



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 9, 2025

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

RE: License #: AS630012534  
**Camelot**  
**7474 Camelot**  
**West Bloomfield, MI 48322**

Dear Mr. Call:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630012534
<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 Designee:</b>	David Call
<b>Administrator:</b>	David Call
<b>Name of Facility:</b>	Camelot
<b>Facility Address:</b>	7474 Camelot West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(248) 661-1291
<b>Original Issuance Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/09/2025

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee

- 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.  
The inspection was not completed during meal time.
- 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.  
There were no incidents to follow up on.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.
Resident A is prescribed Clonazepam 0.5 mg the instructions indicate take one tablet by mouth as needed for agitation or sever anxiety. The medication was administered to Resident A on 08/25/25, the staff who administered the medication did not sign the Medication Administration Record (MAR) and further did not indicate the reason the medication was administered.	
<b>R 400.14505</b>	<b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.</b>
	(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations: (b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.
At the time of the onsite inspection completed on 09/09/25, there was no smoke detector installed in the basement. The basement contains flame- or heat-producing equipment.	
<b>R 400.14506</b>	<b>Fire extinguishers; location, examination, and maintenance.</b>
	(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.
At the time of the onsite inspection completed on 09/09/25, the fire extinguishers located in the basement, main level, and upstairs were not 2A 10BC extinguishers or equivalent.	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/09/2025

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Johnna Cade  
Licensing Consultant

Date