



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 24, 2025

Andrew Akunne  
Carnegie AFC Inc  
Suite 1  
3879 Packard Street  
Ann Arbor, MI 48108

RE: License #: AL630279364  
**Freedom Haven**  
**700-738 Wanda**  
**Ferndale, MI 48220**

Dear Mr. Akunne:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 "Sara E. Shaughnessy". The signature is written in black ink and is positioned above the typed name and contact information.

Sara Shaughnessy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 320-3721

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

**I. IDENTIFYING INFORMATION**

**License #:** AL630279364

**Licensee Name:** Carnegie AFC Inc

**Licensee Address:** Suite 1  
3879 Packard Street  
Ann Arbor, MI 48108

**Licensee Telephone #:** (734) 973-7764

**Licensee/Licensee Designee:** Andrew Akunne

**Administrator:** Andrew Akunne

**Name of Facility:** Freedom Haven

**Facility Address:** 700-738 Wanda  
Ferndale, MI 48220

**Facility Telephone #:** (248) 548-3607

**Original Issuance Date:** 03/28/2007

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/05/2025

Date of Bureau of Fire Services Inspection if applicable: 06/03/2025

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Program Manager

- 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 onsite inspection did not take place during a mealtime, an adequate amount of food was observed.
- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 08/01/2023; R400.152023,R 400.15205, R 400.15401, R400.15403. 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 400.18110</b>	<b>Fire alarm system requirements.</b>
	<b>The adult foster care licensee or designated representative shall ensure that the installation, modification, testing, servicing, inspection, or maintenance of a fire alarm or fire suppression system required by these rules shall be in compliance with 1941 PA 207, MCL 29.1 to MCL 29.34.</b>
The facility received a disapproval “D” rating from the Bureau of Fire Services on 06/06/2025. An investigation was completed and the home has been placed on a “fire watch”. The fire alarm system has still not received an approved fire inspection.	

<b>R 400.645</b>	<b>Environmental health.</b>
	<b>(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.</b>
During the onsite inspection, the water temperature was measured. The sink in the kitchen measured 148 degrees. The sink in the resident bathroom #1 measured 127 degrees. The sink in the resident bathroom #2 measured 127 degrees. The sink in the resident bathroom #3 measured 150.6 degrees.  <b>REPEAT VIOLATION ESTABLISHED</b> <b>Reference License Study Report dated 08/01/2023; CAP dated 08/17/2023.</b>	

<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.</b>
The closet door in the bedroom of Resident A was observed to be off the track and lying on the closet floor.	

<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.</b>
The tile on the floors of kitchens #1 and #2 was observed to be in disrepair. Several of the tiles were broken and missing pieces.	

<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</b>
Resident B was admitted to Freedom Haven in September 2023, he did not have a completed health care appraisal until November 2023. There is no documentation indicating he was an emergency admission.	

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

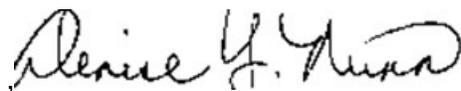


11/06/2025

Sara Shaughnessy  
Licensing Consultant

Date

Approved by:



11/24/2025

Denise Y. Nunn  
Area Manager

Date