, and 9/16/14</p> <p>Facility #: 005157</p> <p>Medicaid Vendor #: 100172360D</p> <p>Surveyor: Bridget Boston, RN, Public Health Nurse Surveyor</p> <p>Census by Service Type:</p> <p>Number of In-Center Hemodialysis Patients: 89</p> <p>Number of Home Hemodialysis Patients: 0</p> <p>Number of Peritoneal Dialysis Patients: 0</p> <p>Total: 89</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 1,, 2014</p>	V000000	Please see attached POC	
V000115	<p>494.30(a)(1)(i) IC-GOWNS, SHIELDS/MASKS-NO STAFF EAT/DRINK</p> <p>Staff members should wear gowns, face shields, eye wear, or masks to protect themselves and prevent soiling of clothing</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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	<p>when performing procedures during which spurting or spattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood). Staff members should not eat, drink, or smoke in the dialysis treatment area or in the laboratory.</p> <p>Based on observation, review of policy, and staff interview, the facility failed to ensure personal protective equipment was worn appropriately while performing procedures during which spurting or splattering of blood might occur in 2 of 2 observations of a registered nurse during the preparation and administration of intravenous medications on 9/10/14 (employee D) and 2 of 2 observations of central venous catheter (CVC) access care and initiation of dialysis with a CVC (Employee B).</p> <p>The findings include:</p> <p>1. Related to medication administration:</p> <p>A. On 9/10/14 at 3:50 PM, employee D, a registered nurse, was observed at the medication preparation area where she withdrew epogen from a multidose vial. While withdrawing the medication employee D wore a face mask on her chin. After preparing the medication, employee D walked to station 24 and with gloved hands she repositioned the</p>	V000115	<p>The Facility Administrator (FA) held mandatory in-service for all clinical Teammates (TMs) on 9/10/2014. In-service included but was not limited to: review of <i>Policy &amp; Procedure #1-05-01: Infection Control for Dialysis Facilities</i>. 1) Appropriate PPE must be worn whenever there is the potential for contact with body fluids, hazardous chemical, contaminated equipment and environmental surfaces. 2) Masks must cover nose and mouth. 3) Masks must be changed between patients if mask is touched or soiled. 4) Mask must be worn and covering nares while providing CVC care. 5) Each TM is required to complete <i>Star Learning Course Man2002 Exposure Control and Blood Borne Pathogens</i>. Attendance of in-service is evidenced by TMs signature on the clinical in-service form. Evidence of course completion will be Star Learning transcript. FA or designee will ensure compliance by conducting infection control audits daily x1 week, weekly x4 weeks, then monthly. Results of audits will be reviewed with the Medical Director during the monthly FHM with supporting documentation included in the meeting minutes. FHM minutes and activities will be</p>	10/14/2014

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	<p>mask from her chin to her mouth, the mask did not cover her nares. Then she administered the epogen intravenous push (IVP) via the blood line to patient # 7. Following, she pulled her mask back below her mouth to her chin and left the station and provided care to other patients.</p> <p>B. At 4:14 PM, employee D was observed in station 2 with patient 11. The employee walked to the station with two syringes, she pulled the disposable mask from her chin, covered her mouth, not her nares, and administered Hectorol and epogen IVP via the blood line. Following, she removed the mask from her mouth, repositioned on her chin and continued to provide care.</p> <p>2. Related to CVC access care and initiation of dialysis with a CVC:</p> <p>A. On 9/10/14 at 3:30 PM, patient care technician, employee B, was observed as she provided CVC access site care and initiated dialysis via the CVC to patient # 3 in station 5. Employee B was observed to enter the station with a disposable mask below her nares and she provided care and initiated dialysis without donning a clean mask and completely covering her mouth and nares.</p>		<p>reviewed during GB meetings to monitor ongoing compliance.</p> <p>The FA is responsible for compliance with this plan of correction</p>				

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	<p>B. At 4:19 PM, employee B was observed as she provided CVC access site care and initiated dialysis via the CVC to patient # 5 in station 17. Employee B was observed to enter the station with a disposable mask below her nares and she provided care and initiated dialysis without donning a clean mask and completely covering her mouth and nares.</p> <p>3. On 9/10/14 at 5:30 PM, employee D indicated the facility had identified the staff were not wearing face masks appropriately and education was ongoing.</p> <p>4. Facility policy with a revision date of March, 2014 titled "Central Venous Catheter (CVC) Procedure" states, "Materials required: ... PPE-personal protective equipment (face protection, including face mask, gloves, fluid resistant/fluid impervious barrier garment) ... Procedure ... 5. Patient and teammate will wear face masks covering the nose and mouth during catheter procedure. ... Rationale ... 5. These measures are vital to preventing the exposure of the catheter and exit site to nasal droplets and infectious bacteria such as methicillin resistant Staph aureus (MRSA) ... ."</p>			

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V000146	<p>494.30(c)(2) IC-CATHETERS:GENERAL (2) The "Guidelines for the Prevention of Intravascular Catheter-Related Infections" entitled "Recommendations for Placement of Intravascular Catheters in Adults and Children" parts I - IV; and "Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients," Morbidity and Mortality Weekly Report, volume 51 number RR-10, pages 16 through 18, August 9, 2002. The Director of the Federal Register approves this incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. This publication is available for inspection as the CMS Information Resource Center, 7500 Security Boulevard, Central Building, Baltimore, MD or at the National Archives and Records Administration (NARA). Copies may be obtained at the CMS Information Resource Center. For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_regulations/ibr_locations.html</a> Based on observations, staff interview, and review of policies and procedures, the facility failed to ensure all patients with a central venous catheter (CVC) received care in compliance with facility policy in 2 of 2 observations of a patient care technician and initiation of hemodialysis with a CVC. (Patients 3 and 5)</p>	V000146	<p>FA held mandatory in-service for all clinical TMs on 9/10/2014. In-service included but was not limited to: review of <i>Policy &amp; Procedure: # 1-04-02A: Central Venous Catheter Procedure</i>. 1) Patient and teammate must wear face masks covering the nose and mouth during catheter procedure. 2) All TMs retrained on CVC process and required to do a return demonstration</p>	10/15/2014

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	<p>The findings include:</p> <ol style="list-style-type: none"> <li>On 9/10/14 at 3:30 PM, employee B, a patient care technician (PCT), was observed in station 5 with patient 3, a patient with a central venous catheter (CVC). Employee B was observed wearing goggles and a mask below her nares, prior to entering the patient entering the station. The employee failed to don a clean mask and cover her nose prior to providing catheter access care and accessing the catheter and initiating dialysis to the patient.</li> <li>On 9/10/14 at 4:19 PM, employee B was observed in station 17 with patient 5, a patient with a CVC. Employee B was observed wearing goggles and a mask below her nares prior to entering the patient entering the station. The employee was observed to provide catheter care and initiate dialysis via the CVC. The employee failed to don a clean mask and cover her nose prior to providing catheter access care and accessing the catheter and initiating dialysis to the patient.</li> <li>On 9/10/14 at 5:30 PM, employee A indicated staff have been reminded frequently to wear their masks over their nares.</li> </ol>		<p>following exact procedure. Evidence of TM retraining will be signature on clinical in-service form. Charge nurse will conduct monitoring of CVC procedure to at least 3 TMs daily for one week, then 1 TM weekly for a month. Monitoring for compliance will also be included during monthly infection control audit. Results of audits will be reviewed with the Medical Director during the monthly FHM with supporting documentation included in the meeting minutes. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance.</p> <p>The FA is responsible for compliance with this plan of correction</p>	

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V000147	<p>4. Facility policy with a revision date of March, 2014 titled "Central Venous Catheter (CVC) Procedure" states, "Materials required: ... PPE-personal protective equipment (face protection, including face mask, gloves, fluid resistant/fluid impervious barrier garment) ... Procedure ... 5. Patient and teammate will wear face masks covering the nose and mouth during catheter procedure. ... Rationale ... 5. These measures are vital to preventing the exposure of the catheter and exit site to nasal droplets and infectious bacteria such as methicillin resistant Staph aureus (MRSA) ... ."</p> <p>494.30(a)(2) IC-STAFF EDUCATION-CATHETERS/CATHETER CARE Recommendations for Placement of Intravascular Catheters in Adults and Children</p> <p>I. Health care worker education and training A. Educate health-care workers regarding the ... appropriate infection control measures to prevent intravascular catheter-related infections. B. Assess knowledge of and adherence to guidelines periodically for all persons who manage intravascular catheters.</p> <p>II. Surveillance</p>			

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	<p>A. Monitor the catheter sites visually of individual patients. If patients have tenderness at the insertion site, fever without obvious source, or other manifestations suggesting local or BSI [blood stream infection], the dressing should be removed to allow thorough examination of the site.</p> <p>Central Venous Catheters, Including PICCs, Hemodialysis, and Pulmonary Artery Catheters in Adult and Pediatric Patients.</p> <p>VI. Catheter and catheter-site care B. Antibiotic lock solutions: Do not routinely use antibiotic lock solutions to prevent CRBSI [catheter related blood stream infections].</p> <p>Based on observation, interview, and review of policy and procedure, the facility failed to ensure the patient care technician (PCT) provided central venous catheter care in accordance with facility policy in 2 (patient #3 and #5) of 2 observations of care of patients with a central venous catheter completed by a patient care technician (employee B).</p> <p>The findings include:</p> <p>1. On 9/10/14 at 3:30 PM, employee B, a patient care technician (PCT), was observed in station 5 with patient 3, a patient with a central venous catheter (CVC). Employee B was observed wearing goggles and a mask below her nares prior to entering the patient entering the station. The employee failed</p>	V000147	<p>The FA held mandatory in-service for all clinical TMs on 9/10/2014. In-service included but was not limited to: review of <i>Policy &amp; Procedure: # 1-04-02A: Central Venous Catheter Procedure</i>. 1) Patient and teammate must wear face masks covering the nose and mouth during catheter procedure. 2) All TMs retrained on CVC process and required to do a return demonstration following exact procedure. Evidence of TM retraining will be signature on clinical in-service form. Charge nurse will conduct monitoring of CVC procedure to at least 3 TMs daily for one week, then 1 TM weekly for a month. Monitoring for compliance will also be included during monthly infection control audit. Results of audits will be reviewed with the Medical Director during the monthly FHM with supporting documentation</p>	10/15/2014

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	<p>to don a clean mask and cover her nose prior to providing catheter access care and accessing the catheter and initiating dialysis to the patient.</p> <p>2. On 9/10/14 at 4:19 PM, employee B was observed in station 17 with patient 5, a patient with a CVC. Employee B was observed wearing goggles and a mask below her nares prior to entering the patient entering the station. The employee was observed to provide catheter care and initiate dialysis via the CVC. The employee failed to don a clean mask and cover her nose prior to providing catheter access care and accessing the catheter and initiating dialysis to the patient.</p> <p>3. On 9/10/14 at 5:30 PM, employee A indicated staff have been reminded frequently to wear their masks over their nares.</p> <p>4. Facility policy with a revision date of March, 2014 titled "Central Venous Catheter (CVC) Procedure" states, "Materials required: ... PPE-personal protective equipment (face protection, including face mask, gloves, fluid resistant/fluid impervious barrier garment) ... Procedure ... 5. Patient and teammate will wear face masks covering the nose and mouth during catheter</p>		<p>included in the meeting minutes. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance.</p> <p>The FA is responsible for compliance with this plan of correction</p>	

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V000511	<p>procedure. ... Rationale ... 5. These measures are vital to preventing the exposure of the catheter and exit site to nasal droplets and infectious bacteria such as methicillin resistant Staph aureus (MRSA) ... ."</p> <p>494.80(a)(8) PA-DIALYSIS ACCESS TYPE &amp; MAINTENANCE The patient's comprehensive assessment must include, but is not limited to, the following:</p> <p>(8) Evaluation of dialysis access type and maintenance (for example, arteriovenous fistulas, arteriovenous grafts and peritoneal catheters).</p> <p>Based on clinical record review and staff interview, the facility failed to ensure comprehensive assessments included an evaluation of the dialysis access type and maintenance in 4 (#s 1, 3, 5, &amp; 6) of 10 records reviewed of patients with comprehensive assessments.</p> <p>The findings include:</p> <p>1. Clinical record number 1 identified the start of care date as 4/23/14. The record included a comprehensive assessment completed on 5/15/14. The record included a comprehensive</p>	V000511	<p>IDT will initiate and develop Comprehensive Re-Assessment followed by Individualized Plan of Care for Patients #1, 3, 5, and 6 to reflect evaluation and identification of patient's current dialysis access type, location, and maintenance.</p> <p>FA held mandatory in-service for all Registered Nurse (RNs) TMs on 9/28/2014. In-service included but was not limited to: review of <i>Policy &amp; Procedure: # 1-14-02 Patient Assessment and Plan of Care when Utilizing Falcon Dialysis</i>: 1) The Interdisciplinary team (IDT) is responsible for providing each patient with an individualized and comprehensive assessment</p>	10/21/2014

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	<p>re-assessment completed 7/31/14 in which the patient was determined to be unstable. The record included a re-assessment on 8/19/14. The comprehensive assessment failed to identify the correct access and include an evaluation of the dialysis access type, a central venous catheter, and maintenance.</p> <p>2. Clinical record number 3 identified the start of care date as 7/21/14. The record included a comprehensive assessment completed on 7/31/14. The record included a comprehensive re-assessment completed on 8/19/14 in which the patient was determined to be unstable. The comprehensive assessment failed to identify the correct access and include an evaluation of the dialysis access type, a central venous catheter, and maintenance.</p> <p>3. Clinical record number 5 identified the start of care date as 2/1/12. The record included an annual comprehensive assessment completed by on 4/21/14. The comprehensive assessment failed to identify the correct access and include an evaluation of the dialysis access type, a central venous catheter, and maintenance.</p> <p>4. Clinical record number 6 identified the start of care date as 8/13/13. The record included an annual comprehensive</p>		<p>documenting his/her needs. 2) The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care. 3) Assessment must include but not be limited to evaluation of patient dialysis access, identifying access type, location and maintenance of that access. 4) Each RN must document the patient's current dialysis access being used for dialysis as well as any maturing access that is in place. Evidence of this training will be the signed in-service form. FA or designee will conduct Medical Record Audits monthly for 100% new admissions, and 10% of current patient census to ensure current individualized Comprehensive Assessments and Plans of Care are in place, up-to-date, and documentation appropriate. Results of audits will be reviewed with the Medical Director during the monthly FHM with supporting documentation included in the meeting minutes. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance.</p> <p>The FA is responsible for compliance with this plan of correction</p>	

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V000547	<p>assessment completed on 7/2/14. The comprehensive assessment failed to identify the correct access and include an evaluation of the dialysis access type, a central venous catheter, and maintenance.</p> <p>5. On 9/16/14 at 6:35 PM, employee A indicated the plan of care does not include an assessment of the patient's access.</p> <p>494.90(a)(4) POC-MANAGE ANEMIA/H/H MEASURED Q MO The interdisciplinary team must provide the necessary care and services to achieve and sustain the clinically appropriate hemoglobin/hematocrit level.</p> <p>The patient's hemoglobin/hematocrit must be measured at least monthly. The dialysis facility must conduct an evaluation of the patient's anemia management needs. Based on clinical record review and staff interviews, the facility failed to provide the necessary care and services to treat the identified anemia in 3 (# 1, 3, and 10) of 8 records reviewed where anemia was identified.</p> <p>The findings include:</p> <p>1. Clinical record number 1 identified the start of care date as 4/23/14. The</p>	V000547	<p>IDT will complete plan of care updates on Patients 1, 3, and 10 to include evaluation of anemia management and treatment plan.</p> <p>The Group Facility Administrator (GFA) held mandatory in-service for Anemia Manager on 9/10/2014. In-service included but was not limited to: review of <i>Policy &amp; Procedure: 1-14-02 Patient Assessment and Plan of Care When Utilizing Falcon Dialysis, the Stable</i></p>	10/15/2014

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	<p>record included physician orders to follow the facility protocols for epogen and iron dated 4/23/14. The record included a plan of care dated 5/15/14 which indicated for the category of anemia management, the patient had met the target for transferrin saturation of greater than 20 %.</p> <p>A. The protocol for the administration of iron titled "HD DaVita Iron Protocol" states, "Hold for ferritin &gt; 1200 mg [milligrams] / mL [milliliter]. ... Hold Iron sucrose for TSAT [transferrin saturation] greater than 50% or for ferritin greater than 1200 mg / mL. ... When initiating new orders for iron, obtain serum ferritin and TSAT to determine appropriate starting dose." The protocol matrix indicated for a TSAT &lt; 20 % and a ferritin level between 200 - 1200 mg / mL, the beginning dose was 50 mg weekly.</p> <p>B. The clinical record evidenced the patient's iron saturation level was 18 % on 4/23/14, and 20 % on 5/9/14. The record evidenced the ferritin levels were 895 on 4/23/14 and 849 on 5/9/14.</p> <p>C. The record included a plan of care dated 7/30/14 which indicated for the category of anemia management, the patient's target for transferrin saturation</p>		<p><i>Hemoglobin Anemia Program Effort (Shape) 6.1 Protocol, and Iron Works Protocol rev. 3.0 .1)</i> The IDT is responsible for providing each patient with an individualized and comprehensive assessment documenting his/her needs. 2) The comprehensive assessment will be used to develop the patient's treatment plan and expectations for care. 3) Assessment criteria must include but not be limited to evaluation of factors associated with anemia and the potential treatment plans for anemia, including administration of erythropoiesis-stimulating agents. 4) The Shape and Iron Works protocol must be initiated immediately after initial lab results are received. 5) The Anemia Manager is responsible for completing anemia management weekly, contact physician as needed, and make any necessary medication adjustments based on new laboratory results per protocol; documentation will be reflected in patient's medical record. 6) Anemia manager will print off evidence of adjustments and place them in a binder for review. 7) Anemia manager to complete learning pathway for anemia management. Attendance of in-service is evidenced by TMs signature on the clinical in-service form. Anemia Manager will meet weekly x 4 weeks with GFA, and then monthly thereafter with GFA and/or FA to review anemia management program, patients' not meeting goals, treatment plan</p>				

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	<p>of greater than 20 % was not met.</p> <p>D. The record evidenced the patient's iron saturation level was 12 % on 6/2/14, and 12 % on 7/7/14. The record evidenced the ferritin levels were 791 on 6/2/14 and 473 on 7/7/14.</p> <p>E. The record included a plan of care dated 8/19/14 which indicated for the category of anemia management, the patient's target for transferrin saturation of greater than 20 % was not met.</p> <p>F. The record evidenced the patient's iron saturation and ferritin levels were not measured after July 7, 2014, therefore not assessed and incorporated into the care plan dated 8/19/14.</p> <p>G. The record evidenced the patient did not receive any iron per protocol until 9/4/14.</p> <p>H. On 9/16/14 at 11:45 AM, the facility administrator indicated the medication was missed and not administered per protocol. He indicated the patient should have begun receiving the medication in April 2014.</p> <p>2. Clinical record number 3 identified the start of care date as 7/21/14. The record included physician orders to</p>		<p>including adjustments. Anemia Manager will be responsible to attend monthly FHM to review anemia management with Medical Director with supporting documentation included in the meeting minutes. FHM minutes and activities will be reviewed during GB meetings to monitor ongoing compliance.</p> <p>The FA is responsible for compliance with this plan of correction</p>	

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	<p>follow the facility protocols for iron dated 7/21/14. The record included a plan of care dated 7/31/14 which indicated for the category of anemia management, the patient did not meet the target for transferrin saturation of greater than 20 % and ferritin greater than 200 mg / mL.</p> <p>A. The physician order, dated 7/21/14, for the protocol administration of iron titled "HD DaVita Iron Protocol" states, "Hold for ferritin &gt; 1200 mg / mL. ... When initiating new orders for iron, obtain serum ferritin and TSAT to determine appropriate starting dose." The protocol matrix indicated for a TSAT &lt; 20 % and a ferritin level &lt; 200 mg / mL the beginning dose was 100 mg every treatment for 10 doses.</p> <p>B. The record included a plan of care dated 7/31/14 indicated for the category of anemia management, the patient's target for transferrin saturation of greater than 20 % was met. The clinical record evidenced the patient's iron saturation level was 23 % on 7/21/14. The record evidenced the ferritin levels were 174 on 7/21/14 and 126 on 8/4/14, both less than the target of 20% and 200 respectively.</p> <p>C. The record included a plan of care dated 8/19/14 which indicated for the</p>			

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	<p>category of anemia management, the patient's target for transferrin saturation of greater than 20 % and a ferritin level greater than 200 was not met. The record evidenced the patient's iron saturation was 15 % and a ferritin level was 126 on 8/4/14, below the target levels. The plan of care stated, "Pt [patient] on iron and anemia protocols."</p> <p>D. The record failed to evidence the patient received iron per protocol. The record evidenced the patient's first dose was on 9/3/14.</p> <p>E. On 9/16/14 at 2:30 PM, the facility administrator indicated the medication was missed and not administered per protocol.</p> <p>3. Clinical record number 10 identified the start of care date as 7/5/14. The record included physician orders to follow the facility protocols for anemia management for the administration of iron and epogen were dated 7/3/14. The record included a plan of care dated 7/31/14 which indicated for the category of anemia management, the patient did not meet the target for transferrin saturation of greater than 20 % and ferritin greater than 200 mg / mL.</p> <p>A. The physician order, dated 7/3/14,</p>			

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	<p>for the protocol administration of iron titled "HD DaVita Iron Protocol" states, "Hold for ferritin &gt; 1200 mg / mL. ... When initiating new orders for iron, obtain serum ferritin and TSAT to determine appropriate starting dose." The protocol matrix indicated for a TSAT &lt; 20 % and a ferritin level &lt; 200 mg / mL the beginning dose was 100 mg every treatment for 10 doses.</p> <p>B. The record evidenced the patient's iron saturation level was 8% and ferritin was 58 on 7/7/14, less than the target of 20% and 200 respectively. The care plan indicated the patient was ordered protocols and was not currently on epogen or venofer and the anemia manager was to address.</p> <p>C. The record failed to evidence the patient received iron and epogen per protocol. The record evidenced the patient's first dose of epogen was on 8/20/14 and venofer did not begin until 9/3/14.</p> <p>D. On 9/11/14 at 5 PM, employee A, the group facility administrator, indicated the anemia manager is the trained personnel in the facility to address and make changes at the appropriate timing.</p>			