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	01/23/2026

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on interview and record review, the facility failed to ensure ensure that the daily posted nurse staffing information accurately reflected the actual staff on duty.This failure had the potential to result in inaccurate information being available to residents and the public.During a concurrent observation and interview on 1/20/26 at 11:12 a.m., with the Director of Nursing (DON) and the Certified Nurse Assistant (CNA)/Scheduler Coordinator (CSC) [a CNA tasked with assisting in scheduling of licensed and non-licensed staff), the posted Direct Care Staff Report was observed and reviewed, the daily nurse staffing posted had inconsistencies/inaccuracies:11/22/25 missing date and census.11/23/25 missing date and census.12/20/25 census of 59, no RN was scheduled/assigned to work for 24 hours. Later review of the sign-in sheet dated 12/20/25, a different document from the posted daily staffing document, revealed RN coverage for only 4 hours instead of the required 8 hours.1/1/26 census missing.1/7/26 census missing.1/17/26 census missing.1/18/26 census missing.The DON and the CSC reviewed the documents and confirmed these entries. The CSC stated, I forgot to write down the dates and census.During an interview on 1/21/26 at 8:31 a.m. with the DON, the DON was asked about the importance and consequences of the inconsistencies on the posted daily nurse staffing, the DON stated this can be misleading and can cause confusion to residents and visitors. During a concurrent interview and record review on 1/22/26 at 10:33 a.m. with the Administrator and DON, the facility's Policy and Procedure (P&P) titled Charting and Documentation dated July 2017, indicated, 3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate. When asked if this P&P applied to all documentation in the facility, since the facility did not have a specific P&P on how the facility meets the Federal requirements on nurse (licensed and non-licensed) patient ratio responsible for direct resident care to be posted/displayed daily, including the posted daily nurse staffing and not only to medical records, the Administrator and DON stated, Yes, all or any kind of documents/documentation in the facility should be accurate and complete.

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