



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 7, 2026

David Ellis Sr.  
Abound Rehabilitation Services, INC.  
1221 E. Lincoln Ave  
Royal Oak, MI 48067

RE: Application #: **AS630419995**  
**Abound Rehabilitation Services - Almond Lane**  
**6443 Almond Lane**  
**Clarkston, MI 48346**

Dear David Ellis Sr.:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 is issued.

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

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 296-2783

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630419995
<b>Applicant Name:</b>	Abound Rehabilitation Services, INC.
<b>Applicant Address:</b>	1221 E. Lincoln Ave Royal Oak, MI 48067
<b>Applicant Telephone #:</b>	(313) 676-0013
<b>Administrator/Licensee Designee:</b>	David Ellis Sr.
<b>Name of Facility:</b>	Abound Rehabilitation Services - Almond Lane
<b>Facility Address:</b>	6443 Almond Lane Clarkston, MI 48346
<b>Facility Telephone #:</b>	(248) 232-3276
<b>Application Date:</b>	10/20/2025
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/20/2025	Enrollment
10/20/2025	Comment Need a signature on the AFC-100 form
10/20/2025	PSOR on Address Completed
10/20/2025	Application Incomplete Letter Sent Need a signature on the AFC-100 form.
10/20/2025	Contact - Document Sent Forms sent.
10/20/2025	Comment
10/20/2025	Contact - Document Sent AFC-100.
10/21/2025	Contact - Document Received AFC-100 for licensee to be admin.
10/21/2025	File Transferred To Field Office
10/27/2025	Application Incomplete Letter Sent
10/27/2025	Contact - Document Received
10/30/2025	Contact - Document Received
11/08/2025	Contact - Document Received
11/12/2025	Contact - Document Received
11/25/2025	Inspection Completed On-site
12/01/2025	Contact - Document Received AFC-100 for new administrator, David Ellis
12/17/2025	Contact - Document Sent
01/05/2026	Contact - Document Received
01/05/2026	Contact - Document Sent
01/15/2026	Contact - Document Received

02/20/2026	Contact - Document Sent
02/27/2026	Contact - Document Received
03/06/2026	Contact - Document Sent
03/12/2026	Contact - Document Received
03/17/2026	Contact - Document Received RI-030 and 1326
03/18/2026	Contact - Document Received
04/02/2026	Inspection Completed On-site
04/02/2026	Inspection Completed-BCAL Full Compliance
04/07/2026	Contact - Document Received

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

#### A. Physical Description of Facility

Abound Rehabilitation Services - Almond Lane is located in a residential area at 6443 Almond Ln., Clarkston, MI 48346. The home is a ranch style home with an attached two car garage. The home has two double occupancy bedrooms, one single occupancy bedroom, one full bathroom, a living room, dining room, kitchen, office, and laundry room. There is an additional full bathroom attached to bedroom #3, as well as a half bathroom that will be utilized by staff located in the laundry room.

Abound Rehabilitation Services - Almond Lane is located less than five miles away from McLaren Clarkston, which includes a 24/7 emergency department. The Oakland County Sheriff's Department responds to emergency calls from the home.

The furnace and hot water heater are located in the basement with a 1<sup>3</sup>/<sub>4</sub> inch solid core door equipped with an automatic self-closing device and positive latching hardware for floor separation. The facility is equipped with an interconnected smoke detection system, which is fully operational. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress equipped with non-locking against egress hardware. The home is qualified for admission of residents who use a wheelchair, as it is equipped with ramps at both means of egress.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	12' x 14'	168	2
2	10' 2" x 14'	142.3	1
3	11'9" x 14'7"	171.4	2

**Total capacity: 5**

The living room, dining room, and great room areas offer a total of over 420 square feet of living space, which exceeds the required 35 square feet of living space per resident.

Based on the above information, it is concluded that this facility can accommodate five residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for Abound Rehabilitation Services - Almond Lane were reviewed and accepted as written. Abound Rehabilitation Services - Almond Lane intends to provide 24-hour supervision, protection, and personal care for 5 female residents who are mentally ill, developmentally disabled, or physically handicapped. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety, and independent living skills, as well as opportunities for involvement in educational or day programs, employment, and transportation. Abound Rehabilitation Services - Almond Lane will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. Abound Rehabilitation Services - Almond Lane intends to obtain contracts with local community mental health (CMH) providers and will provide specialized adult foster care services. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions will be implemented only by staff trained in the intervention techniques.

Abound Rehabilitation Services - Almond Lane will utilize local community resources for recreational activities including the public schools, library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to five residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

### **C. Applicant and Administrator Qualifications**

The applicant is Abound Rehabilitation Services, Inc., a “Domestic Profit Corporation”, established in Michigan on 5/19/2023. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Abound Rehabilitation Services, Inc., appointed David Ellis as licensee designee and administrator for this facility. David Ellis provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. David Ellis was previously approved and is currently acting as licensee designee and administrator of the licensed adult foster care small group homes, Abound Rehabilitation Services - Murray Crescent (AS6304189860), Abound Rehabilitation Services - Aberdeen Home (AS630419680), and Abound Rehabilitation Services-Lincoln Park (AS820415601). David Ellis provided verification of a high school diploma. He has over one year of experience working with individuals who are mentally ill, developmentally disabled, and physically handicapped in specialized residential and semi-independent living programs.

Criminal history background checks of David Ellis were completed, and he was determined to be of good moral character to provide licensed adult foster care. David Ellis submitted statements from a physician attesting to his physical health.

David Ellis acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

David Ellis acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

David Ellis acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, David Ellis has indicated

that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

David Ellis acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, David Ellis acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

David Ellis acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

David Ellis acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

David Ellis acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

David Ellis acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. David Ellis acknowledged that a separate resident funds transaction form will be completed for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by Abound Rehabilitation Services, Inc.

David Ellis acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

David Ellis acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

David Ellis acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

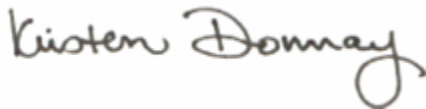
#### **D. Rule/Statutory Violations**

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the

licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care facility, Abound Rehabilitation Services - Almond Lane, with a capacity of five (5) residents.



04/07/2026

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Kristen Donnay  
Licensing Consultant

Date

Approved By:



04/07/2026

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Ardra Hunter  
Area Manager

Date