

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Polaris Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 920 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>.Based on record review and interview, the facility failed to report an allegation of abuse to the State Agency as required under CFR 483.12(c)(1). Not reporting an allegation of abuse in an appropriate and timely manner inhibited the State Agency from accurately assessing and investigating this allegation, which placed all residents at risk for future exposure to potential abuse. Findings:A review of a report, that was received from The Office of Long-Term Care Ombudsman (OLTCO) on 6/12/25, revealed the facility submitted a report of alleged abuse to Adult Protective Services (APS) involving Certified Nursing Assistant (CNA) #4 against Resident #10 on 5/24/25. Further review of the APS report revealed the incident occurred on 4/15/25. However, the facility leadership was only made aware of the incident on 5/24/25, who submitted the initial report to APS without notifying the State Agency. During an interview on 7/15/25 at 9:37 AM, the Director of Nursing (DON) stated on 5/24/25 CNA #9 informed leadership about an incident on 4/15/25 that he/she witnessed. The DON state CNA #9 stated he/she witnessed CNA #4 strike Resident #10 on the shoulder telling the resident he/she should not have peed [his/her] pants. When leadership questioned why CNA #9 didn't report this on the day of the incident, the DON stated CNA #9 stated he/she reported it to the nurse working day shift that day, which he/she identified as LN #6. When asked who the DON reported the incident to, the DON stated he reported it to APS. The DON stated he did not send the initial report to the State Agency on 5/24/25, however, he did send the final report to the State Agency on 5/29/25 at 4:20 PM using the email complaintcoordinator@alaska.gov. Review of the email sent to the State Agency, dated 5/29/25 at 4:21 PM, revealed: Initial and final report attached. APS report submitted on 5/24 within two-hour timeframe. Further review of the State Agency email complaintcoordinator@alaska.gov revealed no email from the facility with the initial report was sent on 5/24/25. The State Agency was only made aware of this allegation on 6/12/25 when the OLTCO report was received because the complaintcoordinator@alaska.gov email was the incorrect email for the facility to use for reporting and was not monitored for reports. Review of the State of Alaska, Department of Health Complaint Form - Instructions for Filing a Complaint, at https://health.alaska.gov/en/division-of-health-care-services/health-facilities-licensing/ revealed the correct email address to send complaints was listed as DHCS.HFLC@hss.soa.direct.net. Review of the facility policy, Reporting Alleged Violations of Abuse, Neglect, Exploitation, or Mistreatment, dated 4/2025, revealed: . Procedure: In response to allegations of abuse, neglect, exploitation, or mistreatment, the Facility will: Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately but: Not later than two (2) hours after the allegation is made if the events that cause the allegation involved abuse or results in serious bodily injury . Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported to: The Administrator of the Facility, The State Survey Agency; Adult Protective Services (as appropriate) . Ensure that the results of all investigations are reported within five (5) working days of the incident to: The Administrator and The State Survey Agency .</p>		