

Adverse Actions Report July 2022 – August 2022

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			
COLLINS , Paul Dwayne, MD (RTL010750) Lumberton, NC	08/29/2022	MD suffers from an alcohol use disorder that has made it challenging for him to maintain his medical license. In a series of consent orders from 2005 to 2008, the Board documents MD's efforts to control his addiction and keep his medical license. In 2008, the Board revoked MD's medical license after he appeared at work impaired. In June 2019, and after having not practiced medicine for approximately twelve years, the Board reinstated MD's medical license by issuing him a resident training license. In May 2022, while at home, MD consumed half to a whole quart of peppermint moonshine, causing MD to test positive for alcohol metabolite. In June 2022, MD surrendered his resident training license.	Revocation of NC medical license
HOFFMAN , Jeffrey Dale, MD (000039821) Atlanta, GA	07/18/2022	Felony conviction for Conspiracy to Defraud the United States by Violating the Anti-Kickback Statute	Revocation of NC medical license

<p>LAPIDES, David Ari, MD (202100060) Fort Myers, FL</p>	<p>07/18/2022</p>	<p>Felony conviction for distribution of child pornography</p>	<p>Revocation of NC medical license</p>
SUSPENSIONS			
<p>GLIGA, Diana Andreea, MD (201700648) Waianae, HI</p>	<p>08/25/2022</p>	<p>In November 2021, while MD practiced in Waianae, Hawaii, a Patient presented to MD via a telemedicine visit for complaints of back pain. MD prescribed Patient tramadol, a Schedule IV controlled substance. In December 2021, MD conducted a second telemedicine visit with Patient. At this visit, MD prescribed hydrocodone, a Schedule III controlled substance. Later that month, and while Patient was still under her care, MD came across Patient’s profile on a dating app. MD contacted Patient indicating that she may be interested in going on a date with him. Patient responded and agreed to go on a date with MD. This first date led to other dates and ultimately led to MD and Patient having an ongoing intimate relationship. After MD and Patient started dating, she referred Patient to another provider in her practice. By initiating contact with Patient through a dating app and soliciting a date from him at a time when Patient was still her patient, MD engaged in professional sexual</p>	<p>Indefinite suspension</p>

		<p>misconduct and committed an unethical boundary violation. Prior to moving to Hawaii, MD practiced in New Bern, NC, leaving in June 2021. In February 2022, MD and Patient visited New Bern. When Patient ran out of pain medication, MD decided to write a prescription for Patient for 120 tablets of hydrocodone-acetaminophen on a prescription blank from her former practice, without the knowledge or permission of the practice. Furthermore, MD's 120 tablet prescription was enough medication for 30 days, far more than what was needed to get him home to see his regular physician. When first confronted by the Board about the inappropriate prescription, MD hid the fact that the recipient of the prescription was someone with whom she was in a relationship and was a former patient.</p>	
<p>KALLAM, Timothy Devin, PA-C (001010336) Greensboro, NC</p>	<p>07/14/2022</p>	<p>PA practiced as a physician assistant in Charlotte, NC. In January 2021, PA was charged with Driving While Impaired (DWI) in Mecklenburg County (convicted October 2021). PA's blood alcohol level at the time of the accident was over twice the legal limit. He was also found in possession</p>	<p>Indefinite suspension</p>

	<p>of cocaine. In February 2021, PA was assessed by the North Carolina Professionals Health Program (NCPHP), which referred him to Fellowship Hall for a comprehensive assessment. Fellowship recommended that PA complete an inpatient residential treatment program. PA underwent and completed the inpatient program at Fellowship. Upon discharge, Fellowship recommended that PA participate in an Intensive Outpatient Program, attend 90 meetings in 90 days, establish a home group, obtain a temporary sponsor within 14 days, and sign and abide by a monitoring agreement with NCPHP. Fellowship opined that PA was safe to practice as a physician assistant, working a maximum of 20 hours per week. PA complied with all terms. In December 2021, he tested positive for tetrahydrocannabinol (THC) and a second test confirmed the results. Due to the two positive test results and PA's apparent relapse, NCPHP recommended he cease practicing as a physician assistant and return to an inpatient treatment program for a recovery reset. In December 2021,</p>	
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		PA inactivated his license with the Board.	
OKPALA , Ogochukwu, MD (201302426) Tarboro, NC	07/25/2022	MD practiced obstetrics and gynecology in Harnett County, NC. A Patient presented to MD in June 2021 for a gynecological consult. In July 2021 MD performed a gynecological surgery on Patient and provided routine follow-up postoperative care. In late July 2021, MD engaged in an intimate relationship with Patient's husband. By MD's and Husband's reports, the affair began sometime after Patient's last visit with MD. Though MD never saw Patient again after her relationship with Husband began, MD never formally discharged Patient as her patient.	Indefinite suspension effective September 30, 2022
SEEHORN , Charles Lee, III, MD (200200797) Indian Trail, NC	08/17/2022	In June 2015, MD was arrested for Driving While Impaired (DWI). He was assessed and treated in compliance with recommendations from the North Carolina Professionals Health Program (NCPHP) and completed a five-year monitoring contract. In November 2021, MD had a car accident; MD failed a field sobriety test and was arrested for DWI. In December 2021, MD submitted to inpatient treatment for alcohol use disorder. In March 2022, he was discharged	Suspension; stayed with terms and conditions

		from the facility with a primary diagnosis of Alcohol Use Disorder severe. Upon discharge from treatment, MD entered into a second five-year monitoring contract with NCPHP.	
TOBIN , Paul Christopher, MD (000036129)	07 /27 /2022	MD practiced pediatrics in Chapel Hill, NC. At some point, he and a patient who initially presented in 2014, began a sexual relationship. While they continued their romantic relationship, MD continued to treat Patient for a variety of medical and mental health conditions, some of which were sufficiently complex they would have been better addressed by specialists. Patient’s medical records showed multiple non-controlled prescribed medications from MD. In addition to these non-controlled medications, a review of the North Carolina Controlled Substance Reporting System (CSRS) record showed multiple controlled substance prescriptions from MD to Patient, including both opioids and benzodiazepines. MD did not create or document a medical encounter justifying the medical need for these medicines. Furthermore, because MD was having sex with Patient, his	Indefinite suspension

		medical judgment and objectivity was compromised.	
THOMPSON, Jon Wesley, MD (200801202) Wilkesboro, NC	08/26/2022	In February 2022, MD through his attorney, self-reported that his employment with the Wake Forest Baptist Health was terminated after allegations that he made unwelcome advances toward a co-worker whom he supervised. When the co-worker rebuffed MD's advances, he approached her stating that he had audio- and video-recordings between her and another party and threatened to provide the recordings to the co-worker's husband and family members if she did not agree to a sexual relationship. MD self-referred to the North Carolina Professionals Health Program (NCPHP), which recommended he be evaluated further by psychologists or a psychiatrist. MD was diagnosed with Adjustment Disorder with depressed mood. The evaluating psychiatrist recommended MD receive individual therapy monitored by NCPHP and complete a boundaries course. The evaluating psychiatrist opined that MD was able to practice medicine	Indefinite suspension effective August 1-September 30, 2022; Effective October 1, 2022 suspension is stayed with conditions

LIMITATIONS/CONDITIONS		safely if these recommendations are followed.	
HAYEK, Craig Steven, MD (202202332) Roper, NC	08/11/2022	History of public actions with the Virginia Board of Medicine related to substance use with relapse and his improper treatment and prescribing of opioids to chronic pain patients. In August 2021, the Virginia Board returned MD's Virginia medical license to full and unrestricted status. In November 2021, MD applied for a North Carolina medical license. In support of his application, MD was interviewed by the North Carolina Professionals Health Program (NCPHP). He provided the Board with a letter from NCPHP finding no indication of untreated substance use disorder or other potentially impairing condition and supporting his continued practice without further assessment, treatment or monitoring. Additionally, MD provided letters of reference and support from colleagues and treatment providers.	License issued via non-disciplinary consent order; MD agrees not to apply for registration as a dispensing physician
LOPEZ-LINUS, Marchi Vor, MD (20010000) Cary, NC	08/10/2022	MD practiced pediatrics in Cary, NC. In February 2021, the Board received a complaint alleging that during a routine annual physical examination, MD performed both a breast examination and	Consent Order; Required to have a female chaperone present for the entirety of any examination of sensitive areas of female patients older than 10 years of age

		<p>an external visual vaginal examination without a patient’s consent. A chaperone was not present during the examination. Following a complaint being submitted to his office, MD self-reported the allegation to the Board in March 2021. MD was unaware that Patient had also submitted a complaint to the Board when he self-reported. MD admitted to the Board that while he did attempt to elicit consent, Patient did not provide clear, unambiguous verbal consent to the breast and external visual vaginal examinations performed for Tanner staging purposes as part of an annual exam. In March 2021, MD submitted to a comprehensive examination with the North Carolina Professionals Health Program (NCPHP). NCPHP recommended that MD obtain a comprehensive evaluation at a NCPHP-approved assessment facility specializing in assessing providers accused of inappropriate behavior in the workplace. MD underwent and passed a polygraph examination indicating that his examinations were medically necessary and</p>	
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		<p>not for a sexual purpose or gratification. His evaluation results indicated that he was safe to continue practicing pediatric medicine. The evaluating center made several recommendations including, but not limited to: (1) NCPHP participation; (2) participation in a professional's program for a minimum of two weeks; and (3) close adherence with the new policies and procedures put in place as external safeguards by his practice. MD has complied with or completed all recommendations. NCPHP opines that MD is safe to practice medicine</p>	
<p>MACKIE, Crystal Monique, MD (202001935) Norfolk, VA</p>	<p>08/04/2022</p>	<p>MD has applied for a license to practice medicine in North Carolina. She was previously issued a limited emergency license (LEL) to practice medicine by the Board in May 2020. MD has not practiced clinical medicine since December 2020. In March 2021, the Board received a complaint related to concerns about a controlled substance prescription that had been inappropriately prescribed and filled using MD's prescription pad. In March 2021, MD</p>	<p>License issued with conditions; MD must obtain practice site approval prior to practicing</p>

	<p>presented to the North Carolina Professionals Health Program (NCPHP) for an examination. Based on concerns related to her workplace behavior and past and current use of substances, NCPHP referred MD for a comprehensive examination. The examination center diagnosed MD with Alcohol Use Disorder, Anxiety Disorder, Major Depressive Disorder, and Post-traumatic Stress Disorder. The examination center recommended that MD attend inpatient residential treatment and opined that she was unsafe to practice medicine at that time. MD attended inpatient residential treatment and was discharged after successfully completing treatment. In August 2021, MD signed a five-year agreement with NCPHP. In January 2022, MD entered into a Consent Order with the Board in which her LEL was indefinitely suspended. MD was interviewed by the Board at the July 2022 Board meeting. During the licensing interview, the Board became aware of facts from which it could conclude that MD inappropriately obtained a controlled substance.</p>	
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<p>QUINTANA, Oscar Francisco, MD (202202240) Chapel Hill, NC</p>	<p>08/05/2022</p>	<p>MD has not practiced medicine since January 2018. Prior to that time, he practiced medicine in Texas. MD has a history of substance use disorder and relapse therefrom. After MD's recent relapse, in January 2020, he recommitted to his recovery. Due to his substance use disorder and relapses therefrom, MD has a disciplinary history with the Texas Medical Board (Texas Board), including suspensions and restrictions on his Texas medical license. MD has been accepted into the University of North Carolina School of Medicine Addiction Medicine fellowship. In July 2022, he signed a five-year monitoring agreement with the North Carolina Professionals Health Program (NCPHP). NCPHP supports MD's request for a North Carolina medical license and his safety to practice medicine.</p>	<p>License issued with conditions; Medical practice limited to addiction medicine; practice site limited; MD shall maintain current agreement with NCPHP</p>
<p>WHEELER, Anthony Hallock, MD (000028819) High Point, NC</p>	<p>07/25/2022</p>	<p>MD practiced neurology and pain medicine in High Point, NC. In March 2020, he was charged</p>	<p>Non-Disciplinary Consent Order; MD shall maintain his agreement with NCPHP</p>

		<p>with Driving While Impaired (DWI) in Guilford County, NC. MD was subsequently assessed by the North Carolina Professionals Health Program (NCPHP) and referred for a comprehensive assessment. Based on the assessment and recommendations of the assessment center, MD then completed in-patient treatment from May 2020, to July 2020. Upon discharge, MD signed a five-year monitoring agreement with NCPHP. In October 2020, MD was convicted of DWI. In October 2020, the Board sent MD a private letter of concern relating to his DWI arrest and conviction and encouraging him to comply with his NCPHP agreement. In November 2021, MD experienced a relapse, after which he renewed his commitment to recovery. MD completed in-patient treatment and upon his discharge completed eight weeks of intensive outpatient treatment. In February 2022, MD signed a new five-year monitoring</p>	<p>and abide by all of its terms</p>
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		agreement with NCPHP. MD is in compliance with his NCPHP agreement and NCPHP opines that MD is safe to practice medicine.	
REPRIMANDS			
AKERS-WHITE , La Tania Michelle, MD (201902704)	08/08/2022	Action based on another Board's action. MD practiced Family Medicine in Virginia. In August 2021, the Virginia Board of Medicine entered an Order with regard to MD based on findings that MD dispensed approximately 300 controlled substances to patients from her office in Richmond, VA, after her license to dispense controlled substances expired in December 2016. She prescribed opioid medications to five patients without proper documentation or searching the Virginia Prescription Monitoring Report and conducting other appropriate pharmacovigilance, and she prescribed medications to two patients without an examination, consultation or rationale and without documenting prescriptions in medical	Reprimand

		<p>records. An inspection of MD's office revealed that she failed to maintain a log of drugs she dispensed to patients, failed to take precautions against theft or loss of controlled substances, stored expired medications and equipment together with unexpired medications and equipment, administered expired medications to patients, repackaged medications into bottles and syringes that lacked patient names, lot numbers or expiration dates and failed to maintain a log for calibration of the autoclave and "Smart LIPO" machines. MD advertised herself as being board-certified without disclosing the specific specialty board within which she was board-certified. The Virginia Board issued a reprimand, and a \$5,000 fine. MD represented to the Virginia Board that she would take 20 hours of continuing medical education in medical record-keeping and proper prescribing.</p>	
LASHER, Stephen Andrew, Jr. MD	07/20/2022	MD practiced Internal	Reprimand

(201800192) Brentwood, TN		<p>Medicine in Tennessee and was also licensed to practice medicine in Kentucky. The Kentucky Board of Medical Licensure requires its licensees to complete a minimum of sixty hours of continuing medical education (CME) every three years. MD requested and obtained a six-month extension of time to complete the minimum CME requirement for the preceding three-year period. Even after the six-month extension, the Kentucky Board found that MD failed to provide verification of completion of the minimum CME requirement. The Kentucky Board concluded that MD was noncompliant, which resulted in the January 2021 suspension of MD's Kentucky license until such time as he completed the Kentucky Board's CME requirement. In March 2022, upon verification of compliance with the CME requirement, the Kentucky Board entered an Order Reinstating Suspended License, restoring MD's authorization to practice.</p>	
<p>MUEHLENBEIN, Stephen Joseph, MD (200401282) Naples, FL</p>	<p>07 /18/2022</p>	<p>Action based on another Board's Action. MD is licensed to practice medicine in several states, including but not</p>	<p>Reprimand</p>

		<p>limited to Wisconsin. MD practiced diagnostic radiology. In February 2022, the Wisconsin Medical Examining Board entered a Final Decision and Order in which MD was reprimanded, required to complete five hours of continuing education on the topic of radiologic interpretation and reporting of acute aortic injury, aortic aneurysms, and aortic dissection, and ordered to pay \$688.00 in costs. Specifically, the Wisconsin Board found that MD failed to identify a pseudoaneurysm on the anterior part of a patient's aorta and that he should have assumed the fluid around the patient's left lung and fat stranding around the patient's heart was blood, regardless of whether there was an active leak or not. MD also failed to properly characterize his findings and to stress the urgent nature of a patient's condition, which led to the patient suffering permanent brain damage. In August 2019, MD requested that his North Carolina medical license be inactivated.</p>	
<p>SLOTT, Edwin Frederick, MD (009300322) Mount Pleasant, SC</p>	<p>07/25/2022</p>	<p>Action based on another Board's action. MD practiced preventative medicine in South Carolina. In April 2021, the State Board of</p>	<p>Reprimand</p>

		<p>Medical Examiners for South Carolina entered a Final Order in which MD was publicly reprimanded, required to complete a Board-approved course in prescribing and recordkeeping, and assessed a \$10,000.00 fine. This action was based on the South Carolina Board's conclusion that MD assisted an unlicensed person to practice medicine, including inappropriate prescribing of controlled substances; engaged in unprofessional conduct; failed to provide competent medical services to his patients; failed to prepare or maintain adequate patient records of care provided; improperly managed medical records; and failed to properly supervise advanced practice providers in his practice. In May 2020, MD requested that his North Carolina medical license be inactivated.</p>	
DENIALS OF LICENSE/APPROVAL			
NONE			
SURRENDERS			
NONE			
PUBLIC LETTERS OF CONCERN			
ANSARI, Shoukath, MD (000027767) Hamlet, NC	08/29/2022	In February 2020, a sixty-six-year-old female presented to an emergency department with rectal bleeding. The	Public Letter of Concern

	<p>attending physician ordered a Computed Tomography Angiography (CTA) of the abdomen and pelvis. The initial CTA report was received at 10:43 p.m. and an addendum was added at 11:09 p.m. The addendum described a heterogenous, possible neoplastic, mass in the right lobe of the liver and a left adrenal nodule. MD provided a gastrointestinal (GI) consultation, reviewing the portions of the CTA which focused on the results relating to Patient's GI issues. MD indicated to the Board that he did not notice the addendum, as he was checking for evidence of an active rectal bleed, which were addressed in other areas of the report, that could be immediately or urgently life-threatening. As a result, MD did not see the liver mass referenced in the addendum portion at the bottom of the report. MD noted in his Consult Note, "CT angiogram fortunately unremarkable," which MD intended to refer to the lack of GI issues, such as a life-threatening rectal bleed. MD then made recommendations relating to Patient's GI care and performed a colonoscopy to confirm</p>	
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	<p>that there was no active bleeding. MD's involvement in this patient's care was concluded at this point. From July to August 2020, Patient was again admitted to the hospital due to pus accumulating in the bulges of her colon wall (acute diverticular abscess). During the hospital admission, a CT scan again revealed the liver mass. A biopsy showed the liver mass to be a locally advanced unresectable hepatocellular carcinoma (liver cancer). The Board is concerned that MD's care of a patient may not have conformed to the standards of acceptable and prevailing medical practice in North Carolina. Specifically, the Board is concerned that MD did not see the liver mass on the addendum to the CTA report, which may have contributed to a delay in her diagnosis of liver cancer. The Board notes that it is unknown to what degree if any, earlier recognition of the liver mass would have altered Patient's prognosis. The Board notes that MD was one of several physicians who did not note the mass; however, his documentation "CT angiogram fortunately</p>	
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		unremarkable” could have inadvertently misled other team members.	
CARTER, Jon Christopher, MD (2016-00714) Charleston, SC	08/19/2022	In June 2018, a sixty-six-year-old female (Patient) presented by ambulance to an emergency department with acute abdominal pain and constipation. MD evaluated Patient, ordered laboratory studies and a computerized tomography (CT) scan, and ordered morphine on two occasions for pain that alleviated her complaints. The CT scan was initially read in real time by teleradiology and reported to MD as showing only changes of constipation relative to the colon. The study was then overread by a different radiologist who reported that the scan showed: “Large amount stool in the colon with evidence of early stercoral colitis. Based on the CT scan it is not possible to exclude sigmoid obstructing lesion.” The report also cited “borderline wall-thickening of the transverse and descending colon.” No ulcers or perforation were noted in the report, and the radiologist identified minor additional findings that, in his opinion, were not considered likely to	Public Letter of Concern

		<p>affect the course of acute treatment. After reviewing and discussing the results of the scan with the radiologist, MD advised Patient and her husband that the CT scan showed a large amount of stool and was concerning for a possible mass lesion, and a colonoscopy was recommended as an outpatient. The Board notes that MD testified that he performed a rectal examination to determine whether any stool could be removed; however, that examination was not documented in the medical record. The patient's vital signs and laboratory values, including but not limited to, the urinalysis and glucose were reviewed and unremarkable. Prior to discharge, the patient advised that she felt better. MD discharged Patient with a diagnosis of constipation and prescribed her a laxative and anti-spasmodic for any discomfort. MD instructed Patient to follow up with her physician as soon as possible regarding the possible mass in her large colon. Patient did not take the laxative and the next morning Emergency Medical Services (EMS) was called back to Patient's</p>	
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		<p>home at which time they determined Patient to be deceased. The medical examiner's report lists complication of bowel obstruction as the cause of death. The Board had MD's treatment of Patient reviewed by an independent medical expert. The reviewing expert opined that MD's care of Patient may have fallen below the standard of care in North Carolina. Specifically, the reviewing expert stated that, based on the concerns of stercoral colitis, MD should have admitted Patient for disimpaction, bowel regimen, and serial abdominal exams. The reviewing expert also criticized MD's failure to explore a diagnosis other than constipation in the presence of several objective findings that were inconsistent with that diagnosis. The Board notes that MD had his treatment of Patient reviewed by two board certified emergency medicine physicians. Their opinion is that his treatment and decision-making met the standard of care and that it was appropriate to send Patient home.</p>	
<p>DICEA, Stefanie Ann, PA-C (001010000)</p>	<p>08 /11/2022</p>	<p>Action based on another Board's action. The Board is concerned that in April 2022, PA entered into a Consent Order and</p>	<p>Public Letter of Concern</p>

		<p>Stipulation with the Michigan PA Board that issued a Reprimand and \$1,000.00 fine. The Stipulation noted that PA had completed 30 hours of continuing medical education in wound care. This action was based on allegations that she inappropriately treated a 67-year-old male patient, in March 2019 who had been admitted to a facility for rehabilitation. Patient had a history of diabetes, prior surgery and chemotherapy for tumors and strokes. Also, Patient had recently been hospitalized for sepsis secondary to a urinary tract infection. It was alleged that PA inappropriately ordered the use of a condom catheter be discontinued without documenting a rationale for this change in the treatment and that she failed to appropriately conduct two physical examinations specifically related to ulcerated skin areas.</p>	
<p>FORTGANG, Kenneth, MD (201001173) Orchid, FL</p>	<p>08/19/2022</p>	<p>The Board is concerned that MD's care of a patient may have failed to conform to the standards of acceptable and prevailing medical practice in North Carolina. In September 2018, a forty-five-year-old woman (Patient)</p>	<p>Public Letter of Concern</p>

		<p>with a history of obesity, uncontrolled hypertension, and diabetes presented to an emergency department with complaints of chest pain, labored breathing, and swelling of the lower extremities. As part of her evaluation, a scan to determine if the blood vessels in Patient's lungs were narrowed or blocked (CT pulmonary angiogram) was performed. MD interpreted the CT pulmonary angiogram as showing no evidence of a blood clot in the lung arteries (pulmonary embolus). However, he noted the available imaging to be somewhat limited. The next day, Patient was discharged with a diagnosis of acute non-ST segment elevation myocardial infarction. Five days later, Patient complained of shortness of breath at home, collapsed from cardiac arrest, and despite extensive efforts by EMS and the ED, could not be resuscitated. The Board had MD's interpretation of Patient's CT pulmonary angiogram scan reviewed by an outside medical expert. The reviewing expert questioned MD's failure to observe the small filling defects in the right and left lower lobe</p>	
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		<p>pulmonary arteries compatible with acute pulmonary emboli, although the expert stated these emboli were “somewhat difficult to observe, but are clearly present” The reviewing expert could not say if MD's reading contributed to the patient’s later death but felt that a board-certified radiologist would be expected to observe the findings and make the diagnosis of pulmonary embolus. The reviewing expert also opined that if MD believes the quality of images is not sufficient to make a diagnosis, additional or repeat imaging should be requested.</p>	
<p>KAVANAGH, Patrick Desmond, MD (201901534) Isabela, PR</p>	<p>07/14/2022</p>	<p>Action based on another Board's action. The Board is concerned that in August 2021, the Florida Board filed an Administrative Complaint against MD claiming that in May 2020 he treated a patient via the Teledoc telemedicine platform with a complaint of skin itchiness from an insect bite. MD prescribed 50 mg of Prednisone and intended to prescribe 50 mg of Benadryl. However, 500 mg of Benadryl was actually prescribed. The patient called back to obtain clarification on the Benadryl dosage and was</p>	<p>Public Letter of Concern</p>

		<p>told by a Teledoc representative to take 500 mg. That same day, the patient experienced jitteriness after taking the Benadryl and had to go to an emergency department for six hours of observation. The Board notes that the emergency department records appear to state that the patient took 100 mg of Benadryl. The Administrative Complaint alleges that the 500 mg Benadryl dosage was excessive. In December 2021, MD entered into a Settlement Agreement with the Florida Board. He was issued a letter of concern; fined and required to pay costs, and required to complete medical records documentation and risk management CME courses. The Board notes that MD paid the fine and costs and completed the medical records CME.</p>	
<p>LAWRENCE, Bradford Winton, PA-C (000101975) Hickory, NC</p>	<p>08/24/2022</p>	<p>The Board is concerned that PA's care of a patient may have failed to conform to the standards of acceptable and prevailing medical practice in North Carolina. In April 2012, a sixty-four-year-old male (Patient), presented to PA to establish primary care. At the time, Patient complained of fatigue and low libido with</p>	<p>Public Letter of Concern</p>

		<p>erectile dysfunction. PA evaluated Patient with labs which were significant for a normal testosterone level, fewer and smaller red blood cells than normal (microcytic anemia), higher than normal level of calcium in his blood (hypercalcemia), and low vitamin D. At the time, PA prescribed Patient an iron supplement, testosterone, Viagra, and a vitamin D supplement. Over the course of the next two years, PA saw Patient multiple times for intermittent symptoms including, but not limited to, muscle stiffness and pain, weight loss, poor appetite. Labs over the course of the two-year period showed some elevations in his calcium level, as well as continued anemia, and inflammation, for which PA sent Patient to a rheumatologist for further evaluation. In April 2014, Patient established care with another provider presenting with fatigue, intermittent confusion, lower back pain, weight loss, and labored breathing. Labs were performed and showed Patient's hypercalcemia and anemia had significantly worsened and Patient was then admitted to the hospital</p>	
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		<p>for further evaluation and treatment. Patient was diagnosed with Stage 4 renal cell carcinoma. Despite undergoing radiation and chemotherapy, in February 2015, Patient died from metastatic renal cell carcinoma. The Board had PA's care of Patient reviewed by an independent medical expert. The reviewing expert had some concerns regarding PA's care of Patient. The reviewing expert criticized his failure to adequately evaluate Patient's anemia, hypercalcemia, and inflammatory markers. The reviewing expert opined that despite Patient's symptoms being non-specific, the appropriate and expanded workup for these three lab test abnormalities may have led to an earlier diagnosis of Patient's renal cell carcinoma. Specifically, the reviewing expert opined that he should have evaluated the lab abnormalities in more detail with further testing or made additional referrals of the patient to a specialized provider.</p>	
<p>MASON, Jeremiah Edward, MD (201301273) Chattanooga, TN</p>	<p>08/02/2022</p>	<p>Action based on another Board's action. The Board is concerned that, in December 2020, MD</p>	<p>Public Letter of Concern</p>

		<p>did not disclose on his Tennessee medical license application that he was being monitored by the North Carolina Professionals Health Program (NCPHP). While licensed in North Carolina, MD voluntarily and confidentially reported to NCPHP and had been participating successfully since 2018. The Board notes that such confidential reporting to NCPHP is permitted in North Carolina, and MD's participation with NCPHP was unknown to the Board until this matter occurred. The Board understands that, since MD was properly anonymous with NCPHP at the time he applied for a Tennessee medical license, he did not think he had to disclose his NCPHP involvement to the TN Board when he applied for licensure there. However, the TN Board requires that these matters be disclosed on license applications. The Board notes that MD has an agreement with the Tennessee Medical Foundation (TMF) (the NCPHP equivalent in Tennessee) which is set to end In May 2023. The TN Board considered the non-disclosure of MD's NCPHP involvement to be a false statement or</p>	
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		misrepresentation on MD's license application. In November 2021, MD and the TN Board entered into a Consent Order which issued a reprimand and fine, and MD is required to complete a medical ethics and professionalism course, as well as comply with the TMF agreement.	
LEWIS, Michael Tyrone, PA-C (000103247)	07/18/2022	The Board is concerned that from May 2019 to May 2021, PA prescribed numerous medications, including controlled substances, to an immediate family member. Some of these medications were undocumented in the patient chart. In addition to prescribing, he also performed a medical procedure on this same family member.	Public Letter of Concern
PREAS, Hugh Lee, II, MD (202201952) Rockville, MD	07/05/2022	Action based on another Board's action. The Board is concerned that in April 2019, MD entered into a Consent Order with the Maryland State Board of Physicians in which his license was suspended for a minimum of 15 days, and until he enrolled in the Maryland Professional Rehabilitation Program (MPRP), which he did in May 2019. The same month, the suspension was terminated and MD was placed on probation for a minimum of two years and required to	License issued with Public Letter of Concern

		remain enrolled in MPRP, take a one-to-one tutorial in professional workplace behavior within six months, and pay a \$10,000.00 civil fine. MD has fully met all of these requirements.	
MISCELLANEOUS ACTIONS			
CONSENT ORDERS AMENDED			
NONE			
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			