

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555762	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Samarkand Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 2566 Treasure Drive Santa Barbara, CA 93105	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to ensure the Wander Guard bracelets (a monitoring bracelet that alarms once the bracelet crosses sensors on an exit door) were maintained in safe operating condition for two of three sampled residents (Resident 1 and Resident 2) when the Wander Guard's batteries were not checked nor the bracelets periodically cleaned and disinfected. This facility failure has the potential for the Wander Guards to malfunction resulting in resident elopement (leaving/departing without anyone knowing and unsupervised). During an interview on 9/08/25 at 6:43 p.m. with a licensed nurse (LN1), LN 1 stated she had training to check the placement of the wander guard every shift but was unaware of a process to check if the Wander Guards on the residents are working (are operational) batteries or cleaning. During an interview on 9/10/25 at 11:53 a.m. with the Director of Nursing (DON), the DON stated the facility does not have a process or documentation to verify that the Wander Guards worn by the residents are functioning appropriately, have sufficient battery life, or for operational integrity such as tampering or cleaning. During a review of the manufacturer's operational manual titled [NAME]-CARE700 Wander Management System, dated 5/2019, the manual indicated The SF705 tag [wander guard bracelet] does not have a visual LED indicator. It must have the battery tested weekly by the ID-TAD Tag activator/deactivator [a second-generation version of the secure tag activator/deactivator]. Like any piece of medical hardware, the tags should be periodically cleaned and disinfected. Tags should only be wiped down with a 3% hydrogen peroxide and water solution or isopropyl alcohol. Tags should be removed from the resident or asset prior to cleaning. Each facility should develop a tag sanitation and battery test regimen. The ID-TAD will show LB (low battery) next to the tag number. Replace the tag if the battery condition is low. During a review of the facility's policy and procedure (P&P) titled, Wandering and Elopements, dated 3/2019, the P&P indicated, If identified as at risk for wandering, elopement, or other safety issues, the resident's care plan will include strategies and interventions to maintain the resident's safety (is. Wander Guard, redirection).</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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