

Adverse Actions Report July-August 2026

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.

Name/license #/location	Date of action	Cause of action	Board action
ANNULMENTS			
NONE			
SUMMARY SUSPENSIONS			
NONE			
REVOCATIONS			
PAPPACHEN , Stephen Valiakalayil, MD (201901236) Lakeland, FL	8/26/2026	MD's felony conviction for Soliciting and Receiving Remuneration.	Revocation of NC medical license
SUSPENSIONS			
MARIANO , Joseph Dale, PA-C (001014217) Murphy, NC	8/26/2026	The Board received complaints that PA had been terminated from his position after he was observed drinking alcohol prior to the end of his shift at an urgent care and that he falsified the medical records of a patient he had not actually seen. Video footage from the practice confirmed that PA had opened and began drinking a beer in the lobby of the urgent care clinic 20 minutes before closing. While the Patient's medical records state that PA examined and discussed a treatment plan with her, that day's video footage revealed that PA had not entered Patient's room and did not see her. PA signed a five-year monitoring contract with NCPHP in February 2026 and is currently in compliance.	Indefinite Suspension
NORTH , James Matthew, MD (200101480) Lewisville, NC	8/27/2026	In April 2025 MD admitted to diverting benzodiazepine medication from his	Suspension stayed with conditions

		workplace for his own use. A colleague advised MD to contact NCPHP. MD was admitted to a residential treatment facility and diagnosed with alcohol use disorder, sedative use disorder, and major depressive disorder. MD has not practiced medicine since April 2025. In July 2025, he signed a new five-year monitoring contract with NCPHP and has remained compliant.	
POWELL , Kevin Anthony, MD (201502395) Weddington, NC	7/28/2026	During his NCPHP assessment MD admitted to diverting fentanyl and Toradol from work for his personal use to self-treat pain from a recent procedure he had undergone. MD successfully completed a 12-week residential treatment program and entered into a 5-year monitoring contract with NCPHP. He is compliant and maintains an active recovery to date.	Indefinite Suspension
LIMITATIONS/CONDITIONS			
MARTINI , Dana Lynn, DO (201201403) Charlotte, NC	7/16/2026	DO voluntarily entered an inpatient alcohol treatment program in 2024, then established a 5-year monitoring contract with NCPHP. In 2025 NCPHP received the results of a phosphatidylethanol test for DO which was positive for alcohol. DO admitted to NCPHP that she had consumed alcohol during an isolated event around the same time. DO completed an intensive outpatient treatment program and signed a new 5-year	Consent Order with terms and conditions

		monitoring contract with NCPHP. NCPHP supports DO's return to medical practice.	
McGILL, Monica Anne, MD (201201870) Kinston, NC	8/18/2026	Following a complaint, the Board reviewed MD's North Carolina Controlled Substances Reporting System records from 2021 through 2023, which confirmed MD prescribed controlled substances to five individuals for whom the mental health facility where she worked failed to keep appropriate medical documentation. NCPHP recommended MD engage in professional coaching, obtain a workplace monitor, implement personal controlled prescription monitoring and sign a behavioral monitoring contract. MD submitted to further evaluation to rule out an underlying impairing condition related to prescribing practices and professionalism concerns. MD subsequently signed a three-year behavioral monitoring contract with NCPHP. MD is in compliance with her monitoring contract, and NCPHP, concluded that MD is safe to practice and supports her continuing to practice.	Consent Order with terms and conditions
OKUMU, Wycliffe Okatch, MD (201101354) Charlotte, NC	8/17/2026	MD entered into a one-year monitoring contract with NCPHP in August 2019. After disagreements with NCPHP regarding his need for continued monitoring and treatment, MD inactivated his license in July 2020 after the Board received	NC Medical license reinstated with terms and conditions

		information related to concerns of alcohol use disorder, noncompliance with NCPHP monitoring, and resistance to treatment. In 2023, MD's application for the reinstatement of his license was denied. Between August and October 2024, MD underwent residential treatment and entered into a five-year monitoring contract with the South Carolina Recovering Professionals Program. MD subsequently signed a parallel out-of-state monitoring contract with NCPHP in March 2025. Both SCRPP and NCPHP support his safety to practice.	
REPRIMANDS			
HARBIEH , Jamil George, PA-C (000103978) Wilson, NC	8/13/2026	A patient presented to the emergency room with pelvic pain and vaginal bleeding, following a medical termination of pregnancy four days earlier. PA evaluated Patient but did not perform a pelvic examination or order a pelvic ultrasound. The patient left against medical advice and was hospitalized two days later with sepsis and underwent emergency surgery for retained products of conception. PA's diagnosis and treatment of Patient may have fallen below the standard of care. A pelvic exam and pelvic ultrasound to evaluate the complaint of vaginal bleeding should have been performed. Additionally, PA's documentation did not	Reprimand; PA shall complete CME on post-abortion care and documentation d

		contain adequate decision-making documentation or an explanation of the circumstances of Patient's departure.	
HASTINGS , Nicholas Michael, DO (202502139) Chagrin Falls, OH	8/18/2026	DO practiced emergency medicine in Ohio and maintained medical licenses in multiple other states. A registered nurse established a limited liability company in 2025, serving as its sole member and organizer operating in Ashville, NC. The company, a med spa, provided cosmetic and medical services. Through a stock transfer transaction arranged by a third party, DO became owner of the med spa. DO did not manage the day-to-day operation of the business and relied upon the third party's compliance team to structure and administer the arrangement in accordance with North Carolina law. At the time of acquisition, the third party did not disclose a complaint and investigation to DO.	Reprimand
JOHNSON , Holly Pugh, MD (000032166) Raleigh, NC	8/7/2026	A Patient presented to MD's office with complaints a foreign body sensation in the left eye for 20 days, eye irritation, blurry vision, and black dots in the morning. Based on Patient's history, complaints, and examination, MD ruled out a foreign body and diagnosed Patient with dry eye. MD should have performed a dilated examination as a part of her initial examination and the follow-up examination based on	Reprimand

		Patient's vision of 20/400 on the left. Failing to perform a dilated eye exam at both the first and follow-up appointment failed to conform to the standards of care and resulted in a failure to diagnose Patient's retinal detachment.	
KLEIN, Jeffrey Allen, MD (200100253) Fayetteville, NC	8/18/2026	An anonymous complaint to the Board alleged that MD engaged in inappropriate prescribing to a family member. The Board's investigation revealed that MD prescribed non-controlled medications to this family member, without establishing an appropriate patient-provider relationship or maintaining medical records. MD admitted to prescribing these medications to this family member based on the family member's assertions that they were unable to contact their primary care provider. He also admitted that he prescribed non-controlled medications to another family member on multiple occasions	Reprimand
MCKELLAR, Steve, PA-C (001003384) Fayetteville, NC	7/22/2026	PA had contact with a 69-year-old male patient over the course of time following an initial abnormal imaging result in 2017, yet he failed to guide Patient to treatment. There is no documentation within PA's record that he received and reviewed the CT imaging report, ordered follow-up imaging, or referred Patient for a biopsy of a mass or to a pulmonologist for further evaluation. Patient died	Reprimand

		from lung cancer in 2023. A two-year delay in lung cancer diagnosis is below the standard of care.	
PEREZ, Louis Albert, PA-C (001010751) Sneads Ferry, NC	7/20/2026	PA's care of a 7-year-old female patient and documentation fell below the standard of care in diagnosing Type 1 diabetes mellitus. A urinalysis revealed >1000 glucose and trace ketones the presence of sugar in the urine should have raised concerns of new-onset Type 1 diabetes mellitus. There was no documentation in Patient's medical record that PA contacted Patient's parents to relay the test results and discuss concerns for diabetes. On a return visit two days later, PA documented a working diagnosis of Type 1 diabetes mellitus but did not perform a fingerstick glucose test, order a comprehensive metabolic panel, repeat urinalysis, or further discuss symptoms and history with Patient's parents. PA did not stress any urgency around the overall concerns for new-onset Type 1 diabetes mellitus nor did he consult his supervising physician. This visit was a missed opportunity for PA to escalate Patient's care to the emergency department.	Reprimand; PA shall complete a minimum of six hours of Category I CME
QUINN, Robert Patel, MD (000030709) Concord, NC	7/16/2026	A patient complained to the Board about MD's recommended treatment after he performed a limited physical examination and determined Patient had otalgia and ear fullness	Reprimand

		afflicting her left ear. MD recommended treatment with hand sanitizer applied into the ear canal. MD's care of Patient fell below accepted standards of care. It did not include a thorough head and neck exam or basic diagnostic tests such as audiology and tympanogram. MD's treatment plan exposed Patient to potential harm.	
SCHRECK, Arielle Marie, MD (202000369) Tampa, FL	8/25/2026	MD evaluated a 20-year-old female in the ED at approximately 31 weeks gestation with nausea and vomiting for two days. Patient had a known history of Type 1 diabetes mellitus and a high-risk pregnancy. MD failed to diagnose diabetic ketoacidosis despite clear laboratory evidence. Discharging a patient without laboratory confirmation of resolution of ongoing acidosis, ketonemia, and hyperglycemia represents a failure to recognize pregnancy-specific physiology and the known risk of rapid deterioration in pregnant patients. MD's improper management of Patient was further evidenced by inadequate documentation, including failure to address abnormal laboratory findings, lack of documentation of insulin therapy and electrolyte replacement, absence of serial laboratory monitoring, and failure to involve appropriate multidisciplinary care such	Reprimand; MD shall complete CME on diagnosis and management of DKA during

		as maternal fetal medicine, endocrinology, or critical care, all of which are standard in the management of DKA in pregnancy.	
TYNER , Michael Anthony, MD (000039705) Raleigh, NC	7/30/2026	The Board received a complaint alleging substandard care during a drainage procedure MD performed on a patient at a nursing facility. Patient developed multiple pressure injuries and two developed osteomyelitis. MD performed an abscess drainage procedure on Patient using a latex glove as a drain substitute. Later that day, Patient suffered uncontrolled bleeding from a stage IV sacral wound and was admitted to the hospital with septic shock, anemia, and hypotension. Patient subsequently passed away. The Board noted MD's failure to identify, diagnose, and treat stage IV osteomyelitis in sacral and trochanter pressure injuries; inappropriate insertion of a non-sterile glove as an improvised Penrose drain; and inadequate documentation and post-procedure instructions.	Reprimand with terms and conditions
DENIALS OF LICENSE/APPROVAL			
NONE			
SURRENDERS			
NONE			
PUBLIC LETTERS OF CONCERN			
BLOUNT , Courtland Roderick, MD (202401948) Charlotte, NC	8/10/2026	The Board is concerned about MD's care of a 56-year-old male with a history of hypertension and hyperlipidemia seen with	Public Letter of Concern

		symptoms of tachycardia. An echocardiogram demonstrated a mildly dilated ascending aorta, and a CT scan confirmed a mildly dilated aortic root, but an incidental finding showed a large renal mass. Radiology recommended a follow up CT scan of the abdomen and pelvis to further evaluate the mass. MD directed a nurse from his office to contact Patient and communicate the CT results; however, he did not ensure that the nurse informed Patient about the renal mass. On a follow-up visit MD informed him that the change in the size of his aorta was not significant and would require yearly monitoring by CT scan. MD did not discuss the renal mass nor inquire if Patient had undergone further diagnostic imaging as recommended by the radiologist. Patient first learned of the large mass on his left kidney when his primary care physician contacted him 45 days later. As the ordering physician, MD is responsible for timely communication of significant imaging results.	
BORUCHOV , Scott David, MD (201802208) Glassboro, NJ	7/30/2026	In 2019 MD reviewed a two-view chest x-ray for a patient. MD reported	Public Letter of Concern

		normal chest. More than a year later, a chest X-ray revealed a 2.2 cm tumor in the upper part of the left lung with partial lung collapse and possible spread to the hilar region. Patient died in January 2020. The earlier chest X-ray showed a small 2cm, irregular oval shaped spot. A reasonably prudent doctor could have considered it uncertain and recommended either a follow-up X-ray after a few weeks of antibiotics or a chest CT scan for further evaluation, both of which may have avoided the delayed diagnosis of lung cancer.	
DILIZIA, E Matthew, MD (202300314) Charlotte, NC	7/20/2026	The Board is concerned that MD's care of a patient may have fallen below the standard of care when he mistakenly placed a stent in Patient's right ureter, rather than her left. MD acknowledged this error, immediately disclosed it to Patient, took appropriate action in response, and Patient did not suffer any major complications.	Public Letter of Concern; MD shall complete CME on preventing wrong site surgery
FRANCOIS, Marie Yolene, PA-C (001008496) Kinston, NC	7/8/2026	The Board is concerned about PA's failure to recognize and appropriately respond to significantly abnormal vital signs, including hypotension and tachycardia in a patient with a complex medical history including cardiac and pulmonary disease. Two days later, Patient was hospitalized for falls and altered level of consciousness, which may	Public Letter of Concern

		have been due to lightheadedness caused by significantly low blood pressure and tachycardia. PA did not address findings indicative of potentially serious illness in an elderly patient which may have contributed to a delay in appropriate care. The medical record did not reflect that Patient's vital signs were acknowledged, evaluated, or addressed in PA's clinical decision-making. Examination notes were incomplete, and there was no documentation of reassessment, clinical reasoning, or consideration of escalation of care.	
GARZONE, Justin, DO (201301843) Mount Pleasant, SC	7/24/2026	The Board is concerned that DO inappropriately became the medical director of a med spa offering aesthetic treatments, hormone replacement therapy, and other treatments and therapies. A management company that assisted with operations of the med spa is owned by four lay individuals. The sharing of professional fees and profits with a non-licensee constitutes unethical fee splitting. In addition, Board found that DO's supervision over the nurse practitioner providing hormone replacement therapy was lacking.	Public Letter of Concern
KRITZ, Alan Daniel, MD (009601365) Raleigh, NC	7/31/2026	The Board is concerned about MD's care of a patient referred to MD for treatment after Stage III melanoma diagnosis. The	Public Letter of Concern

		patient received his first round of immunotherapy scheduled for every three weeks. When Patient returned for his second dose, he reported that he had developed a tremor in his hands and a buzzing sensation in his thigh. MD also noticed an AST of 59, which was slightly elevated. These symptoms and lab results raised concerns for possible neurological toxicity as well as immune induced hepatitis from immune therapy. MD decided to postpone the second infusion and schedule close follow-up with a provider visit and labs the following week. When Patient returned to the office his neurological symptoms had resolved but he continued to have elevated liver enzyme levels and reported increasing joint pain, which he had been treating with higher doses of Tylenol. Because neurological symptoms had resolved and MD believed the liver symptoms were related to Patient's Tylenol use, MD did not initiate high dose steroids. The Board's reviewing expert opined that MD failed to maintain the standard of care by not treating Patient with	
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		steroids as soon as Patient presented with adverse effects.	
LE, Mark Bao, MD (202502778) Stevenson Ranch, CA	8/17/2026	MD interpreted the head CT for a patient who fell in the emergency department after being brought in due to a fall in his skilled nursing facility. MD's impression of the CT was documented as no acute intracranial hemorrhage or mass effect. Patient was discharged back to the skilled nursing facility. The next day Patient was brought back to the ER due to a decreased level of consciousness such that he only responded to pain stimulus. Another head CT interpreted by a different radiologist found significant intracranial hemorrhages. Patient was admitted to the hospital and died days later. A subdural hematoma was immediately obvious on the head CT. The report of a head injury and presence of a scalp laceration should have heightened MD's awareness and thoroughness for subdural hematoma intracranial injury when reviewing the CT scan.	Public Letter of Concern; MD shall complete CME on CT intracranial bleeds
NEWMAN, Edwin Carraway, III, MD (2006-01871) Fayetteville, NC	8/10/2026	The Board is concerned that MD's documentation of care of a 70-year-old male with a history of severe left-sided carpal tunnel syndrome may have failed to conform to the standard of care.	Public Letter of Concern
O'NEAL, Kevin Daniel, MD (200100583) Cary, NC	8/17/2026	The Board is concerned that MD's diagnosis and the proposed treatment of a	Public Letter of Concern

		Patient with high myopia may have fallen below the standard of care. Patient had a history of right eye retinal tear. During a routine eye exam MD diagnosed an asymptomatic left eye retinal tear and recommended laser retinopexy to prevent retinal detachment. Patient obtained a second opinion from a retinal specialist who instead diagnosed Patient with lattice degeneration and recommended observation and routine follow-up without immediate intervention. Counseling the patient to undergo laser retinopexy for asymptomatic lattice degeneration due to risk of future retinal detachment is inaccurate and below the standard of care.	
PATEL, Ravi Jaimini, DO (201802318) Gainesville, FL	7/2/2026	The Board is concerned about DO's care of a 44-year-old female who came to the ED with a multiday history of fever, chills, body aches, chest pain, shortness of breath, back pain and nausea. Patient was diagnosed with viral syndrome and discharged. Upon patient's returned to the ED she was diagnosed with sepsis, deep vein thrombosis and non-ST-segment elevation myocardial infarction. She was treated and died from a catastrophic intracranial hemorrhage. A diagnosis of endocarditis should have been considered because Patient had a past history of	Public Letter of Concern

		substance abuse, skin and soft tissue infections, hepatitis C, reported ongoing treatment with buprenorphine, and the possibility of ongoing or recent intravenous drug use.	
ROBINOWITZ-ELINS , Hillary Ann, MD (201901702) Mooresville, NC	7/13/2026	The Board is concerned that MD's care of a patient may have fallen below the acceptable standard. MD undertook the removal of a migrated intrauterine device (IUD) placed by a nurse practitioner months earlier. MD, another OBGYN and a nurse attempted an in-office IUD removal without confirmation that the device was in the uterine cavity. The removal was unsuccessful, requiring further scans and procedures. The Board is also concerned about the lack of clear discussion notes and incomplete documentation of the informed consent process, regarding Patient's understanding of available treatment options.	Public Letter of Concern
SCALES , John Socrates, MD (201502423) Ocala, FL	8/13/2026	The Board is concerned that in May 2026, the Florida Board issued a Letter of Concern and a fine, and ordered MD to complete CME on the subjects of interpretation of CT images of the brain and risk management. The Florida Board's action was based on allegations that MD misinterpreted the CT scan of a 24-year-old patient's brain. The patient presented to the hospital with complaints of headache and	Public Letter of Concern

		nausea. The CT scan identified multiple findings to suggest increased pressure and a mass near the center of the brain. Despite these findings, MD reported “no acute intracranial findings” and suggested that if the patient’s symptoms continue, the patient should undergo further evaluation with an MRI.	
STOUT, Elmer Hancock, III, MD (000023978) Statesville, NC	7/17/2026	The Board is concerned that on multiple occasions MD provided medical care, including writing prescriptions, without proper documentation to a family member or someone with whom he has a significant emotional relationship. MD only charted one office visit and did not write any other notes about the other aspects of care he was providing.	Public Letter of Concern
TAYLOR, Cyrita, MD (201800792) Charlotte, NC	8/4/2026	The Board is concerned about MD's care of a 25-year-old pregnant female who presented to the hospital in spontaneous labor at 40 weeks and 2 days gestation. Patient progressed in fetal station but remained 7 cm dilated without progress in cervical dilation for 7 hours with ruptured membranes, 14 hours of oxytocin, and inadequate contraction strength for much of the period. However, arrest of dilation was not diagnosed until much later in labor. Patient developed a fever during labor and had an	Public Letter of Concern

		elevated white blood count on admission, she met criteria for suspected intra-amniotic infection, which requires administration of intrapartum antibiotics. The potential diagnosis of suspected chorioamnionitis was not treated.	
TRONCOSO , Alexis Bolivar, MD (202604135) Ocean Grove, NJ	7/17/2026	The Board is concerned about aspects of MD's assessment and management of a patient presenting with gastrointestinal bleeding. MD did not adequately recognize and respond to clinical findings indicating a potentially serious and life-threatening source of bleeding. Patient presented with hematemesis accompanied by numerous high-risk clinical and laboratory findings. These findings should have raised immediate concern for chronic liver disease, portal hypertension, and possible variceal hemorrhage. The documented assessment did not adequately identify the likelihood of underlying liver disease and possible variceal bleeding, which contributed to a disposition that did not adequately account for the patient's level of risk prior to the patient leaving the emergency department against medical advice.	Public Letter of Concern
UDWADIA , Jamie, MD (200400087) Ahoskie, NC	8/6/2026	The Board is concerned about MD's care of a patient with a history of stroke, peripheral vascular disease, diabetes, obesity, and hypertension who was referred to MD for wound	Public Letter of concern

		care of tissue necrosis around her knee incision following orthopedic surgery. On a follow up visit MD referred Patient to the hospital, where she was diagnosed with critical limb ischemia and underwent an above-the-knee amputation of her leg. A pathology test later confirmed a bone infection. MD failed to diagnose early extensive postoperative wound necrosis. Patient's medical history should have raised serious concerns for infection.	
WOLF , Thomas Jason, MD (200201544) Black Mountain, NC	8/28/2026	The Board investigated after an anonymous complaint alleging that MD operated a medical spa out of a flower shop in Franklin, NC. MD confirmed that on a few occasions in the past he provided Botox and Dysport in a party-like setting. The Board reviewed MD's care of five patients seen during this Botox party. MD's documentation lacked necessary details, including consent forms, or documentation that verbal consents were obtained. MD's diagnoses and injection techniques were appropriate, and no patient suffered any complications. The Board is concerned that the location and MD's documentation of the care rendered to Patients may have failed to conform to	Public Letter of Concern

		the standard of care.	
WOO-MING, Michael Andrew, MD (202401204) San Marcos, CA	7/20/2026	The Board is concerned that MD entered into a Settlement Agreement with the US Department of Justice in 2025. It was alleged that from 2018 to 2019 two medical corporations that MD co-owned and was medical director of submitted false claims for payment to Medicare for surgically implantable neurostimulators. MD agreed to pay \$85,000 in restitution. MD also responded falsely on his 2023 and 2024 NC medical license renewal applications when asked if he is aware of any complaint investigation or inquiry regarding him.	Public Letter of Concern
MISCELLANEOUS ACTIONS			
FINKELSTEIN, Jason Scott, MD (2025-03393) Decatur, TX	8/31/2026	In June 2026, MD was indicted on charges of Conspiracy to Commit Health Care Fraud and Wire Fraud and Health Care Fraud in the Southern District of Florida.	Interim Non-Practice Agreement
CONSENT ORDERS AMENDED			
NONE			
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			