



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 10, 2019

Shawna and Jose Maciel  
1051 Collage Avenue  
Holland, MI 49423

RE: Application #: AF030396753  
Helping Hands  
1051 College Ave  
Holland, MI 49423

Dear Shawna and Jose Maciel:

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 6 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 (616) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF030396753
<b>Licensee Name:</b>	Shawna and Jose Maciel
<b>Licensee Address:</b>	1051 Collage Avenue Holland, MI 49423
<b>Licensee Telephone #:</b>	(616) 795-3298
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Helping Hands
<b>Facility Address:</b>	1051 College Ave Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 795-3598
<b>Application Date:</b>	10/12/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

10/12/2018	On-Line Enrollment
10/17/2018	PSOR on Address Completed
10/17/2018	Contact - Document Sent Rule & Act booklets
10/22/2018	Contact - Document Received 1326 for Jose
10/23/2018	Contact - Document Received App; rec cl for Shawna
01/22/2019	Licensing Unit file referred for background check review Jose
05/08/2019	Application Incomplete Letter Sent Melissa (RP) due by May 24
05/10/2019	Contact - Document Received AFC 100 for Carlos (RP)
06/04/2019	Application Complete/On-site Needed
06/05/2019	Inspection Completed On-site
06/10/2019	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Helping Hands is located at 1051 College Avenue, Holland, (Ottawa County), Michigan, and is operated by Shawna and José Maciel. They have provided the Licensing Consultant with a Lease Agreement for this home as well as written permission for State of Michigan employees to inspect the home.

Helping Hands is a ranch style dwelling that has four bedrooms, laundry closet, kitchen, dining area, one full- and two half-bathrooms, and a sun porch. The home is not wheelchair accessible. This home utilizes public water and sewage services. One of the bedrooms, with its own full-bath, is for the co-licensees.

There are handrails where required.

The hot water heater, washer and dryer are located in the basement in a room that is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility has battery operated smoke detectors in areas dictated by licensing rules. The smoke detectors were tested on 06/05/2019 and all of them worked properly. There are two operable A-B-C fire extinguishers on the main floor of the home, where all the bedrooms are, and are easily accessible. An evacuation route is posted on the wall near all three resident bedrooms. Emergency telephone numbers are kept next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'3" X 13'1"	292	2
2	9' X 13'4"	222	2
3	16'2" X 12'5"	192	2

**Total Capacity: 6**

The living and dining room areas measure a total of 1100 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to **six** male and/or female adults aged 20 to 99 years old. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

Carlos Maciel is the designated person who will operate this home for up to 72-hours in the absence of Mr. and Mrs. Maciel.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff members, and only with the prior approval of the resident, guardian, and the

responsible agency.

Helping Hands will provide transportation to residents and the charges for doing so will be stated in the Resident Care Agreements. Emergency transportation needs will also be fulfilled through ambulance services; all other transportation may be arranged by family members, or other service providers who offer it to the resident who live there.

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

Shawna and José Maciel are the Co-Licensees of this home. Medical and Record Clearance requests for both of them were completed with no restrictions noted on either. Both of their TB-tine results were negative.

Mr. and Mrs. Maciel meet the minimum requirements identified in the administrative group home rules.

The applicant acknowledges an understanding of the training and qualification 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their 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 applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care family home (capacity 6).



June 10, 2019

---

Ian Tschirhart  
Licensing Consultant

Date

Approved By:



June 10, 2019

---

Jerry Hendrick  
Area Manager

Date