



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 30, 2025

Gregory Cheff
Harmony Manor LLC
PO Box 95
Atlas, MI 48411

RE: License #: AS250314310
Investigation #: 2025A0779055
Harmony Manor/Avon

Dear Gregory Cheff:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 #:	AS250314310
Investigation #:	2025A0779055
Complaint Receipt Date:	09/10/2025
Investigation Initiation Date:	09/10/2025
Report Due Date:	11/09/2025
Licensee Name:	Harmony Manor LLC
LicenseeAddress:	PO Box 95 Atlas, MI 48411
Licensee Telephone #:	(810) 834-9970
Administrator:	Gregory Cheff
Licensee Designee:	Gregory Cheff
Name of Facility:	Harmony Manor/Avon
Facility Address:	823 Avon Street, Flint, MI 48503
Facility Telephone #:	(810) 820-7503
Original Issuance Date:	06/25/2012
License Status:	REGULAR
Effective Date:	01/17/2025
Expiration Date:	01/16/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Resident A went upstairs and had an altercation with another resident.	No
Additional Findings	Yes

III. METHODOLOGY

09/10/2025	Special Investigation Intake 2025A0779055
09/10/2025	Special Investigation Initiated - Letter Complaint was referred to APS.
09/10/2025	APS Referral Complaint was referred to APS centralized intake.
09/19/2025	Inspection Completed On-site
09/26/2025	Contact - Telephone call made Spoke to APS worker.
10/22/2025	Exit Conference Held with licensee designee, Greg Cheff.
10/30/2025	Exit Conference Held with licensee designee, Greg Cheff.

ALLEGATION:

Resident A went upstairs and had an altercation with another resident.

INVESTIGATION:

On 9/19/2025, an unannounced on-site inspection was conducted. Multiple residents and two staff were interviewed.

On 9/19/2025, Resident A confirmed that she recently went upstairs and into Resident B's room during the night. Resident A admitted that she knows she is not supposed to go upstairs. Resident A stated that Resident B got mad and pushed her, hitting her in

the face with his hand and that she fell down. Resident A claimed that she did not get hurt and that she went back downstairs to her own room. Resident A does not remember the date of when the incident took place. Resident A stated that the staff did not know she went upstairs and that she did not tell staff what happened.

On 9/19/2025, Resident B stated that Resident A recently came into his room during the night and woke him up, while she was going through his stuff. Resident B denied that he punched Resident A. Resident B admitted that he was pushing Resident A away, trying to get her to leave his room and that his hand accidentally hit her face. Resident B reported that they both fell to the floor during the struggle and then Resident A got up and left his room. Resident B stated that he did not mean to hurt Resident A and that they are actually friends. Resident B stated that he did not tell any staff about the incident.

On 9/19/2025, Resident C stated that he was aware of the incident between Resident A and Resident B. Resident C stated that he was awake and in the living room area. Resident C reported that he told Resident A that she is not allowed upstairs, but Resident A pushed past him and went anyway. Resident C stated that he let Resident A go and did not tell staff about it, because he thought Resident A should learn her lesson. Resident C stated that staff person, Maya Windom, was in her staff area at the time and did not know the incident happened.

On 9/19/2025, staff person, Maya Windom, stated that no resident told her that Resident A went upstairs and that she did not even know the incident happened until the next day. Staff Windom claimed that she was in her staff area when the incident took place. Staff Windom stated that Resident A has a history of stealing and knows that she is not supposed to go upstairs, where the male residents rooms are. Staff Windom reported that Resident A does not receive any enhanced supervision.

On 9/19/2025, staff person, Sherry Joy, confirmed that Resident A has a history of stealing and knows that she is not allowed to go upstairs. Staff Joy stated that Resident A is her own guardian and that she is not involved with GHS; therefore, Resident A does not have a behavioral plan or any enhanced supervision. Staff Joy reported that they have tried for a long time now to find another place for Resident A to leave but that no other AFC home will take her.

Resident A's *Assessment plan for AFC residents* was reviewed. The plan states that Resident A does have a history of stealing and that she is quite independent and able to physically complete all her activities of daily living on her own.

On 9/26/2025, a phone call was made to APS worker, Katisha Woods, who confirmed that she was at the home on 9/4/2025 and visited with Resident A. APS Woods stated that Resident A told her that she had snuck upstairs, Resident B had pushed her, that she fell and got a bloody nose. APS Woods reported that Resident A has been known to get into other residents stuff and Resident A knew she was not supposed to go upstairs. APS Woods stated that when she mentioned this to staff, they claim that they

were not aware that Resident A snuck upstairs or that there was an incident between Resident A and Resident B. APS Woods confirmed that Resident A is her own guardian and that licensee designee, Greg Cheff, gave Resident A a discharge notice over one year ago. APS Woods stated that they did a long search for another AFC placement for Resident A, but they could not find one that would accept her. APS Woods stated that LD Cheff stated that he will not put Resident A out on the streets. APS Woods reported that she will make attempts again to try and find Resident A a new home to move to.

On 10/22/2025, a call was made to licensee designee, Greg Cheff, who stated that he was made aware of this incident after the fact and only after APS Woods mentioned it. LD Cheff confirmed that Resident A has a history of lying and stealing from staff and other residents. LD Cheff stated that Resident A will go weeks in between displaying those behaviors. LD Cheff reported that Resident A used to be involved with GHS, but they closed their services for her years ago and that Resident A does not have any required enhanced supervision in place. LD Cheff stated that he has personally searched for an alternative home for Resident A to move to, but he and APS could not find one that would take her and that he cannot just put her out on the street.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	It was confirmed that Resident A snuck upstairs without staff knowing and she went into Resident B's room. A minor physical altercation did take place between Resident A and Resident B, but neither resident reported the incident to staff. Resident A does not receive any outside case management services and does not require any enhanced supervision. There was insufficient evidence found to prove that Resident A was not provided with adequate supervision or protection.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 9/19/2025, staff persons, Maya Windom and Sherry Joy, stated that they are the only two staff currently employed at this home. They stated that they work it out

between each other to make sure one of them is always there. They both confirmed that there is no set written staff schedule in place for them to follow.

On 10/22/2025, an exit conference was held with licensee designee, Greg Cheff. LD Cheff confirmed that there is no written staff schedule in place, but stated that between him, Staff Windom and Staff Joy, there is always someone at the home providing supervision and care to the residents. LD Cheff was informed of the licensing rule violation and that a corrective action plan is required.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	(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: (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:	Staff persons, Maya Windom and Sherry Joy, stated that they are the only two staff employed at this home and that there is not any written staff schedule in place. Licensee designee, Greg Cheff, confirmed that there is no staff schedule in place for them to follow. The licensee had no written staff schedule to provide to be reviewed.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/22/2025, a review of the LARA Workforce Background Check (WBC) website was completed regarding this home/license. It was confirmed that staff persons, Maya Windom and Sherry Joy, do not have fingerprinting and/or criminal history checks attached to this home/license. Neither staff names or information was on the WBC website acknowledging them as being employed at this home.

On 10/22/2025, a phone call was made to LD Cheff and the issue concerning the WBC website and staff fingerprinting. LD Cheff confirmed that Staff Windom and Staff Joy are currently the only two employees working at this home. LD Cheff confirmed that no

fingerprinting, criminal history checks or identifying information regarding Staff Windom and Staff Joy have been registered on the WBC website under this home's license.

On 10/30/2025, a second exit conference was held with LD Cheff regarding the additional licensing rule violation concerning staff fingerprinting. LD Cheff provided no additional information regarding this issue.

MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or

	she is no longer exempt and shall be terminated from employment or denied employment.
ANALYSIS:	It was confirmed that no identifying information, criminal history checks or fingerprinting for staff persons, Maya Windom and Sherry Joy have been registered on the WBC website under this home's license.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Christopher A. Holvey

10/30/2025

Christopher Holvey
Licensing Consultant

Date

Approved By:

Mary Holton

10/30/2025

Mary E. Holton
Area Manager

Date