

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002955
Report Date: 08/21/2026
Date Signed: 08/21/2026 12:18:48 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME:	BROOKDALE NOHL RANCH	FACILITY NUMBER:	306002955
ADMINISTRATOR/SARAH DEVORE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(714) 974-1616
ADDRESS:	380 S ANAHEIM HILLS RD	ZIP CODE:	92807
CITY:	ANAHEIM HILLS	STATE: CA	
CAPACITY: 266		CENSUS: 112	DATE: 08/21/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	11:59 AM
MET WITH:	Sarah Devore	BEGAN: TIME VISIT/INSPECTION	04:25 PM
		COMPLETED:	

NARRATIVE	
1	On August 21, 2026, Licensing Program Analyst (LPA) Samer Haddadin conducted an unannounced required one-year annual inspection. Upon arrival, LPA Haddadin introduced himself, explained the purpose of the visit, and was granted entry into the facility by staff. Executive Director/Administrator (ED/AD) Sarah DeVore arrived shortly thereafter and assisted LPA Haddadin throughout the inspection.
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6	The facility is a five-level structure licensed to serve 164 non-ambulatory residents and has a hospice waiver for 25 residents. At the time of the visit, the facility had 112 residents in care per the roaster provided by ED.
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11	LPA Haddadin toured the interior and exterior areas of the facility with staff. No bodies of water, safety hazards, or obstructions were observed on the premises. Ten resident rooms and all common areas were inspected. Resident beds and bedding supplies were observed to be in good condition, and adequate lighting was provided throughout the inspected areas. Resident bathrooms were clean and operational. The hot water temperatures measured in all ten resident bathrooms ranged from 111.2 to 119.6 degrees Fahrenheit.
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16	The facility was observed to be clean, sanitary, and appropriately furnished. Personal hygiene products, cleaning supplies, toxic substances, and sharp objects were securely stored and inaccessible to residents.
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Alisa Ortiz
Samer Haddadin

DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2026

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

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California Department of Social Services

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
	ORANGE, CA 92868

FACILITY NAME: BROOKDALE NOHL RANCH	FACILITY NUMBER: 306002955
	VISIT DATE: 08/21/2026

NARRATIVE	
1	The kitchen was inspected and contained an adequate supply of food consisting of at least two days of perishables and seven days of nonperishables. Food items were properly stored and maintained. The outdoor patio area included shaded seating with tables and chairs for residents' use. LPA Haddadin reviewed four staff records and four resident records. All records reviewed were complete and up to date. Based on observations made during today's inspection, no deficiencies are being cited pursuant to Title 22, Division 6, of the California Code of Regulations. An exit interview was conducted, and a copy of this report was provided to Executive Director/Administrator Sarah DeVore at the conclusion of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Samer Haddadin	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/21/2026