



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 24, 2025  
David Call  
Freedom Adult Foster Care Corp.  
PO Box 1588  
Clarkston, MI 48347

RE: License #: AS630012315  
**Gunn Road Home**  
**895 Gunn Road**  
**Rochester, MI 48306**

Dear Mr. Call:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630012315
<b>Licensee Name:</b>	Freedom Adult Foster Care Corp.
<b>Licensee Address:</b>	3990 Bird Road Clarkston, MI 48348
<b>Licensee Telephone #:</b>	(248) 625-7923
<b>Licensee/Licensee Designee:</b>	David Call
<b>Administrator:</b>	David Call
<b>Name of Facility:</b>	Gunn Road Home
<b>Facility Address:</b>	895 Gunn Road Rochester, MI 48306
<b>Facility Telephone #:</b>	(248) 923-2833
<b>Original Issuance Date:</b>	01/09/1981
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 02/18/25

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
There were no meals prepared during the onsite.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐  
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
SIR CAP Approved 02/14/23; 303(2), 305(3)
- SIR CAP Approved 12/08/21; 301(2)(c ), 206(2)
- LSR CAP Approved 06/07/23; 301(4), 310(3), 312(7), 312(4)(e ), 318(5), 803(3), 803(5), 312(2), 408(4), 401(2), 403(2) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐  
On 07/22/22, a variance was approved regarding rule 400.14315 Handling of resident funds and valuables, for Gunn Road Home to utilize their excel computer based tracking method to monitor this home resident's funds and valuables to prevent human error.

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

**R 330.1803                      Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.**

#### **REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 06/07/23**

During the fire drills for 2024, a third fire drill was not completed during the fourth quarter. Furthermore, the length of time to evacuate was not documented for the December fire drill. An evening and a sleeping fire drill was not completed in the third quarter.

During the fire drills for 2023, the first quarter was missing an evening fire drill. Moreover, the length of time to evacuate was not documented for February or March. In the second quarter, there was a missing evening fire drill and; the length of time to evacuate was not documented during this quarter.

**R 400.14301                      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

## **REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 06/07/23**

Resident B's 2024 assessment plan signature page, was an exact duplicate of the 2023 assessment plan signature page. It was apparent that someone wrote over the year of the previous date, changing it from 23 to 24. Therefore, signatures were not obtained for Resident B's 2024 assessment plan.

### **R 400.14312      Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

According to Resident B's MAR for the month of April, there were missing staff initials on the following dates:

- 04/10/25 - Citalopram 40mg
- 04/10/25 - Clonazepam 2mg
- 04/18/25 - Vitamin D3

### **R 400.14313      Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

During the onsite, there were no menus posted. The home manager showed me menus that were located in a binder however; none of the menus were dated.

### **R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 06/07/23**

During the fire drills for 2024, a third fire drill was not completed during the fourth quarter. Furthermore, the length of time to evacuate was not documented for the December fire drill. An evening and a sleeping fire drill was not completed in the third quarter.

During the fire drills for 2023, the first quarter was missing an evening fire drill. Moreover, the length of time to evacuate was not documented for February or March. In the second quarter, there was a missing evening fire drill and; the length of time to evacuate was not documented during this quarter.

**R 400.14401            Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 06/07/23**

The water temperature was 126 degrees Fahrenheit.

**R 400.14403            Maintenance of premises.**

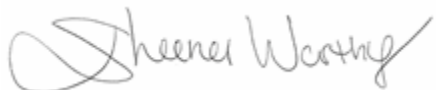
(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The shower located in Resident B's bathroom is missing a handrail.

A corrective action plan was requested and approved on 04/23/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

A handwritten signature in black ink, reading "Sheena Worthy". The signature is fluid and cursive, with a large initial 'S'.

Sheena Worthy  
Licensing Consultant

04/24/25  
Date