STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025018	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Transitional Care	910 Compassion Circle Anchorage, AK 99504

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (continued on next page)

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
	025018	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Transitional Care	910 Compassion Circle Anchorage, AK 99504

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .Based on record review, observation, and interview, the facility failed to ensure a homelike environment was set up and maintained for 1 Resident (#1), out of 2 residents observed, who was admitted to the facility over a month ago. This failed practice denied the resident the right to a personalized homelike environment. Findings:During an interview on 7/28/25 at 4:06 PM, the Office of Public Advocacy (OPA) Guardian for Resident #1 stated she had been his/her Guardian since last year and she had visited Resident #1 at his/her prior facility (PEC - Polaris Extended Care) before he/she moved to Polaris Transitional Care (PTC) on 6/3/25. The OPA Guardian stated that when Resident #1 was at PEC, his/her room was beautifully set up with family pictures on the wall and personal belongings throughout his/her room. The OPA Guardian further stated she visited Resident #1 at PTC on 7/25/25 and his/her room was night and day compared to when he/she was at PEC. The OPA Guardian stated Resident #1 had been at PTC for over a month and his/her belongings were still in boxes in the corner of his/her room. The OPA Guardian stated Resident #1's room was not home-like at all, and it was disappointing that the facility had not personalized his/her room. Resident #1 Record review on 7/29/25 revealed Resident #1 was admitted to the facility on [DATE] with diagnoses that included anoxic brain damage (brain injury that occurs when the brain is deprived of oxygen), persistent vegetative state (a chronic disorder in which an individual with severe brain damage appears to be awake but shows no evidence of awareness of their surroundings), chronic respiratory failure (not enough oxygen or too much carbon dioxide in the body), and tracheostomy (a surgical procedure that creates an opening in the front of the neck into the trachea to facilitate breathing). An observation on 7/29/25 at 2:34 PM, of Resident #1's room, revealed 7 cardboard boxes containing personal items stacked along the wall that was directly across from the foot of Resident #1's bed. Further observation revealed the room had no personal items on the walls or situated around the room to create a home-like environment, except for about 7 to 8 pictures on a gray corkboard on the wall near the boxes. This corkboard was situated behind a TV that was mounted on the wall and approximately 5 feet away from the Resident's head, making it difficult to see clearly from across the room. During an interview on 7/29/25 at 1:50 PM, Nursing Supervisor (NS) #1 stated when a resident was admitted to a room, the CNA (Certified Nursing Assistant) assigned was responsible for inventorying personal items and putting personal items away in drawers, among their other tasks. He/she stated, it was the expectation that these tasks were done pretty much immediately. NS #1 added, they were unsure of what needed to be unpacked for this resident and family would usually help unpack. When asked if family was contacted to help unpack the boxes, he/she replied, I don't know. During an interview on 7/29/25 at 2:20 PM, Family Member (FM) #1 stated that he/she had been visiting the resident since 7/18/25 from out of state. When asked if staff had talked to him/her about the boxes of personal items in the resident's room, he/she replied no, and that he/she didn't know anything about the boxes or their contents. Record review on 7/29/25 was unable to find documentation that staff had contacted family or the representative for guidance or assistance in unpacking the resident's belongings or that the resident or representative had resisted the facilities attempts to facilitate a homelike environment. Review of the facility's policy Homelike Environment, dated 3/2025, revealed: . 3. The Social Service staff contact family, conservator, or responsible party and enlist their help in personalizing the resident's environment. A letter may be sent to encourage their cooperation in this process . 5. If a resident resists a homelike emphasis, the resident's wishes are honored and his/her resistance documented appropriately in the Social Services notes .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025018	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Transitional Care	910 Compassion Circle Anchorage, AK 99504

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. .Based on record review and interview, the facility failed to ensure their facility assessment was up to date and accurate. This failed practice had the potential to place all residents (based on a census of 49) at risk of not having the necessary care and resources from an accurate assessment. Findings:Record review on 7/29/25 of the facility's Polaris Transitional Care Facility Assessment, dated 2025, revealed: 1. Facility Capacity and Census: - Capacity: Our facility is licensed to provide care for 96 residents. The actual maximum number of residents allowable may be less at times to accommodate for safety resident care needs. Review of the facility's State of Alaska license, effective 3/1/25 through 3/1/26, revealed it was licensed for 50 beds. The facility assessment was not accurate. During an interview on 7/29/25 at 2:14 PM, the Director of Community Liaison stated the bed capacity for PTC was 50 beds. 2. Facility Resources Needed: Day to Day and During Emergencies: - Facility Description: Our facility is a 116,460 square foot nursing facility consisting of 8 cottages, 8 courtyards, and common's building . Review of the facility's initial licensing application, dated 1/3/25, revealed this facility was one building, Type V (000) construction, with two wings, each having one 12 bed hallway and one 13 bed hallway. Each wing also had a common room with tables and chairs and a nurse's station. The facility assessment was not accurate. Review of the facility-provided Polaris Transitional Care Facility Assessment, dated 2025, revealed: . The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually .