STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555762	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Samarkand Skilled Nursing Facility	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)
F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to implement its policy and procedure for the timely reporting of unusual occurrences to the State Agency, California Department of Public Health (CDPH), when one resident (Resident 1) experienced a fall with fracture on 2/28/26 and it was not reported to CDPH until 4/30/26.This failure had the potential to delay the investigation of the State Agency and affect the health, safety, or welfare of residents.During a review of the Face Sheet (FS) for Resident 1, undated, FS indicated Resident 1, a [AGE] year-old female, admitted on [DATE] with diagnosis including Dementia (a decline in mental ability affecting memory, communication, reasoning, and behavior), Osteoarthritis (a degenerative disease causing bones to wear away leading to pain, stiffness, and swelling), and unsteadiness on feet.During a review of the Resident Note Entry (RNE), dated 3/2/26, for Resident 1, the RNE indicated in part . reviewed and discussed fall on 2/28/26', and Resident had admitted and x-ray imaging result nondisplaced fracture of distal end of right femur.During a review of the facility's policy and procedure titled, Unusual Occurrence Reporting, revised December 2007, indicated, As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety or welfare of our residents, employees or visitors. And, Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and/or regulations within twenty-four hours of such incident or as otherwise required by federal law and state regulations. A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency (and or other appropriate agencies as required by law) within forty-eight hours of reporting the event or as required by federal and state regulations.During an interview on 5/7/26 at 1:04 PM with the facility administrator (Admin), Admin agreed Resident 1's fall on 2/28/26 resulting in a fracture should have been reported to CDPH following the facilities policy and procedure for unusual occurrence reporting and was not reported until 4/30/26.

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