

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 01/06/2026
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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>.Based on record review and interview, the facility failed to ensure the resident representative was informed of, and able to participate in, care decisions for 1 resident (#1) out of 15 residents sampled. Specifically, the facility failed to notify Resident #1's court appointed guardian of a scheduled psychiatric consultation, despite documentation confirming the guardian held full legal authority for medical and mental health treatment decisions. This failed practice prevented the guardian from exercising the right to be informed, to participate in planning of care, and to provide informed consent for mental health services .Findings:Record review on 1/5-6/26, revealed Resident #1 was admitted to the facility with diagnoses that included multiple sclerosis (a disease that causes breakdown of the protective covering of the nerves), renal tubule-interstitial disease (a kidney disease that affects the tubules and surrounding tissues), bipolar disorder (mental health condition characterized by extreme mood swings), delusional disorder (serious mental health condition characterized by persistent, false beliefs that are not based in reality) and anxiety disorder (mental health disorder characterized by uncontrollable feelings of anxiety and fear).Review of Resident #1's LETTER OF GUARDIANSHIP, dated 4/17/14, revealed: . the Office of Public Advocacy is hereby appointed as full guardian of the ward, [name of Resident #1] The duties and powers of the full guardian of the respondent shall be those provided in the Findings and Order of Guardianship. Further review of the document revealed .GUARDIANSHIP PLAN AS [Alaska Statute] 13.26.116 judicial determination has been that [name of Resident #1] is incapacitated and the services of a guardian are necessary.the guardian has full authority to provide for the ward's medical care, mental health treatment, and any necessary physical and mental examination including the power to approve administrations of any and all medications to be prescribed for the ward, and to approve medical procedures and administration of psychotropic medications.Review of Resident #1's Consultation Report, dated 10/22/25, revealed: .Consultation Report Requested Regarding: Behavioral health [.] Findings: Today[']s visit-pt [patient] unescorted.documentation at time of visit-stating guardian POA [Power of Attorney] pt unable to tell us why [he/she] is here.Recommendations: need more info-reason for visit [.] guardian contact.During an interview on 1/6/26 at 5:00 PM, the Administrator and the Director of Nursing (DON) stated there was no documented guardian notification.During a concurrent interview and document review on 1/6/25 at 5:36 PM, the DON stated that in the facility's staffing schedule, dated 10/22/25, there was a note that Resident #1 needs an escort, but cannot verify who the escort was.Review of an email from the facility's Assistant Administrator (AA) dated 1/7/26 at 11:27 AM, revealed: .Our driver provided transportation to and from the appointment and ensured the resident was checked in upon arrival. The resident's recent BIMS [Brief Interview for Mental Status] assessment indicates intact cognitive function, which typically does not require an escort for medical appointments. Further review of the email revealed: It is our standard practice to notify residents and their representatives of scheduled appointments. Our last communication with the resident's guardian indicated that [he/she] may have been</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 025036
		If continuation sheet Page 1 of 7

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>notified but, due to a large caseload, cannot recall with certainty. Review of the follow-up email from the facility's AA, dated 1/7/26 at 1:11 PM, revealed: At this time, there is no documentation in the resident's chart indicating confirmation from the guardian. However, we did reach out to the resident's guardian yesterday [1/6/26] to confirm that [he/she] was aware of the resident's request for mental health services and the scheduling of a mental health appointment. The guardian responded stating: 'It is possible that I was made aware. I have a large caseload.'</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>.Based on record review and interview, the facility failed to ensure 2 residents (#2 and #3) out of 15 sampled residents received activities of daily living (ADL) services in accordance with assessed needs, care plans, and stated preferences, resulting in unmet personal care needs and potential diminished quality of life. Specifically, the facility failed to provide scheduled showers to one resident (#2) who was fully dependent on staff for bathing and failed to assist another resident (#3) out of bed as required by the care plan. These failed practices resulted in unmet personal care needs and poor quality of life . Findings: Resident #2 Record review on 1/5-6/26 revealed Resident #2 was admitted to the facility with diagnoses that included quadriplegia (paralysis of all four limbs and the trunk, often resulting in severe limitations in movement, sensation, and respiratory function). Review of Resident #2's care plan, last revised 12/29/25, revealed: .Focus: ADL Self Care Performance Deficit r/t [related to] Limited Mobility . Interventions/Tasks: . PROVIDE SHOWER EVERY SUNDAY AND THURSDAY NIGHT.TOILETING DEVICE: Carendo [height adjustable and reclining shower] chair for shower . Further review of the care plan revealed no revisions to reflect reduced showers. Review of Resident #2's Minimum Data Set (MDS - a federally required assessment) significant change in status assessment, dated 12/16/25, revealed under Section F-Preferences for Customary Routine and Activities, Resident #2 prefers receiving showers. Further review revealed, under Section GG-Functional Abilities, Resident #2 had an impairment of the upper and lower limbs on both sides and was dependent on staff for his/her shower. Review of the progress note, dated 12/21/25 at 8:32 PM, revealed: Confirm with CNA Shower EVERY SUNDAY AND THURSDAY NIGHT. and complete LN [Licensed Nurse]- Skin Evaluation - PRN [as needed] / Weekly every night shift every Thu, Sun.short staffed, needs 2 person assist. Review of Resident #2's care plan, revealed: BATHING (SHOWER/BATHE SELF): 1 person providing dependent assistance using carendo chair. Review of Resident #2's December 2025 shower log revealed Resident #2 did not receive a shower from 12/18-28/25 (totaling 14 days in between showers) and instead received a bed bath on 12/18/25 and 12/21/25. Review of the progress note, dated 1/5/26 at 1:54 AM, revealed: Confirm with CNA Shower EVERY SUNDAY AND THURSDAY NIGHT. and complete LN- Skin Evaluation - PRN / Weekly every night shift every Thu, Sun .Helping CNA [certified nursing assistant] was not able to give shower to resident. Review of Resident #2's January 2026 shower log on 1/6/26 revealed Resident #2 did not receive showers on scheduled shower days of 1/1/26 (Thursday) and 1/5/26 (Sunday). Documentation reflected a bed bath on 1/1/26, but no shower or bed bath on 1/5/26. During an interview on 1/6/26 at 12:47 PM, Resident #2 stated he/she was dependent on staff for activities of daily living such as showering. Resident #2 further stated staff did not shower him/her for three weeks last month (December 2025) and yesterday (1/5/26) because he/she was told there were not enough CNAs available. When asked about staff response to call lights, Resident #2 stated, I have to wait a long time most of the time, sometimes I wait a half hour to 40 minutes because they are helping someone shower or 1 CNA has two cottages. When I call for small things like water, they tell me they are too busy and turn around because they need to help someone else. I feel like they don't want to help me with things like turning my TV volume up or down even though they are in here, it only takes a second to do that, but they turn around and leave the room and just walk out. During an interview on 1/6/26 at 5:55 PM with the Director of Nursing (DON), the DON stated showers were audited twice a week and discussed during rounds. DON further stated if a resident did not get a shower, the CNA was supposed to notify the nurse or the supervisor. Resident #3 Record review on 1/5-6/26 revealed Resident #3 was admitted to the facility with diagnoses that included multiple sclerosis (chronic autoimmune disease in which the immune system attacks the protective covering of nerve fibers in the brain and spinal</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>cord, disrupting communication between the nerves and the body), muscle weakness, and functional quadriplegia. Review of Resident #3's MDS quarterly assessment, dated 11/4/25, revealed, under Section GG-Functional Abilities, Resident #3 had an impairment of the upper and lower limbs on both sides. Further review revealed Resident #3 was dependent on staff for his/her chair/bed-to-chair transfers. Review of Resident #3's care plan, last revised, 11/14/25, revealed: .Focus: ADL Self Care Performance Deficit r/t Limited Mobility, Activity Intolerance . Interventions/Tasks: TRANSFER Requires supervision and physical assistance with transferring. 1 person using overhead lift . Review of the Social Service Summary note dated 5/8/25 at 2:57 PM revealed: [Resident #3] indicated interest in being transferred to [his/her] chair more than once a week. Resident identified staffing concerns being a primary factor in transfer assistance due to being a two (2) person transfer; however, [he/she] report a decrease in [his/her] typical enjoyed activities when [he/she] is left in [his/her] bed. Resident stated [he/she] would like to address issue during care conference. Review of the facility's resident grievance log revealed Resident #3 filed a grievance on 8/13/25. Review of the grievance revealed: Resident is concerned about not being able to get up out of bed more than one time per week. [He/she] has been told that [he/she] can only get up one time per week due to staffing. Would like to get up M [Monday], W [Wednesday], F [Friday] .SW [Social Worker] discussed with leadership team, DON. DON to address [with] staff and ensure resident is able to get up more frequently. Review of Resident #3's CNA Tasks revealed: Ensure resident is up every Monday, Wednesday, Friday. Further review of the task log, from 12/8/25-1/5/26, revealed: The week of 12/14-20/25, Resident #3 got up once (12/19/25), The week of 12/21-27/25, Resident #3 did not get up; andThe week of 12/28/25-1/3/26, Resident #3 got up once (1/2/26). No was marked to the resident getting up on 12/17/25, 12/22/25, 12/24/25 and 12/31/25. During an interview on 1/5/26 at 11:37 AM, Resident #3 stated he/she did not get out of bed twice during the month of December (2025). Resident #3 further stated when I ask to get up they say well we will see, and that usually means no, they are either shorthanded or too many people getting up at once so they don't have time. It is in my plan of care that I get up three times a week, but two times a week works fine for me. Review of the facility provided 2026 Polaris Extended Care Facility Assessment, undated, revealed: Based on our resident population and their care needs, we have made a good faith effort and approach to ensure we have sufficient and qualified staff to meet the needs of our residents at any given time. The facility periodically interviews residents for preferences on waking and sleep times, shower schedules, etc. Should an individual identify, or express preferences related to individual choice, cultural needs, or other factors, their plan of care is adjusted to meet their person-centered care preferences when able. If the facility is unable to meet a request, the resident is advised, and the facility will collaborate with the resident and/resident representative to achieve the best solution or compromise possible.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on record review, interview, and observation the facility failed to ensure sufficient nursing staff to meet residents' needs, (based on a census of 93) as established by the facility assessment (a mandatory, comprehensive evaluation to understand the specific resident population's needs and match them with necessary staffing, equipment, and resources to meet those needs). Specifically: The facility assessment identified minimum staffing requirements; however, actual staffing schedules showed fewer certified nursing assistants (CNAs), and licensed nurses (LNs) than defined. Residents (#2 and #3) were not provided ADLs according to their care plans. These deficient practices resulted in delayed residents' care per comprehensive care plans, unmet needs and had the potential to negatively impact residents' health, safety, and quality of life. Findings: Staffing Review of the facility provided 2026 Polaris Extended Care Facility Assessment, undated, revealed: . Nurse staffing information (S483.35 - F732) is posted daily and includes the facility name, current date, census, total number, and actual hours worked per shift for registered nurses, licensed practical nurses, and certified nurse aides [CNAs]. The information is posted at the beginning of each shift and in a prominent location that is readily accessible to residents and visitors. The daily posted nurse staffing data is retained for a minimum of 18 months. Sample staffing charts are provided below and are a snapshot of staffing that flexes to meet census, resident acuity and needs. Further review of the assessment indicated staffing should include 6 to 8 licensed nurses (registered nurses and licensed practical nurses) on day shift, 5 to 7 licensed nurses on night shift, 8 to 10 CNAs on day shift and 7 to 8 CNAs on night shift. Record review on 1/5-6/26 of staffing schedules for December 2025 and January 2026 revealed staffing consistently fell below the facility assessment's established levels. Specifically, the facility failed to meet established staffing levels for 6 out of 10 weekend days reviewed: LNs- On Saturday, 1/3/26, five day shift LNs were scheduled. The established minimum for day shift LNs was 6-8 per facility assessment. On Friday, 12/19/25, four night shift LNs were scheduled. On Saturday, 1/3/26, four night shift LNs were scheduled; the Director of Nursing (DON) worked as a LN for med pass [medication administration] in Yukon cottage. The established minimum for night shift LNs was 5-8 per facility assessment. CNAs On Sunday, 12/14/25, seven day shift CNAs were scheduled; On Friday, 12/19/25, six day shift CNAs were scheduled; On Saturday, 12/20/25, six day shift CNAs were scheduled; On Sunday, 12/21/25, six day shift CNAs were scheduled; On Saturday, 12/27/25, seven day shift CNAs were scheduled; and On Saturday, 1/3/26, six day shift CNAs were scheduled. The established minimum for day shift CNAs was 8-10 per facility assessment. On Thursday, 12/18/25, 6 night shift CNAs were scheduled; [NAME] Sunday, 12/21/25, 5 night shift CNAs were scheduled. The established minimum for night shift CNAs was 7-8 per facility assessment: Further review of the staffing schedules for December 2025 and January 2026, revealed, LNs and CNAs picked-up residents assignment in other cottages that did not have assigned regular LNs and CNAs. During an interview on 1/5/26 at 2:21 PM, CNA #1 stated there was no nurse from Monday, Tuesday, Wednesday and Thursday in Aniak cottage, all nurses that worked in Aniak cottage were float nurses from other cottages. CNA #1 further stated LN #1 was a nurse of Polaris Transitional Care (PTCC), who was covering for Aniak cottage because they don't have a regular nurse assigned there. During the same interview, CNA #1 stated he/she felt not doing good quality of care because he/she was rushing the cares. He/she was worried that residents would fall because they only have one nurse and one CNA in the cottage. During an interview on 1/5/26 at 3:25 PM, LN #2 stated there was only one CNA that was taking care of the residents. He/she further stated if the CNA called in sick the other CNAs from other cottages would pick up resident</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>assignment in the cottage. During an interview on 1/5/26 at 4:16 PM, an anonymous resident stated: Staff shortage is really a big problem here. He/she also stated they had shared nurses and shared CNAs. He/she further stated that in December 2025, he/she had to wait for a long time. They would end up getting bed baths instead of shower if the CNAs didn't have time. During an interview on 1/6/26 at 5:00 PM, the Administrator (ADM) stated there had been a lot of sick calls which contributed to low staffing around 12/21/25. The ADM further stated, the facility's goal was to schedule 8 nurses on day shift, 6 nurses at night, 12 CNAs on day shift, and 8 CNAs on night shift. Further review of the facility provided 2026 Polaris Extended Care Facility Assessment, undated, revealed: The facility considers the fluctuation in census, acuity levels, resident needs or preferences, staff competencies and skill set when determining staffing schedules and assignments and staffs accordingly. The facility has consistent assignments for direct care nursing staff (licensed nurses and nursing assistants) and therapists, to the extent possible, for the purpose of continuity of care. Nursing care staff are adjusted according to patient needs and acuity . Provision of Activities of Daily Living (ADL) Resident #2 Record review on 1/5-6/26 revealed Resident #2 was admitted to the facility with diagnoses that included quadriplegia (paralysis of all four limbs and the trunk, often resulting in severe limitations in movement, sensation, and respiratory function). Review of Resident #2's care plan, last revised 12/29/25, revealed: .Focus: ADL Self Care Performance Deficit r/t [related to] Limited Mobility . Interventions/Tasks: . PROVIDE SHOWER EVERY SUNDAY AND THURSDAY NIGHT.TOILETING DEVICE: Carendo [height adjustable and reclining shower] chair for shower . Further review of the care plan revealed no revisions to reflect reduced showers. Review of Resident #2's Minimum Data Set (MDS - a federally required assessment) significant change in status assessment, dated 12/16/25, revealed, under Section F-Preferences for Customary Routine and Activities, Resident #2 prefers receiving showers. Further review revealed, under Section GG-Functional Abilities, Resident #2 had an impairment of the upper and lower limbs on both sides and was dependent on staff for his/her showers. Review of the progress note, dated 12/21/25 at 8:32 PM, revealed: Confirm with CNA Shower EVERY SUNDAY AND THURSDAY NIGHT. and complete LN- Skin Evaluation - PRN [as needed] / Weekly every night shift every Thu, Sun.short staffed, needs 2 person assist Review of Resident #2's care plan, revealed: BATHING (SHOWER/BATHE SELF): 1 person providing dependent assistance using carendo chair. Review of Resident #2's December 2025 shower log revealed Resident #2 did not receive a shower from 12/18-28/25 (totaling 14 days in between showers) and instead received a bed bath on 12/18/25 and 12/21/25. Review of the progress note, dated 1/5/26 at 1:54 AM, revealed: Confirm with CNA Shower EVERY SUNDAY AND THURSDAY NIGHT. and complete LN- Skin Evaluation - PRN / Weekly every night shift every Thu, Sun .Helping CNA was not able to give shower to resident. Review of Resident #2's January 2026 shower log, revealed Resident #2 did not receive showers on scheduled shower days of 1/1/26 (Thursday) and 1/5/26 (Sunday). Documentation reflected a bed bath on 1/1/26, and no shower or bed bath documented on 1/5/26. During an interview on 1/6/26 at 12:47 PM, Resident #2 stated he/she was dependent on staff for activities of daily living such as showering. Resident #2 further stated staff did not shower him/her for three weeks last month (December 2025) and yesterday (1/5/26) because he/she was told there were not enough CNAs available. When asked about staff response to call lights, Resident #2 stated, I have to wait a long time most of the time, sometimes I wait a half hour to 40 minutes because they are helping someone shower or 1 CNA has two cottages. When I call for small things like water, they tell me they are too busy and turn around because they need to help someone else. I feel like they don't want to help me with things like turning my TV volume up or down even though they are in here, it only takes a second to do that, but they turn around and leave the room and just walk out. During an</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>interview on 1/6/26 at 5:55 PM with the Director of Nursing (DON), the DON stated showers were audited twice a week and discussed during rounds. DON further stated if a resident did not get a shower, the CNA was supposed to notify the nurse or the supervisor. Resident #3 Record review on 1/5-6/26 revealed Resident #3 was admitted to the facility with diagnoses that included multiple sclerosis (chronic autoimmune disease in which the immune system attacks the protective covering of nerve fibers in the brain and spinal cord, disrupting communication between the nerves and the body), muscle weakness, and functional quadriplegia. Review of Resident #3's MDS quarterly assessment, dated 11/4/25, revealed, under Section GG-Functional Abilities, Resident #3 had an impairment of the upper and lower limbs on both sides. Further review revealed Resident #3 was dependent on staff for his/her chair/bed-to-chair transfers. Review of Resident #3's care plan, last revised, 11/14/25, revealed: .Focus: ADL Self Care Performance Deficit r/t Limited Mobility, Activity Intolerance . Interventions/Tasks: TRANSFER Requires supervision and physical assistance with transferring. 1 person using overhead lift . Review of the Social Service Summary note dated 5/8/25 at 2:57 PM revealed: [Resident #3] indicated interest in being transferred to [his/her] chair more than once a week. Resident identified staffing concerns being a primary factor in transfer assistance due to being a two (2) person transfer; however, [he/she] report a decrease in [his/her] typical enjoyed activities when [he/she] is left in [his/her] bed. Resident stated [he/she] would like to address issue during care conference. Review of the facility's resident grievance log revealed Resident #3 filed a grievance on 8/13/25. Review of the grievance revealed: Resident is concerned about not being able to get up out of bed more than one time per week. [He/she] has been told that [he/she] can only get up one time per week due to staffing. Would like to get up M [Monday], W [Wednesday], F [Friday] .SW [Social Worker] discussed with leadership team, DON. DON to address [with] staff and ensure resident is able to get up more frequently. Review of Resident #3's CNA Tasks revealed: Ensure resident is up every Monday, Wednesday, Friday. Further review of the task log, from 12/8/25-1/5/26, revealed: - The week of 12/14-20/25, Resident #3 got up once (12/19/25), - The week of 12/21-27/25, Resident #3 did not get up; and- The week of 12/28/25-1/3/26, Resident #3 got up once (1/2/26). - No was marked to the resident getting up on 12/17/25, 12/22/25, 12/24/25 and 12/31/25. During an interview on 1/5/26 at 11:37 AM, Resident #3 stated he/she did not get up of bed twice during the month of December (2025). Resident #3 further stated when I ask to get up they say well we will see, and that usually means no, they are either shorthanded or too many people getting up at once so they don't have time. It is in my plan of care that I get up three times a week, but two times a week works fine for me. Review of the facility provided 2026 Polaris Extended Care Facility Assessment, undated, revealed: Based on our resident population and their care needs, we have made a good faith effort and approach to ensure we have sufficient and qualified staff to meet the needs of our residents at any given time. The facility periodically interviews residents for preferences on waking and sleep times, shower schedules, etc. Should an individual identify, or express preferences related to individual choice, cultural needs, or other factors, their plan of care is adjusted to meet their person-centered care preferences when able. If the facility is unable to meet a request, the resident is advised, and the facility will collaborate with the resident and/resident representative to achieve the best solution or compromise possible. Record review of the Payroll Based Journal (PBJ) for the facility, dated October 2024 through September 2025 accessed at https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission on 1/21/2026, revealed the facility triggered for low weekend staff for all four quarters of federal fiscal year 2025 establishing a history of low weekend staffing. Quarter 1 of federal fiscal year 2026 (October 2025 - December 2025) was not available at time of survey.</p>		