



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 6, 2025

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: License #: AS250411497
Investigation #: 2025A0779031
Res-Care Premier Lake Rd.

Dear Laura Hatfield-Smith:

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 feel free to 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250411497
Investigation #:	2025A0779031
Complaint Receipt Date:	03/26/2025
Investigation Initiation Date:	03/26/2025
Report Due Date:	05/25/2025
Licensee Name:	ResCare Premier, Inc.
Licensee Address:	9901 Linn Station Road Louisville, KY 40223
Licensee Telephone #:	(989) 791-7174
Administrator:	Laura Hatfield-Smith
Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	Res-Care Premier Lake Rd.
Facility Address:	1220 W. Lake Rd. Clio, MI 48420
Facility Telephone #:	(810) 686-1403
Original Issuance Date:	04/29/2022
License Status:	REGULAR
Effective Date:	10/29/2024
Expiration Date:	10/28/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff Alyssa Anderson had sex with Resident A at the AFC home.	Yes

III. METHODOLOGY

03/26/2025	Special Investigation Intake 2025A0779031
03/26/2025	APS Referral Complaint was received from APS centralized intake.
03/26/2025	Special Investigation Initiated - Telephone Spoke to ORR.
04/02/2025	Inspection Completed On-site
04/02/2025	Contact - Telephone call made Spoke to home manager, Christine Robinson.
04/08/2025	Contact - Telephone call made Spoke to staff person, Alyssa Anderson.
04/08/2025	Contact - Telephone call made Spoke to Sheriff detective.
04/08/2025	Contact - Face to Face Interview with Resident A.
04/11/2025	Contact - Face to Face Interview with multiple residents.
05/02/2025	Exit Conference Held with licensee designee, Laura Hatfield-Smith.
05/06/2025	Contact – Telephone call made Spoke to Detective Leonowicz.

ALLEGATION:

Staff Alyssa Anderson had sex with Resident A at the AFC home.

INVESTIGATION:

On 3/26/2025, a phone conversation took place with recipient rights investigator, Matt Potts, who confirmed that he was investigating the same allegations. Investigator Potts stated that he had already spoken to Resident A, who confirmed that he had consensual sex with staff person, Alyssa Anderson. Investigator Potts reported that Resident A told him that Staff Anderson offered sex and that he accepted. Investigator Potts stated that he also spoke to Resident B, who said that he had walked in on and witnessed Resident A and Staff Anderson having sex in the basement of the home. Investigator Potts stated that Staff Anderson has denied having any sexual contact with Resident A.

On 4/2/2025, an on-site inspection was conducted and Resident A and Resident B were interviewed. Resident A stated that he had sex with Staff Anderson on the couch in the basement of the home, that it was a 1-time thing, and that it happened approximately two months ago. Resident A stated that Staff Anderson was trying to get him to do something for a while and would flash her breasts at him and would play with her private area under her panties in front of him. Resident A reported that he just finally agreed to have sex with her. Resident A stated that this happened during 3rd shift, when Anderson staff was the only staff working at the home and all the other residents were in their rooms for the night. Resident A did say that Resident B walked in and saw them having sex in the basement. When asked why he didn't report this sooner, Resident A stated that he was scared to say anything, because she was staff and she told him not to tell anyone.

On 4/22/2025, Resident B confirmed that he had walked in on Resident A and Resident B having sex on the couch in the basement. Resident B stated that it was very dark, but that he could see that Resident A was on top of Staff Anderson and then he just turned around and went back upstairs. Resident B stated that all the other residents were in their rooms for the night at that time. Resident B reported that Staff Anderson used to talk to him about sexual things, but he did not want to provide specifics and said that he never had any sexual contact with Staff Anderson.

Resident A's *Assessment Plan For AFC Residents* and GHS Individual Plan Of Service (IPOS) were reviewed. The plans state that Resident A is fairly independent, can physically do all activities of daily living on his own, but requires prompting from staff to do so. Resident A is currently still his own guardian. Resident A has been diagnosed with Bipolar disorder, intermittent explosive disorder, and mild intellectual disability. Resident A's IPOS states that, due to his cognitive and psychiatric disabilities, Resident A requires assistance with accessing mental health services such as, medication services and contract AFC placement.

On 4/22/2025, a phone call was made to the home manager, Christine Robinson, who stated that on 3/25/2025, she was the staff person that Resident A told about the sexual issues with Staff Anderson. Manager Robinson stated that after she had told the residents that Staff Anderson no longer worked at that home and will not be returning, Resident A said that he had sex with Staff Anderson in the basement of the home. Manager Robinson reported that Staff Anderson is a 3rd shift staff and normally works alone. Manager Robinson stated that Resident A claimed that the sex took place several weeks prior but could not give a date for the incident. Manager Robinson stated that Resident A and Resident B has said that Staff Robinson was trying to seduce them for a while and telling them it was okay if they wanted to touch her sexually. Manager Robinson reported that Staff Anderson's employment was terminated, prior to finding out this information, due to her obtaining numerous written disciplinary actions, including for repeatedly wearing pajamas with no bra to work.

This home provided a copy of an *AFC Licensing Division Incident/Accident Report* (IR) regarding the alleged sexual incident between Resident A and Staff Anderson. The IR was dated 3/25/2025 and matches the information obtained during the interview with Manager Robinson. The corrective measures listed on the IR are that APS was notified and that Staff Anderson is no longer employed with this home/company.

On 4/8/2025, a phone interview was conducted with staff person, Alyssa Anderson, who denied having any sexual contact with Resident A or any other resident of this home. Staff Anderson disclosed that she is a transgender female that has not fully physically completed the transition. Staff Anderson stated that she has breast implants, but has not had the surgery to replace her male private parts. Staff Anderson's defense for these allegations is that she does not have a vagina and could not have had sex with Resident A. Staff Anderson claimed that she would never have sex with a special needs person and that Resident A and Resident B are just telling stories that are not true.

On 4/8/2025, a phone conversation took place with Genesee County Sheriff Detective, Nick Leonowicz, who confirmed that he and his partner are investigating the same allegations. Detective Leonowicz reported that he had already interviewed Resident A and Resident B and obtained the same information. Detective Leonowicz stated that he had not spoken to Staff Anderson yet.

On 4/8/2025, a second in-person interview was conducted with Resident A to clarify some details regarding the sexual interaction he had with Staff Anderson. Detective Leonowicz and another detective were present as well. Resident A stated that it was dark in the basement, at the time of the incident, and that he did not actually see if Staff Anderson had a penis or a vagina. Resident A clarified that he was on top of Staff Anderson, that Staff Anderson's face was facing the couch, and that he put his penis in what he thought was Staff Anderson's vagina. Resident A stated that he thinks Staff Anderson is lying about not having a vagina. Resident A was quite clear that he had sexual intercourse with Staff Anderson.

On 4/11/2025, in-person contact was made with Resident C, Resident D, and Resident E at the AFC home. All three residents denied that they have had any inappropriate sexual contact or conversations with Staff Anderson.

On 5/2/2025, an exit conference was held with licensee designee, Laura Hatfield-Smith, who confirmed that Staff Anderson had been terminated prior to finding about her sexual contact with Resident A. LD Hatfield-Smith was informed of the outcome of this investigation and that a written corrective action plan is required.

On 5/6/2025, a phone conversation took place with Detective Leonowicz, who stated that they had interviewed Staff Anderson. Detective Leonowicz stated that Staff Anderson denied the allegations and initially offered to submit to a polygraph test, but when the test was set up to take place, Staff Anderson backed out and obtained an attorney. Detective Leonowicz stated that once their investigation is complete, they will be submitting their information to the prosecutor's office to determine if formal charges will be filed against Staff Anderson.

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:	Resident A and Resident B have stated that staff person, Alyssa Anderson, had been seducing them for some time. Resident A was quite clear and provided detailed information to support his claim that he had sexual intercourse with Staff Anderson on the couch in the basement of this AFC home. Resident B stated that he walked in on Resident A on top of Staff Anderson having sex, on the couch in the basement. There was sufficient evidence found to prove that staff person, Alyssa Anderson, did not provide adequate protection and safety, by having inappropriate sexual contact with Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
ANALYSIS:	It was confirmed that Resident A has psychiatric and cognitive disabilities that warrant him receiving AFC services. Staff person, Alyssa Anderson, engaged in inappropriate sexual contact with Resident A and is therefore not suitable to meet the emotional, intellectual or social needs of an AFC resident.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an approved written corrective action plan, it is recommended that the status of this home's home remain unchanged.

Christopher A. Holvey

5/6/2025

Christopher Holvey
Licensing Consultant

Date

Approved By:

Mary Holton

5/6/2025

Mary E. Holton
Area Manager

Date