

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  11/26/2025
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 0684  Level of Harm - Actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p>.Based on record review and interview, the facility failed to ensure necessary care and services were received to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 2 residents (#6 and #9), out 6 sampled residents. Specifically, the facility failed to: 1) Administer scheduled wound treatment and dressing change orders to Resident #6's right thigh and right buttock on 11/6/25 and 11/8/25; 2) Properly assess reports of increased right leg pain on 11/7-9/25 by Resident #6 and appropriately report this change in condition to providers; and 3) Ensure timely notification for Wound Care Team assessment and interventions for a change in condition of a surgical site for Resident #9's pacemaker (an artificial device surgically placed under the skin for stimulating the heart muscle and regulating its contractions). These failed practices resulted in harm as evidence by regression of Resident #6's right thigh and right buttock wounds, an infection of Resident #6's wounds which required painful wound cleansing treatments, and adverse effects of antibiotic therapy. Additionally, these failed practices resulted in Resident #9's hospitalization due to an infection of the surgical site which required extensive treatment to heal, necessary surgical intervention to relocate the resident's pacemaker, and a lengthy hospital stay for treatment. Findings:Resident #6 Record review on 11/25-26/25 revealed Resident #6 was admitted to the facility with diagnoses that included myasthenia gravis with acute exacerbation (a condition caused by a breakdown in communication between nerves and muscles, causes weakness and rapid fatigue of muscle control of the face, throat, arms, and legs), diffuse large B-cell lymphoma (most common form of non-Hodkins lymphoma, cancer of the B cells which are responsible for producing antibodies), immunodeficiency (failure of the immune system to protect the body adequately from infection), asthma, and chronic respiratory failure. Wound History Review of Resident #6's electronic Treatment Administration Record (eTAR), dated 9/1/25 through 11/26/25, revealed a history of treatment for right thigh skin related issues since 9/3/25, which initially started as a rash or blister and progressed to two furuncles (boils or abscesses) to the back of Resident #6's right thigh and right buttock. Further review revealed Resident #6's most recent wound treatment order started on 10/28/25: Two furuncles (boil, abscess) to posterior right thigh and right buttock: remove packing strip. Irrigate with NS [normal saline] or wound spray. Cleanse with wound cleanser, pat dry. Utilize a cotton tipped applicator (q-tip) to place 1/4 inch iodoform [a continuous strip of gauze impregnated with iodoform, iodine with antiseptic properties] loosely in one continuous strip into depth of wound; leave 1/2 inch or greater outside of wound, then secure in place with Mepilex Transfer [a thin and conformable wound dressing which draws moisture and drainage away from a wound] (cut to fit) or bordered foam [a specialized wound care product designed to manage moderate to heavy drainage from wounds]. Every day shift every Tue[sday], Thu[rday], Sat[urday] for Furuncles on [RLE (right lower extremity)] for 30 days. Further review revealed Wound Care Nurse (WCN) #2 and Physician Assistant (PA) #11 completed this ordered wound treatment on Tuesday, 11/4/25. On 11/4/25, Resident #6's wound treatment orders were revised. These new orders were set to start on Thursday, 11/6/25: - Right buttock: Furuncle (boil, abscess) to posterior right buttock: remove packing strip. Irrigate with NS or wound spray. Cleanse with wound cleanser, pat dry. Utilize a cotton tipped applicator (q-tip) to place 1/4 inch iodoform loosely in one continuous strip into depth of wound; leave 1/2 inch or greater outside of wound, then secure in place with Mepilex Transfer (cut to fit) or bordered foam. Every day shift every Tue, Thu, Sat for Furuncles on [right] buttock for 30 days; and - Right thigh: Furuncle (boil, abscess) to . right posterior thigh: Cleanse/irrigate with NS or wound cleanser, pat dry. Place [AquacelAg] [a specialized, non-woven wound dressing, which contains ionic silver, that is designed to absorb wound fluid and bacteria, creating a moist environment that supports healing] over wound bed and secure with bordered foam. Every day shift every Tue, Thu, Sat for Furuncle on right posterior thigh for 30 days. Further review of these two new wound treatment orders revealed Licensed Nurse (LN) #8 signed the eTAR on Thursday, 11/6/25, and Saturday, 11/8/25, as having completed these dressing changes. During an interview on 11/25/25 at 11:59 AM, Resident #6 stated his/her thigh wound started in September 2025 and progressed to abscesses to his/her right thigh and right buttock. Wound treatments with dressing changes continued since then, and the wounds were improving. Resident #6 stated wound cleaning and dressing changes were usually painful, but the pain was improved as the wounds progressed, and he/she had not been using PRN pain medication during dressing changes for a while. Resident #6 stated WCN #2 and PA #11 completed the wound cleaning, assessment, and dressing change on Tuesday 11/4/25 and they come every Tuesday to do this. Resident #6 then became tearful and stated</p>		