



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 4, 2025

Felicia Evans
Community Living Options
626 Reed Street
Kalamazoo, MI 49001

RE: License #: AS390250889
Investigation #: 2025A1024036
Transitions of Kalamazoo

Dear Felicia Evans:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On July 21, 2025, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390250889
Investigation #:	2025A1024036
Complaint Receipt Date:	06/16/2025
Investigation Initiation Date:	06/16/2025
Report Due Date:	08/15/2025
Licensee Name:	Community Living Options
Licensee Address:	626 Reed Street Kalamazoo, MI 49001
Licensee Telephone #:	(269) 343-6355
Administrator:	Fiorella Spalvieri
Licensee Designee:	Felicia Evans
Name of Facility:	Transitions of Kalamazoo
Facility Address:	1353 Oakland Drive Kalamazoo, MI 49008
Facility Telephone #:	(269) 743-2248
Original Issuance Date:	10/23/2002
License Status:	REGULAR
Effective Date:	07/06/2025
Expiration Date:	07/05/2027
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Residents are being mistreated by male staff members.	Yes

III. METHODOLOGY

06/16/2025	Special Investigation Intake 2025A1024036
06/16/2025	APS Referral denied to investigate
06/16/2025	Special Investigation Initiated – Telephone with Recipient Rights Officer (RRO) Kate Koyak
06/16/2025	Contact - Document Received- <i>AFC Licensing Division-Incident/Accident Report</i>
06/17/2025	Contact - Document Received-email correspondence with administrative staff member Sarah Gue
06/17/2025	Contact - Telephone call made with Staff Members 1, 5, 7, 8, 9 and Lacrese Harris.
07/03/2025	Inspection Completed On-site with Staff Member 6
07/11/2025	Contact - Document Received-email correspondence with staff Sarah Gue
07/14/2025	Contact - Telephone call made with Staff Member 2
07/15/2025	Inspection Completed-BCAL Sub. Compliance
07/15/2025	Exit Conference with licensee designee Felicia Evans
07/15/2025	Corrective Action Plan Requested and Due on 08/01/2025
07/21/2025	Corrective Action Plan Received
07/21/2025	Corrective Action Plan Approved

ALLEGATION: Residents are being mistreated by male staff members.

INVESTIGATION:

On 6/16/2025, I received this complaint through the LARA-BCHS online complaint system. This complaint alleged residents are being mistreated by male staff members.

On 6/16/2025, I conducted an interview with RRO Kate Koyak who stated that she is also investigating this allegation and based on her interviews, Staff Member 1 and Staff Member 2 both acknowledged that they witnessed staff member Lacrese Harris and Devontae Wooten mistreat residents by slapping Resident A, Resident B, and Resident C in the face to get them to comply to directions. Kate Koyak stated she was not able to interview any of these residents as the residents can't communicate effectively due to their cognitive impairment.

On 6/16/2025, I reviewed the facility's *AFC Licensing Division-Incident/Accident Report* which stated that Staff Member 1 reported to administration that some male staff in the home are using physical violence on the male consumers therefore, a complaint was made to Office of Recipient Rights (ORR).

On 6/17/2025, I received email correspondence from administrative staff member Sarah Gue who stated on 6/11/2025 Staff Member 1 reported that staff members are hitting Resident A, Resident B, and Resident C therefore this allegation was reported to ORR. Sarah Gue stated after interviews were conducted with ORR the allegation was confirmed, and staff members Lacrese Harris and Devontae Wooten were identified as the male staff members who are using unnecessary force against Resident A, Resident B and Resident C. The email stated these two staff members were suspended until the completion of the investigation.

On 6/17/2025, I conducted interviews with Staff Members 1, 5, 7, 8 and 9. Staff Member 1 stated he recently started employment at the facility and he was warned by staff member Lacrese Harris and staff member Devontae Wooten that he would "see some things that I have never seen before" as it pertains to how staff members manage residents. Staff Member 1 stated shortly after working at the facility he observed Lacrese Harris and Devontae Wooten slap Residents A, B, and C in the face to get them to follow directions such as going to their bedroom or to stop a behavior. Staff Member 1 stated these residents are nonverbal therefore could not report these incidents to anyone and Staff Member 1 stated since he was new to the facility he did not feel comfortable immediately reporting these incidents either. Staff Member 1 stated he believes all the staff members who work in the facility are aware that these staff members slap residents, however the staff members are all friends therefore he does not believe staff members will be truthful and report the abuse that is happening in the home.

Staff members 5, 7, 8, and 9 all stated they have no knowledge of any staff members mistreating any residents and have never seen or heard about residents getting slapped

in the face or getting physically hit by staff members. These staff members further stated the first time they heard this allegation was when they were interviewed by ORR.

I also interviewed staff member Lacrese Harris who stated that he has not hit or mistreated any residents and will only use verbal redirection or sign language to manage resident behaviors. Lacrese Harris also stated he has never seen any other staff member hit or mistreat any of the residents nor has he heard any staff members make complaints about mistreatment of residents.

On 7/3/2025, I conducted an onsite investigation at the facility with Staff Member 6 who stated that she regularly works with Staff Member 2, staff member Lacrese Harris, and staff member Devontae Wooten. Staff Member 2 stated never observing any staff member slap or mistreat any residents. Staff Member 6 stated that she had not heard any complaints made by other staff members until recently when ORR became involved and interviewed all staff members. Staff Member 6 stated she does not believe any residents are mistreated and has only observed positive interactions between staff members and residents.

On 7/11/2025, I received email correspondence from administrative staff member Sarah Gue who stated that Staff Member 5 was heard from a video camera in the medication room of the facility speaking to another staff member which made the administration suspicious about who was being truthful during the investigative interviews. Based on this information, Sara Gue stated Staff Members 5, Lacrese Harris and Devontae Wooten were all terminated from employment.

On 7/14/2025, I conducted an interview with direct care Staff Member 2 who stated that he regularly works with male staff members and has witnessed Lacrese Harris and Devontae Wooten slap Residents A, B, and C in the face to get them to calm down when they are not following directions or seem to be getting escalated. Staff member 2 stated he has only seen Lacrese Harris slap Residents A, B, and/or C once over the past few months and observed Devontae Wooten slap Residents A, B, and/or C once over the past few months. Staff Member 2 stated Residents A, B, and C are all nonverbal residents. Staff Member 2 stated during each incident the residents were not injured, and the force of the slap was not very hard from their perspective. Staff Member 2 stated that after the residents were slapped in the face they immediately responded to the staff's instructions without incident. Staff Member 2 stated no other staff members to his knowledge were witnesses to these incidents.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or

	omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	Based on my investigation which included interviews with RRO Kate Koyak, direct care staff members 1, 2, 5, 6, 7, 8, 9, and Lacrese Harris, review of incident reports and email correspondence from administrative staff member Sarah Gue, there is evidence to support the allegation that residents are being mistreated by male staff members. Staff Member 1 and Staff Member 2 both stated they have witnessed Lacrese Harris and Devontae Wooten slap Residents A, B, and C in the face as a behavior management technique. Sarah Gue also stated this allegation was confirmed based on an internal investigation with ORR, therefore staff members Lacrese Harris and Devontae Wooten were terminated due to using unnecessary physical force against residents.
CONCLUSION:	VIOLATION ESTABLISHED

On 7/15/2025, I conducted an exit conference with licensee designee Felicia Evans. I informed Felicia Evans of my findings and allowed her an opportunity to ask questions and make comments. On 7/21/2025, I received and approved an acceptable corrective action plan.

IV. RECOMMENDATION

An acceptable corrective action plan was approved; therefore, I recommend the current license status to remain unchanged.



Ondrea Johnson
Licensing Consultant

8/1/2025
Date

Approved By:



08/04/2025

Dawn N. Timm
Area Manager

Date