

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 25, 2023

Aniema Ubom
Care First Group Living & In-Home Services, Inc.
24111 Southfield Road
Southfield, MI 48075

RE: License #: AS630380735 Investigation #: 2023A0612026 Boulan Residence

Dear Mr. Ubom:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (248) 975-5053.

Sincerely,

Johnna Cade, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place

Johnse Cade

3026 W. Grand Blvd. Ste 9-100

Detroit, MI 48202 Phone: 248-302-2409

enclosure

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

### I. IDENTIFYING INFORMATION

License #:	AS630380735	
Investigation #:	2023A0612026	
	00/00/0000	
Complaint Receipt Date:	06/06/2023	
Investigation Initiation Data	06/07/2022	
Investigation Initiation Date:	06/07/2023	
Report Due Date:	08/05/2023	
Report Bue Bute.	00/00/2020	
Licensee Name:	Care First Group Living & In-Home Services, Inc.	
	1 3	
Licensee Address:	24111 Southfield Road	
	Southfield, MI 48075	
Licensee Telephone #:	(248) 331-7444	
A dustratations	Lastia III.au	
Administrator:	Leslie Ubom	
Licensee Designee:	Aniema Ubom	
Licensee Designee.	Afficilia Obolii	
Name of Facility:	Boulan Residence	
Facility Address:	1710 Boulan Drive Troy, MI 48084	
Facility Telephone #:	(248) 331-7444	
	00/04/0040	
Original Issuance Date:	06/24/2016	
License <b>Status</b> :	REGULAR	
Licerise Status.	REGULAR	
Effective Date:	08/03/2021	
	33/33/2321	
Expiration Date:	08/02/2023	
Capacity:	6	
Program Type:	PHYSICALLY HANDICAPPED	
	AGED	
	TRAUMATICALLY BRAIN INJURED ALZHEIMERS	
	ALLI ILIIVILI\U	

# II. ALLEGATION(S)

# Violation Established?

Dr. Nakadar is prescribing medical cannabis for residents in AFC. Dr. Nakadar does not meet with the residents but gives a generic dose of edible cannabis and enables the CEO of the AFC to manipulate/modify the medication.	No
Additional Findings	Yes

## III. METHODOLOGY

06/06/2023	Special Investigation Intake 2023A0612026	
06/07/2023	Special Investigation Initiated - Letter Referral made to Adult Protective Services (APS).	
06/07/2023	APS Referral I made a referral via written complaint form to APS.	
06/12/2023	Inspection Completed On-site I completed an unscheduled onsite investigation. I interviewed supervisor, Sahakeema Butts, and rehab director, Merima Hadzialijagic. While onsite I reviewed Resident A's prescribed medications and his medication administration records.	
06/12/2023	Contact - Document Received I received and reviewed Resident A's physician orders, medicinal cannabis narcotic count sheet, and medication administration records for April 2023, May 2023, and June 2023.	
06/19/2023	Contact - Document Received I received and reviewed Care First Rehabilitation's Medical Management of Cannabis Usage in Residential Programs policy, Resident A's face sheet, employee schedules, Boulan Residence's resident register, and an employee phone list.	
06/21/2023	Contact - Face to Face Interview with licensee, Aniema Ubom.	
06/26/2023	Contact - Telephone call made Telephone call to Resident A's guardian.	

06/27/2023	Contact - Document Received I received and reviewed copies of Resident A's assessment plan, Resident A's health care appraisal, and 6 months of Dr. Nakadar's Subjective Objective Assessment Plan (SOAP) notes.
06/28/2023	Contact – Document sent I sent an email to Care First Rehabilitation team to request updated contact information for Resident A's guardian.
06/29/2023	Contact – Document Received I received an email from the Care First Rehabilitation team providing Resident A's guardian contact information.
06/29/2023	Contact - Telephone call made Telephone call to Resident A's guardian and Siporin & Associates.
06/30/2023	Contact – Telephone call Received Telephone call received from Siporin & Associates.
06/30/2023	Contact – Documentation Received Text message from Resident A's guardian.
06/30/2023	Contact – Documentation Received Resident A's weekly direct care report from 04/02/23 – 06/03/23
07/06/2023	Exit Conference Exit conference held face-to-face with license, Aniema Ubom.

#### **ALLEGATION:**

Dr. Nakadar is prescribing medical cannabis for residents in AFC. Dr. Nakadar does not meet with the residents but gives a generic dose of edible cannabis and enables the CEO of the AFC to manipulate/modify the medication.

#### **INVESTIGATION:**

On 06/06/23, I received an anonymous complaint that indicated, Dr. Nakadar prescribes medicinal cannabis for residents at Care First Rehabilitation. The doctor does not individually meet with the clients (in-person or via telehealth) but prescribes a general generic dosage of edible cannabis and enables the CEO to manipulate dosages. I have concerns that the doctor does not follow up or meet with the clients. The cannabis prescribed is withheld based upon behavioral compliance assessed by non-medical members in the management team per subjective reasoning often for behavioral manipulation (i.e., medicinal cannabis is withheld if client refuses bedtime medication,

violating their right to refuse). In the time span of a year, Dr. Nakadar did not meet with any of the patients. I observed the company CEO providing and manipulating the dosage of the medicinal cannabis. Dr. Nakadar was compliant with the CEO's recommendations and provided refills of the cannabis on a consistent basis (typically 5-7 weeks). I have personally communicated and received refills from Dr. Nakadar.

The complaint further indicates that Dr. Victor Ubom is the medical director of the facility. He prescribes medication for the clients if they do not have a primary physician and/or for when urgent orders for refills are needed. Dr. Ubom is the father of the CEO Aniema Ubom and father in-law to the Clinical Director/COO Leslie Ubom, who is responsible for communicating needed orders to Dr. Ubom. Per my direct observation, Dr. Ubom writes orders without making any physical assessment of the patient. Within the last year, Dr. Ubom would not physically or via Telehealth meet with patients. He would rely on text messages, pictures, and videos from Leslie Ubom, Helen Coston (LPN), and April (RN) of any wounds, skin breakdowns, urgent medical orders needed for wound care, etc. Dr. Ubom did not consistently meet with patients. If medications ran out, Dr. Ubom would write a script for refills without patient/guardian consult or appointment per the guidance of Leslie Ubom. Leslie Ubom is a DPT but manages many medical aspects of the facility and directs the nursing team. Leslie Ubom dictates if a client receives emergency medical care (i.e., petition for behavioral observation, medical emergency, etc.) and oversees medication.

On 06/07/23, I initiated my investigation by making a written referral to Adult Protective Services (APS). On 06/06/23, I received notification that stated APS denied the referral.

On 06/12/23, I completed an unscheduled onsite investigation. I interviewed supervisor, Shakeema Butts, and rehab director, Merima Hadzialijagic. While onsite I reviewed resident files and determined that Resident A is the only resident at this home being prescribed medical marijuana. While onsite, I reviewed Resident A's prescribed medications and his medication administration records.

On 06/12/23, I interviewed supervisor, Shakeema Butts. Ms. Butts stated she has worked at this company for four years. Ms. Butts works 7:00 am – 7:00pm. Ms. Butts stated Resident A is prescribed medical marijuana edibles, in the form of a gummy. The marijuana gummies are delivered to the company's main office. There they are put into individual packages, labeled, and dispersed to the home for dispensing. The marijuana gummies are kept in a refrigerator that is inside of the locked medication room. Ms. Butts stated Resident A's marijuana is prescribed as needed in the morning and at night. Resident A prefers to take his marijuana gummies in the evening. Therefore, she does not administer this medication to him as she does not work on the evening shift. Ms. Butts stated Resident A is prescribed marijuana gummies by his doctor for anxiety, pain, and poor appetite. Resident A sees his prescribing physician as scheduled. The doctor completes rounds at the Care First Rehabilitation main office. Ms. Butts stated administration of the medical marijuana edibles is documented on the resident's medication administration record. In addition, a narcotic count sheet is completed daily. Ms. Butts stated medication is only administered as it is prescribed.

On 06/12/23, I interviewed rehab director, Merima Hadzialijagic. Ms. Hadzialijagic stated Resident A is prescribed medical marijuana edibles. The edible is in the form of a gummies. The marijuana gummies are delivered to the company's main office in a tin can that is labeled with the resident's name, and dosing information. Upon delivery, Ms. Hadzialijagic oversees the process of separating the gummies into single baggies and dispersing the gummies to the home. Ms. Hadzialijagic stated the gummies are removed from the pharmacy container and placed into individual baggies because it is safer, more hygienic, and allows the gummies to be counted easier at the home. Ms. Hadzialijagic stated when a resident is prescribed medical marijuana, they are put on the cannabis program. The cannabis is prescribed by the resident's doctor, and it is administered according to the physician's order. As a part of the cannabis program the resident must complete certain activities of daily living (ADL) prior to receiving their prescribed dosage of medical marijuana. Ms. Hadzialijagic stated staff regularly document and monitor when a resident completes their ADL's. When a marijuana gummy is administered it is documented on the medication administration record. Additionally, the facility regularly completes a narcotic count sheet for this medication.

On 06/12/23, while conducting an unscheduled onsite investigation, I observed the medication room at the Boulan Residence. The door to the medication room had a lock. In the medication room there was a small refrigerator. In the refrigerator there was a large zip lock bag that contained several individually packaged marijuana edible gummies. Each individual baggie was clear and contained one small red marijuana gummy. The individual packages were dated and read "5mg" written in black sharpie marker. Much of the writing on the packages was smeared off and illegible. There was no pharmacy label, resident information, or dosing information on the large zip lock bag and/or on the individual clear baggies containing the marijuana gummy.

On 06/21/23, I completed an interview with licensee Aniema Ubom. Mr. Ubom stated Care First Rehabilitation has a medical cannabis program. All medical cannabis is prescribed by the resident's physician. All physician orders are followed, and any necessary documentation is regularly completed. Residents meet with their physician at the Care First Rehabilitation's outpatient center. Mr. Ubom stated if a resident is prescribed medical cannabis and put on the medical cannabis program the resident's guardian is consulted and they must consent to their involvement in the program. Mr. Ubom explained that medical marijuana gummies are purchased then packaged into individual separate bags at the Care First Rehabilitation's outpatient center. Once the gummies are separately packaged, they are distributed to the home. Mr. Ubom stated the marijuana gummies are packaged separately because there would be too much room for error if they were kept all together in the container that they are purchased in. When asked specific question regarding Care First Rehabilitation's medical cannabis program, Mr. Ubom directed me to read Care First Rehabilitation's Medical Management of Cannabis Usage in Residential Programs policy.

On 06/28/23, I emailed the Care First Rehabilitation team and requested updated contact information for Resident A's guardian as the phone number provided on

Resident A's face sheet was inaccurate. On 06/29/23, the Care First Rehabilitation team provide an updated phone number for Resident A's guardian and further indicated that Resident A has a co-guardian, Siporin & Associates. On 06/29/23, I called Siporin & Associates, there was no answer. I left a voicemail regarding the reason for my call and requested a return call. I followed up with an email to the assigned representative. On 06/30/23, I received a return call from Siporin & Associates, who stated Resident A is not their client.

On 06/29/23, I completed a telephone interview with Resident A's guardian. Resident A's guardian is his family member. He stated Resident A does not have a co-guardian. Resident A's guardian stated, he is not familiar with Siporin & Associates and further stated they are not Resident A's co-guardian. Resident A has an attorney who is over his trust fund however, that representative does not have power over Resident A's medical decisions.

Resident A's guardian stated Resident A has been living at the Boulan Residence since March 2022. Last year, the Care First Rehabilitation team discussed the possibility of prescribing Resident A medical cannabis. Resident A's guardian did not consent as he was not in agreement that Resident A needed this form of treatment. Resident A's guardian stated he was not aware that Resident A was currently prescribed medical cannabis. Resident A's guardian was informed that per Resident A's medication administration records medical cannabis has been administered to Resident A for pain. insomnia, and agitation. Resident A's guardian confirmed Resident A does experience pain. This is something he and Resident A have spoken about recently. Resident A's guardian stated he had heard Resident A was being treated by Dr. Nakadar however, he is unaware what medications Dr. Nakadar is prescribing. Resident A's guardian is not present at all Resident A's medical appointments and stated Dr. Nakadar does not follow up with him or consult him regarding Resident A's treatment or prescribed medications. Resident A's guardian expressed dissatisfaction that Resident A's prescribed medical cannabis can only be administered to him upon completion of his activities of daily living. Resident A's guardian stated that he regularly speaks to Resident A and completes routine visits to the home. Resident A has never mentioned taking medical cannabis.

On 06/30/23, I received a text message from Resident A's guardian that indicated he talked to Resident A. Resident A confirmed that he has taken the marijuana gummies as he was told they were good for pain, insomnia, and anxiety. After not experiencing real relief, he has stopped taking them. Resident A told his guardian that he did not sign any documentation of consent prior to taking the medication.

I received and reviewed the following relevant information:

Resident A's Physician Orders

Resident A is prescribed Medical Marijuana Edible 5 mg. Administer 1 packaged edible dose orally in the AM and 1 edible at bedtime as needed. Can be administered with PRN medicinal vape. All ADL's must be completed.

Note – the physician order does not indicate the reason for this medication to be administered.

 Resident A's medication administration records (MAR) dated April 2023, May 2023, and June 2023

Resident A is prescribed Medical Marijuana Edible 5 mg. The prescribing physician is Dr. Nakadar. The instructions for use state: Administer 1 packaged edible dose orally in the AM and 1 edible at bedtime as needed. Can be administered with PRN medicinal vape. All ADL's must be completed. Resident A was administered an edible on the following dates:

- 04/20/23, 04/21/23, 04/22/23, 04/23/23, 04/24/23, 04/30/23
- 05/02/23, 05/03/23, 05/07/23, 05/14/23, 05/19/23, 05/20/23, 05/25/23
- 06/02/23, 06/04/23, 06/10/23, 06/11/23

The date, time, medication name, quantity, reason for administration, effectiveness and the name of the staff who administered the medication is documented on the MAR. The reason for administration on each date varies and includes reasons such as, pain, insomnia, and agitation. Note – Although the instruction for use indicate that the medical marijuana edible can be administered with PRN medicinal vape per there is no record that indicates Resident A's is prescribed a medicinal vape.

- Resident A's Medicinal Cannabis 5 mg narcotic count sheet for June 2023
   The count sheet is updated multiple times daily and includes the date, it is time stamped, and signed by the staff administering and witnessing the count.
- Resident A's assessment plan

Resident A's assessment plan is signed by the licensee and his guardian. In summary, the assessment plan indicated Resident A is blind and uses a nicotine vape. The plan notes that Resident A takes medication, engages in occasional alcohol use, and does not do drugs.

Resident A's health care appraisal

Resident A's health care appraisal was completed on 07/19/22, by Dr. Victor Ubom. The health care appraisal indicated Resident A is blind, HIV + and uses a cane. The health care appraisal does not specifically indicate that Resident A is prescribed medical marijuana however, it states to see Resident A's medication list for current med orders.

- Dr. Nakadar's Subjective Objective Assessment Plan (SOAP) notes I reviewed six months of SOAP notes completed by Dr. Nakadar. Resident A met with Dr. Nakadar on 05/01/23 and 01/03/23. Both notes indicated that Resident A is having good relief with the use of medical cannabis. He is prescribed 5mg edibles as needed. Note although the appointment date was 01/03/23, the note was not electronically signed by Dr. Nakadar until 06/23/23. Additionally, the note for the visit on 05/01/23, was not signed electronically by Dr. Nakadar until 06/26/23.
  - Medical Management of Cannabis Usage in Residential Programs policy

In summary, the policy outlines general program information, safety concerns, legal considerations, ethical considerations, quality control, staff administration requirements, and receipt, disposable, and storage procedures. The policy specifically indicated the following regarding medical cannabis edibles:

- "a. Medicinal Cannabis Edibles are prescribed for program participants by Dr. Nakadar or another applicable physician.
- b. These edibles are prescribed in the form of a gummy, based upon the physician's orders, and are prepackaged by the Care First Rehabilitation behavioral team.
- c. Medicinal cannabis edibles will automatically populate in the Quick MAR computer program during the evening (8:00 p.m.) med pass. As with all medications, medicinal cannabis may be administered from an hour before until an hour after the designated time on the MAR. This means medicinal cannabis can be given between the times of 7:00 p.m. and 8:59 p.m.
- d. Medicinal cannabis edibles are a controlled substance and are to be administered according to the Quick MAR instructions only. As a controlled substance, there will be a NARC count sheet labeled "Medicinal Cannabis" in the MAR count binder. Please sign off and complete a count for each individual edible administered per standard count procedure.
- e. Medicinal cannabis edibles may be administered with a resident's PRN medicinal vape pen if all standard Cannabis Program policies are followed, i.e., completion of PM ADLs.
- f. As with all medication administration, staff are responsible for visually verifying the resident consumes their medication completely. There can be no saving or sharing of medicinal cannabis edibles.
- g. Vital Signs will be required per the Quick MAR with administration of the medicinal edibles and can be used as a reference by staff to monitor any adverse reactions to the medication. Please contact a manager or a nurse immediately if any adverse, health or behavioral interaction occurs after administration of medicinal cannabis edibles. "

Resident A's weekly direct care report from 04/02/23 – 06/03/23

Daily, caregivers track Resident A's behaviors, vitals (morning and evening), personal care (if he was provided with supervision/ physical assistance/set up to complete the task), bowel movements, med compliance, diet/meal prep, household management, activities, and evening/overnight care.

Throughout the course of this investigation, I also received and reviewed Resident A's face sheet, employee schedules, the Boulan Residence's resident register, and an employee phone list.

APPLICABLE RULE		
R 400.14312	Resident medications.	
	<ul> <li>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: <ul> <li>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</li> </ul> </li> </ul>	
ANALYSIS:	Based on the information gather through my investigation there is insufficient information to determine that Resident A's prescription medication is being adjusted or modified without instructions from his physician. Resident A's physician, Dr. Nakadar's written order indicates that Resident A is prescribed 5mg medical marijuana edible. One packaged edible is to be administered orally in the AM and one edible at bedtime, as needed. The physician order states all activities of daily living (ADL's) must be completed to receive the medication. Resident A's medication administration record is consistent with Dr. Nakadar's written order. Resident A's weekly direct care report indicated that caregivers are tracking the completion of his ADL's daily which complies with Dr. Nakadar's written order. I reviewed Dr. Nakadar's SOAP notes which indicate that he assessed Resident A on 05/01/23 and 01/03/23. It is documented that Resident A is having good relief with the use of medical cannabis, and he continued to prescribe 5mg edibles as needed.	
CONCLUSION:	VIOLATION NOT ESTABLISHED	

#### ADDITIONAL FINDINGS:

#### **INVESTIGATION:**

On 06/12/23, while conducting an onsite unscheduled investigation, I observed that Resident A's prescribed medical marijuana edible gummies were not being kept in the original pharmacy-supplied container and were not labeled for the specified resident. Resident A's prescribed medical marijuana edible gummies were in a refrigerator in the medication room. The gummies were in a large zip lock bag that contained several individually packaged marijuana edible gummies. Each individual baggie was clear and contained one small red marijuana gummy. The individual packages were dated and read "5mg" written in black sharpie marker. Much of the writing on the packages was

smeared off and illegible. There was no pharmacy label, resident information, or dosing information on the large zip lock bag and/or on the individual clear baggies containing the marijuana gummy. It was consistently reported by licensee, Mr. Ubom and rehab director Ms. Hadzialijagic, that the gummies were removed from the pharmacy container and placed into separate, individual baggies because it is safer, more hygienic, and allows for the gummies to be counted easier. I reviewed Care First Rehabilitation's Medical Management of Cannabis Usage in Residential Programs policy. The policy indicates, "edibles are prescribed in the form of a gummy, based upon the physician's orders, and are prepackaged by the Care First Rehabilitation behavioral team."

On 07/06/23, I conducted a face-to-face exit conference with license, Aniema Ubom regarding my findings. Mr. Ubom denied that Resident A's guardian was not informed that Resident A is being prescribed medical cannabis. Mr. Ubom further stated the medical marijuana gummies cannot be purchased in a pharmacy supplied container, labeled for the specific resident. The gummies come in a can; the can indicates the milligram of the marijuana gummies. The can does not include the resident's information. Mr. Ubom and I discussed possible corrective action plans to address this rule violation.

APPLICABLE RULE		
R 400.14312	Resident medications.	
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.	
ANALYSIS:	Based on my observation and information gathered through my investigation there is sufficient information to determine that Resident A's prescribed medical marijuana edibles are not being kept in the original pharmacy-supplied container and are not labeled for the specified resident. Licensee Mr. Ubom, rehab director Ms. Hadzialijagic, and the Medical Management of Cannabis Usage in Residential Programs policy consistently indicated that marijuana edibles prescribed in the form of a gummy are prepackaged by the Care First Rehabilitation behavioral team.	
CONCLUSION:	VIOLATION ESTABLISHED	

## IV. RECOMMENDATION

Area Manager

Contingent upon receipt of an acceptable corrective action plan I recommend no change to the status of the license.

Johnse Cade	07/10/2023
Johnna Cade	Date
Licensing Consultant	
Approved By:	
Denice G. Hunn	08/25/2023
Denise Y. Nunn	Date