



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 24, 2024

Evangeline Morss  
Kellys Hillside Manor Inc  
23977 Morton St  
Dowagiac, MI 49047

RE: License #: AM140086413  
**Kellys Hillside Manor Assisted Living**  
**23977 Morton Street**  
**Dowagiac, MI 49047**

Dear Mrs. Morss:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

**License #:** AM140086413

**Licensee Name:** Kellys Hillside Manor Inc

**Licensee Address:** 23977 Morton St  
Dowagiac, MI 49047

**Licensee Telephone #:** (269) 414-6244

**Licensee/Licensee Designee:** Evangeline Morss

**Administrator:** Evangeline Morss

**Name of Facility:** Kellys Hillside Manor Assisted Living

**Facility Address:** 23977 Morton Street  
Dowagiac, MI 49047

**Facility Telephone #:** (269) 782-6365

**Original Issuance Date:** 09/01/1999

**Capacity:** 9

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/01/2024

Date of Bureau of Fire Services Inspection if applicable: 9/6/2023

Date of Health Authority Inspection if applicable: 1/11/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 7

No. of others interviewed 0 Role: N/A

- 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. Funds not held by home.
- Meal preparation / service observed? Yes  No  If no, explain.
- 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:  
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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

*Nile Khabeiry, LMSW*

7/24/24

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Nile Khabeiry  
Licensing Consultant

Date