



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 13, 2025

Karl Patrick  
17133 Mendota  
Detroit, MI 48221

RE: License #: AS820315246  
**The Patrick Center**  
**17133 Mendota**  
**Detroit, MI 48221**

Dear Mr. Patrick:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The license and special certification 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads 'K. Robinson'.

K. Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820315246
<b>Licensee Name:</b>	Karl Patrick
<b>Licensee Address:</b>	19301 Sorrento Detroit, MI 48235
<b>Licensee Telephone #:</b>	(313) 283-8494
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	
<b>Name of Facility:</b>	The Patrick Center
<b>Facility Address:</b>	17133 Mendota Detroit, MI 48221
<b>Facility Telephone #:</b>	(313) 283-8494
<b>Original Issuance Date:</b>	12/09/2011
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/04/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 00

No. of others interviewed 01 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
All residents were gone to Program.
- 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.  
Residents at their Day Program.
- 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:  
2/9/23: 311(1)(b), 205(5), 205(3), and 315(3) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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



02/13/25

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Kara Robinson  
Licensing Consultant

Date