

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  025018	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2026
NAME OF PROVIDER OR SUPPLIER  Polaris Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>.Based on record review and interview, the facility failed to ensure that 1 resident (Resident #11) out of 1 resident reviewed for dialysis care, received treatment and care in accordance with physician orders, the comprehensive person-centered care plan, and professional standards of practice. Specifically, the facility failed to:1. remove a post-dialysis dressing within the ordered timeframe;2. assess and accurately document the condition of the resident's dialysis access site; and3. monitor, evaluate, and communicate complications related to the resident's vascular access. These failed practices had the potential to result in clinically significant complications, including bleeding, infection, or vascular access compromise, and did not meet accepted standards of practice for post-dialysis care Resident #11Record review on 3/25-26/26 revealed Resident #11 was admitted to the facility with diagnoses that included dependence on renal dialysis (medical treatment that performs the function of the kidneys when they are no longer able to adequately filter waste products and excess fluid from the blood), end stage renal disease (ESRD - the final stage of kidney disease in which the kidneys have permanently lost the ability to function adequately to meet the body's needs), and peripheral vascular disease (PVD - impaired blood circulation in the extremities due to narrowed blood vessels).Failure to Remove Post-Dialysis Dressing Within the Ordered TimeframeRecord review of physician orders initiated 1/19/26 revealed, POST DIALYSIS: SHUNT CHECK BLEEDING - REMOVE PRESSURE DRESSING AFTER 3 HOURS. OBSERVE AND MAINTAIN NO PRESSURE ON RUE FISTULA OR DIALYSIS CATHETER.Review of the Medication Administration Record (MAR), dated 1/1-31/26, revealed the following order: .POST DIALYSIS: SHUNT CHECK BLEEDING - REMOVE PRESSURE DRESSING AFTER 3 HOURS -Order Date- 01/19/2026. Further review of the MAR did not indicate that the removal of the dressing. Review of nursing progress notes from 1/27-29/26 revealed no documentation to support that a dressing change was performed to Resident #11's arteriovenous (AV) fistula access site.During an interview on 3/25/26, dialysis staff reported that post-dialysis dressings should be removed within an appropriate timeframe and that delayed removal may increase the risk of complications.Review of the facility provided document Dialysis Communication, dated 1/29/26, revealed, .Communication FROM Dialysis Center for Polaris. [Resident #11's] fistula dressing must be removed [after] 4-6 hrs [hours] after HD [hemodialysis] to prevent clotting/narrowing of AV [arteriovenous] graft.Failure to Assess and Accurately Document the Condition of the Resident's Dialysis Access SiteReview of Resident #11's care plan, initiated on 1/21/26, revealed: .Will have no s/sx [signs and symptoms] of complications from dialysis. Check and change dressing daily at access site. Document. Monitor/document/report to MD PRN [Medical Doctor - as needed] for s/sx of the following: Bleeding, Hemorrhage, Bacteremia, septic shock.Review of the TAR, dated 1/1-31/26, revealed an order: .ASSESS FISTULA SITE AND DOCUMENT: C=CLEAR, T=TENDERNESS, R=REDNESS, B=BLEEDING every shift - Order Date- 01/19/2026.During an interview on 3/26/26 at 11:00 AM, LN #3 reported that he/she provided post-dialysis care to Resident #11. LN #3 stated that upon the resident's return from dialysis on 1/27/26, the access site was bleeding, and a dressing change was performed. Review of LN #3's TAR documentation revealed that the assessment was charted as, clear.Review of nursing progress notes from 1/27-29/26 revealed no documentation to support that a dressing change was performed to (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #11's arteriovenous (AV) fistula access site as indicated by LN #3. Review of the facility policy Dialysis (Renal), Pre- and Post-Care, last revised 3/2025, revealed: .It is the policy of this facility to. Assess and maintain. renal dialysis access. Further review revealed: .Post-Dialysis Care. Dialysis access should be assessed upon return to the facility for patency, any unusual redness, swelling, or bleeding. Post dialysis AV shunt access care as ordered. Any problems with a resident's access should be addressed immediately. Excessive bleeding from graft site, redness, swelling, pain, or a non-functioning graft requires medical attention. Documentation related to pre- and post-dialysis care will be placed in the clinical record and include. Resident assessments, interventions. Failure to Monitor, Evaluate, and Communicate Complications Related to the Resident's Vascular Access Review of the facility policy Renal Dialysis, Care of Resident, Hemodialysis Access Site, Diet/Fluid Restrictions, Care Plan, last revised 11/2019, revealed requirements to monitor for signs of complications and call the physician immediately for bleeding. During an interview on 3/26/26 at 12:45 PM, the Administrator explained that the facility followed standard processes supported by training and order sets. She stated that staff received, in-services that we do. annually with the staff. Record review from 3/25-26/26 of Resident #11's medical record did not reveal any notifications to Resident #11's physician about the post-dialysis bleeding AV fistula on 1/29/26. Review of Centers for Disease Control and Prevention (CDC) dialysis safety guidelines on the Best Practices . in Dialysis Settings online page (<a href="http://www.cdc.gov/dialysis-safety/hcp/clinical-safety/index.html">www.cdc.gov/dialysis-safety/hcp/clinical-safety/index.html</a>) shows that facilities are expected to assess staff adherence to aseptic technique . during dressing changes and to conduct ongoing observations of vascular access care and catheter accessing, Standards of care require reassessment of the access site after removal for bleeding, redness, or swelling, with accurate documentation and timely communication of findings.</p>		