

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ANNE MARIE TADEO, M.D.
License No. 43-01-074102

Complaint No. 43-17-148403

CONSENT ORDER AND STIPULATION

CONSENT ORDER

An administrative complaint was filed with the Disciplinary Subcommittee of the Board of Medicine on July 6, 2018, charging Anne Marie Tadeo, M.D. with having violated sections 16221(a) and (b)(i) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the complaint are true and that Respondent has violated section 16221(a) of the Public Health Code.

Accordingly, for these violations, IT IS ORDERED:

Respondent is placed on PROBATION for a minimum period of 1 day not to exceed 6 months, commencing on the effective date of this order. Respondent shall be automatically discharged from probation upon the Department's receipt of satisfactory written evidence of Respondent's successful compliance with the

continuing education term as provided below, provided compliance occurs within 6 months. If Respondent fails to complete any term or condition of probation as set forth in this order within 6 months of the effective date of this order, Respondent will be in violation of Mich Admin Code, R 338.1632 and section 16221(h) of the Public Health Code. The terms and conditions of the probation are as follows:

- A. COMPLIANCE WITH THE PUBLIC HEALTH CODE.
Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated under the Public Health Code.
- B. CONTINUING EDUCATION CREDITS. Within 6 months of the effective date of this Order, Respondent shall successfully complete 4 hours of continuing education credits in the area of documentation. These credit hours shall not count toward the number of credit hours required for license renewal. Respondent must seek and obtain advance approval of the continuing education courses from the Chairperson of the Board or the Chairperson's designee. Respondent shall mail requests for approval of a course and proof of successful completion of a course to the Department at the address set forth below.

Any violation of the Public Health Code by Respondent during the period of probation shall be deemed a violation of probation and constitute grounds for further disciplinary action.

Respondent is FINED \$3,500.00 (Three Thousand Five Hundred dollars and 00/100) to be paid by check, money order or cashier's check made payable to the State of Michigan (with complaint number 43-17-148403 clearly indicated on the check or money order), and shall be payable within 60 days of the effective date of this order. The timely payment of the fine shall be Respondent's responsibility. Respondent shall mail the fine to: Department of Licensing and Regulatory Affairs

Bureau of Professional Licensing, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, Michigan 48909.

Count II of the complaint, alleging a violation of section 16221(b)(i) of the Public Health Code, is DISMISSED.

Respondent shall direct any communications to the Department that are required by the terms of this order to: Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, Enforcement Division, Compliance Section, P.O. Box 30670, Lansing, Michigan 48909.

Respondent shall be responsible for all costs and expenses incurred in complying with the terms and conditions of this consent order.

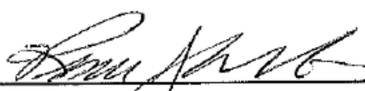
Respondent shall be responsible for the timely compliance with the terms of this consent order, including the timely filing of any documentation. Failure to comply within the time limitations provided will constitute a violation of this order.

If Respondent violates any term or condition set forth in this order, Respondent will be in violation of Mich Admin Code, R 338.1632, and section 16221(h) of the Public Health Code.

This order shall be effective thirty (30) days from the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on 7-17-2019

MICHIGAN BOARD OF MEDICINE

By 
Chairperson, Disciplinary
Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law in the complaint. Respondent understands that, by pleading no contest, she does not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the complaint and may enter an order treating the allegations as true.
2. Respondent understands and intends that, by signing this stipulation, she is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its

authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above Consent Order. An attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. The parties considered the following factors in reaching this agreement:


A. Respondent explained she treated the patients as a member of a healthcare team including nurses, therapists, and social workers. She further explained that these other providers often documented aspects of Respondent's care within their portions of the patients' charts.

B. Respondent stated that she provided exceptional care for her patients and spent additional time with them even with the time constraints of community mental health practice.

C. Respondent advised she is aware of the importance of documenting her care rendered and has a plan in place to ensure appropriate documentation of her clinical reasoning in her charts of current and future patients.

By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:


for Timothy C. Erickson (P72071)
Assistant Attorney General
Attorney for Complainant
Dated: 6-10-19

AGREED TO BY:


Anne Marie Tadeo, M.D.
Respondent

Dated: 6/07/19


Carol Holmes (P35427)
Attorney for Respondent

Dated: 6/07/19

LF: 2019-0239697 A/ Tadeo, Anne Marie, M.D., 145403 Consent Order and Stipulation 2019-06-05

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ANNE MARIE TADEO, M.D.
License No. 43-01-074102

File No. 43-17-148403

Respondent.

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs by Cheryl Wykoff Pezon, Director, Bureau of Professional Licensing, complains against Respondent Anne Marie Tadeo, M.D. as follows:

1. The Michigan Board of Medicine is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline licensees for Code violations.
2. Respondent holds a Michigan license to practice medicine and has a current controlled substance license.
3. At all relevant times, Respondent was employed as the medical director and practiced psychiatry at Saginaw County Community Mental Health Authority (facility) in Saginaw, Michigan.
4. Clonazepam, a schedule 4 controlled substance, is a benzodiazepine used to treat seizures, panic disorder, and akathisia.

5. Codeine/acetaminophen combination drugs are schedule 3 controlled substances.

6. Dextroamphetamine-amphetamine (e.g., Adderall) is a schedule 2 stimulant controlled substance.

7. Diazepam (e.g., Valium) is a benzodiazepine schedule 4 controlled substance.

8. Hydrocodone is an opioid. Hydrocodone combination products (e.g., Norco), are Schedule 2 controlled substances due to their high potential for abuse.

9. Lisdexamfetamine (e.g., Vyvanse) is a schedule 2 stimulant controlled substance.

10. Zolpidem (e.g., Ambien), a schedule 4 controlled substance, is a non-benzodiazepine sedative used to treat sleep disorders.

11. In late 2017, facility staff identified concerns with Respondent's professional practice related to controlled substance prescribing. Based on these concerns, the Department investigated the matter.

12. On February 16, 2018, in an interview with a Department investigator, Respondent provided the following information:

- a. Respondent reviews MAPS reports¹ on new patients or if she suspects a patient is abusing controlled substances.
- b. If Respondent suspects a patient is abusing controlled substances, she will speak with the patient about her concerns and order a urine drug screen.
- c. Respondent does not require patients to sign a pain contract, but verbally informs them they should only receive medications to treat their mental disorders from her office.

¹ Michigan Automated Prescription System, the State of Michigan's prescription monitoring program which gathers data regarding controlled substances dispensed in Michigan.

- d. Respondent always documents in her treatment notes the reasons she prescribes and/or discontinues a medication.

13. As part of an investigation into Respondent's prescribing practices, the Department received and analyzed medical records for three of Respondent's patients.

14. An expert reviewed the individual medical files Respondent produced and discovered that across patient files, Respondent's documentation was inadequate to support prescribing patients various combinations of controlled substances. The expert was particularly concerned about the lack of clinical reasoning in the records to support the use of non-standard controlled substance combinations, though the expert also noted these deficiencies for more common combinations.

15. The expert discovered Respondent's documentation was deficient when prescribing the following controlled substance combinations:

Patient HL²

- a. Respondent prescribed patient HL two central nervous system stimulant medications, dextroamphetamine-amphetamine and lisdexamfetamine, together. The expert noted this is a non-standard combination with the potential for additive effects and/or adverse reactions and has a higher potential for abuse.

Patient BR

- b. Respondent prescribed patient BR two benzodiazepine medications, diazepam and clonazepam, the latter at a high dose, while patient BR also received opioids and a muscle relaxant from other prescribers. The expert noted that prescribing two benzodiazepines concomitantly was a non-standard combination and prescribing the benzodiazepines while patient BR was receiving opioids and a muscle relaxant had the potential for negative outcomes.

² Patients are identified by their initials to protect their identities.

Patient TS

- c. Respondent prescribed patient TS diazepam and zolpidem while patient TS also received other medications, including muscle relaxants, from other prescribers. The expert noted that these combinations had the potential for negative outcomes.

16. The Department's review of Respondent's records revealed that Respondent failed to sufficiently document her monitoring of patients for abuse and diversion of controlled substances. When interviewed by the Department, Respondent stated she checked a urine drug screen for patient BR to assess medical compliance. However, Respondent did not include this type of information or relevant laboratory reports in patient BR's records or in the other patients' records.

COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, in violation of MCL 333.16221(a).

COUNT II

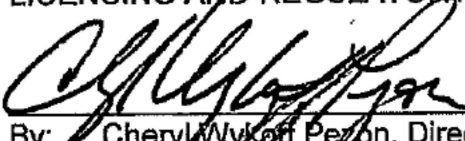
Respondent's conduct fails to conform to minimal standards of acceptable, prevailing practice for the health profession in violation of MCL 333.16221(b)(i).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer it in writing and to show compliance with all lawful requirements for retention of the license. Respondent shall submit the written answer to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this complaint. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

Dated: 7/6/18, 2018

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS


By: Cheryl Wykon, Director
Bureau of Professional Licensing

S:\Drug Monitoring Section\Staff Folders\Prygoski, J\Tadeo, Anne Marie, M.D\Tadeo, Anne Marie, M.D. AC 148403.docx