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 _____	C 05/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAMARKAND SKILLED NURSING FACILITY	2566 TREASURE DR SANTA BARBARA, CA 93105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	Samarkand Skilled Nursing Facility CCN: 555762 Plan of Correction Survey Date: 4/17/2025	
	The following reflects the findings of the California Department of Public Health during the investigation of a facility-reported incident (FRI). FRI: CA00956011 The inspection was limited to the specific FRI incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for FRI No. CA00956011, under F-0658		Samarkand Skilled Nursing Facility respectfully submits this plan of correction as its allegation of compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies or violations and is submitted at the request of the California Department of Public Health. Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: ***REPEAT Deficiency*** Based on record review and interview, the facility failed to ensure two of two sampled residents' (Resident 1 and Resident 2) assessments were performed by a registered nurse (RN) to meet professional standards of practice. This facility failure place residents at risk of not being assessed appropriately and potentially resulting in harm to residents. Finding: According to the "Nursing Practice Act, Business	F 658	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice On April 8, 2025, DON assessed resident #1 after notification by nurse that the Xray result showed closed nondisplaced fracture of right ilium, unspecified fracture morphology. IDT reviewed occurrence of injury unknown source on April 8, 2025. On 2/11/2025 the IDT reviewed the fall occurrence of resident #2 the same day. Both residents did not sustain significant changes after occurrences.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anna Leila Antonio	Administrator	06/02/2025

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.

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F 658	Continued From page 1 & Professions Code," Chapter 6, Nursing Section 2725 indicates, "...(b) The ... RN is accountable for an ongoing comprehensive assessment that includes data collection (LVN data collection contribution), analysis, and drawing conclusions/making judgments in order to: formulate diagnoses and update diagnoses, formulate or change the plan of care, decide on specific activities to implement the plan of care, prioritize and coordinate delivery of care, delegate to nursing care competent staff to deliver required care ... RN uses scientific knowledge and experience to make clinical judgments/assessments about observed abnormalities and changes based on a series of complex, independent and collaborative decision-making activities .....Set priorities for implementation of nursing care, priorities regarding urgency of patient concerns....LVN is not prepared by formal education to make RN level nursing judgments/assessments that include independent analysis, synthesis, and decision-making. RN is responsible for collecting (LVN data collection), analyzing, and collaborating with all information sources to ensure a comprehensive written plan of care that is based on current standards of safe practice." According to the "Scope of Vocational Nursing Practice," section 518.5 indicates, "The licensed vocational nurse performs services requiring technical and manual skills which include the following: (a) Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment	F 658	How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken All residents had the potential to be affected by the deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur On April 17, 2025 DON initiated in-services for licensed nurses for completion and signing the SBAR and Scope of Practice of LVNs. On May 21, 2025 DON initiated in-service for licensed nurses to write clinical notes or progress note detailing observations after an incident of fall. The findings will be communicated with the physician. The DON also continued the discussion about the role of LVN and RN that was initiated on the April 17,2025 in-service . How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e, what quality assurance programs will be put into place DON or designee will review the fall incidents, including documentation, care plans, new interventions and notifications. This review will take place during the daily Interdisciplinary Team (IDT) meetings, held on business days. Findings from weekly audits x 12 weeks will be presented by the DON to the QAPI committee monthly x 3 months.	

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F 658	Continued From page 2	F 658	Date by which systemic corrections will be completed: May 31, 2025	

plan." The data collection performed by the LVN is integrated into the data collection the RN collects to analyze, synthesize, and make decisions regarding patient/residents' care as outlined above.

During a concurrent review of Resident 1's assessments and interview with the director of nursing (DON) and administrator (Admin) on 4/17/25 at 1:16 p.m., the document titled "SBAR Communication Form ... " which consist of resident's evaluation of ten body systems was reviewed. The Admin was asked under which category this document was located. The Admin stated "The SBAR Communication form is located under the assessments category. " On the front page of document indicated "Before calling Physician/NP/PA/other healthcare professional: Evaluate the Resident: Complete relevant aspects of the SBAR form below " . On the second page of document indicated Resident Evaluation ...listed 10 body systems to be evaluated. The DON and Admin confirmed the SBAR form was an assessment of a resident. A review of the resident assessments indicated the following: SBAR Communication forms dated 4/8/25 at 12:05 p.m., and 3/8/25 at 6:00 a.m., were not signed by a nursing staff, the signature area was left blank. SBAR Communication forms, dated 3/31/25 at 11:25 p.m., and 2/26/25 at 12:23 a.m., were signed by an LVN and not an RN.

During a concurrent interview and record review on 4/17/25 at 1:16 p.m. with director of nursing (DON) and administrator (Admin) Resident 2's assessments and SBAR (Situation, Background, Assessment, and Recommendation - a tool used to share information about a patient)

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F 658	Continued From page 3 Communication Form, dated 2/11/25 at 5:59 a.m. were reviewed. The assessment was not signed by a nursing staff, the signature area was left blank. The DON and Admin were informed that the residents' SBAR forms required a signature to indicate who is completing the assessment, and the assessments need to be completed by an RN. If an assessment is completed by a licensd vocational nurse (LVN) then an RN must validate the assessments and/or cosign the assessments. It is not within the LVN scope of practice (activities and duties a healthcare professional is allowed to do) to perform assessments independently. The Admin stated "OK ". The DON stated "OK ".	F 658		