

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 507002396

Report Date: 11/04/2025

Date Signed: 11/04/2025 12:28:44 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	SAMARITAN VILLAGE	FACILITY NUMBER:	507002396
ADMINISTRATOR/RIKKI PEREZCHICA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(209) 883-3000
ADDRESS:	7700 FOX ROAD	STATE:	CA
CITY:	HUGHSON	ZIP CODE:	95326
CAPACITY:	277	CENSUS:	167
TYPE OF VISIT:	Case Management - Other	DATE:	11/04/2025
		UNANNOUNCED TIME VISIT/INSPECTION	09:00 AM
		BEGAN:	
MET WITH:	Rikki Perezchica, Administrator	TIME VISIT/INSPECTION	12:45 PM
		COMPLETED:	

NARRATIVE

1 On 11/04/2024, Licensing Program Analyst (LPA) Renee Campbell arrived unannounced regarding a
2 case management. LPA Campbell asked for the file for Resident 1 (R1) and reviewed the Incident
3 Report (IR) for the incident that occurred on 10/27/2025. Per the SCO 341, R1 called the front desk and
4 asked for assistance and R1 stated had taken poison on purpose. When staff arrived, R1 stated they did
5 not remember why had taken the hydrogen peroxide. When S1 asked why they had taken the
6 hydrogoen peroxide, R1 said they had done it on purpose. The hydrogen peroxiide bottle was empty by
7 the sink and the aspirin bottle was empty on top of the trash. 911 was called. When they arrived, EMS
8 asked what the resident had done but R1 was unable to recount what happened.. R1 was also unable to
9 tell the hospital when they arrived, what they had done . R1's son and physician were notified and R1
10 was taken to the hospital.

11

12 R1 was an independent living resident and did not need assistance with activities of daily living. (ADL).
13 Per the most recent Physician's Report, R1 had a diagnoses of Depression with a secondary diagnoses
14 of Mild Cognitive Impairment. The Mild Cognitive Impairment addition came on 03/2025. However, there
15 was no change in the Physician's Report regarding restrictions for medication or other as needed drugs
16 or chemicals.

17

18 Treatment consisted of two rounds of dialysis that were completed successfully at the hospital.
19 Afterwards, the hospital determined R1 needed Memory Care which Samaritan does not provide. Along
20 with Samaritan Viillage and a placement agency, a more appropriate facility was found. Once transferred
21 to the new facility, R1's son reported that R1 had stated she had taken three aspirin and had used
22 Hydrogen Peroxide for her hair.

23 Per California Code of Regulations (CCR's) - Title 22, Division 6, Chapter 8, no deficiencies are being
24 cited.
25

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Renee Campbell

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 11/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 11/04/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.