**Adverse Actions Report September-October 2025**

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 |
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| **ANNULMENTS** | | | |
| **NONE** | | | |
| **SUMMARY SUSPENSIONS** | | | |
| **NONE** | | | |
| **REVOCATIONS** | | | |
| **KLAINER,** Peter Scott, MD (201600315) Newport, NC | 9/4/2025 | MD's felony conviction for Possession of Child Pornography | Revocation of NC medical license |
| **SUSPENSIONS** | | | |
| **JONES,** Joel Steven, DO (202303238) Cave Springs, AR | 10/31/2025 | The North Carolina Board of Nursing (NCBON) investigated a nurse practitioner (NP) who is supervised by MD. NCBON investigated allegations concerning the NP prescribing GLP-1s to patients she diagnosed with Type 2 diabetes when there was insufficient information to do so. The NCBON referred MD to the Board for an alleged lack of physician supervision. The Board asked MD to produce documentation of the quality improvement (QI) meetings held with NP. MD never held or conducted QI meetings with NP. At the time of the investigation, MD supervised twenty advanced practice providers in North Carolina. MD did not hold QI meetings or produce any documentation of QI meetings for these additional APP supervisees. | License suspended for six months; Restricted from supervising any APP in North Carolina |

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| **PUSSER,** Benjamin Ellison, DO (200400401) Leicester, NC | 10/29/2025 | Due to concerns arising from two criminal charges, the Board required MD to submit to a professional examination with NCPHP. MD was assessed by NCPHP in December 2023. Based on its assessment, NCPHP could not deem him safe to practice and recommended a comprehensive inpatient examination. MD met the criteria for mild alcohol use disorder and was asked to sign a two-year monitoring contract with NCPHP, which he refused. In October 2024 he was arrested and charged with Driving While Impaired. The Board issued another Order requiring MD to submit to a professional examination at NCPHP. MD did not comply. In March 2025, the Board asked MD to participate in an Investigative Interview and MD informed the Board Investigator he would not | Indefinite Suspension |
| **WARGOVICH,** Teresa Dolores, MD (201301306) Kitty Hawk, NC | 9/16/2025 | MD had a sexual relationship with a patient from the summer of 2015 to June 2024. The relationship between MD and Patient began before she officially became his primary care physician in 2018. In 2019, MD took over Patient's psychiatric care because his primary psychiatric provider retired. MD acknowledges she has no formal psychiatric training beyond what she learned in medical school. | License suspended for 12 months effective January 1, 2026, with terms and conditions |

| LIMITATIONS/CONDITIONS | | | |
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| **BENNETT,** Robert Todd, MD (009700858) Wilmington, NC | 10/28/2025 | The father of a pediatric patient complained to the Board about how MD interacted with Patient during an examination. Patient presented to MD with complaints of penile pain and burning during urination. During the office visit, Patient's father alleges MD, without warning or permission, pulled down Patient's pants to begin the examination. When Patient expressed pain, MD failed to respond in a compassionate manner. While Patient's father was in the examination room at all times, there was not an independent chaperone present. MD denies removing Patient's pants without first discussing these actions with Patient's father. MD has previously been required to obtain training to improve his communication and examination technique due to similar complaints. Despite this training there does not appear to be an improvement in his communication skills. | Consent Order; MD shall complete CME in patient communication and have a trained chaperone present during patient care |
| **COLLINS**, Paul Dwayne, MD (200500139) Lumberton, NC | 10/08/2025 | MD has a history of alcohol use disorder and prior Board actions. In 2024, the Board granted MD a resident training license via Consent Order, to complete his residency at Southeastern Health. MD successfully completed | License reinstated with terms and conditions |

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| | | residency training and has secured a position at UNC Southeastern Heart Failure Clinic under the supervision of other attending physicians at the clinic. NCPHP has monitored MD since his 2022 relapse and reports that he has maintained his sobriety and has complied with all terms of his monitoring contract. NCPHP supports the reinstatement of MD's full license. | |
| **GARG,** Shyam Lal, MD (000026531) Hampstead, NC | 10/31/2025 | In 2022 a patient complained about MD's patient care, medical record keeping, and physician-patient communication. Following review of the NCCSRS, MD's patient records, and his complaint history, the Board determined that MD's practice patterns raised serious concerns including inadequate documentation and cloning of records, inappropriate management of controlled substances, inadequate physician-patient communication and oversight, and deficiencies in medical knowledge in several areas of practice. A 2024 CPEP assessment determined that he is safe to practice with recommendations for structured remedial education. | Suspension stayed with terms and conditions: MD must comply w ith terms and conditions, including completing the CPEP recommendations, including a comprehensive neuropsychological examination, establishing a relationship with an experienced educational preceptor in outpatient internal medicine, and completing CME courses on controlled substance prescribing, documentation, and physician-patient communications. |
| **LODGE,** Andrew James (009800088) Waltham, MA | 10/16/2025 | MD was reprimanded by the Board in 2022 based on | Consent Order; Suspension Stayed |

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| | | the conduct described in the 2022 Consent Order. In the 2022 Consent Order, MD agreed to maintain his 2021 monitoring contract with NCPHP and to refrain from the use or possession of alcohol and all other mind or mood-altering substances and all controlled substances, unless lawfully prescribed for him by someone other than himself. In 2025, MD voluntarily admitted that he sipped or tasted alcoholic beverages on a handful of occasions, which violated of his 2022 Consent Order. The Board ordered MD to undergo a comprehensive examination to assess his ability to practice medicine safely, which concluded that MD remained at "moderate risk" for future "boundary compromise" but could nonetheless practice medicine safely so long as he adhered to certain conditions. | subject to MD's strict compliance with his NCPHP contract, and all recommendations made in the 2025 assessment |
| **REPRIMANDS** | | | |
| **AHMED,** Junaid Abdul, MD (202000220) Oak Brook, IL | 10/16/2025 | MD entered into a Consent Order with the Illinois Medical Board. The Board acknowledges confirmation from the Illinois Board that MD has fully complied with the Consent Order. The action of the Illinois Board was based on allegations that a nurse practitioner that MD supervised saw two patients in a Chicago-area nursing home without a documented consult request and without the | Reprimand |

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| | | knowledge of the patients' primary care physicians. | |
| **BREITBART,** Eric Adam, MD (201500422) Fayetteville, NC | 9/8/2025 | In the preoperative holding area, MD correctly marked and obtained informed consent from Patient for a left knee surgical procedure. The circulating nurse prepared the operating room suite and equipment for the incorrect right knee. Despite a pre-procedure timeout, MD mistakenly performed the surgery on Patient's right knee instead of her left knee. MD identified several system failures which led to the occurrence and appropriately addressed these failures in its aftermath. After realizing the mistake, MD performed the proper procedure on Patient's left knee later that day. | Reprimand |
| **CHUNG,** John Yohan, MD (201701890) Chattanooga, TN | 10/14/2025 | In 2015, MD performed surgical treatment of gynecomastia with excision and liposuction on a 13-year-old patient. MD failed to document a chronology of Patient's condition, any medications or social history factors that may have affected Patient's diagnosis, a description of MD's assessment and any intervention by another physician, such as an endocrinologist, and physical exam findings with specific focus on Patient's chest and other pertinent findings that may potentially be associated with gynecomastia in a | Reprimand; MD shall inactivate his NC medical license |

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| | | young male, such as testicular tumor. Patient suffered permanent hypertrophic scarring following the surgery. There was no documentation in Patient's medical record that MD informed Patient or his parents of the risk as there was no informed consent regarding the surgery and potential complications documented in Patient's record. Additionally, in 2023, MD entered into a Settlement Agreement with the United States, certain relators, and the States of Tennessee, and Georgia in which he and his practice agreed to pay $6.6 million to resolve allegations that he and/or his practice improperly submitted claims for reimbursement to governmental health plans. In the Settlement Agreement it was agreed that MD did not admit liability and entered into the Settlement Agreement solely for the purposes of compromising, and to "avoid the delay, uncertainty, inconvenience, and expense of protracted litigation of…" such claims. | |
| **DAHL,** David Nicholas, DO (201602303) Washington, IN | 10/17/2025 | A 49-year-old female patient complained to the Board about concerns related to an online consultation with a physician to discuss weight loss management medications. Patient reported her medical | Reprimand; DO shall complete a minimum of 10 hours Category I CME |

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| | | history and current medications on the pre-visit questionnaire; however, the fillable form did not allow her to input all of her medications. MD reviewed Patient's entered responses and without an appointment or consultation prescribed Semaglutide 1 mg/ml with directions to inject 25 units once a week for Weeks 1-4, 50 units in Weeks 5-8, then 100 units in Weeks 9-12. The Board's reviewing expert found that there was no information obtained in the questionnaire about Patient's prior attempts at weight loss through diet changes or exercise. The reviewing expert was also concerned about a high risk of medication error when Patient had to self-administer the medication. Patient reported reactive hypoglycemia, patient counseling would have been essential since Semaglutide would worsen it. Initial obesity treatment should also include a physical exam and labs to assess comorbidities and rule out hormonal causes such as hypothyroidism or diabetes. | |
| **GEORGE,** Mathew, MD (200200902) Durham, NC | 10/29/2025 | In August 2022, Patient under MD's care was diagnosed with a ventral hernia that required repair. Patient elected to proceed with hernia surgery and was discharged from the hospital the day after | Reprimand; MD shall complete Category I CME on the subject of chemical DVT prophylaxis |

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| | | surgery. The day following discharge, Patient returned to the hospital due to a sudden onset of nausea, vomiting, and abdominal pain. A second surgery required Patient to have a longer hospital stay to manage her pain and monitor vital signs. MD made a clinical decision to hold pharmacological anticoagulation therapy, instead utilizing mechanical DVT prophylaxis and early ambulation. Patient suffered a sudden cardiac arrest during physical therapy and passed away. The Board's reviewing expert thought MD's diagnosis fell below the standard of care because he failed to identify and include paraumbilical and suprapubic hernias. MD's failure to repair all hernia defects in the initial operation fell below the standard of care. Failure to use chemoprophylaxis in a high-risk patient and not documenting the reason for not using chemoprophylaxis fell below the standard of care. | |
| **PAN,** Ruth Lo, MD (202202387) New York, NY | 10/21/2025 | In July 2022, MD indicated on her Alaska medical license application that she had an active DEA registration and acknowledged she was required to register in the Alaska Prescription Drug Monitoring Program (Alaska PDMP). MD was issued an Alaska medical license in August 2022. She | Reprimand; $1,000 fine |

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| | | also received a Notice of Complaint stating that she had failed to register with the Alaska PDMP, but she did not view the Notice until June 2023 and did not register with the Alaska PDMP until October 2024. MD was out of compliance with the Alaska PDMP for 453 days, in violation of Alaska law. She paid a $3,500 fine to the Alaska Board in March 2025. MD submitted the renewal form of her NC medical license in March 2025. On that form, MD failed to report the imposition of the fine by the Alaska Board even though she had just signed an agreement with the Alaska Board 15 days earlier. | |
| **PATRICK,** Frank Charles, PA-C (000101216) Winston Salem, NC | 9/16/2025 | A 31-year-old female presented to PA at an urgent care for examination and treatment of a potentially infected area around a tattoo on her upper thigh. PA asked a series of inappropriate questions regarding types of pain Patient may like, such as being hit, choked, or having her hair pulled. PA took hold of Patient's arm and traced the outline of a snake, suggesting that she should get a tattoo of a snake on her arm. This conduct violated provider-patient boundaries, caused Patient to experience harm, and eroded trust in the medical profession. | Reprimand |
| **SHAH,** Raj Jagdish, MD | 10/9/2025 | From November 2024 to January 2025 the Board's | Reprimand; Shall retroactively reactivate |

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| (202003481) Charlotte, NC | | staff emailed MD four notices regarding annual renewal of his NC medical license and received no response. MD failed to register in a timely manner in 2025, and as a result his medical license was made inactive. After MD realized his license was inactive, he continued to treat and provide care to patients, even prescribing controlled substances, until July 2025. | MD's license to April 9, 2025; Terms and conditions established |
| **DENIALS OF LICENSE/APPROVAL** | | | |
| **KONESWARAN,** Suresh Aravinth, MD (201400260) Greensboro, NC | 9/10/2025 | In his 2013 application for licensure MD failed to disclose complaints against him and recommendation of an examination and treatment center. In 2021 the Board reprimanded MD and required him to have a trained female chaperone present for all in-person medical care of female patients based on allegations that he inappropriately touched a female patient's breasts. MD's license was indefinitely suspended in 2022 due to allegations that MD made numerous inappropriate phone calls of a personal nature to a female patient and that during telehealth visits with two additional female patients he made inappropriate comments and requested the patients expose their breasts. In March 2024, the Board denied MD's application for reinstatement. | Denial of licensure |
| **KRAMER,** Janine McGuire, DO (202403459) New York, NY | 10/20/2025 | The Board denied DO's application for a license | Denial of licensure |

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| | | based on DO's conduct while applying for a full NC medical license. DO submitted a Physician Reference Form from a colleague as part of her application. The Board received a second Physician Reference Form from the same colleague identified in the form submitted previously. There were multiple discrepancies between the two forms. DO initially maintained that both forms were filled out by the same individual but eventually admitted to falsifying the first form. Following a psychiatric evaluation, the Board offered two options to resolve the case. DO did not respond by the deadline and planned to withdraw her application, which was not an option offered by the Board. | |
| **SURRENDERS** | | | |
| **BEAN,** Lawrence Albert, MD (202302778) Heath, TX | 9/12/2025 | | Voluntary Surrender of NC medical license |
| **FRANK,** Harrison Gabriel, MD (201101636) Wilmington, NC | 9/23/2025 | MD treated Patient A, an 86-year-old male with testosterone for erectile dysfunction and depression. MD maintained Patient A on testosterone therapy without documented signs of improvement in his depression. He placed 1400 mg testosterone pellets in Patient A before and after Patient A's lab results revealed an elevated total testosterone level of 1316 ng/dL, which is not standard of care.MD | Voluntary surrender of license effective 12/1/2025. MD will not reapply to practice medicine in NC prior to 7/1/2026 |

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| | | treated Patient B, a 46-year-old female, for hypothyroidism, weight loss, hormonal imbalance, and ADHD. MD also prescribed subcutaneous testosterone for suspected hormonal imbalance to Patient B. There is a lack of documentation in MD's medical record as to why he prescribed testosterone to Patient B. MD's medical assistant administered intramuscular testosterone injections for patients and he was not always on site. It is outside the standard of care for an unlicensed healthcare provider to administer a controlled substance without a physician or advanced practice provider onsite. For several years, MD treated telemedicine patients in states where he was not licensed. MD served as a physician for a Colombian stem cell therapy company. Many of the patients who received authorization for an MRI and other laboratory tests resided in states where MD was not licensed. | |
| **FUSCO,** Lawrence John, MD (009701362) Reidsville, NC | 9/13/2025 | | Voluntary Surrender of NC medical license |
| **THOMPSON,** Kenneth Arthur. DO (202002536) Fayetteville, NC | 10/28/2025 | | Voluntary surrender of medical license |
| **PUBLIC LETTERS OF CONCERN** | | | |
| **ALLEVA,** Christopher David (001015930) Lindenhurst, NY | 10/20/2025 | The Board is concerned that in 2021 the New York Medical Board censured and reprimanded PA. Other conditions of practice were imposed including requiring PA to have | Public Letter of Concern |

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| | | practice site approval, direct supervision and chart review for three years. PA successfully completed the direct supervision and chart review requirements in 2024. | |
| **AN,** Ruosu, MD (202302751) Chapel Hill, NC | 9/10/2025 | The Board is concerned about MD's care of a 57-year-old male. After a first visit, Patient returned to the ED with severe and constant pain in his lower right leg. The physician who treated Patient this visit noted his history of vascular disease and previous iliac stent. The treating physician noted no pulse in Patient's right foot, reduced sensation, and duskiness to his ankle. A CTA identified occlusion of his previously stented CIA and external iliac artery as well as embolic occlusion of his right popliteal artery and all three tibial arteries. MD was consulted by phone and determined that no emergent procedure was necessary. He instructed the ED physician to start heparin, and Patient was admitted to the hospital. MD examined Patient later and at that time noted critical acute ischemic changes in his right leg, scheduling an emergent endovascular procedure. However, the right foot remained ischemic. MD performed a below knee amputation. The Board's independent medical expert found that | Public Letter of Concern; MD will complete 10 hours CME concerning the subject of acute limb ischemia/critical limb ischemia diagnosis |

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| | | MD's care of Patient may have fallen below the standard of care in NC. MD's decision that "there were no emergent procedures needed" without evaluating the patient in person led to a critical delay in treatment that contributed to the limb loss. | |
| **JONES,** Craig Raymond, DO (202002915) Ivins, UT | 10/14/2025 | The Board is concerned that in October 2024, the Oregon Board revoked DO's medical license, assessed a fine of $10,000, and ordered DO ineligible to reapply for an Oregon medical license for at least two years based on gross negligence in his care of a patient in 2019, and a willful violation of a 2023 Oregon Board Order. The Board notes DO's NC license was inactivated in August 2024, when he failed to renew. As a result, should DO seek to reinstate his NC license in the future he must first apply for reinstatement. | Public Letter of Concern |
| **KAPLAN,** Ruth Lo, MD (202202387) New York, NY | 10/21/2025 | The Board is concerned that MD's care of a 62-year-old female may have failed to conform to the standard of care. Due to stenosis and degenerative spondylolisthesis, MD performed a L4-5 decompression and interbody fusion on Patient. Near the end of the procedure, Patient suffered a sudden cardiac arrest without a prior decrease in blood pressure. Once stabilized, the | Public Letter of Concern |

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| | | surgical wound was closed over a drain. In ICU Patient was noted to be bleeding from the spinal drain site and multiple other areas. Patient continued to have significant blood loss primarily from the surgical drain site and remained in refractory shock. Her condition could not be stabilized, and she passed away due to cardiac arrest. The Board's reviewing expert found that MD's diagnosis and choice of surgical approach were appropriate. However, other aspects of MD's care of Patient may have fallen below the standard of care. The blood loss was excessive for a single level lumbar infusion, and the operative note does not indicate that the source was identified. As the source was not identified, it cannot be ruled out that a vascular injury may have occurred during the discectomy or placement of the interbody cages. While it may not have changed the outcome, the source of the bleeding should have been identified and controlled. Involving a vascular surgeon to attempt repair could also have been an option. | |
| **KHO,** Mitchell Robert Chiong, MD (200901150) Mount Laurel, NJ | 9/10/2025 | The Board is concerned that in 2024 MD's Pennsylvania license was suspended based on unprofessional conduct but immediately stayed with | Public Letter of Concern |

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| | | multiple conditions of probation including the completion of thirty hours of remedial continued medical education on topics of ethics, anger management, and standard of care for psychiatrists. The conditions were satisfied and the Consent Agreement expired in July 2025. MD's NC license was inactivated in February 2021 for failure to renew. MD may apply for reinstatement. | |
| **KINCHEN,** Ernest Washington, III, MD (201901038) Glassboro, NJ | 10/27/2025 | The Board is concerned about MD's care of a 54-year-old male who presented with complaints of right-sided weakness and aphasia, prompting an urgent stroke evaluation. MD interpreted a series of diagnostic imaging studies as normal. However, subsequent imaging conducted by other radiologists, including an MRI and additional CTA studies later identified acute bilateral cerebellar and pontine infarctions, and revealed a basilar artery occlusion at the right vertebrobasilar junction – a finding that was retrospectively present on the initial CTA. The Board's reviewing expert concluded that the failure to identify the basilar artery occlusion on the initial CTA constituted a perceptual error. The standard of care requires radiologists to accurately assess the patency of major | Public Letter of Concern |

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| | | intracranial arteries in CTA imaging. This error delayed the patient's definitive treatment which may have impacted the extent of his neurological injury. | |
| **MANCUSO,** Marc Angelo, MD (200700335) Charlotte, NC | 9/25/2025 | The Board is concerned about MD's care of an 82-year-old female with a remote history of breast cancer and removal of a lung nodule. In 2020 Patient presented to the emergency department with left-sided chest pain with concern for slowed heart rate and hypertension. Patient reported recent weight loss that could have altered her blood pressure medications. During examination, she was found to be hypertensive and bradycardic and was admitted. MD interpreted a CT scan and determined that Patient had no acute disease in the chest. In 2022, Patient was readmitted to the hospital for shortness of breath and bilateral leg swelling. CT scan imaging revealed a 4.3 x 4.8 cm left lingular mass, previously visualized as a 1.2 x 1.4 cm mass in the 2020, CT scan MD read as no acute disease in the chest. The Board's reviewing medical expert indicated that the 2020 CT scan clearly and unequivocally demonstrated a small nodule in the lingula of the left lobe of the lung. This nodule was not described | Public Letter of Concern; MD shall complete 4 hours Category I CME in radiographic interpretation of lung nodules |

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| | | in MD's dictated report of record and should have been seen, measured, and described in the report along with follow-up recommendations. | |
| **MARCHESE,** Michael John, MD (000029003) Gainesville, FL | 9/2/2025 | The Board is concerned that the Florida medical board issued a Letter of Concern to MD. The basis of the Florida board's action was related to MD's alleged diagnoses of a 37-year-old female being treated for obsessive compulsive disorder, bulimia, attention deficit hyperactivity disorder, and depression. A review of Patient's records did not show where MD documented any signs or symptoms that justified the diagnoses. Additionally, MD allegedly failed to perform, document, or review a complete history or examination of Patient that included urine drug screens, substance abuse history, checking the prescription drug monitoring program, requesting Patient's medical records from prior providers or referring her for psychotherapy. | Public Letter of Concern |
| **MARESCA,** Glauco Michael, MD (201500984) Potsdam, NY | 9/23/2025 | The Board is concerned about MD's care of a 35-year-old male with a history of chronic neck and back pain who presented to the emergency department with complaints of worsening acute-on-chronic neck pain over the prior two weeks. MD's interpretation of a | Public Letter of concern; MD will complete a minimum of 11 hours of Category I CME |

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| | | cervical MRI without contrast described prominent stenosis at the C4-C5 vertebral level due to disc bulging and left paracentral disc protrusion at the C5-C6 level resulting in moderate stenosis. His interpretation did not mention or discuss prevertebral edema or early fluid collections around the vertebrae. Patient was diagnosed with musculoskeletal pain and discharged the same day. Four days later, Patient returned to the emergency department with significant worsening of neck pain and sudden onset of paraplegia. A repeat MRI with contrast demonstrated severe cellulitis with paravertebral and epidural abscess from C3 to C5 causing significant spinal cord compression. Patient underwent emergent transfer to another hospital and surgical drainage of the anterior epidural abscess with multilevel C3-C6 laminectomies. Patient was subsequently left with poor neurological outcome and partial quadriplegia. The Board's independent medical expert found that MD's care of Patient may have fallen below the standard of care. The first MRI demonstrated early findings consistent with prevertebral edema and small evolving epidural and retropharyngeal abscesses. | |

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| | | The findings were not identified in MD's interpretation, resulting in a critical delay in diagnosis. | |
| **MARTINELLI,** Anne Theresa, MD (201701593) Chapel Hill, NC | 9/17/2025 | The Board is concerned about MD's care of a 74-year-old female who was referred for abnormal endometrium seen on ultrasound. MD evaluated Patient and performed an endometrial biopsy which demonstrated areas of concern for malignancy. MD performed a hysteroscopy, dilation and curettage (D&C) for further evaluation. During the procedure, MD observed a small area of polypoid type in the right posterior lower corner of the uterus close to the uterocervical juncture and appropriately targeted it for biopsy/curettage. Due to the location, MD did not believe that she could biopsy it with the hysteroscope in place. A curettage was then performed. The pathology report did not indicate malignancy. MD clinically correlated the biopsy findings with the procedure performed and had no concern for cancer based on the clinical correlation. Due to likely atrophy and benign findings, MD determined no surveillance or hormone suppression medication was necessary. Patient called MD's office then followed up with a portal message, requesting to discuss her pathology | Public Letter of Concern |

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| | | results. As the result of a system failure Patient's call was not returned. Patient sought a second opinion, and a hysteroscopy and D&C revealed a large mass. The surgical pathology results indicated endometrioid adenocarcinoma. Patient subsequently underwent a hysterectomy and continues receiving treatment for endometrial cancer. The Board's reviewing expert felt that MD's failure to continue the use of the hysteroscope while obtaining a biopsy at the right lower corner of the uterus close to the uterocervical juncture for direct visualization caused her to retrieve inadequate samples from the area of concern. MD's lack of communication with Patient after receiving the pathology report and lack of post-procedure surveillance and hormonal suppression in a patient with risk factors and a concerning endometrial biopsy are of concern. | |
| **MCMAHON,** Connette Pearl, MD (200400237) Fayetteville, NC | 9/9/2025 | The Board is concerned that MD's care of a Patient and Baby may have failed to conform to the standards of care. A 32-year-old female presented to the hospital in labor with her first pregnancy. Her pregnancy was complicated by obesity, a fibroid, and insulin resistance. MD remained home and | Public Letter of Concern; MD will complete four hours CME in the subject of fetal heart tracing interpretation |

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| | | received updates from the nurse. Upon MD's arrival at the hospital, another physician had taken Patient for a c-section due to a nonreassuring tracing. Baby was delivered with Apgar scores of 1, 3, and 4, and was then transferred to UNC Hospital due to hypoxemic ischemic encephalopathy where she received medications for seizure activity. The Board's reviewing expert expressed concerns that MD did not recognize the severity of persistent category 2 tracings with meconium-stained fluid. Also, MD should have more closely monitored the fetal heart tracings himself. This expert believes that a delay in recognizing fetal distress required another physician to take Patient to perform a c-section, which still resulted in a compromised infant. | |
| **MOORE,** Anika Tene, MD (201300514) Cincinnati, OH | 10/30/2025 | The Board is concerned that in August 2025, the California Board issued a public reprimand to MD following its investigation into her role as supervising physician for a nurse practitioner (NP) in California. The California Board determined that MD's supervision deviated from the standard of care and failed to ensure that the NP consistently practiced within the required standards. | Public Letter of Concern |
| **SALISU,** Adamu, MD (200501681) Monroe, NC | 9/26/2025 | The Board received a complaint from a patient | Public Letter of Concern |

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| | | alleging MD failed to provide a complete copy of her medical record and that he refused to complete Division of Motor Vehicles evaluation paperwork. Patient was being treated for addiction, and alleged MD would charge a $150 office fee to pick up her prescription for Buprenorphine when there was no associated visit. A review of Patient's medical record revealed that entries are overly repetitive and appear to be cloned. The Board cautions MD in using heavily templated language when entering patient notes. Additionally, the record revealed a lack of documented patient phone calls. During the investigation, MD failed to adequately respond to Board inquiries for documents and information. Over the course of one year, the Board issued four Orders to Produce, four Requests for Additional Information, and attempted contact numerous times using multiple means of communication, resulting a delay of almost one year of resolving this complaint. | |
| **SWORDS**, Douglas Saunders, MD (202201295) Asheville, NC | 10/9/2025 | The Board is concerned about MD's care of a 77-year-old female who presented to MD for a robotic right paraganglioma resection procedure. During the procedure MD inadvertently removed | Public Letter of Concern |

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| | | Patient's right kidney along with the tumor. The Board's reviewing expert felt that the inadvertent nephrectomy fell below the applicable standard of care. It is essential for a surgeon to identify critical structures within the operating field, including the intestine, liver and kidney to avoid injury to them. If the kidney had been identified, then the tumor could have been identified on the lateral aspect of the kidney and safely separated, avoiding the nephrectomy. | |
| **WOHLGEMUTH,** Zachary Puritz, MD (202202487) Elizabeth City, VA | 9/22/2025 | The Board is concerned about MD's care of a 20-year-old female, to whom he prescribed Loestrin FE® a combination oral contraceptive containing estrogen and progestin, to help regulate her menstrual cycle. MD's medical record documents that Patient had Factor II deficiency, a rare genetic bleeding disorder that affects blood clotting. There is no documentation in MD's medical record that he discussed the potential contraindications for Patient given her blood disorder and hormone contraceptives. Within weeks Patient was seen in the emergency department and treated for a urinary tract infection and acute pelvic inflammatory disease. She returned to the ED for difficulty breathing and chest pain | Public Letter of Concern; MD shall complete 6 hours of a Category I CME |

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| | | and was diagnosed with pulmonary emboli. Patient was admitted to the hospital and treated with blood thinners. The Board's reviewing expert found that MD's care of Patient may have fallen below the standard of care. Prescribing a combined hormonal contraceptive to a patient with a known history of prothrombin deficiency presents an unacceptable health risk to that patient. The absence of documentation reflecting discussion of the risks associated with hormonal contraceptives in the context of the patient's genetic mutation raises concern that appropriate shared decision-making may not have occurred or was not adequately documented. | |
| **RALPH,** Natalie Colette, DO (202200454) Clyde, NC | 9/19/2025 | The Board is concerned about DO's care of a 59-year-old male. The Board's reviewing expert found the diagnosis, treatment, and documentation of Patient's care may have been below the minimum standard. DO may have failed to meet the minimum standard of care during the initial "establish-care" visit by inadequately assessing Patient's chronic back pain, failing to implement proper risk stratification before continuing opioid and benzodiazepine therapy, and neglecting to conduct a comprehensive evaluation to determine whether | Public Letter of Concern; DO shall complete an intensive controlled substance prescribing course |

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| | | Patient was an appropriate candidate for controlled substance medications. Regarding treatment, the reviewing expert opined that there may have been deficiencies in Patient's ongoing management, including the frequency and oversight of prescribing controlled substance medications, the lack of appropriate psychiatric follow-through, inadequate monitoring for opioid and benzodiazepine therapy, and the improper manner in which Patient was dismissed from DO's care. DO's documentation may have fallen below the standard of care in multiple areas, including the justification for continued prescribing of controlled substance medications, the absence of risk-benefit discussions, the lack of risk mitigation strategies, the lack of documentation of regular follow-up visits, and the inadequate documentation surrounding the psychiatric referral. | |
| **SANTIAGO,** Stanley, MD (201602389) Key West, FL | 9/9/2025 | The Board is concerned about MD's care of a 31-year-old female, who was at a gestational age of 41 weeks and was admitted to the hospital for post-date induction of labor. Throughout the course of her labor, Patient was primarily attended by labor and delivery staff and by a certified nurse midwife, who was under MD's | Public Letter of Concern |

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| | | supervision. Complications of labor included slow progress, minimal fetal heart rate variability, fetal heart rate decelerations, fetal tachycardia, maternal infection, and meconium staining. Patient delivered a baby girl by c-section with an Apgar of 1 at one minute. Baby was ultimately diagnosed with hypoxic ischemic encephalopathy that resulted in long-term physical and neurological deficits. The Board's independent medical expert expressed some concerns regarding MD's care of Patient. MD relied too heavily on the certified nurse midwife and labor and delivery staff to interpret Patient's fetal heart rate tracings and conduct Patient's intrapartum care. MD should have recognized the signs and symptoms of uteroplacental insufficiency in Patient sooner and should not have allowed her labor to progress as long as it did. Further, if MD had been more involved in the interpretation of the fetal heart rate tracings and other data during Patient's labor, a diagnosis of uteroplacental insufficiency may have been achieved sooner. | |
| **STERNBERG,** Michael Elliot, DO (202503437) Gastonia, NC | 9/26/2025 | The Board is concerned that in 2020, the Virginia Board of Medicine reprimanded DO in a | Public Letter of Concern |

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| | | Consent Order in which he was also required to comply with the terms of his contract with the Virginia Health Practitioners' Monitoring Program (HPMP). The Virginia Board's action was based on DO's diversion of controlled substances from patients for personal use. | |
| **MISCELLANEOUS ACTIONS** | | | |
| **NONE** | | | |
| **CONSENT ORDERS AMENDED** | | | |
| **NONE** | | | |
| **TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES** | | | |
| **NONE** | | | |
| **COURT APPEALS/STAYS** | | | |
| **NONE** | | | |
| **DISMISSALS** | | | |
| **NONE** | | | |