



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 14, 2022

Shawna and Jose Maciel  
1051 Collage Avenue  
Holland, MI 49423

RE: Application #: AS030411649  
Helping Hands #2  
1044 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) 356-0100.

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>	AS030411649
<b>Applicant Name:</b>	Shawna and Jose Maciel
<b>Applicant Address:</b>	1051 Collage Avenue Holland, MI 49423
<b>Applicant Telephone #:</b>	(616) 795-3298
<b>Administrator/Licensee Designee:</b>	Shawna Maciel
<b>Name of Facility:</b>	Helping Hands #2
<b>Facility Address:</b>	1044 College Ave. Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 795-3598
<b>Application Date:</b>	01/18/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

01/18/2022	Enrollment
02/03/2022	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for applicants
02/22/2022	Contact - Document Received 1326/Fingerprint/RI 030 for both applicants
02/22/2022	File Transferred To Field Office GR via SharePoint
03/11/2022	Contact - Document Received I received more documents from Ms. Maciel
03/11/2022	Contact - Document Sent I sent an email to Ms. Maciel to set up final inspection
03/11/2022	Contact - Document Received I received an email from Ms. Maciel confirming final inspection date and time
03/11/2022	Contact - Face to Face I performed the final onsite inspection
03/11/2022	Application Complete/On-site Needed
03/14/2022	Inspection Completed On-site
03/14/2022	Inspection Completed-BCAL Full Compliance
03/14/2022	Recommend license issuance
03/14/2022	License issued
03/14/2022	Exit Conference Held with Shawna Maciel

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Helping Hands #2 is a two-story house with a two-car attached garage and has a basement. It is located at 1044 College Avenue, Holland, (Ottawa County), Michigan.

This house is being leased by Shawna Maciel, the applicant, from Molly Truttman, who is listed as the “Landlord” on the lease agreement. A copy of the Lease Agreement is kept on file with the Bureau of Licensing and Regulatory Affairs (LARA).

The home is spacious, containing a kitchen, two dining areas, a living room, a family room, laundry room, and a half-bath on the main floor. There are four bedrooms on the second floor and a full-bath, which has a handrail for the bathtub. The garbage can in the kitchen has a tight-fitting lid and there is a thermometer in the freezer and refrigerator. The water tested within the 105-120 F° range. The kitchen appliance were all clean and in good working order. The cupboards, countertops, floors, etc. were all found to be exceptionally clean.

The appliances in the laundry room are in good working condition and appeared to be well-maintained. The water heater and furnace are located in a room in the basement that has a fire safety door that closes and latches after being released. The water heater and furnace are also in good working condition and appeared to be well-maintained.

There is an approved fire extinguisher on each level of this home, including the basement. The house is equipped with interconnected smoke alarms that sounded properly upon being tested on March 14, 2022 by the licensing consultant.

There is a house phone for resident use and emergency telephone numbers are posted in the kitchen.

There is a gas fireplace in the family room that is in good condition and has a protective shield in front of the opening.

All of the furniture in this home is either new or in very good condition. The home is structurally sound and kept clean.

The masonry of the driveway and sidewalk is in good condition and presents no obvious hazards. The landscaping around the home is well-maintained.

This house is not wheelchair accessible.

This house utilizes public sewage and water services.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'1" X 14'	141	2
2	9'6" X 10'2"	96	1
3	10'8" X 12'2"	130	2
4	8'8" X 12'8"	109	1

**TOTAL CAPACITY: 6**

The living room, two dining areas, and family room areas measure a total of **709** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six 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 the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six male and female ambulatory adults or adults whose diagnoses include developmentally disabled, mentally ill, physically handicapped, and/or Traumatologically Brain Injured in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

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, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will not provide transportation at this time, and understands that should transportation be provided in the future, any charges for such will be stated in each Resident Care Agreement.

The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

Shawna Maciel and Jose Maciel, co-applicants, submitted personal credit reports and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Shawna Maciel has submitted documentation appointing herself as Licensee Designee and Administrator of the home. She was made aware of the requirement of these designations to annually fulfill 16-hours of either training or 6 credit hours at an accredited college or university in an area related to Adult Foster Care.

A licensing record clearance request was completed for both Shawna Maciel and Jose Maciel with no exclusionary LEIN convictions. They also each submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Shawna Maciel has worked as a Direct Care Work and AFC Home Manager for several years, and currently owns and operates an AFC Family Home (License # AF030396753) with Jose Maciel, who also has several years' experience providing care to AFC residents. Mrs. Maciel's education and experience satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed home is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges 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.

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 the licensee, can administer medication to residents. In addition, the applicant 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.

The applicant acknowledges their 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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.

The applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created 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 the applicant.

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

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 AFC adult small group home (capacity 6).



March 14, 2022

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Ian Tschirhart, Licensing Consultant

Date

Approved By:



March 14, 2022

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Jerry Hendrick, Area Manager

Date