

Adverse Actions Report July 2023 – August 2023

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

Name/license #/location	Date of action	Cause of action	Board action
ANNULMENTS			
NONE			
SUMMARY SUSPENSIONS			
NONE			
REVOCATIONS			
STEINER , Drew John, MD (009901479) Springfield, VA	08/28/2023	MD was notified that his felony convictions in Virginia for abduction and rape would result in the automatic revocation of his NC medical license unless the Board received a request for a hearing within sixty days. The Board received no request for a hearing.	Revocation of NC medical license
SUSPENSIONS			
DOMZALSKI , Anthony Joseph, PA (001006970) Fayetteville, NC	08/07/2023	PA reported for a twelve-hour shift in the emergency department where he worked in December 2022 after consuming alcohol. After his shift, PA was referred for a blood test. PA refused the blood test and was ultimately terminated. PA drank several more alcoholic beverages in the hospital parking lot before driving home. He was arrested and charged with DWI. Bloodwork confirmed that his blood alcohol concentration was above the legal limit. He has not practiced as a physician assistant since that time. PA successfully completed	Suspension; Stayed with conditions

		treatment. In April 2023, PA signed a five-year monitoring contract with the NCPHP, which is of the opinion that PA is safe to practice.	
INGRAHAM , Michael John, MD (201800639) Hertford, NC	07/12/2023	MD was diagnosed with Alcohol Use Disorder, Major Depressive Disorder, Attention Deficit and Hyperactivity Disorder, and Anxiety Disorder. MD participated in an intensive residential treatment, then signed a five-year monitoring contract with NCPHP and had intensive outpatient treatment. MD relapsed into consuming alcohol. In March 2023, MD again tested positive for alcohol with results indicating recent use. MD has not practiced medicine since March 2022 and his medical license has been inactive since that time.	Indefinite suspension effective March 3, 2022, when MD stopped practicing
PERROTTA , Philip, PA-C (000102805) Aberdeen, NC	08/14/2023	PA has a history of opioid use disorder. In 2009, he completed inpatient treatment and signed a five-year monitoring contract with NCPHP. In June 2021, PA relapsed on opioids. PA admitted to the Board that on multiple occasions he prescribed oxycodone to patients and then purchased some of the oxycodone pills from the patients. On at least one occasion, after adjusting the doses of a patient's	Indefinite Suspension

		<p>oxycodone prescription, he kept the unused pills for his personal use, instead of appropriately disposing of the unused pills. PA successfully completed residential treatment in March 2023. In January 2023, at the request of the Board, PA inactivated his NC physician assistant license.</p>	
<p>STEFIC, Regina Victoria, PA-C (001008462) Mooresville, NC</p>	<p>08/07/2023</p>	<p>From May 2021 to July 2021, PA called in three prescriptions for Phentermine, a Schedule IV Controlled Substance, for an immediate family member using a colleague's name and credentials. The colleague had never seen PA's family member as a patient and did not authorize PA to call in the prescriptions. In addition, a review of the North Carolina Controlled Substances Reporting System revealed that from July 2019 to October 2021, PA prescribed Phentermine 57 times to immediate family members using her name and DEA number. PA admitted to the Board that she did not have established licensee-patient relationships or prepare medical record documentation for these immediate family members. PA's</p>	<p>Indefinite Suspension</p>

		prescribing is in conflict with the Board’s Position Statements entitled, “Writing of Prescriptions” and “Self-Treatment and Treatment of Family Members”.	
LIMITATIONS/CONDITIONS			
HANSEN , Hans Christian, MD (0000 39278) Conover, NC	07/06/2023	MD has an extensive history with the Board, including a 2019 Consent Order and 2022 Public Letter of Concern. In October 2022, MD was involved in a single-car accident and charged with DWI, Reckless Driving, Operating a Motor Vehicle with Open Container of Alcoholic Beverage after Drinking, and Failure to Stop at a Red Light. MD’s blood alcohol concentration level was more than three times the legal limit. In accordance with his 2019 order MD completed residential treatment for Alcohol Use Disorder - Severe. He entered into a five-year monitoring contract with NCPHP.	Non-Disciplinary Consent Order; Conditions placed on medical license
HICKS , Harlan Meguiel, MD (200101216) Statesville, NC	07/03/2023	Based on evidence that MD had engaged in two inappropriate sexual relationships with patients, MD entered into a five-year behavioral monitoring contract with the NCPHP in December 2019. In June 2020, MD’s NC medical license was indefinitely suspended by the Board. MD submitted to the Acumen Institute for assessment and intensive treatment due	License reinstated with terms and conditions

		<p>to his history of professional sexual misconduct. MD applied for reinstatement of his NC license in May 2021 and in August 2021, NCPHP reported that MD was in compliance with his monitoring contract and advocated for his reinstatement. During a split-board panel licensing interview in September 2021 MD was not forthright. Subsequently, the Board denied his application for reinstatement. MD returned to NCPHP and Acumen for additional counseling and completed a second round of intensive treatment and a year-long, three-phase program with Acumen. Acumen reports significant progress and supports MD's reinstatement.</p>	
<p>MOOBERRY, Micah Joe, MD (200800585) Chapel Hill, NC</p>	<p>00/00/2023</p>	<p>MD was assessed and followed by NCPHP shortly after an alcohol related incident in July 2021. MD was diagnosed with alcohol use disorder, received treatment and entered into a five-year monitoring contract with NCPHP that was scheduled to last until September 2026. In January 2023, NCPHP informed the Board that MD's UDS test was positive for alcohol consumption. MD then went to a Recovery Reset program. As of March</p>	<p>Non-Disciplinary Consent Order; MD shall maintain his agreement with NCPHP and abide by all of its terms and conditions</p>

		2023, NCPHP advocated for MD as safe to practice medicine. MD extended his NCPHP contract until March 2028, has since returned to work and is in compliance with his NCPHP contract.	
SALVAGGIO , Mark Anthony, MD (000029164) Concord, NC	07/14/2023	In November 2018, MD retired from general surgery when he became disabled due to surgeries on both of his thumbs to treat arthritis and has not practiced medicine since that time. MD applied for reinstatement and has indicated that he intends to practice wound care, including hyperbaric oxygen therapy, on a part-time basis. MD's Orthopedic Surgeon states that MD had no significant deficits with regard to his thumb function and supports his return to the practice of medicine.	License reinstated with conditions
REPRIMANDS			
AARON , Ashley Elizabeth, MD (202102107) Greenville, NC	07/03/2023	In September 2022, MD was involved in a single vehicle accident and was arrested after she failed a sobriety test. About four hours after the accident, MD's blood alcohol content was tested and registered as 0.09 and 0.10. MD, who primarily practiced abdominal transplant surgery and critical care, was on call at the time of the accident and subsequent arrest. Her on-call duties included being available	Reprimand

		to answer questions regarding organ offers. MD met with NCPHP, where she tested positive for THC metabolite. MD successfully completed inpatient treatment. She has signed a five-year substance use disorder contract with NCPHP.	
BIONDI , Daniel Thomas, DO (200601409) Charlotte, NC	07/19/2023	A few years after last providing medical care to a patient, DO engaged in a one-time, consensual sexual encounter with that former patient. DO admitted to knowing that this was a former patient. DO submitted to a comprehensive examination with an examiner who specializes in evaluations for professionals. The examiner opined that, with reasonable psychological certainty, DO was safe to practice medicine. However, the examiner recommended DO engage in individual therapy to address depression and anxiety issues, with possible monitoring by NCPHP. DO is in compliance with his monitoring contract and NCPHP opines that he is safe to practice medicine.	Reprimand
CARTER , Diana Andreea, MD (201700648) Jacksonville, NC	08/31/2023	In August 2022, the Board indefinitely suspended MD's license because of, among other things, boundary violations involving a patient whom she purportedly contacted on a dating app after treating him as her	Reprimand

		<p>patient. The Board later learned that MD provided false information to the Board about the timeline of her relationship with the Patient. MD told the Board that she first became romantically involved with the patient after contacting him on a dating app and after he had become her patient. In fact, MD began dating the patient before he became her patient, and before she began prescribing Schedule II narcotic medications to him. MD was discovered to have previously provided false information to the Board. During the course of the Board's investigation which resulted in the August 2022 Consent Order, the Board discovered that in February 2022, MD had written a prescription for narcotic pain medication to the Patient on a prescription blank from her former NC employer, without the knowledge or permission of the former employer, and at a time when he was no longer her patient. When confronted by the Board, MD hid the fact that the recipient was someone with whom she was in a relationship.</p>	
<p>MOORE, Joshua Aaron Bradley, MD (201301098) Charlotte, NC</p>	<p>08/09/2023</p>	<p>MD was the treating hospitalist for a 71-year-old male with a history of coronary artery disease,</p>	<p>Reprimand</p>

		<p>Wolff-Parkinson-White syndrome, end stage renal disease on dialysis, hypertension, hyperlipidemia, type 2 diabetes, peripheral vascular disease. Patient presented with altered mental status, fever, and intermittent bleeding episodes at his dialysis arteriovenous graft wound side. MD's failure to obtain surgical evaluation of Patient's bleeding left forearm wound adversely affected Patient's outcome and evolved into severe loss of blood approximately 36 hours later, which ultimately lead to Patient's irrecoverable anoxic brain injury and subsequent death. MD's care of Patient failed to conform to standards of acceptable and prevailing medical practice.</p>	
<p>NADENDLA, Haritha, MD (200801841) Cary, NC</p>	<p>08/16/2023</p>	<p>In October 2020, MD and the medical practice she owned and operated were sued for alleged violations of the federal and state qui tam statutes. MD was notified by the North Carolina Department of Justice in July 2021 that the practice was under investigation for alleged Medicaid billing irregularities. MD states that she inadvertently failed to disclose the</p>	<p>Reprimand; MD shall complete the Professional/Problem-Based Ethics course</p>

		Government investigation on her April 2022 NC annual renewal application. In October 2022, MD entered into a Settlement Agreement with the Government in which she agreed to pay \$385,000 to settle allegations of Medicaid billing irregularities. In the Settlement Agreement MD denied liability.	
O'CONNOR, Maeve Edel, MD (200300857) Charlotte, NC	07/06/2023	A Board-ordered comprehensive examination in 2020 found that MD has a medical condition, which when left untreated, impairs her ability to practice medicine safely. MD entered treatment and NCPHP received a report advocating that she is safe to practice medicine. She has since been monitored by and has been fully compliant with all requirements of the NCPHP program.	Reprimand
RUDIS, Steven Peter, MD (009901603) Canton, OH	07/06/2023	MD's NC medical license has been inactive since May 2020, when he failed to register. In February 2023, MD entered into a Consent Order with the West Virginia Board of Medicine in which he was ordered to pay a fine for falsely representing to the West Virginia Board that he had completed the	Reprimand

		required Continuing Medical Education on his June 2021 application for medical licensure renewal.	
SAUNDERS, Jerry Allen, Jr. MD (201500670) Charlotte, NC	08/22/2023	MD was founder and identified as the sole owner of Carolina Advanced Wellness, which did business as Medi-Weight Loss in three locations in the Charlotte area in violation of Board rules that prohibit professional entities from operating under an alias. The Board received complaints from former APPs of the practice who alleged that a lay person acted as the true owner of Carolina Advanced Wellness and attempted to influence how medicine was practiced at the weight loss clinics. MD served as medical director and supervised the APPs but was not as active as he should have been in the operation of the practice. Due to complaints to the Board, in July 2022 MD dissolved his professional relationship with the lay person identified as operating as the de facto owner. In November 2022 MD entered into an agreement with another lay person operating a	Reprimand; MD's supervisory relationship is restricted to APPs within his own practice

		<p>permanent make-up business. That person purchased a tattoo removal laser in MD's name and operated the laser to remove tattoos, a surgical procedure, without any involvement of MD including MD conducting any pre-procedure examination of patients. Unless an exception applies, lay persons who own and operate medical practices are engaged in the unlawful corporate practice of medicine. When licensed physicians assist lay owners of a medical practice in the unlawful corporate practice of medicine, they are aiding and abetting this unlawful practice.</p>	
<p>SESSOMS, Rodney Kevin, MD (000033927) Clinton, NC</p>	<p>08/16/2023</p>	<p>Due to the Board's investigation, following complaints of disruptive behavior, NCPHP examined MD. This examination indicated a concern related to an occupational problem and possible burnout. MD received further examinations and therapy related to general physical and mental health issues. MD is compliant with NCPHP's recommendations for</p>	<p>Reprimand</p>

		treatment and therapy, has entered into a contract with NCPHP for ongoing monitoring and is in good standing.	
WANG, Clifford Tau, MD (201700912) Long Beach, CA	07/03/2023	Action based on another Board's action. In January 2023, MD entered into a Consent Decree with the Wyoming Board of Medicine in which he was reprimanded and ordered to pay a fine for failing to respond to Wyoming Board staff during a random Continuing Medical Education hours audit for the period of 2018 to 2021.	Reprimand
WOLAK, Michael Lawrence, MD (201900956) Clermont, FL	08/31/2023	In March 2023 the Michigan Board of Medicine placed MD's license on probation for one year with terms and conditions and a fine. The discipline resulted from MD's actions in Genesee County, MI, where the health department required students and staff to wear facial masks when inside any educational institution in Genesee County. Exemptions were provided for persons with a documented medical reason that would prevent them from wearing a mask. MD submitted medical waivers for approximately 40 students at a high school in Flint, MI, even though he had not previously examined or	Reprimand

		<p>treated the students for any condition that would make wearing a facial mask intolerable. Approximately one month prior to the issuance of the Michigan Board's Final Order, MD inactivated his NC medical license.</p>	
DENIALS OF LICENSE/APPROVAL			
<p>FLEISCHHAUER, Thomas Frazee, MD (000033653) Batesville, MS</p>	07/03/2023	<p>MD has a disciplinary history with the Board and other jurisdictions that constitute unprofessional conduct and immoral or dishonorable conduct. In July 2008, MD inactivated his NC medical license to avoid disciplinary action. MD practices emergency medicine in Mississippi. He applied for reinstatement of his NC medical license in June 2022. In January 2023, MD was notified that the Board had denied his application. He requested a formal hearing on the Board's denial of his application for reinstatement. A hearing was conducted on June 15, 2023.</p>	Denial of license
<p>SMITH, Heather Marie, PA-C (SMIT2KUKAG) Mill Springs, NC</p>	08/14/2023	<p>In April 2023, the Board denied PA's application for a North Carolina physician assistant license. The Board based its decision on the grounds that, in 2016 and 2019, PA's California license was revoked and then stayed with probation, prohibitions,</p>	Denial of Licensure

		and restrictions on controlled substance prescribing. In 2020 the Tennessee Board denied PA's initial application for licensure and PA entered into a Memorandum of Agreement with the Drug Enforcement Administration in which she agreed to certain terms and conditions, including, but not limited to, relinquishing the authority to order, store, or prescribe Schedule II, III, and IV controlled substances. PA failed to disclose the 2020 Tennessee Denial on her NC physician assistant license application.	
SURRENDERS			
NONE			
PUBLIC LETTERS OF CONCERN			
BHATT, Nishant, MD (201601127) Evans, GA	07/24/2023	In July 2019 MD performed breast reconstruction on a 49-year-old female patient due to breast cancer. MD was the attending physician with intraoperative care involving resident surgeons. During the fat harvest from the abdomen and grafting and injection of the harvested fat in the mastectomy flaps, the cannula pierced the abdominal wall and a bowel injury resulted. The injury was not noticed. Patient returned to the hospital two days after surgery with complaints of abdominal pain.	Public Letter of Concern

		<p>Patient underwent exploratory surgery. Two bowel injuries were found, and Patient underwent a bowel resection. Patient was hospitalized for an extended period required vacuum-assisted closure for wound healing issues and developed a ventral hernia that required subsequent repair. During an autologous fat grafting procedure the standard of care in NC would be to retrieve the fat in a manner that avoids the bowel or peritoneum being violated. The Board's reviewing expert suggested the best strategy for avoiding this complication is fastidious tactile feedback during fat retrieval. The expert reviewer also suggested that when a cannula is being operated by resident surgeons MD should ensure that his hands are also on the patient.</p>	
<p>BROWN, Roy Reginald, Jr., MD (009800478) Newark, OH</p>	<p>07/21/2023</p>	<p>The Board is concerned about MD's care of a sixty-year-old male who presented with blood clots and visible blood in his urine in December 2016. A CT scan revealed an area of thickening in a pouch protruding out of the bladder wall and the FISH test was positive. In April 2017, MD performed an in-office cystoscopy but there was no mention</p>	<p>Public Letter of Concern</p>

		<p>of the bladder diverticulum. At that time, MD considered that Patient may have urothelial cell cancer that could not yet be visualized or intermittent prostate bleeding and based on these concerns MD advised Patient to follow-up in six months. Patient continued to have intermittent bleeding and presented to the emergency department based on concerns relating to the bleeding but did not return to MD's office until January 2018. Patient was seen for a follow-up by one of MD's practice partners and biopsies revealed Patient had urothelial cancer. Patient subsequently had his bladder removed and underwent cancer treatment. The Board's reviewing expert stated that when Patient's initial CT scan, cytology, and FISH test were all abnormal, MD should have performed further diagnostic testing with bladder and diverticulum biopsies and selective urine cytologies, which may have led to an earlier diagnosis.</p>	
<p>LYNCH, Richard O'Neal, MD (200200727) New Bern, NC</p>	<p>08/03/2023</p>	<p>The Board is concerned about MD's care of a sixty-two-year-old female, who presented to him to establish care. MD treated Patient for knee pain, hypertension, hypothyroidism,</p>	<p>Public Letter of Concern</p>

		<p>fibromyalgia, and anxiety. During MD's care of Patient he prescribed levothyroxine, losartan, cyclobenzaprine, gabapentin (which were prescribed by her previous provider), metoprolol tartrate, tramadol, and alprazolam. The patient's family member complained to the Board about MD prescribing benzodiazepines, despite Patient's history of substance use disorder. The Board's independent reviewing expert found MD's failure to document regular, thorough mental status examinations, drug screening tests, attempted dose reductions of all controlled substances, and consideration of non-pharmacologic treatments and other care modalities were of concern.</p>	
<p>MILYANI, Wael Hisham, MD (201501982) Las Vegas, NV</p>	<p>08/21/2023</p>	<p>The Board is concerned that MD's care of a patient may have fallen below the standard of care in NC. MD interpreted an excisional lymph node biopsy sample as a reactive lymph node. The slide was sent to him with no other clinical information. Several months later the case was reviewed at another institution, and a diagnosis of classical Hodgkins Lymphoma, mixed cellularity subtype</p>	<p>Public Letter of Concern</p>

		was rendered.	
MORALES , Ramon Alejandro, DO (202302414) Sisseton, SD	08/09/2023	The Board is concerned that DO provided an incorrect response to a question when completing his NC medical license application. Specifically, he failed to respond accurately to the question that asks whether he ever had an action taken against his privileges by a health care institution. He responded “No”. However, DO's privileges were suspended in 2011 by a hospital in Arizona for failing to timely complete medical record documentation. And both the Arizona and South Dakota medical boards have taken action against DO’s licenses.	License issued with Public Letter of Concern
MUFTAH , Loay Ahmed, MD (201900404) Newport Beach, CA	07/05/2023	A 71-year-old female patient presented to the emergency department with symptoms suspicious for stroke. The consulting neurologist ordered Computed Tomography (CT) and Computed Tomography Angiography (CTA) scans, which MD interpreted as showing no acute pathology. The Patient was admitted to the ICU and underwent emergent brain Magnetic Resonance Imaging (MRI) three days after admission, which identified an acute infarct. The CTA scan was reviewed again and found to show distal basilar artery occlusion. With the	Public Letter of Concern

		negative CT and CTA reports, an error in diagnosis by the clinical team was made as metabolic encephalopathy. The Board also has concerns that MD continues to assert that he correctly interpreted the studies when he did not and that his care of the patient may have failed to conform to the standards of acceptable and prevailing medical practice in NC.	
OGDEN , Lorna Louise, MD (201400016) Austin, TX	08/11/2023	MD's care of a Patient may have fallen below the standard of care in NC based on his diagnosis of a lesion on the upper right thyroid as benign and a lesion on the lower left thyroid as malignant. The surgical pathology following a partial thyroidectomy of the left thyroid showed tissue taken from the left thyroid as benign. Patient had a completion thyroidectomy.	Public Letter of Concern
REYES , Rodolfo Constantino, MD (009500701) Lillington, NC	08/11/2023	The Board is concerned about MD's care of a 60-year-old male patient who claimed a number of illnesses when he presented to MD to establish care based on his report that his previous doctor was no longer in his insurance network. MD prescribed a 30-day supply of gabapentin, pregabalin, and an albuterol inhaler. The following day, based	Public Letter of Concern; MD will complete a minimum of sixteen hours CME on proper prescribing of controlled substances

		<p>on the Patient's request, MD prescribed 120 oxycodone 10 mg tablets to be taken four times a day. At the next appointment Patient's urine drug screen was positive for only THC. Despite the findings, MD diagnosed Patient with chronic pain syndrome and again provided Patient with a prescription oxycodone. MD failed to provide a complete pain assessment and demonstrated poor pharmacovigilance, including his failure to address an aberrant urine drug screen result in which the medication he prescribed was not present. Further, MD did not question controlled substance reporting search results for Patient that showed multiple other prescribers.</p>	
<p>SCHUETT, Andrew Marvin, MD (009501406) City, NC</p>	<p>07/10/2023</p>	<p>The Board is concerned that following a September 2016 total left hip arthroplasty on a 59-year-old female patient, MD's operative report indicated that the component was in "excellent alignment". However, the postoperative x-rays showed the acetabular cup was in an overly vertical position. The level of inclination of the acetabular component was approximately 90-degrees, which is</p>	<p>Public Letter of Concern</p>

		<p>significantly above the outside limit described in the literature. Thirteen months later, the patient underwent a revision surgery by another surgeon. Additionally, there was no documentation of when MD realized the malposition of the component, nor was there documentation of a discussion with Patient regarding options for appropriate corrective treatment as a result of the malposition of the component. In addition, MD failed to record the misalignment on postoperative x-rays. The Board is concerned that MD's care was below accepted and prevailing standards.</p>	
<p>WOOD, John Howard, III, MD (009400175) Chapel Hill, NC</p>	<p>07/03/2023</p>	<p>The Board is concerned that MD's care of a 38-year-old female patient may have fallen below accepted standards of care. MD ruled out choroidal neovascularization as the cause of the patient's symptoms based on his interpretation of lack of hemorrhage on examination and retinal photography, and a poor optical coherence tomography test. The reviewing expert stated that in the absence of more definitive testing MD should have referred the patient to a retinal specialist for further</p>	<p>Public Letter of Concern; MD required to complete a minimum of eight hours Category I CME</p>

		evaluation.	
MISCELLANEOUS ACTIONS			
BAUMGARTNER, Rita Elizabeth, MD (202004732) Frisco, CO	07/28/2023	Action based on another Board's action. In April 2023, the Colorado Medical Board determined that MD had not complied with a 2021 Colorado Board Order because she failed to be abstinent from alcohol and/or habit-forming drugs or controlled substances. The Colorado Board suspended MD's medical license.	Interim Non-Practice Agreement
MIMS, Brittany Dawn, PA-C (001003690) Wake Forest, NC	07/05/2023	Unprofessional conduct. PA became involved with a patient's personal affairs when she picked her up twice and drove her to the bank to facilitate the process of revoking her son's Power of Attorney and assisted patient with moving out of state to live with another son.	PA license Inactive; Required to complete a Professional/Problem-based ethics course prior to application for reinstatement
OKPALA, Ogochukwu Chizoba, MD (201302426) Jesup, GA	08/08/2023	The Board suspended MD's license indefinitely in 2022. The suspension resulted from MD having an intimate relationship with her patient's husband. As a result of the Board's 2022 Consent Order, the Kentucky Board of Medical Licensure issued a reciprocal disciplinary action against MD's license.	License Reinstated
CONSENT ORDERS AMENDED			
NONE			
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			

NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			