STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025036	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Polaris Extended Care	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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (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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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .Based on record review and interview, the facility failed to: 1) Document the reason for resident discharges in the medical record for 3 long-term Residents (#'s 1, 6, and 9), out of 3 resident's reviewed. Specifically, the three residents were discharged without any documentation that showed the residents' welfare and the residents' needs could not be met in the facility; and 2) Document sufficient preparation and orientation to residents and/or resident representatives to ensure safe and orderly discharge from the facility for 3 long-term Residents (#'s 1, 6, and 9), out of 3 resident's reviewed. This failed practice resulted in inappropriate discharges and displaced these residents from a familiar environment that had been their home for years and placed them at risk for the undue stress of an unfamiliar environment and unknown staff, which could affect their overall health and well-being. Findings:Resident #1 Record review on 7/29/25 revealed Resident #1 was admitted to the facility on 5/2010 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), and chronic respiratory failure (not enough oxygen or too much carbon dioxide in the body). Further review revealed Resident #1 had a tracheostomy (a surgical procedure that creates an opening in the front of the neck into the trachea to facilitate breathing) and was non-communicative. Review of Resident #1's Post-Transfer Notice of Facility-Initiated Transfer, dated 6/10/25, revealed: . This letter serves as written documentation that you were transferred from Polaris Extended Care [PEC] to Polaris Transitional Care [PTC] on June 3, 2025. Although you agreed to the transfer March 7, 2025, it was initiated by the facility, and therefore we are required to issue this notice . Reason for Transfer: This transfer was made to support continuity of care within our organization [and] access to more appropriate services . Further review revealed no identification of what the more appropriate services were at PTC that was not available at PEC. Review of Resident #1's Social Services Note, dated 3/7/25, revealed: LCSW [licensed clinical social worker] spoke with resident's guardian, [Office of Public Advocacy, OPA, Guardian #3] via phone regarding option to move resident from PEC to PTC to provide 24/7 nursing care for resident's tracheostomy needs. [OPA Guardian #3] verbalized consent for resident to move from PEC to PTC. Aforementioned relayed to the care team for coordination of care. Review of Resident #1's physician orders revealed an order, dated 6/3/25, May discharge to Polaris Transitional Care Center, which was 88 days after it was discussed with the guardian. Review of Resident #1's Discharge Summary and Post-Discharge Plan of Care, dated 6/3/25, revealed: Recapitulation of Resident's Stay: Reason for admission: Custodial/Long-Term Care Services. Treatment Provided: Other. Explain Other: Resident was here at Polaris Extended Care as a long term resident. Progress (include any complications): No recent complications noted. Resident's health status has been stable. Reason for discharge: Other . Explain: Resident is moving to sister Facility, Polaris Transitional Care . Further review revealed no documentation identifying the reason for Resident #1's discharge. Review of Resident #1's medical record, on 7/29/25, revealed no assessment that indicated what needs could not be met at PEC. Further review revealed no nursing note to indicate any concerns of needs not being met, or any change in status that indicated the resident's health and wellbeing was affected by any needs not being met prior to the transfer to PTC. Further review revealed no physician/provider note that reflected the bases for the transfer, specific resident needs that could not be met, facility attempts to meet the resident's needs, or services available at the receiving facility to meet the resident's needs. Discharge Planning Record review on 7/29/25 for Residents #1 revealed no documentation of a resident-centered discharge planning process, that involved the residents and resident representatives, for orientation to the new facility or preparation of this transition to another facility. Resident #6 Record review on 7/29/25 revealed Resident #6 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (weakness or paralysis of the left side of the body following a stroke) and chronic respiratory failure. Further review revealed Resident #6 had a tracheostomy and was non-communicative. Review of Resident #6's Post-Transfer Notice of Facility-Initiated Transfer, dated 6/10/25, revealed: . This letter serves as written documentation that you were transferred from Polaris Extended Care [PEC] to Polaris Transitional Care [PTC] on June 3, 2025. Although you agreed to the transfer March 10, 2025, it was initiated by the facility, and therefore we are required to issue this notice . Reason for Transfer: This transfer was made to support continuity of care within our organization [and]

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .Based on record review and interview, the facility failed to: 1) Provide a written notice of transfer/discharge, by the facility, at least 30 days before the resident was transferred or discharged for 3 Residents (#'s 1, 6 and 9), out of 3 residents reviewed for transfer/discharge; and 2) Ensure the contents of the notice of transfer/discharge followed regulation requirements. These failed practices denied the resident and/or resident representative appeal rights information that include: 1) The name, address (mailing and email), and telephone number of the entity which receives such requests; 2) Information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; 3) The name, address (mailing and email) of the State Long-Term Care Ombudsman; and 4) the mailing and email address of the Alaska Disability Law Center responsible for the protection and advocacy of individuals with a mental disorders. Not providing all required information within the required timeframe violated the resident's right to appeal prior to the transfer/discharge if so desired. Findings:30-Day Timeline Requirement Resident #1 Record review on 7/29/25 revealed Resident #1 was admitted to the facility May 2010 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), and chronic respiratory failure (not enough oxygen or too much carbon dioxide in the body). Further review revealed Resident #1 had a tracheostomy (a surgical procedure that creates an opening in the front of the neck into the trachea to facilitate breathing) and was non-communicative. Review of Resident #1's Post-Transfer Notice of Facility-Initiated Transfer, dated 6/10/25, revealed: . This letter serves as written documentation that you were transferred from Polaris Extended Care [PEC] to Polaris Transitional Care [PTC] on June 3, 2025. Although you agreed to the transfer March 7, 2025, it was initiated by the facility, and therefore we are required to issue this notice . While this letter is being provided after the transfer occurred, we are issuing it now to ensure accurate documentation and communication with you and the Long-Term Care Ombudsman. Reason for Transfer: This transfer was made to support continuity of care within our organization [and] access to more appropriate services. Your Rights: You retain the right to: Appeal the transfer decision. Contact the Long-Term Care Ombudsman (907-334-4480) or Alaska Disability Law Center (907-565-1002) for advocacy or concerns. We apologize for the delay in issuing this formal notice and remain committed to ensuring your rights and well-being are respected at every step of your care . Review of Resident #1's Social Services Note, dated 3/7/25, revealed: LCSW [licensed clinical social worker] spoke with resident's guardian, [Office of Public Advocacy, OPA, Guardian #3] via phone regarding option to move resident from PEC to PTC to provide 24/7 nursing care for resident's tracheostomy needs. [OPA Guardian #3] verbalized consent for resident to move from PEC to PTC. Aforementioned relayed to the care team for coordination of care. Review of Resident #1's physician orders revealed an order, dated 6/3/25, May discharge to Polaris Transitional Care Center, which was 88 days after it was discussed with the guardian. Resident #6 Record review on 7/29/25 revealed Resident #6 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (weakness or paralysis of the left side of the body following a stroke) and chronic respiratory failure. Further review revealed Resident #6 had a tracheostomy and was non-communicative. Review of Resident #6's Post-Transfer Notice of Facility-Initiated Transfer, dated 6/10/25, revealed: . This letter serves as written documentation that you were transferred from Polaris Extended Care [PEC] to Polaris Transitional Care [PTC] on June 3, 2025. Although you agreed to the transfer March 10, 2025, it was initiated by the facility, and therefore we are required to issue this notice . While this letter is being provided after the transfer occurred, we are issuing it now to ensure accurate documentation and communication with you and the Long-Term Care Ombudsman. Reason for Transfer: This transfer was made to support continuity of care within our organization [and] access to more appropriate services. Your Rights: You retain the right to: Appeal the transfer decision. Contact the Long-Term Care Ombudsman (907-334-4480) or Alaska Disability Law Center (907-565-1002) for advocacy or concerns. We apologize for the delay in issuing this formal notice and remain committed to ensuring your rights and well-being are respected at every step of your care . Review of Resident #6's Social Services Note, dated 3/7/25, revealed: LCSW attempted phone contact with resident's daughters/co-guardians . regarding option to move resident from PEC to PTC to provide 24/7 nursing care for resident's tracheostomy