



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 25, 2021

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

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

Dear Budiono Kertawidjaja & Nicolina Kaumpungan:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW, 7th Floor-Unit 13
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110407107
Applicant Name:	Budiono Kertawidjaja & Nicolina Kaumpungan
Applicant Address:	8876 Kelphart Lane Berrien Springs, MI 49103
Applicant Telephone #:	(269) 471-2128
Administrator/Licensee Designee:	N/A
Name of Facility:	Shangrila Home AFC
Facility Address:	8876 Kephart Lane Berrien Springs, MI 49103
Facility Telephone #:	(269) 473-7000
Application Date:	01/27/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODOLOGY

10/13/2020	Inspection Completed-Env. Health : A See AF11000791
01/27/2021	Enrollment
01/27/2021	Application Incomplete Letter Sent App - remove LLC from facility name; 1326, RI-030, & FPs for Budiono; AFC100 for RP
01/29/2021	Contact - Document Received App - LLC removed
02/08/2021	Contact - Document Received 1326's for Budiono & Nicolina; AFC100 for George (RP)
02/17/2021	PSOR on Address Completed
02/18/2021	Contact - Document Received RI-030 for Budiono (applicant, Section III not completed)
02/25/2021	Contact - Document Received RI-030 for Nicoline - Section III completed
03/10/2021	Lic. Unit file referred for background check review Budiono K.
03/12/2021	Application Incomplete Letter Sent
03/16/2021	Contact- Face to Face Budiono Kertawidjaja & Nicolina Kaumpungan
03/16/2021	Inspection Completed-Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a ranch style home located in a suburban community in Berrien Springs, MI. As you approach the home, there are small steps connecting to a porch that leads to the entrance of Budiono Kertawidjaja and Nicolina Kaumpungan's living area of the home which is the West half of the home. The West half of the home includes three non-resident rooms, a full bathroom that can be used by residents, a sitting area that can be used by residents, and the kitchen. As you approach the home, to the East, on the side of the home there is a ramp that leads to the entrance of the residents' living area which is the East half of the home. The East half of the home houses four private

resident bedrooms, one semi-private resident bedroom, a full resident bathroom, and the resident dining area. The home is wheelchair accessible.

There is no basement in the home. The home utilizes electric heating and an electric hot water heater. The water heater is located in a heat plant room which has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The home has fire extinguishers installed in each half of the home. The home utilizes public water and has a private sewage system.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	10'10" x 7'8" + 7'8" x 3'9"	114	1
# 2	11'9" x 11'5"	134	1
# 3	10' x 12'5" + 2'5" x 2'4"	130	1
# 4	12'5" x 10'1" + 2'5" x 2'8"+ 2'5" x 3'8"	140	2
#5	12'4" x 8'5" + 2'7" x 2'5" + 2'5" x 3'8"	119	1

The dining area alone measures at more than 175 square feet of living space which exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection and personal care to six male and/or female residents who are who are aged, as well as, physically handicapped, mentally ill, developmentally disabled, or have a diagnosis of Alzheimer's Disease. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, as well as an opportunity for involvement in educational or day programs and/or employment. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive financial assistance and support services through local agencies.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to do daily in-home activities and provide entertainment to the residents. These resources provide an environment to enhance quality of life and increase the independence of residents. The facility does not provide transportation, nor do they hold resident funds.

C. Rule/Statutory Violations

The applicants, Budiono Kertawidjaja and Nicolina Kaumpungan, are approved to provide care to individuals who are aged, as well as, physically handicapped, mentally ill, developmentally disabled, or have a diagnosis of Alzheimer's Disease. Nicolina Kaumpungan has worked at multiple Adult Foster Care facilities in Berrien County, serving numerous populations. Budiono Kertawidjaja and Nicolina Kaumpungan worked as Direct Care Workers since January 2020 for the previous license at this address, which was licensed to provide care for individuals who are aged, as well as, physically handicapped, mentally ill, developmentally disabled, or have a diagnosis of Alzheimer's Disease.

Criminal history background checks of the applicants and responsible persons were completed. All individuals were determined to be of good moral character to provide licensed adult foster care. The applicants and Responsible Person submitted

statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents in addition to outside sources of income.

The applicants acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A Responsible Person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home capacity six.

Cassandra Duursma

03/25/2021

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Jerry Hendrick

03/25/2021

Jerry Hendrick
Area Manager

Date