



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 6, 2021

Budiono Kertawidjaja & Nicolina Kaumpungan  
8876 Kephart Lane  
Berrien Springs, MI 49103

RE: License #: AF110407107  
**Shangrila Home AFC**  
**8876 Kephart Lane**  
**Berrien Springs, MI 49103**

Dear Budiono Kertawidjaja & Nicolina Kaumpungan:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license will be renewed with 30 days of its expiration date so long as there are no open special investigations at the home at that time. Your license is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW, 7<sup>th</sup> Floor-Unit 13  
(269) 615-5050

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AF110407107

**Licensee Name:** Budiono Kertawidjaja & Nicolina Kaumpungan

**Licensee Address:** 8876 Kephart Lane  
Berrien Springs, MI 49103

**Licensee Telephone #:** (269) 697-3690

**Licensee Designee:** N/A

**Administrator:** N/A

**Name of Facility:** Shangrila Home AFC

**Facility Address:** 8876 Kephart Lane  
Berrien Springs, MI 49103

**Facility Telephone #:** (269) 473-7000

**Original Issuance Date:** 03/25/2021

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/04/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 10/13/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 2 Role: Licensees

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
Inspection did not occur during meal time.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

On 08/04/2021, I completed an exit conference with Budiono Kertawidjaja & Nicolina Kaumpungan on-site. They did not dispute my findings or recommendations.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

*Cassandra Duursma*

08/06/2021

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Cassandra Duursma  
Licensing Consultant

Date