

# North Carolina Medical Board

## Quarterly Board Actions Report | August 2017 - October 2017

The Board actions listed below are published in an abbreviated format. The report does not include non-prejudicial actions such as reentry agreements and non-disciplinary consent orders. A complete listing of recent Board actions is available at [www.ncmedboard.org/BoardActions](http://www.ncmedboard.org/BoardActions).

Name/license #/location	Date of action	Cause of action	Board action
<b>ANNULMENTS</b>			
<b>GILLESPIE</b> , Dorothy Lee, MD (201500423) Hattiesburg, MS	10/02/2017	In her January 2015 application MD failed to disclose a pending disciplinary investigation by the Mississippi Board of Medical Licensure for improper prescribing practices. MD was issued a license in NC in March 2015; The same month, the Board discovered that MD had surrendered her Mississippi medical license. MD's failure to disclose these circumstances on her application for a NC license violated the provisions of N.C. General Statute § 90-14(a)(3).	Annulment of NC medical license
<b>SUMMARY SUSPENSIONS</b>			
<b>SMITH</b> , Michael Alson, MD (000033467) Mount Holly, NC	10/24/2017	Board possesses information that indicates that MD engaged in forced or coerced sexual acts, sexual contact, and/or vaginal intercourse with patients in an examination room at his practice.	Summary suspension of NC medical license; hearing set for December 2017
<b>REVOCATIONS</b>			
NONE			
<b>SUSPENSIONS</b>			
<b>BYRD</b> , Elizabeth McNeill, MD (009901257) Winterville, NC	08/08/2017	Alleged boundary violation; MD denies that she engaged in an inappropriate relationship with her patient. MD also denies patient's allegation that MD requested the he share a portion of his narcotic medications, which MD prescribed, for her own inappropriate personal use.	Indefinite Suspension
<b>FLOM</b> , Jonathan Andrew, MD (200400331) Fayetteville, NC	08/21/2017	Relapse of substance abuse disorder. MD voluntarily surrendered his license effective June 2017.	Indefinite Suspension
<b>GYARTENG-DAKWA</b> , Kwadwo, MD (200500050) Durham, NC	10/12/2017	In 2014, the Board received a complaint from a relative of one of MD's patients concerning quality of care. After a records review by an independent physician expert who opined that MD's overall treatment failed to conform to the standards of care, MD was assessed for medical competency by the Center for Personalized Education for Physicians. Their report found that MD was not practicing in a dangerous manner and his knowledge of pain management was mostly adequate, but that there were areas where MD would benefit from additional education and remediation. CPEP recommended a structured, individualized remedial medical education plan for MD.	Suspension for one-hundred eighty (180) days immediately stayed in its entirety. MD to begin his Center for Personalized Education for Physicians (CPEP) Educational Intervention Plan within 30 days from the date of consent order. This includes, and is not limited to, oversight, supervision and direction provided by an approved pain management educational preceptor physician.
<b>LONG</b> , James Randall, MD (000033456) Lexington, NC	08/29/2017	MD entered into a plea agreement in October 2016 to one felony count of unlawful distribution of Fentanyl. While MD was under federal indictment and was anticipating accepting the plea agreement where he would plead guilty to the charge, MD opened two additional medical practices. MD operated one of them by placing a physician in the practice after MD had surrendered his license on December 2016. Although MD made a good faith effort to transfer ownership after surrendering, by continuing to own and operate the medical practice MD engaged in the corporate practice of medicine.	Indefinite suspension of NC medical license; MD may not apply for reinstatement for a period of two years from the date of the surrender of his license, which shall be December 1, 2018.
<b>MCGRATH</b> , Timothy John, MD (200200571) Greensboro, NC	08/04/2017	Relapse of substance abuse disorder. MD voluntarily surrendered his license in May 2017.	Indefinite Suspension of NC Medical License

## BOARD ACTIONS

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<b>SPERRAZZA</b> , Robert Bruce, MD (009401053) Panama City Beach, FL	09/26/2017	In April 2014, MD was convicted of a felony for Tax Evasion and Structuring Financial Transactions in United States of America v. Robert B. Sperrazza, 1:12-CR-00006-01. MD was sentenced to a period of imprisonment and released in February 2017. MD's NC medical license became inactive in November 2014.	MD's NC medical license suspended retroactively from April 2014 to February 2017. MD's NC medical license shall remain inactive.
<b>PROBATION/CONDITIONS</b>			
<b>BAILLEY</b> , Scott Allen, MD (200500604) Mebane, NC	10/03/2017	MD has a history of alcohol abuse and had previously had his NC medical license indefinitely suspended. MD is an ongoing participant in NCPHP; NCPHP reports that MD is fully compliant with all its recommendations, and advocates for his return to practice.	MD shall maintain his NCPHP contract and complete 36 hours of Category 1 CME in pediatrics, including a pediatric advanced life support CME course approved in advance by the Board's Office of Medical Director.
<b>BECERRA</b> , Gonzalo Daniel, MD (201101599) Winterville, NC	10/13/2017	MD has a history of alcohol abuse and had previously entered into a consent order in November 2016 with the Board, in which his license to practice medicine was indefinitely suspended. NCPHP reports that MD has fully complied with his monitoring contract and advocates for MD licensure reinstatement.	License reinstated; MD to maintain his current contract with North Carolina Physicians Health Program and abide by its terms.
<b>REPRIMANDS</b>			
<b>HINES</b> , Marcono Raymond, MD (000022578) New Bern, NC	08/03/2017	In September 2016, the Board received information from the NC Department of Health and Human Services ("DHHS") related to MD's controlled substance prescribing. Four patients' records were reviewed by an expert pain management physician and each record showed that MD significantly departed from standards of acceptable and prevailing medical practice. Areas of concern included inadequate record keeping, inadequate drug screening and failure to appropriately respond to aberrant drug test results, poor evaluation of patient risk factors and potential drug interactions, opioid prescribing in the absence of a documented and justifiable diagnosis, and inadequate pharmacovigilance.	Reprimand; MD agrees to refrain from prescribing Schedule II and III controlled substance within 60 days following date of this order. MD's records shall be monitored by a Board approved physician monitor for six months, with regular face-to-face meetings. MD is ordered to complete 10 hours of Category 1 CME in medical record keeping and controlled substance prescribing. MD shall query the NC Controlled Substances Reporting System for every prescription for Schedule IV and V controlled substances he issues. MD shall read the Board's Position Statement entitled Policy for the use of opiates for the treatment of pain and submit a written attestation that he has. After completing all requirements, MD may petition the Board to modify this order to allow him to prescribe Schedule II and III controlled substances; the Board is under no obligation to approve such a request.
<b>KWIATKOWSKI</b> , Timothy Carl, MD (009701443) Charlotte, NC	09/19/2017	The Board received a complaint in March 2016 from a patient's family regarding MD's care and treatment of their family member in January 2015. MD had failed to attend to patient's low oxygen saturation levels, and the patient suffered a cardiac arrest and died. In February 2016, the Board received a report of a Change in Staff Privileges ("CISP") from Carolinas Healthcare System and the Board opened an investigation addressing MD's care of three additional patients. The reviewing medical expert found several quality of care issues with MD's diagnoses and treatments.	Reprimand; MD shall maintain his current two-year contract with NCPHP.
<b>DENIALS OF LICENSE/APPROVAL</b>			
<b>SHANTON</b> , Gregory Damon, PA (000101943) Newport, NC	08/31/2017	The Board denied PA's application for reinstatement of his license based on PA's prior history of substance abuse, diversion of controlled substances for personal use and history of failing to comply with the terms of his September 2007 consent order, which ordered that PA refrain from the use of alcohol. In addition, PA did not actively practice medicine during the two-year period immediately preceding the submission of his application to reactivate his suspended license.	Denial of request to reinstate PA license

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<b>SURRENDERS</b>			
<b>MCCUTCHEM</b> , William, DO (200501619) Aiken, SC	10/23/2017		Voluntary Surrender of License
<b>TESFAYE</b> , Daniel, MD (009901623) Lithonia, GA	08/23/2017		Voluntary Surrender of License
<b>WADDELL</b> , Roger Dale, MD (000030105) Aberdeen, NC	08/18/2017		Voluntary Surrender of License
<b>PUBLIC LETTERS OF CONCERN</b>			
<b>BERNDTSON</b> , Keith Robert, MD (201701889) Park Ridge, IL	08/02/2017	Upon review of MD's application for a license to practice medicine in North Carolina, the Board was concerned about a Consent Order with the Illinois Board issued in June 2012, in which the Illinois Board found that MD inappropriately prescribed controlled substances to family members and prescribed excessive quantities of controlled substances to a patient. MD's Illinois medical license was placed on probation for one year and MD agreed to several conditions, including obtaining continuing medical education related to pain management and controlled substance prescribing.	Public Letter of Concern
<b>BRILL</b> , (II), Louis Beverly, MD (201200499) Fairfax, VA	09/14/2017	The Board is concerned about a Consent Order that MD entered into with the Virginia Board in February 2017, in which MD was reprimanded for failing to identify Patient A's tumor, resulting in a fourteen (14) month delay in the diagnosis and treatment of Patient A's cancer.	Public Letter of Concern
<b>CONKWRIGHT</b> , Caroline Elizabeth, PA-C (001005703) Elizabeth City, NC	09/20/2017	The Board is concerned that PA failed to file the required Intent to Practice form with the Board prior to commencing practice and this failure persisted for ~two years until PA was notified by the Board. Additionally, PA failed to conduct and document the required quality improvement meetings with her supervising MD for her first six months of practice.	Public Letter of Concern
<b>DANIEL</b> , Myriam Marie-Jude, MD (009401167) Greenville, NC	09/13/2017	The Board is concerned that MD co-signed approximately 15 controlled substance prescriptions in 2016 for patients she had not seen or treated. The prescriptions were then issued by a PA under MD's supervision that MD knew had an expired Drug Enforcement Administration registration. MD did this in an attempt to assist PA while he was in the process of renewing his registration. This is an unacceptable practice.	Public Letter of Concern
<b>FULBRIGHT</b> , Renee Annette, MD (200300619) Gastonia, NC	09/19/2017	The Board is concerned MD may have failed to conform to current accepted standards of care when MD discharged a patient who came to the Emergency Department (ED) complaining of chest pain and shortness of breath. MD ordered and reviewed tests, with the exception of the troponin test results, and discharged the patient before recognizing that her troponin levels were elevated and abnormal. An elevated troponin level is a marker for acute cardiac disease. Patient returned to the ED 10 hours later experiencing acute myocardial infarction and underwent an angiography and stent placement.	Public Letter of Concern
<b>HOLM</b> , Richard Philip, MD (200401073) Roanoke Rapids, NC	10/20/2017	MD was scheduled to perform trigger finger release surgery on a patient's right thumb. Prior to surgery and after consent documents had been reviewed, a nurse mistakenly combined the patient's signed consent form with the documents of another patient who was scheduled for carpal tunnel release surgery. MD subsequently performed carpal tunnel release surgery on the incorrect patient. Board acknowledges that while the nurse mistakenly indicated to MD that Patient A was to receive carpal tunnel release surgery, the MD has the ultimate responsibility to do all he can to ensure that the correct operation is performed even in the presence of mistakes by others.	Public Letter of Concern

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<b>JENSEN</b> , Larry Jay, PA-C (000102963) Tarboro, NC	09/21/2017	Board is concerned that PA's examination of patient neglected to include areas relevant to the patient's presenting complaints. Consequently, PA's patient was released only to return two days later, to be referred to the hospital with ultimately fatal sepsis, thought due to a large necrotic sacral decubitus ulcer which PA failed to diagnose.	Public Letter of Concern, PA to complete Category I CME pre-approved by Board's Office of the Medical Director on the evaluation and management of decubitus ulcers and sepsis six months from the effective date of this public letter of concern.
<b>MENON</b> , Padman Achutha, MD (200301017) Virginia Beach, VA	09/12/2017	Board is concerned that MD allowed a PA to begin practicing under his supervision without first submitting the required Intent to Practice form with the Board. As the PA's primary supervising physician, MD is required to ensure her compliance with the Board's rules. Additionally, MD and PA failed to conduct and document quality improvement meetings for PA's first six months of practice, as required by rule.	Public Letter of Concern
<b>PATTERSON</b> , David Read, MD (000018696) Greensboro, NC	10/23/2017	Board is concerned that MD inappropriately obtained and prescribed controlled substances for himself and wrote controlled substance prescriptions for an immediate family member. Prescribing controlled substances to oneself or to close family members is prohibited by Rule 21 NCAC 32B .1001.	Public Letter of Concern; MD inactivated his license in February 2017 with no plans to return to practice. Board has provided MD a copy of Rule 21 NCAC 32B .1001 and the Position Statement titled "Self-Treatment and Treatment of Family Members".
<b>SCALES</b> , John Socrates, MD (201502423) Ocala, FL	08/28/2017	Action taken by Florida Department of Health (FL Board); The Board is concerned that MD performed a kyphoplasty on patient's T11 vertebrae, which was the wrong site. MD resolved this matter with the FL Board via a June 2017 Final Order and Settlement Agreement. Board urges MD to take steps to ensure the conduct does not happen again.	Public Letter of Concern
<b>SIROIS</b> , Cindy Nguyen, MD (200601680) Hudson, OH	09/18/2017	The Board is concerned that, when reviewing a patient's MRI, MD failed to recognize or report the presence of an intraspinal fluid collection that progressed to an epidural abscess compressing the cervical spinal cord. Patient underwent surgical drainage of the epidural abscess but was left with significant long term neurologic injury that might have been less had MD reported condition sooner.	Public Letter of Concern
<b>SMITH</b> , Tracey, PA-C (000102582) Greenville, NC	09/20/2017	Board received a quality of care complaint from a patient under PA's care and requested a review be conducted by an external expert specializing in pain management. Upon completion of review, the expert found four significant problems with care: (1) PA failed to use the NC Controlled Substance Reporting System query to determine patient suitability for initiating controlled substances; (2) PA failed to adequately monitor the signs of abuse, misuse, diversion or tampering; (3) PA failed to act on aberrant monitoring findings; and (4) PA's prescribed Suboxone® (buprenorphine) for opioid use disorder prior to receiving a DATA Waiver to lawfully do so.	Public Letter of Concern; Board requests PA take targeted CME to address quality of care issues outlined in investigation. Specifically, PA is directed to take four hours of CME in controlled substance management and two hours in urine drug screen interpretation and use.
<b>YAKES</b> , Wayne Francis, MD (200401355) Englewood, CO	08/01/2017	MD was arrested and charged with Driving While Impaired (DWI) in August 2010, but the charges were dropped. MD was arrested and charged with DWI in June 2015 and MD pled guilty to that charge. The Board is concerned that the MD did not report the August 2010 charge and arrest on his annual renewal applications until March 5, 2016. The 2015 DWI led MD to enter into a July 2016 Stipulation and Final Agency Order with the Colorado Medical Board, which placed MD's Colorado medical license on probation for five years and required MD to be monitored by the Colorado Physicians Health Program.	Public Letter of Concern; MD entered a contract with the North Carolina Physicians Health Program ("NCPHP") on February 20, 2017. The Board advises MD to comply with all recommendations.

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<b>MISCELLANEOUS ACTIONS</b>			
<b>FERGUSON, (Jr.), Robert Lee, MD</b> (000034310) Hope Mills, NC	09/14/2017	Alleged inappropriate prescribing of narcotics; The Board has evidence from which it could conclude that MD's care failed to conform to current accepted standards of care.	MD's license is made inactive, in lieu of any further action by the Board.
<b>JAYARAMAN, Arun</b> Laxminarayan, MD (201200668) Phoenix, AZ	09/26/2017	In April 2017, MD submitted a license inactivation request to the North Carolina Medical Board. Additionally, in May 2017, MD entered into an Order for Probation; and Consent to the Same with the medical board in Arizona. In the Arizona Consent Order, MD admitted that he had presented for a scheduled shift while impaired by alcohol. The Arizona Consent Order indicated that while MD did not see any patients on that shift, MD's actions constituted unprofessional conduct; the order placed MD's Arizona license on probation. MD is required to participate in the Arizona Physician Health Program for one year.	NC medical license made inactive.
<b>CONSENT ORDERS AMENDED</b>			
<b>LEWIS, Marvin, MD</b> (000033542) Spring Lake, NC	10/04/2017	MD requested to be relieved of two conditions contained in his October 2014 Consent Order that 1) Restricted him from prescribing all controlled substances classified as Schedule II, III, and Schedule IV and 2) Restricted MD from supervising any advanced practice practitioners, including physician assistants and nurse practitioners. After meeting with MD, the Board decided to grant MD's request to lift these restrictions, subject to MD's completion of certain CME.	Amended Consent Order; MD is relieved of the obligations stated in paragraphs three and four of his October 2014 order; Within four months of the date of this amended order, MD shall complete continuing medical education ("CME") related to medical record keeping and controlled substance prescribing that has been approved in advance by the Board's Office of the Medical Director.
<b>NAVARRO-MCGUINNESS,</b> Cheryl Tan, DO (200601750) Mooresville, NC	09/14/2017	Amendment stems from August 2014 Consent Order wherein DO was reprimanded and fined \$1,000 for inappropriate and excessive prescribing of controlled substances. DO signed a Memorandum of Understanding (MOU) with DEA in May 2017.	Amendment to August 2014 Consent Order; DO must comply fully with the Memorandum of Understanding (MOU) with DEA signed May 2017 prohibiting DO from handling schedule II, IIN, III and IIIN controlled substances for two years and agreeing to prescribe only schedule IV and V controlled substances within the scope of DO's practice for patients with an established doctor-patient relationship. DO must also continue to adhere to all terms and conditions contained in her 2014 Consent Order with the Board.
<b>WARONSKY, Roy George, PA-C</b> (000102512) Charlotte, NC	10/18/2017	In June 2017, the Board and PA entered a consent order wherein PA agreed not to prescribe controlled substances. After accepting the consent order, PA completed 34 category I CME hours on the subject of prescribing controlled substances. Furthermore, PA is now practicing under different supervising physicians than those during the relevant times giving rise to the consent order. PA requested that he be allowed to prescribe Schedule IV and V controlled substances under a plan of increased supervision.	Amended Consent Order, PA may prescribe Schedule IV and V controlled substances under the following conditions: A) Whenever PA prescribes a controlled substance, a supervising physician must be onsite and available for consultation. B) PA's supervising physician(s) must review 25% of PA's patient charts in which PA prescribed a controlled substance, and document the review in the patient chart. C) PA and his primary supervising physician shall conduct and document monthly quality assurance meetings. D) PA shall, upon request, provide the Board patient charts so that the Board may review his care. All other terms and conditions of the June 9, 2017 Consent Order remain in effect.

Name/license #/location	Date of action	Cause of action	Board action
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			



## Glossary of Terms

**Annulment:** Retrospective and prospective cancellation of the practitioner’s authorization to practice.

**Conditions:** Actions or requirements a licensee must complete and/or comply with as a condition of licensure.

**Consent Order:** An order of the Board that states the terms of a negotiated settlement to an enforcement case; A method for resolving a dispute without a formal hearing.

**Denial:** Decision denying an application for licensure, reinstatement, or reconsideration of a Board action.

**Dismissal:** Board action dismissing a contested case.

**Inactive Medical License:** Licenses must be renewed annually in NC. The Board may negotiate a provider’s agreement to go inactive as part of the resolution of a disciplinary case.

**Public Letter of Concern (PubLOC):** A public record expressing the Board’s concern about a practitioner’s behavior or performance. A public letter of concern is not considered disciplinary in nature; similar to a warning.

**Revocation:** Cancellation of authorization to practice. Authorization may not be reissued for at least two years.

**Stay:** Full or partial stopping or halting of a legal action, such as suspension, on certain stipulated grounds.

**Summary Suspension:** Immediate cancellation of authorization to practice; Ordered when the Board finds the public health, safety, or welfare requires emergency action.

**Suspension:** Withdrawal of authorization to practice, either indefinitely or for a stipulated period of time.

**Temporary/Dated License:** A License to practice for a specific period of time. Often accompanied by conditions contained in a Consent Order.

**Voluntary Surrender:** The practitioner’s relinquishing of authorization to practice pending or during an investigation. Surrender does not preclude the Board bringing charges against the practitioner.

**Limitation:** A restriction placed on a licensee’s practice. When practicing under a restriction, it is not lawful for the licensee to engage in the prohibited activity. Example: Dr. Smith is restricted from prescribing Schedule II and III medications.

### Wait a minute, I don’t supervise that NP or PA anymore...



One of the most frequent inquiries NCMB gets is how a physician can remove a nurse practitioner or PA the physician no longer supervises from his or her licensee information page on the Board’s website. Former PA supervisees can be removed by emailing a request to [pa@ncmedboard.org](mailto:pa@ncmedboard.org).

NPs are licensed by the NC Board of Nursing and can only be removed by that agency. If you see a former NP still listed on your online NCMB licensee information page, [teresaw@ncbon.org](mailto:teresaw@ncbon.org) to let them know you no longer supervise the NP and would like them removed as an active supervisee. NCBON will notify the Board, which can then delete the NP from the physician’s NCMB page.

**TIP:** It is the responsibility of the PA or NP to remove former supervisors by notifying the appropriate licensing board when they change supervisors. When ending a supervisory relationship, remind the PA or NP of this. PAs can remove old supervisors by going to [www.ncmedboard.org/ITP](http://www.ncmedboard.org/ITP) and submitting an Intent to Practice form.

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## Attention: Register with HealthConnex by June 1

NC DHHS recently announced that all providers who treat patients insured through Medicaid, NC Health Choice or the State Health Plan must register for the state's Health Information Exchange, HealthConnex, by June 1, 2018.

A health information exchange (HIE) is a secure electronic network that enables authorized health care providers to access and share health-related information. Its purpose is to improve health care quality, enhance patient safety, improve health outcomes, and reduce overall health care costs by enabling health information to be available securely whenever doctors, nurses and patients need it.

State law (NCGS 90-414.4) requires NC providers who participate with the state insurance programs listed above to register with HealthConnex no later than June 1 to continue receiving payments.

Visit [www.hiea.nc.gov/](http://www.hiea.nc.gov/) for more information. NC DHHS holds free monthly "How to Connect" conference calls that providers are welcome to join – check the website for upcoming dates.

Read FAQs about NC HealthConnex at:  
[www.hiea.nc.gov/frequently-asked-questions](http://www.hiea.nc.gov/frequently-asked-questions)



### BOARD MEETING DATES

March 14-15, 2018 (Full Board)  
May 16-18, 2018 (Full Board)  
June 21-22, 2018 (Hearing)  
July 18-19, 2018 (Full Board)  
Sept. 19-21, 2018 (Full Board)

Meeting agendas, minutes and a full list of meeting dates can be found on the Board's website:

[www.ncmedboard.org](http://www.ncmedboard.org)