



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 28, 2022

Linda Hirt and Jeffrey Hirt
6920 Austhof Woods Dt
Alto, MI 49302

RE: License #: AS410405484
Investigation #: 2022A0583018
Alto AFC

Dear Linda Hirt and Jeffrey Hirt:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410405484
Investigation #:	2022A0583018
Complaint Receipt Date:	03/18/2022
Investigation Initiation Date:	03/21/2022
Report Due Date:	04/17/2022
Licensee Name:	Linda Hirt and Jeffrey Hirt
Licensee Address:	6920 Austhof Woods Dt Alto, MI 49302
Licensee Telephone #:	(616) 366-5125
Administrator:	Linda Hirt
Licensee Designee:	N/A
Name of Facility:	Alto AFC
Facility Address:	8546 Whitneyville Ave. SE Alto, MI 49302
Facility Telephone #:	(616) 366-5125
Original Issuance Date:	01/18/2022
License Status:	TEMPORARY
Effective Date:	01/18/2022
Expiration Date:	07/17/2022
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Licensee Linda Hirt “smelled of alcohol” while providing care to facility residents.	No
Facility staff verbally mistreat residents.	Yes
Additional Findings	Yes

III. METHODOLOGY

03/18/2022	Special Investigation Intake 2022A0583018
03/21/2022	Special Investigation Initiated - On Site Licensee Jeffrey Hirt, Licensee Linda Hirt, Staff Samantha Hirt, Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F.
03/21/2022	APS Referral
03/23/2022	Contact - Document Received Licensee Linda Hirt
03/24/2022	Contact - Telephone call made Licensee Linda Hirt
03/24/2022	Contact - Telephone call made Public Guardian Donna Grable
03/28/2022	Exit Conference Licensee Linda Hirt

ALLEGATION: Licensee Linda Hirt “smelled of alcohol” while providing care to facility residents.

INVESTIGATION: On 03/18/2022 I received complaint allegations from the BCAL online reporting system. The complaint alleged that “the last few days” Licensee Linda Hirt smells of “alcohol”. The complaint further alleged that Licensee Linda Hirt was acting “abnormally irrational”.

On 03/21/2022 I completed an unannounced onsite investigation at the facility and privately interviewed Licensee Linda Hirt, Licensee Jeffrey Hirt, staff Samantha Hirt, Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F.

Ms. Hirt stated she has a history of alcohol abuse. Ms. Hirt stated she was arrested for domestic violence in 2020 while under the influence of alcohol but completed “thirty days” of treatment in a residential facility followed by “thirty days” in a “sober living” facility. Ms. Hirt stated the domestic violence charges were later dropped. Ms. Hirt acknowledged she suffered an alcohol relapse in July 2020 but stated she has now been sober for “twenty one months”.

Licensee Jeffrey Hirt and staff Samantha Hirt both reported Licensee Linda Hirt has a history of alcohol abuse. Mr. Hirt and Samantha Hirt both reported they have not observed any indication of current alcohol use by Ms. Hirt.

Resident A stated she smelled alcohol on Ms. Hirt’s breathe daily for the past week. Resident A stated she last smelled alcohol on Ms. Hirt’s breathe “two days ago”. Resident A stated she has not directly observed Ms. Hirt drink alcohol and has not observed empty alcohol containers at the facility.

Resident B stated he smelled alcohol on Ms. Hirt’s breathe daily for the last “five days in a row”. Resident B stated he last smelled alcohol on Ms. Hirt’s breathe “a couple days ago”. Resident B stated he also observed Ms. Hirt’s “red face and cheeks” which are “noticeable” when she smells of alcohol. Resident B stated he has not observed Ms. Hirt drink alcohol and has not observed empty alcohol containers at the facility.

Resident C stated he has not smelled alcohol on Ms. Hirt’s breath and has observed no indication of alcohol use by Ms. Hirt.

I attempted to interview Resident D however Resent D was unable to complete the interview as evidenced by her inability to remain awake and answer questions during the interview process.

Resident E stated he has not smelled alcohol on Ms. Hirt’s breath and has observed no indication of alcohol use by Ms. Hirt.

Resident F stated he has not smelled alcohol on Ms. Hirt’s breath and has observed no indication of alcohol use by Ms. Hirt.

On 03/21/2022 I emailed the complaint allegations to the Adult Protective Services Centralized Intake.

On 03/23/2022 I received an email from Licensing and Regulatory Affairs staff Candace Coburn which stated “an ICHAT was run and nothing came back for any convictions” regarding Licensee Linda Hirt.

On 03/24/2022 I interviewed Licensee Linda Hirt via telephone. Ms. Hirt stated on 02/02/2020 she was arrested for domestic violence after a verbal altercation with Licensee Jeffrey Hirt occurred at their home. Ms. Hirt acknowledged she was

intoxicated during the event and spent a brief period in the Kent County Jail. Ms. Hirt stated she was transferred from the Kent County Jail to Forestview Hospital where she spent a brief period before she was transferred to a residential substance abuse treatment center located in Manistee Michigan. Ms. Hirt stated she completed “thirty days” of substance abuse treatment at the residential treatment facility before being transferred to a “thirty day sober living” facility. Ms. Hirt stated the domestic violence charges were dropped after completing treatment successfully. Ms. Hirt stated she remained sober until an alcohol relapse in July 2020, when she ingested “one beer after a really bad day at work”. Ms. Hirt stated she received counseling to address the relapse and has been alcohol free since that time. Ms. Hirt stated she has not consumed any alcohol since July 2020 and denied drinking while working at the facility as alleged in the complaint.

On 03/28/2022 I completed an Exit Conference with Licensee Linda Hirt via telephone. Licensee Linda Hirt stated she agreed with the findings of the special investigation.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(2) Direct care staff shall possess all of the following qualifications:</p> <p>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</p>
ANALYSIS:	<p>Licensee Linda Hirt confirmed she has a history of alcohol abuse however denied she has consumed alcohol since July 2020.</p> <p>Licensee Jeffrey Hirt and staff Samantha Hirt both reported they have not observed any indication of current alcohol use by Linda Hirt.</p> <p>Resident A stated she smelled alcohol on Ms. Hirt’s breathe daily for the past week. Resident A acknowledged she has not observed Ms. Hirt drink alcohol and has not observed empty alcohol containers at the facility.</p> <p>Resident B stated he smelled alcohol on Ms. Hirt’s breathe daily the last “five days in a row”. Resident B acknowledged he has not observed Ms. Hirt drink alcohol and has not observed empty alcohol containers at the facility.</p> <p>Resident C, Resident E, and Resident F each stated they have not smelled alcohol on Ms. Hirt’s breath and have observed no indication of alcohol use by Ms. Hirt.</p>

	<p>Licensing and Regulatory Affairs staff Candace Coburn completed an ICHAT that confirmed no criminal convictions for Licensee Linda Hirt.</p> <p>A preponderance of evidence was not discovered during the special investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Facility staff verbally mistreat residents.

INVESTIGATION: On 03/18/2022 I received complaint allegations from the BCAL online reporting system. The complaint alleged that Licensee Linda Hirt, Licensee Jeffrey Hirt, and staff Samantha Hirt “are loud people” and “the owner has been getting in people’s faces threatening to kick them out”. The complaint further alleged that Licensee Linda Hirt “has put her finger in residents” faces and “is acting abnormally irrational”.

On 03/21/2022 I completed an unannounced onsite investigation at the facility and privately interviewed Licensee Linda Hirt, Licensee Jeffrey Hirt, staff Samantha Hirt, Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F.

Licensee Linda Hirt, Licensee Jeffrey Hirt, and staff Samantha Hirt each stated they have not verbally or physically mistreated any facility residents. Licensee Linda Hirt, Licensee Jeffrey Hirt, and staff Samantha Hirt each stated they have not observed any other staff mistreat any facility residents.

Resident A stated she has observed Licensee Jeffrey Hirt, Licensee Linda Hirt, and staff Samantha Hirt verbally mistreat residents. Resident A stated she has observed Mr. Hirt yell “you pissed your bed again” at Resident D who is elderly and incontinent. Resident A stated she has observed “all three” staff tell Resident D “you’re going to change your own bedding next time” after Resident D urinated in her bedding. Resident A stated she has observed Mr. Hirt tell Resident E who is diagnosed with dementia “go ahead hit me, I’ll kick your ass out of here”.

Resident B stated he has not observed Mr. Hirt, Linda Hirt, or staff Samantha Hirt mistreat residents.

Resident C stated he has observed Mr. Hirt “cuss” residents out” however Resident C was unable to provide further details regarding the incidents. Resident C stated he has not observed Linda Hirt or staff Samantha Hirt mistreat facility residents.

I attempted to interview Resident D however Resident D was unable to complete the interview as evidenced by her inability to remain awake and answer questions during the interview process.

Resident E stated he has not observed Mr. Hirt, Linda Hirt, or staff Samantha Hirt mistreat facility residents.

Resident F stated he has not observed Linda Hirt or staff Samantha Hirt mistreat facility residents. Resident F stated he has observed Mr. Hirt display a "stern" demeanor towards residents. Resident F stated he has overheard Mr. Hirt complaining about changing residents' "pissy sheets".

On 03/28/2022 I completed an Exit Conference with Licensee Linda Hirt via telephone. Licensee Linda Hirt stated she would formulate and submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>Licensee Linda Hirt, Jeffrey Hirt, and staff Samantha Hirt each stated they have not verbally or physically mistreated any facility residents.</p> <p>Resident A stated she has observed Mr. Hirt yell "you pissed your bed again" at Resident D who is elderly and incontinent. Resident A stated she has observed "all three" staff tell Resident D "you're going to change your own bedding next time" after Resident D urinated in her bedding. Resident A stated she has observed Mr. Hirt tell Resident E who is diagnosed with dementia "go ahead hit me, I'll kick your ass out of here".</p> <p>Resident B stated he has not observed Mr. Hirt, Linda Hirt, or staff Samantha Hirt mistreat facility residents.</p> <p>Resident C stated he has observed Mr. Hirt "cuss" residents "out" however Resident C was unable to provide further details. Resident C stated he has not observed Linda Hirt or staff Samantha Hirt mistreat facility residents.</p> <p>Resident E stated he has not observed Mr. Hirt, Linda Hirt, or staff Samantha Hirt mistreat facility residents.</p>

	<p>Resident F stated he has not observed Licensee Linda Hirt or staff Samantha Hirt mistreat facility residents. Resident F stated he has observed Mr. Hirt display a “stern” demeanor towards residents. Resident F stated he has overheard Mr. Hirt complaining about changing residents’ “pissy sheets”.</p> <p>A preponderance of evidence was discovered during this investigation to substantiate violation of the applicable rule. Evidence discovered from the Special Investigation indicates Licensee Jeffrey Hirt verbally mistreats residents.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Facility staff do not maintain a daily schedule of advance work assignments.

INVESTIGATION: While onsite on 03/21/2022, I interviewed Licensee Linda Hirt. I requested to review the facility’s staff schedule from Licensee Designee Linda Hirt. Licensee Linda Hirt stated the facility does not maintain a staffing schedule.

On 03/28/2022 I completed an Exit Conference with Licensee Linda Hirt via telephone. Licensee Linda Hirt stated she would formulate and submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	<p>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</p> <ul style="list-style-type: none"> (a) Names of all staff on duty and those volunteers who are under the direction of the licensee. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.
ANALYSIS:	<p>Licensee Linda Hirt stated the facility does not maintain a staffing schedule.</p> <p>A preponderance of evidence was discovered during this investigation to substantiate violation of the applicable rule. Evidence discovered from the Special Investigation indicates the licensee does not maintain a daily schedule of advance work assignments.</p>

CONCLUSION:	VIOLATION ESTABLISHED
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ADDITIONAL FINDINGS: The Licensee failed to complete a written Assessment Plan for Resident D.

INVESTIGATION: On 03/23/2022 I received via email a copy of Resident D's Assessment Plan for AFC Residents from Licensee Linda Hirt. I noted the document was signed by Resident D's guardian, Donna Grable on 08/17/2021.

On 03/23/2022 I interviewed Licensee Linda Hirt via telephone. Ms. Hirt stated the Alto AFC license was issued on 01/18/2022. Ms. Hirt stated Resident D moved to the Alto AFC on 02/14/2022 and she has been utilizing Resident D's Assessment Plan from Resident D's previous facility placement rather than formulating a new Assessment Plan for the Alto AFC.

On 03/24/2022 I interviewed Donna Grable via telephone. Ms. Grable stated Resident D moved to the Alto AFC February 2022. Ms. Grable stated she requested that Licensee Linda Hirt formulate a new Assessment Plan for Resident A starting the date of her placement at Alto AFC, however Ms. Hirt has failed to do so.

On 03/28/2022 I completed an Exit Conference with Licensee Linda Hirt via telephone. Licensee Linda Hirt stated she would formulate and submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	<p>Licensee Linda Hirt stated Resident D moved to the Alto AFC on 02/14/2022 and she has been utilizing Resident D's Assessment Plan from her previous facility placement rather than formulating a new Assessment Plan for the Alto AFC.</p> <p>Resident D's guardian, Donna Grable, stated she requested Licensee Linda Hirt formulate a new Assessment Plan for Resident D however Licensee Linda Hirt has failed to do so.</p>

	A preponderance of evidence was discovered during this investigation to substantiate violation of the applicable rule. Evidence discovered from the Special Investigation indicates the Licensee failed to complete a written Assessment Plan for Resident D.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Bedrooms utilized by Resident D and Resident F, who have impaired mobility, are not located on the main level of the home that contains the living and dining areas.

INVESTIGATION: While onsite on 03/21/2022, I privately interviewed Licensee Linda Hirt and Resident F. I attempted to interview Resident D however Resident D was unable to complete the interview as evidenced by her inability to remain awake and answer questions during the interview process.

Licensee Linda Hirt stated the facility's kitchen, dining room, and living rooms are located on the main level of the facility. Ms. Hirt stated all resident bedrooms are located in the lower level of the facility. Ms. Hirt stated the main floor and lower level of the facility are connected via two flights of stairs. Ms. Hirt stated Resident D requires the use of a walker due to mobility limitations. Ms. Hirt stated Resident D can navigate the facility's two flights of stairs that connect the main level to the lower level independently. Ms. Hirt stated Resident F requires the use of a gait belt and a walker due to mobility limitations. Ms. Hirt stated Resident F can navigate the facility's two flights of stairs that connect the main floor to the lower level with staff "stand-by" assistance.

Resident F stated that due to "sciatica issues" he requires the assistance of a gait belt and walker for mobility. Resident F stated his bedroom is in the lower level of the facility which requires the navigation of two flights of stairs. Resident F stated he can safely navigate the stairs with staff stand-by assistance.

While onsite I observed Resident D navigate the facility's two flights of stairs with staff stand-by assistance. I observed Resident D was able to successfully navigate the stairs, however exhibited substantial gait impairment throughout the exercise indicative of a high risk of fall and subsequent injury.

While onsite I observed Resident F navigate the facility's two flights of stairs with staff standby assistance. I observed Resident F was able to successfully navigate the stairs, however exhibited substantial gait impairment throughout the exercise indicative of a high risk of fall and subsequent injury.

While onsite I noted that Resident D and Resident F's bedrooms are located in the lower level of facility while the living room, dining, and kitchen are located on the

main floor level of the facility. I observed the main floor, and the lower level of the facility are connected via two flights of stairs.

On 03/23/2022 I received via email a copy of Resident D's Assessment Plan for AFC Residents signed 08/17/2021 and Resident F's Assessment Plan for AFC Residents signed 02/28/2022. Resident D's document stated Resident D requires assistance with walking/mobility in the form of a cane and walker. Resident D's document states Resident D does not require assistance with stair climbing. Resident F's document states Resident F does not move independently in the community and requires the assistance of a gait belt. Resident F's document states Resident F requires assistance with walking/mobility in the form of a walker "with a gait belt assist". Resident F's document states Resident F requires assistance with stair climbing in the form of "standby assist".

On 03/24/2022 I interviewed Donna Grable via telephone. Ms. Grable stated she is the public guardian assigned to represent Resident D. Ms. Grable stated Resident D moved the Alto AFC February 2022 however Ms. Grable has not visited the facility. Ms. Grable stated Licensee Linda Hirt informed Ms. Grable that the Alto AFC would be easier for Resident D's limited mobility issues compared to the previous facility Resident D resided at. Ms. Grable stated she was "under the impression that the Alto AFC was one level". Ms. Grable stated Resident D displays limited mobility and should reside in a one level environment.

On 03/28/2022 I completed an Exit Conference with Licensee Linda Hirt via telephone. Licensee Linda Hirt stated she would formulate and submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14405	Living space.
	(3) Living, dining, bathroom, and sleeping areas used by residents who have impaired mobility shall be accessible and located on the street floor level of the home that contains the required means of egress.
ANALYSIS:	<p>Resident D and Resident F's bedrooms are located in the lower level of facility while the living room, dining, and kitchen are located on the main floor level of the facility.</p> <p>Both Resident D and Resident F exhibit substantial gait impairment indicative of a high risk of fall and subsequent injury.</p> <p>Resident D's Assessment Plan states Resident D requires assistance with walking/mobility in the form of a cane and walker.</p>

	<p>Resident F's Assessment Plan states Resident F requires assistance with walking/mobility in the form of a walker "with a gait belt assist". Resident F's Assessment Plan states Resident F requires assistance with stair climbing in the form of "stand-by assist".</p> <p>Donna Grable, public guardian, stated Resident D displays limited mobility and should reside in a one level environment.</p> <p>A preponderance of evidence was discovered during the special investigation to substantiate violation of the applicable rule. Evidence discovered from the Investigation indicates the bedrooms utilized by Resident D and Resident F who have impaired mobility are not located on the main level of the home that contains the living and dining areas.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.



03/28/2022

Toya Zylstra
Licensing Consultant

Date

Approved By:



03/28/2022

Jerry Hendrick
Area Manager

Date