



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". The signature is written in black ink and is positioned above the typed name and address.

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

License #:	AS630012534
Licensee Name:	Freedom Adult Foster Care Corp.
Licensee Address:	3990 Bird Road Clarkston, MI 48348
Licensee Telephone #:	(248) 625-7923
Licensee Designee:	David Call
Administrator:	David Call
Name of Facility:	Camelot
Facility Address:	7474 Camelot West Bloomfield, MI 48322
Facility Telephone #:	(248) 661-1291
Original Issuance Date:	
Capacity:	6
Program Type:	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:	
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: (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.	
R 400.14505	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.
	(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.	
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(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

Johnna Cade
Licensing Consultant

Date