



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 18, 2026

Paul E. Miller and Sheila Miller  
25073 Marcellus Hwy  
Dowagiac, MI 49047

RE: License #: AF140067706  
**Millers Assisted Living**  
**25073 Marcellus Hwy**  
**Dowagiac, MI 49047**

Dear Paul E. Miller and Sheila Miller:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You submitted a Statement of Correction and pictures of compliance.

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) 335-5985.

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 #:** AF140067706

**Licensee Name:** Paul E. Miller and Sheila Miller

**Licensee Address:** 25073 Marcellus Hwy  
Dowagiac, MI 49047

**Licensee Telephone #:** (269) 782-7681

**Licensee/Licensee Designee:** Shelia Miller

**Administrator:** Shelia Miller

**Name of Facility:** Millers Assisted Living

**Facility Address:** 25073 Marcellus Hwy  
Dowagiac, MI 49047

**Facility Telephone #:** (269) 782-6826

**Original Issuance Date:** 12/01/1995

**Capacity:** 6

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/13/2026

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

Date of Health Authority Inspection if applicable: 3/16/26

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

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. Facility does not hold resident funds.
- 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 found to be in non-compliance with the following rules:

**R 400.619                      Emergency preparedness plan.**

**(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.**

**FINDINGS:** Fire drills were not completed monthly.

**R 400.655                      Bathrooms.**

**(1) Bathroom and toilet amenities with windows must open easily for ventilation. Amenities without a window must have forced ventilation to the outside.**

**FINDINGS:** Resident bathrooms did not have windows or fans.

**R 400.663                      Nutrition; adoption by reference.**

**(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.**

**FINDINGS:** The facility was not using weekly menus.

A corrective action plan was requested and approved on 06/13/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Nile Khabeiry, LMSW*

6/18/26

---

Nile Khabeiry  
Licensing Consultant

Date