

**Adverse Actions Report January 2023 – February 2023**

The digital edition of the *Forum* presents a two-month report of recent adverse actions. This report does not include non-adverse action such as reentry agreements or relief of consent order obligations. To view all public actions, visit [www.ncmedboard.org/BoardActions](http://www.ncmedboard.org/BoardActions).

Name/license #/location	Date of action	Cause of action	Board action
<b>ANNULMENTS</b>			
<b>NONE</b>			
<b>SUMMARY SUSPENSIONS</b>			
<b>NONE</b>			
<b>REVOCATIONS</b>			
<b>NONE</b>			
<b>SUSPENSIONS</b>			
<b>GRAHAM, Charles Daniel, DO</b> (202102893) Valdese, NC	02/13/2023	DO has a history of alcohol use disorder more specifically described in the Non-Disciplinary Consent Order dated September 2021. As part of the Consent Order, DO agreed to maintain his contract with the NC Professionals Health Program (NCPHP) and refrain from the use of alcohol. In September 2022, NCPHP collected a urine drug sample from DO, which was positive for metabolites of alcohol. DO admitted that he had consumed alcohol on more than one occasion. In October 2022, DO, voluntarily surrendered his NC license and entered a residential treatment facility to address his alcohol use disorder and relapse. In December 2022, after successfully completing treatment, he signed a new five-year monitoring contract with NCPHP.	Indefinite Suspension
<b>HAAKSMA, James Alan, MD</b> (00 9701380) Asheville, NC	01/30/2023	The Board received a complaint from MD's former	Suspension for 180-days beginning

	<p>patient and ex-girlfriend (Person A). Person A was a patient in MD's practice from approximately 2000 to 2006. During that time, MD saw Person A as a patient on two occasions, once in 2003 and once in 2005. Sometime after Person A's November 2005 appointment, MD called to ask her on a date. MD and Person A went on one date. Person A transferred her care to another practice after the date. MD has not been Person A's treating physician since that time. MD obtained Person A's phone number from her medical record and did not formally terminate his physician/patient relationship with her prior to calling her and/or going on a date. In 2017, MD and Person A reconnected and engaged in a personal and sexual relationship until approximately March 2020. MD wrote three controlled substance prescriptions to Person A for diazepam and alprazolam during that time. MD admits that his prescribing of controlled substances to Person A was inappropriate. MD did prepare documentation for the prescriptions, did not have an established physician/patient relationship with Person A at the time and did not contact her treating physicians to report the prescriptions he had authorized. By prescribing</p>	<p>February 1, 2023</p>
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		<p>controlled substances to Person A, MD violated the rule that prohibits prescribing controlled substances for the use of any person with whom the physician is having a sexual relationship. MD further admitted to the Board that he did share personal or protected health information about patients with Person A during the course of their personal relationship. MD completed a two-day “Intensive Course in Medical Ethics, Boundaries and Professionalism” in September 2022.</p>	
<p><b>JREISAT, Khaled Farid, MD</b> (0027377) Jacksonville, NC</p>	<p>02/02/2023</p>	<p>The Board received a complaint from another healthcare professional and former supervisee of MD alleging that MD had self-prescribed Ambien, a Schedule IV controlled substance. During the Board’s investigation, MD admitted that he self-prescribed Ambien tablets which was confirmed by the pharmacy record. Self-prescribing of controlled substances by a physician licensed by the Board is prohibited. The Board’s investigation further revealed multiple instances in which prescriptions and/or refills for controlled substances were issued to MD by three nurse practitioners in his practice for whom he was the supervising physician. MD was ordered by the Board, in August 2022, to schedule</p>	<p>Indefinite Suspension beginning 03/20/2023; During wind-down MD shall practice within standards of acceptable and prevailing medical practice</p>

		a comprehensive assessment within thirty days and to complete the assessment within ninety days. The time for MD to comply with the Order has expired, and MD has failed to schedule or obtain the comprehensive examination.	
<b>RIYAZ</b> , Farhaad Rahman, MD (202003897) Manassas, VA	01/31/2023	MD practiced dermatology via telemedicine in multiple states, including NC. In December 2021, he pleaded guilty to one count of Mail Fraud for purchasing Amazon items online and returning lesser priced items in their place. In March 2022, MD was sentenced, and ordered to pay a fine and restitution to Amazon Corporate, LLC. An evaluation conducted by the Colorado Physicians Health Program (CPHP) for the Colorado Medical Board. concluded that MD is safe to practice in the context of monitoring and treatment.	License suspended for six months beginning January 1, 2023. On July 1, 2023, MD's license will be made active.
<b>LIMITATIONS/CONDITIONS</b>			
<b>LLIBRE</b> , Giovanni, MD (009900918) Seven Devils, NC	01/13/2023	MD has not practiced medicine since May 2020. He has a history of alcohol use disorder and engaging in an inappropriate, sexual relationship with a patient more specifically described in the Consent Order dated May 18, 2020, in which his license to practice medicine was indefinitely suspended. In April 2019, MD signed a five-year monitoring contract with the North Carolina Professionals Health Program (NCPHP). In October 2021, the Board	License reinstated with terms and conditions

		<p>denied MD's first reinstatement application. Following a second reinstatement application MD appeared before the Board in November 2022, for a licensing interview to discuss his reinstatement application and alcohol use disorder, professional sexual misconduct, and history with the Board. MD is currently in compliance with his NCPHP contract, and NCPHP supports the reinstatement of his medical license.</p>	
<p><b>MAYO, Kathy Diane, MD</b> (000034393 ) Greenville, NC</p>	<p>01/09/2023</p>	<p>The Board received two complaints within a few months expressing concerns about MD's pharmacovigilance and prescribing of controlled substances, particularly her concomitant prescribing of benzodiazepines and hypnotics. A review of MD's prescribing as reported in the NC Controlled Substances Reporting System reinforced these concerns. As a result, the Board had several medical records reviewed by a reviewing expert. The reviewing expert expressed similar concerns regarding the concomitant prescribing of benzodiazepines and hypnotics. In addition, the expert criticized MD's prescribing of benzodiazepines and hypnotics beyond the maximum recommended dosages without: (1) attempting alternative treatment modalities; or (2)</p>	<p>Conditioned; After 120 days MD shall not prescribe controlled substances</p>

		documenting a discussion with the patient regarding the increased risks associated with exceeding the maximum recommended dose. MD met with a panel of Board members to discuss these concerns, and the Board and MD have agreed on a plan to address these concerns.	
<b>REPRIMANDS</b>			
<b>ALBERTO</b> , Susan L., MD (009500440) Statesville, NC	01/30/2023	MD's care of four patients (Patients A-D) constitutes a departure or failure to conform to the standards of acceptable and prevailing medical practice. Nearly three hours after Patient A was discharged following an abortion by dilatation and extraction performed by MD she was transported to a hospital by ambulance where she underwent a complete abdominal hysterectomy due to an 8-9 cm laceration extending from the cervix to the mid-left lateral side of the uterus into the left broad ligament from the dilation and extraction procedure. During an elective termination, MD noted she was unable to safely complete the procedure on Patient B and an ambulance was called to transfer Patient B to a hospital. The attending physician noted a cervical laceration from the dilation and extraction and repaired the same while completing the dilation and extraction at the hospital. MD's treatment of Patients A and B fell below the	Reprimand; MD shall no longer perform surgical abortions

		<p>standard of care necessary for second trimester abortions. MD was unable to complete an elective termination and Patient C was transferred to a hospital. Patient C was not a suitable candidate for outpatient procedure and should have been referred for a medical induction at a hospital. MD believed a post procedure ultrasound confirmed the removal of all POC (products of conception) however, Patient D presented to the hospital with vaginal bleeding where an ultrasound revealed a viable 10-week gestation intrauterine pregnancy. MD's care fell below the standard because MD failed to confirm the effectiveness of the procedure.</p>	
<b>DENIALS OF LICENSE/APPROVAL</b>			
<p><b>FLEISCHHAUER</b>, Thomas Frazee, MD (0000 33653) Batesville, MS</p>	<p>02/09/2023</p>	<p>MD applied for a North Carolina medical license in June 2022. His disciplinary history with the Board includes a June 2005 Consent Order that found that he violated the ethics of the profession and that he treated a patient in a manner that departed from and failed to conform with the standards of acceptable and prevailing medical practice. A second Consent Order with the Board in October 2006 reprimanded MD because of convictions of four misdemeanor counts of willfully failing to file state income tax returns during five separate years.</p>	<p>Denial of Licensure and Notice of Hearing</p>

		<p>In 2008, the Board issued a letter of concern and accepted the inactivation of his NC medical license. This resulted from a patient complaint that MD was unresponsive and unhelpful in assisting the patient in obtaining her medical records after he left the practice. In September 2011, the Mississippi State Board of Medical Licensure executed a Consent Order in which MD's license to practice medicine was suspended and he was required to surrender his DEA privileges based on their investigation which led to charges that MD violated the Rules and Regulations of the Board "Pertaining to Prescribing, Administering and Dispensing of Medication" by administering, dispensing, and prescribing narcotic drugs, or any other drug having addiction forming or addiction-sustaining liability, otherwise than in the course of legitimate medical practice; failed to appropriately maintain patient records and documentation; and committed unprofessional conduct by reason of failing to maintain proper professional boundaries with multiple patients.</p>	
<b>SURRENDERS</b>			
<b>NONE</b>			
<b>PUBLIC LETTERS OF CONCERN</b>			
<b>ELMANSY, Hazem Mohamed, MD (202003549) Thunder Bay, ON</b>	01/13/2023	The Board is concerned that the College of Physician and	Public Letter of Concern

		<p>Surgeons of Ontario (CPSO) investigated MD for disclosing and soliciting confidential examination material in relation to preparatory courses which he offered for medical examinations. In August 2022, following the investigation, the CPSO issued MD an in-person caution. As part of the in-person caution, he was required to complete an Undertaking, Acknowledgement and Consent, that requires him to complete professional education studies and undergo monitoring.</p>	
<p><b>FIGUEROA</b>, Jose Flores, MD (202300320) Houston, TX</p>	<p>02/20/2023</p>	<p>The Board is concerned that in March 2016, MD entered into an Agreed Order with the Texas Medical Board requiring him to limit his practice to an approved group or institutional setting, have a practice monitor, complete at least 24 hours of continuing medical education, pass a Medical Jurisprudence examination, and pay an administrative penalty of \$5,000. This action was based on the Texas Board's findings that MD failed to maintain adequate medical records, failed to have standing delegated orders for mid-level providers, identified several employees as doctors in video advertisements that were not licensed physicians, and aided and abetted the unlicensed practice of medicine by permitting</p>	<p>Public Letter of Concern</p>

		foreign medical graduates to provide prescriptions under his name. The Board notes that the Texas Board terminated the Agreed Order in November 2022.	
<b>FRANK</b> , Harrison Gabriel, MD (201101636) Wilmington, NC	01/30/2023	The Board is concerned MD allowed unlicensed staff to provide hormone replacement pellet injections and intravenous medications without sufficient direct supervision. Furthermore, an outside review of MD's medical charts showed that there was no documentation of which staff administered treatments or whether MD authorized the treatments. By authorizing unlicensed staff to perform invasive medical procedures and then failing to sufficiently supervise that same staff during the procedures MD failed to conform to standards of acceptable and prevailing medical practice. The Board is further concerned that MD engaged in unethical fee-splitting with his unlicensed staff by paying his staff a percentage of revenue for performing certain procedures. The Board requires that MD complete six hours of Category I continuing medical education (CME) on medical record documentation within six months of the date of this public letter of concern.	Public Letter of Concern
<b>HEY</b> , Lloyd Albert, MD (00 9500096) Raleigh, NC	02/15/2023	MD's care and management of a patient was the subject of a professional liability payment. MD performed	Public Letter of Concern

	<p>corrective scoliosis surgery on a Patient who was 17 years of age and skeletally mature. MD took x-rays of Patient, observed a thoracolumbar scoliosis curve, and measured a Cobb Angle of 43°. MD's office note documented that Patient was asymptomatic with no complaints of pain. The office note does not include specific documentation that Patient reported dissatisfaction with his appearance because of his scoliosis, but does include a photograph depicting Patient's deformity, which included trunk shift and rotation. The Board recognizes that during the discovery phase of this case there were competing expert witness testimonies. The Board's experts believe a period of observation and monitoring should have been undertaken for Patient rather than surgical intervention at that time. MD's experts opined that surgery was a reasonable option, and waiting period was not required if that was the patient and parents' preference. Although the Board notes that MD provided and went over a robust informed consent form with Patient's parents, discussing the potential benefits and risks of the surgery in detail as well as alternatives, the Board is concerned that MD may have failed to document</p>	
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		<p>sufficiently in the clinic note the indications for surgery, such as whether Patient had some dissatisfaction with appearance and whether Patient's parents were sufficiently aware of the prospect that Patient's scoliosis may or may not cause future problems. Finally, the Board favorably notes that MD has made changes in his practice as a result of his experience with this patient.</p>	
<p><b>LALAJI</b>, Anand Pankaj, MD (200300828) Atlanta, GA</p>	<p>02/27/2023</p>	<p>The Board is concerned that MD's care of a patient may have fallen below the standard of care in North Carolina. The Patient had a posterior anterior (PA) and lateral (LAT) chest x-ray performed to evaluate a chronic cough and screen for respiratory tuberculosis. MD interpreted Patient's chest x-ray as normal with no acute cardiopulmonary process and no radiographic evidence of active or aftereffect of pulmonary tuberculosis. Over the course of the next two years, Patient was evaluated several more times by different providers, but despite multiple rounds of antibiotics, a bronchoscopy, and pathology, Patient's chronic cough condition worsened. Patient underwent video-assisted thoracoscopic surgery and a left upper lobe removal and was ultimately diagnosed with lung cancer. The Board had MD's interpretation of Patient's x-ray reviewed by</p>	<p>Public Letter of Concern</p>

		<p>an independent medical expert who criticized MD's failure to recognize an abnormality on both the PA and LAT images of the chest, which included fullness of the right lung roots and that the right upper lobe contained infiltrate. The expert opined that not only should MD have recognized these findings and noted them in the report, but MD should have immediately communicated the findings to the referring physician with a recommendation to follow-up until the findings were resolved. The expert surmised that the delay caused by MD's incorrect interpretation of the x-ray may have impacted the timeline leading to the final diagnosis of lung cancer as further studies including a computerized tomography (CT) chest scan and/or bronchoscopy/biopsy might have been employed earlier had MD interpreted the x-ray correctly.</p>	
<p><b>LOESCH</b>, Heather Aimee, MD (200000526) Wilmington, NC</p>	<p>02/09/2023</p>	<p>The Board is concerned that MD consumed alcohol after business hours and acted in a manner inconsistent with the professional expectations of a physician in her Interaction with a governmental official. On a more positive note, the Board applauds MD's recovery by successfully completing a treatment program and agreeing to be a participant with the North Carolina Professionals Health Program (NCPHP).</p>	<p>Public Letter of Concern</p>

		The Board requires continued compliance with NCPHP recommendations and her monitoring contract.	
<b>PUGH</b> , Amber Camille, MD (200900610) Charlotte, NC	01/06/2023	A twenty-three-year-old female (Patient), presented with chest pain at an emergency department where MD was the attending physician. Patient had a history of uncontrolled diabetes and morbid obesity. After evaluating Patient, MD ordered an electrocardiogram (ECG) and bloodwork, along with a mixture of medications to help ease the symptoms of indigestion and medication to treat high blood sugar levels. MD did not obtain any imaging. After observing Patient and opining she was in stable condition, MD discharged Patient to home. Later that day, Patient presented to a different emergency department in extreme distress and subsequently died due to a heart attack. The Board had MD's treatment of Patient reviewed by an NC licensed independent medical expert. As Patient was an adult presenting with chest pain, the reviewing expert criticized MD's failure to, at a minimum, order aspirin and a chest x-ray, in addition to the ECG. Further, given Patient's risk factors, the reviewing expert noted that MD should have ordered a troponin test to assess whether there was	Public Letter of Concern

		<p>damage to Patient's heart. The expert also commented that MD should have considered, and ruled out, potential life-threatening causes of Patient's chest pain, such as acute coronary syndrome, pulmonary embolism, pneumothorax, and pneumonia. The Board is concerned that MD's care of Patient may have failed to conform to the standards of acceptable and prevailing medical practice in NC.</p>	
<b>MISCELLANEOUS ACTIONS</b>			
<b>ALEXANDER</b> , Rebecca Harper, PA-C (001001861) Summerfield, NC	01/03/2023	PA has not practiced as a physician assistant since May 2014 and, as such, recognizes the need for a reentry plan to assist her back into practice as a physician assistant.	License issued with Reentry Agreement
<b>CONSENT ORDERS AMENDED</b>			
<b>ARTIS</b> , Karlus Cornelius, MD (000034782) Kinston, NC	02/28/2023	In January 2022, MD entered into a Consent Order with the Board (January 2022 Consent Order), the details of which are contained therein. Enumerated paragraph 1(b) of the January 2022 Consent Order stated that MD may not prescribe, administer, distribute, and/or dispense controlled substances except from his current medical practices with RHA Health Services in Roanoke Rapids, NC, and Nova Behavioral Healthcare Corporation in Goldsboro, NC, without further approval of the Board. In November 2022, MD requested that the Board	Amended Consent Order; MD must receive prior approval from Board before prescribing controlled substances

		<p>amend the language in 1(b) of his January 2022 Consent Order that restricted where he could prescribe controlled substances. At the January 2023 Board meeting, the Board reviewed MD's request and agreed to allow him to prescribe controlled substances at locations approved by the Board's Office of Medical Director.</p>	
<b>TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES</b>			
<b>NONE</b>			
<b>COURT APPEALS/STAYS</b>			
<b>NONE</b>			
<b>DISMISSALS</b>			
<b>NONE</b>			