

# North Carolina Medical Board

## Quarterly Board Actions Report | February 2017 - April 2017

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

Name/license #/location	Date of action	Cause of action	Board action
<b>ANNULMENTS</b>			
<b>NONE</b>			
<b>SUMMARY SUSPENSIONS</b>			
<b>NONE</b>			
<b>REVOCATIONS</b>			
MITCHELL, James Alistair, MD (200400921) Oklahoma	02/17/2017	Boundary issue, inappropriate prescribing of narcotics; While practicing in Fayetteville, MD developed a close personal relationship with a patient who was later diagnosed with chronic pain. MD prescribed pain medication to an acquaintance of the patient, with the understanding that this person would give the medication to the patient. This was done on more than one occasion. MD was charged in September 2016 with multiple felony counts of prescribing controlled substances with no legitimate medical purpose and multiple felony counts of conspiring to traffic opium.	Revocation of NC medical license
<b>SUSPENSIONS</b>			
<b>NONE</b>			
<b>PROBATION/LIMITATIONS/CONDITIONS</b>			
ELLISON, Carrol Wendell, MD (000019994) Morganton, NC	02/15/2017	Inappropriate and excessive prescribing of controlled substances for the treatment of pain.	Beginning on Feb. 28, MD shall not prescribe any controlled substance other than Suboxone; Beginning March 6, MD shall not prescribe controlled substances of any kind. MD shall give up his DEA registration prior to March 10, 2017.
GETTINGS, Justin Luke, MD (201700229) Chapel Hill, NC	02/13/2017	MD's May 2015 consent order is amended; MD is issued a full medical license effective the date of this order. MD is restricted to practicing only within his residency program and to locations approved by his residency program. This restriction shall be lifted upon MD's successful completion of the residency program.	History of substance use; MD has completed in-patient treatment and NCPHP has advocated for his return to active medical practice.
MCCLELLAND, Scott Richard, DO (000029064) Wilmington, NC	04/25/2017	Quality of care; Substandard treatment of chronic pain; inappropriate prescribing of controlled substances.	DO shall surrender DEA registration; Within 60 days of the date of this order DO must submit himself to the Center for Personalized Education for Physicians (CPEP) for a comprehensive assessment.
<b>REPRIMANDS</b>			
LOCKLEAR, Leverne, PA (000101065) Raeford, NC	02/22/2017	PA began practicing medicine without appropriately submitting and receiving confirmation of receipt of a mandatory Intent to Practice form. PA practiced for 22 months without a valid Intent to Practice in place.	Reprimand
MCKEOWN, John Michael, MD (201700808) Oak Brook, IL	04/18/2017	In Jan. 2015, MD entered into a consent order with the Illinois medical regulatory board based on his admission of having ordered non-FDA approved chemotherapy products for use in his practice. MD then failed to disclose this order to the Kentucky medical board, for which he was reprimanded. The Kentucky action led the Illinois board to suspend MD's action in May 2016. MD appealed the suspension and the Illinois board vacated the May 2016 order and issued a reprimand in Jan. 2017.	Reprimand
MILLER, Jeffrey Scott, MD (000028781) Torrington, CT	02/13/2017	Action taken by another state medical board; MD entered into a consent order with the Connecticut board wherein he accepted a reprimand and a \$5,000 fine based on findings that MD prescribed controlled substances to family members with whom he did not have a legitimate physician-patient relationship.	Reprimand

## BOARD ACTIONS

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TIDBALL, John Scott, MD (009600015) California, MD	03/02/2017	Action taken by another state medical board; MD entered into a consent order with the Maryland State Board of Physicians related to findings that MD's treatment of patients with chronic pain was below accepted standards.	Reprimand; MD is restricted from treating chronic pain. MD may treat acute pain in emergency cases, with opioid prescriptions not to exceed a seven day supply.
DENIALS OF LICENSE/APPROVAL			
SURRENDERS			
PUBLIC LETTERS OF CONCERN			
BEITZEL, Melissa Blakely, PA (001001440) Fayetteville, NC	02/13/2017	The Board is concerned that PA's care of a patient with schizoaffective disorder may not have been consistent with current accepted standards. Specifically, the Board is concerned that the patient's medication doses may have been too high. PA has agreed to take targeted CME to address the issues raised.	Public Letter of Concern
BOSS, Donald Jeffrey, MD (200500163) Rolling Hills Estates, CA	02/27/2017	Action taken by another medical board; In Sept. 2016, MD accepted a public reprimand from the Medical Board of California based on MD's plea of nolo contendere to driving with a blood alcohol content of 0.08 percent or higher in Los Angeles, California, on December 17, 2013.	Public Letter of Concern
BROWN, Howard Richard, MD (200101180) Henderson, NC	02/02/2017	MD's request to supervise mid-level practitioners is granted; MD is advised that failure to follow rules related to physician assistant supervision may result in the Board commencing formal disciplinary action.	Public Letter of Concern
DRIGGS, Shane Cash, MD (201300148) Corpus Christi, TX	02/03/2017	Action taken by the Texas medical board; MD entered into a Consent order dated December 4, 2015, with the Texas Board relating to MD's prescribing and medical record documentation. MD was required to complete CME, pass the Texas jurisprudence exam and pay a \$2,000 fine.	Public Letter of Concern
HALL, Wesley Wilkinson, MD (000022575) Reno, NV	04/19/2017	Action based on action taken by the Nevada Board of Medical Examiners; The Board is concerned that MD entered into a settlement agreement with the Nevada board based on findings that MD provided substandard care to a patient upon whom MD performed laparoscopic cholecystectomy, as well as MD's postoperative management of complications from that surgery.	Public Letter of Concern
HEDRICK, William Weston, MD (000010830) Raleigh, NC	03/28/2017	Inappropriate prescribing of controlled substances.	Public Letter of Concern
KAPLAN, Robert David, (00 9400086) Greenville, NC	04/12/2017	The Board is concerned that MD wrote several prescriptions for controlled substances to a physician colleague with whom MD did not have a formal physician patient relationship. These prescriptions were provided intermittently over a period of several years. The Board recognizes that MD stopped prescribing to the colleague after MD had his nurse check NCCSRS and discovered the colleague was receiving prescriptions from another physician.	Public Letter of Concern
KORTESIS, Bill Gus, MD (200800206) Huntersville, NC	02/23/2017	The Board is concerned that, while MD was serving as medical director for a Charlotte medical spa, certain procedures involving the assessment of patients prior to treatments, including injections of Botox® and dermal fillers, were carried out by a registered nurse. It is beyond the lawful scope of practice for a registered nurse to assess patients prior to performing cosmetic medical procedures. Such assessments should only be performed by a physician, physician assistant or nurse practitioner.	Public Letter of Concern
MCANALLEN, Terry Joseph, DO (200301013) Henderson, NV	02/21/2017	Action taken by another state medical board: DO entered into a settlement agreement and order with the Nevada Osteopathic board related to findings that DO pre-signed prescription blanks and twice wrote prescriptions for controlled substances to a staff member without maintaining a medical record that documented a legitimate medical purpose. DO paid \$175 in fees and costs and a \$2,500 fine.	Public Letter of Concern

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NEWMAN, Rosemarie Christine, MD (009800649) Raleigh, NC	02/14/2017	The Board is concerned that MD failed to appropriately stage a hysteroscopic resection procedure to avoid prolonged operative time and fluid overload. The patient suffered oxygen desaturation as a result of significant pulmonary and laryngeal edema.	Public letter of concern
NGUYEN, Tony Chieuvan Bui, MD (201101705) Oakton, VA	02/02/2017	Action taken by another state medical board; In April 2015, MD was convicted of misdemeanor sexual battery against two patients (Patients A-B) and misdemeanor assault and battery against five patients (Patients C-G). MD was sentenced to a total of seven months incarceration. MD entered into a Consent Order on October 1, 2015, in which the Virginia Board accepted the voluntary surrender and revocation of MD's Virginia medical license.	Public letter of concern
PO, Christopher Lucio, MD (201200260) Loris, SC	02/09/2017	The Board is concerned that MD may have provided substandard care to a thirty-one year old male with end-stage renal disease who presented to an Emergency Department ("ED") with a cough, fever, and acute pain. The initial presumptive diagnosis was sepsis and he was given cefazolin and gentamicin. Patient A's allergy history was noted to include penicillin and vancomycin. Patient A subsequently underwent two transfers of care. It was indicated during these transfers, by various physicians, that Patient A would require intravenous vancomycin to treat sepsis. As MD had served as Patient A's nephrologist in the past, MD was aware he had received vancomycin in the past (both intravenously and intraperitoneally) and had previously developed tachycardia and dyspnea after receiving vancomycin. MD stated he had concluded Patient A's reaction to the most recent exposure to vancomycin was not a true allergic reaction, but rather "red man syndrome" and that Patient A now required vancomycin to successfully treat the sepsis. Within minutes of the start of the vancomycin infusion Patient A developed tachycardia, dyspnea, and ultimately cardiac arrest, from which he could not be revived.	Public letter of concern
SHILKITUS, William Francis, PA (001000815) Whispering Pines, NC	04/12/2017	PA treated a ten-year-old who presented with a chief complaint of cough, headache, sore throat, and fever. The patient's blood pressure was elevated, 140/90, and she had a fever of 103.2 F°. According to the history taken by PA, Patient A denied nausea, vomiting, or diarrhea. The physical examination documented a normal respiratory assessment. PA diagnosed strep throat, prescribed amoxicillin, and discharged the patient home. PA did not consider influenza in his differential diagnosis or run any diagnostic testing to determine whether the patient had the flu. The patient died two days later from pneumonia secondary to influenza infection.	Public letter of concern
SALINAS, Ruben Rolando, MD (200201161) New Bern, NC	03/30/2017	The Board is concerned that MD's treatment of a patient for drug addiction may have failed to conform to accepted standards of care. In addition, MD has a working relationship with the patient, which created the potential for boundary issues. The Board is also concerned that MD prescribed Suboxone to the patient without first obtaining DEA authorization to prescribe this drug.	Public letter of concern
WALLER, Brenda Sue, MD (000030755) Lynchburg, VA	02/03/2017	Action taken by another medical board; On January 21, 2016, MD and the Virginia Board entered into an Order relating to MD's care of 11 patients that MD treated from 2005 to 2014. The Virginia Board found that MD engaged in inappropriate controlled substance prescribing, inappropriate pain management care and failed to maintain adequate medical records for these 11 patients.	Public letter of concern
<b>MISCELLANEOUS ACTIONS</b>			
KHAN, Farouk Yusaf, MD (200000488) Dothan, AL	04/13/2017	Action based on August 2016 action by the Alabama Board of Medical Examiners to suspend MD's Alabama pain management registration based on inappropriate prescribing of controlled substances.	Interim Non-Practice Agreement; MD agrees not to practice medicine until a disciplinary hearing is held in Alabama and a final order is entered by the Alabama board.

Name/ license #/ loaction	Date of action	Cause of action	Boards action
CONSENT ORDERS AMENDED			
NONE			
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			



## Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## NEED A SPEAKER?

The North Carolina Medical Board is pleased to provide Board Members and/ or Board staff to speak to professional groups and other audiences.

To schedule a speaker please contact the Board's Communications Director, Jean Fisher Brinkley at 919-326-1109 x230 or [jean.brinkley@ncmedboard.org](mailto:jean.brinkley@ncmedboard.org)