

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 421702848  
**Report Date:** 04/25/2022  
**Date Signed:** 04/26/2022 08:00:00 AM

**Document Has Been Signed on 04/26/2022 08:00 AM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: COVENANT LIVING AT THE SAMARKAND	FACILITY NUMBER: 421702848
ADMINISTRATOR: LAURIE SMALL	FACILITY TYPE: 741
ADDRESS: 2550 TREASURE DRIVE	TELEPHONE: (805) 687-0701
CITY: SANTA BARBARA	STATE: CA
CAPACITY: 379	ZIP CODE: 93105
TYPE OF VISIT: Required - 1 Year	CENSUS: 348
MET WITH: Jennifer Leggett, Associate Executive Director	DATE: 04/25/2022
	UNANNOUNCED TIME BEGAN: 03:00 PM
	TIME COMPLETED: 05:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced on-site one-year infection
2	control inspection visit to the above-named facility. LPA began the inspection at 3:00 pm. A Mitigation
3	plan has been submitted to CCLD. LPA met with Karen Harris, Human Resources Director and Jennifer
4	Leggett, Associate Executive Director. Administrator Michael Easbey was unavailable at the time of the
5	visit. LPA explained the purpose of the visit.
6	The facility is a Residential Care Facility for the Elderly (RCFE) Continuing Care Retirement Community
7	consisting of independent living, assisted living, and memory care.
8	Due to time restraints, LPA will return at a later date to continue the investigation.
9	Exit interview conducted. Additional follow up is needed. No deficiencies cited at this time. A copy of the
10	report has been issued via email.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kelly Burley
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Kristin Kontilis

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/25/2022

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/25/2022

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**