

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603714
Report Date: 06/16/2026
Date Signed: 06/16/2026 03:50:05 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		SAN DIEGO RO, 7575 METROPOLITAN DR. #109	
		SAN DIEGO, CA 92108	
FACILITY NAME: ACTIVCARE AT 4S RANCH		FACILITY NUMBER:	374603714
ADMINISTRATOR/DENISE NOTTER		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	10603 RANCHO BERNARDO ROAD	TELEPHONE:	(858) 485-8001
CITY:	SAN DIEGO	STATE: CA	ZIP CODE: 92127
CAPACITY: 60		CENSUS: 48	DATE: 06/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION
			09:00 AM
MET WITH:	Front Desk Staff Ahdiyeh Dargahi and Executive Director Denise Notter	BEGAN:	
		TIME VISIT/	
		INSPECTION	01:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced, required Annual
2	Inspection. The facility file and personnel report was reviewed prior to the visit. LPA was welcomed by,
3	identified themselves to, and discussed the purpose of the visit to Front Desk staff Ahdiyeh Dargahi and
4	Executive Director Denise Notter. Note, LPA did step out for lunch from 12-1pm.
5	
6	The facility's license shows a maximum capacity of sixty (60) non-ambulatory residents, fifteen (15) of
7	which may be bedridden. Additionally, the facility is approved for delayed egress and a secured
8	perimeter, as well as a hospice waiver for twenty (20). During today's inspection there were forty-eight
9	(48) residents in care, with one (1) bedridden, and fifteen (15) currently receiving hospice services.
10	
11	LPA and Executive Director Notter toured the interior and exterior of the facility and inspected common
12	areas and a sample of occupied and non-occupied resident units. During LPA's visit, the facility
13	happened to be in the process of having their carpets replaced. Per Executive Director Notter, the first
14	half was completed yesterday and the remainder was to be conducted today. LPA observed a number of
15	staff monitoring residents indoors and outdoors to redirect them from the work areas. LPA observed a
16	staff member posted at one of the exit doors where workers would bring materials in and out of, to
17	ensure no residents slipped out. LPA additionally observed staff engaged with residents in a variety of
18	activities such as painting, puzzles, and other game activities.
19	
20	[Continued on LIC 809-C]
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ACTIVCARE AT 4S RANCH **FACILITY NUMBER:** 374603714
VISIT DATE: 06/16/2026

NARRATIVE	
1	[Continued from LIC 809]
2	
3	The facility was clean, sanitary, and in good repair. Pathways were free of obstruction and slip hazards.
4	Client bedrooms inspected contained the required furnishings. Doors, windows, screens, toilets, and
5	showers were in working order. Hot water temperature at taps accessible to clients were all compliant:
6	one sample unit bathroom sink was 117F and one resident unit bathroom on the other side of the
7	building read at 116.8F. Extra linens and hygiene supplies were present, as well as Personal Protective
8	Equipment.
9	
10	The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and
11	client activities. The facility contained at least two (2) days of perishable food, and at least seven (7)
12	days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were present. As
13	the kitchen access door was behind a locked door, knives were inaccessible to any residents in care
14	
15	No toxic chemicals or poisons were accessible to clients. Medications were labeled, as required, and
16	stored in locked areas. While no pools are present on the premises, the front entry way does feature a
17	fountain, however it is not accessible to any residents. Per Executive Director Notter, no firearms or
18	ammunition are kept at the facility. Facility Fire Panel was in operational order, along with emergency
19	lighting and facility telephone. Fire extinguishers were serviced within the last 12 months, dated for
20	August 2025, though they are also inspected monthly by facility maintenance staff. Last staff emergency
21	drill conducted was 6/1/26 for the topics of fire and disaster scenario of a car driving into the building.
22	First aid kits were complete and readily accessible. Required licensing postings were observed in visible
23	areas of the facility.
24	
25	LPA interviewed two (2) staff and two (2) clients, and interviews did not reveal any licensing or regulatory
26	concerns. LPA reviewed facility records. The files reviewed by LPA contained required documents.
27	Confidential records were stored in locked areas.
28	
29	
30	No deficiencies were cited during the inspection. An exit interview was conducted with Executive
31	Director Notter to whom a copy of this report and the Licensee/Appeal Rights (LIC 9058) were provided.
32	Their signature below confirms receipt of these documents.

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez	
NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026