

Adverse Actions Report September 2020 – October 2020

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			
NONE			
SUSPENSIONS			
AIAD-TOSS , Albert Shockry, MD (201502334) Canfield, OH	10/16/2020	Action based on another state medical board action. In September 2019, an indictment was filed against MD in the United States District Court, North District of Ohio, Case Number 4:19-cr-00521 that charged MD with four felony counts of Sex Trafficking of a Minor and one felony count of Production of Child Pornography. In December 2019, the State Medical Board of Ohio entered into a Consent Agreement with MD in which his license was indefinitely suspended, among other terms and conditions. This order was based on MD's failure to cooperate with the Ohio Board in its investigation related to the above mentioned indictment.	Indefinite suspension
CABEZAS , Fermin, PA-C (001009239) Fort Belvoir, VA	10/14/2020	Action based on another state medical board action. On April 16, 2020, PA entered into a Consent Order with the	Indefinite suspension; PA may not reapply for a license to practice as a physician assistant in North Carolina for at

		Virginia Board in which his Virginia physician assistant license was indefinitely suspended for a period of not less than 18 months from the date of entry of his Summary Suspension Order from September 2019. The Summary Suspension was based on allegations and PA admitting to the Virginia Board that he engaged in a sexual relationship with a patient from fall 2017 until at least February 2019, during which time he continued to prescribe controlled substances to her. Further, PA admitted that he wrote prescriptions in his patient's name intended for his personal use.	least eighteen (18) months from September 16, 2019.
FLOBERG , Dane Robert, MD (200401390) Charlotte, NC	09/29/2020	Quality of care; MD practiced poor pharmacovigilance by failing to perform diagnostic evaluations and imaging studies, prescribing a combination of multiple sedating medications, neglecting to conduct regular urine drug screens, failing to address aberrant drug screen results, and failing to query the NCCSRS.	Indefinite suspension; Immediately stayed with conditions. MD to comply with all aspects of his CPEP Education Plan until successfully completed.
HIPKE , Matt Elza, MD (201502271) Longview, TX	09/08/2020	Action based on the actions of other state medical boards. On August 10, 2020, the Texas Medical Board entered an Order for	Indefinite suspension

		Temporary Suspension of MD's license based on a complaint received on behalf of two male child patients who accused MD of inappropriately touching them during physical exams conducted in MD's office. On August 25, 2020, the Wyoming Board of Medicine entered an Order of Summary Suspension in which MD's Wyoming medical license was summarily suspended based on the Texas Board action.	
MCCLELLAND , Scott Richard, DO (000029064) Wilmington, NC	09/18/2020	DO has a significant history of discipline with the Board. In April 2017, DO and the Board entered into a Consent Order in which DO surrendered his DEA privileges to prescribe controlled substances when the Board found he had provided substandard care to several of his patients. In March 2020, the Board learned that soon after the 2017 Consent Order, DO concocted a system to circumvent his Consent Order by persuading other providers to authorize controlled substance prescriptions under his or her DEA number if DO felt his patient(s) would benefit from a controlled substance.	Indefinite suspension
LIMITATIONS/CONDITIONS			
DHOOPATI , Vijay Ramaraju, MD	09/04/2020	MD applied for	License reinstated with

(009801236) Durham, NC		reinstatement of his license to practice medicine in NC after not practicing medicine since October 2018. NCMB had indefinitely suspended MD's license in February of 2019 based on allegations that MD inappropriately touched and made inappropriate comments to an employee.	conditions; MD shall take and successfully complete the Professional/Problem-Based Ethics ("ProBE") course.
FLEURY , Robert Andre, MD (000025998) Pinehurst, NC	09/29/2020	MD practiced poor pharmacovigilance with three patients that MD obtained on referrals for management of chronic pain along with other mental health comorbidities. MD managed the patients' chronic pain with opioids, primarily with oxycodone, but for each patient MD's records do not reflect sufficient history, physical examinations, or diagnostic studies to justify ongoing opioid therapy.	Consent order; MD shall not practice chronic pain management and effective December 1, 2020, shall not prescribe any Schedule II controlled substance.
FRASER , Jeffrey Loren, MD (202004208) Lincoln, NE	10/01/2020	In March 2017, the State of Nebraska Department of Health and Human Services and MD entered into an Order on Agreed Settlement that censured MD's Nebraska medical license, required continuing medical education and placed MD on supervised probation. This action was based on MD's addiction to opioid pain medications which he developed after being	License issued via consent order; MD shall maintain his agreement with NCPHP

		<p>diagnosed and treated for prostate cancer in 2012. MD has been in successful recovery since January 2018.</p> <p>There were two subsequent Nebraska Board actions; One in May 2018, which suspended MD's license and one in July 2019, which reinstated MD's Nebraska license with conditions.</p> <p>In March 2020, MD was assessed by the NCPHP which found MD safe to practice medicine and in good recovery. MD thereafter signed a monitoring agreement with NCPHP and applied for a license to practice medicine in North Carolina in April 2020.</p>	
REPRIMANDS			
<p>MCQUEEN, Ryan Gerrard, MD (201502012) Chesapeake, VA</p>	<p>09/15/2020</p>	<p>Action based on another state medical board action. In August 2019, MD and the Virginia Board of Medicine entered into a Consent Order through which MD was reprimanded and required to satisfactorily complete 20 hours of continuing medical education in the management of major psychiatric disorders. This action was based on MD's discharge of a psychiatric patient, which the Virginia Board determined to be inappropriate.</p>	<p>Reprimand</p>

<p>QURESHI, Furhan Rashid, MD (201800502) Morganton, NC</p>	<p>10/02/2020</p>	<p>Action based on the action of another state medical board. In April 2020, the West Virginia Board of Medicine and MD entered into a Consent Order in which MD was reprimanded and assessed a fine of \$2,000.00 for treating patients via telemedicine without first establishing a physician-patient relationship. MD provided treatment and wrote prescriptions by means of telemedicine without using a video-component to facilitate face-to-face contact with each patient. This process is insufficient to establish a physician-patient relationship under West Virginia law.</p>	<p>Reprimand</p>
<p>VICE, Marvin Clark, DO (200401346)</p>	<p>10/15/2020</p>	<p>DO aided and abetted the unlicensed practice of medicine by Mr. Charles Golden who was arrested by the Greensboro Police Department in February 2020 and charged with practicing medicine without a license. DO was listed as the company's medical director. As a general rule, with few exceptions, none of which are applicable here, a business entity that engages in the practice of medicine must be owned by licensees of this Board.</p>	<p>Reprimand</p>
<p>WARONSKY, Roy George, PA-C (000102512) Charlotte, NC</p>	<p>09/29/2020</p>	<p>PA has a history with the Board including a 2017</p>	<p>Reprimand with prescribing limitations.</p>

		<p>Consent Order where PA was reprimanded due to poor controlled substance prescribing practices. He has since been relieved of his 2017 Consent Order obligations, but in the third quarter of 2018, PA was identified in the top 2% of opioid prescribers as measured by morphine milligrams equivalents in accordance with 21 NCAC 32Y.0101(a). The Board ordered a records review and found that PA departed from standards of acceptable and prevailing medical practice by failing to recognize signs and symptoms of opioid use disorder and polypharmacy abuse in all five of his patients.</p>	<p>PA shall not prescribe controlled substances for any purpose except buprenorphine for the purpose of treating patients with opioid use disorders at his present MAT clinic. Should PA change practice sites or his primary or backup supervising physician, PA must first obtain permission from the Board President, which the Board President is under no obligation to approve.</p>
DENIALS OF LICENSE/APPROVAL			
<p>SHANTON, Damon Gregory, PA Newport, NC</p>	<p>10/21/2020</p>	<p>The Board denied the PA's application for license based on PA's prior history of substance abuse, diversion of controlled substances for personal use and history of failing to comply with the terms of his September 2007 consent order, which ordered PA to refrain from the use of alcohol. In addition, PA did not actively practice medicine during the two-year period immediately preceding the submission of his application to reactivate</p>	<p>License denied</p>

		his suspended license. In August 2019, PA was evaluated by the Center for Personalized Education for Professionals, which determined that PA lacks professional competence to perform medical acts, tasks, and functions with a reasonable degree of skill and safety for patients or failed to maintain acceptable standards of one or more practice areas of professional practice.	
SURRENDERS			
HIPKE , Matt Elza, MD (201502271) Longview, TX	09/03/2020		Voluntary surrender of NC medical license.
PUBLIC LETTERS OF CONCERN			
CANNON , Jennifer, MD (201001071) Greensboro, NC	09/24/2020	<p>In August 2018, MD performed a parathyroidectomy operation on a patient. During the operation, MD inadvertently injured the carotid artery. During attempts to control the bleeding and repair the vascular injury, the patient suffered an injury that required rehabilitation.</p> <p>The Board had MD's treatment reviewed by an independent medical expert who was concerned about the injury to the carotid artery during this surgery and opined that MD's documentation of the informed consent discussion, preoperative assessment, and postoperative discussion</p>	Public Letter of Concern

		could have been more detailed.	
COHEN , Stephen Mark, MD (201502403) Richmond, VA	09/09/2020	Action based on the action taken by the Texas Medical Board regarding the quality of care of two of MD's patients. In March 2018, MD applied for licensure in Texas and was issued one in August 2019 via an Agreed Order that required MD to complete 8 hours of CME in surgical complications and risk management. This requirement was due to one patient dying of sepsis in July 2013 following an elective incisional hernia repair operation and a patient who suffered from a transected common bile duct during a cholecystectomy operation in June 2016.	Public Letter of Concern
DALIEH , Sadi Daoud, MD (200800112) Stockton, CA	09/30/2020	Quality of care; The Board is concerned that MD failed to properly treat a patient who presented with acute chest pain and who had a history of pulmonary embolism, deep vein thrombosis, and hypertension. The Board had the MD's treatment reviewed by an independent medical expert who criticized MD's failure to record his interpretation of the ECG in the patient's medical record and to appreciate the apparent evidence of reduced blood flow to the patient's heart. The	Public Letter of Concern

		expert also stated that MD should have obtained serial cardiac enzyme analysis and ECGs to assess dynamic changes to rule out the possibility of a heart attack.	
FOSTER, (Jr.), Robert Middleton, MD (000026821) Greensboro, NC	09/11/2020	MD self-reported to the Board that he was terminated from his employment. MD was terminated because it was found that he “significantly failed to meet” the standard of care while practicing at the clinic. The Board is concerned that MD may have mismanaged patients’ hypertension and diabetes and may have inaccurately documented patients’ blood pressure in their medical records.	Public Letter of Concern
JUSTIS, Peter Stinnett, MD (000035083) Charlotte, NC	09/11/2020	The Board is concerned that MD should have been more proactive in communicating with his patient the importance of follow-up care and testing after patient repeatedly had hematuria noted in his urinalysis results during his yearly physical examinations over a period of five years.	Public Letter of Concern
LATEEF, Naeem Kamran, MD (200901333) Charlotte, NC	10/27/2020	The Board is concerned that in December 2016, an individual named Dr. Syed asked MD to assist him in a charity-based endeavor to provide free palliative care to homeless, end-stage, terminal cancer patients.	Public Letter of Concern

		<p>MD agreed to do this and treated patients between December 2016 and February 2019 prescribing tramadol on a regular and routine basis and occasionally travelling with patients to fill their prescription medications.</p> <p>In February 2019, a pharmacist questioned and refused to fill a tramadol prescription MD was attempting to fill for a patient and made a complaint to the Board. The Board is concerned regarding the informal manner in which MD began working with Dr. Syed and also about the abrupt manner in which MD discontinued his relationship with his patients.</p>	
<p>MACNICHOL, Glenn Edward, MD (000034389) Rocky Mount, NC</p>	<p>10/02/2020</p>	<p>The Board is concerned about the treatment that MD provided to a patient who was undergoing a radiofrequency ablation procedure for his chronic intractable lower back pain. The patient had a past medical history of hypertension, insulin-dependent diabetes mellitus, cataracts, arthritis, post-traumatic stress disorder, bipolar disorder, and general anxiety.</p> <p>Prior to the procedure, the patient had a blood pressure of 152/93, a</p>	<p>Public Letter of Concern</p>

		<p>heart rate of 112, and described having anxiety about the procedure. During the procedure, the patient experience shortness of breath and appeared to be having a panic attack. MD treated the symptoms with benzodiazepine and opioid medications to relax the patient, but the patient developed respiratory difficulties followed by oxygen desaturation and hypoxemia, cardiovascular problems, and a drop in blood pressure. Despite resuscitation efforts, the patient eventually died.</p> <p>The Board had MD's treatment of the patient reviewed by an independent medical expert who opined that given the patient's history and presentation on the day of the procedure, he should have been treated with anti-hypertensives prior to the procedure and, if the hypertension was not controlled, the procedure should have been postponed until the patient's condition improved.</p>	
<p>SPADA, Deborah A, PA-C (000101699) Shelby, NC</p>	<p>10/19/2020</p>	<p>The Board is concerned about the care that PA rendered to a patient who presented with abdominal pain. PA ordered a CT scan and reported to the patient</p>	<p>Public Letter of Concern</p>

		<p>that the scan was normal, but it was not. The radiologist reported findings of splenomegaly (enlarged spleen), lymphadenopathy (swollen lymph nodes), and ascites (excess fluid in the abdominal lining). These findings are abnormal and can be suggestive of serious medical conditions, including lymphoma. A year later, the patient was diagnosed with stage IV diffuse large B cell lymphoma.</p>	
<p>WEAVER, David Ellis, MD (000032907) Wilmington, NC</p>	<p>10/26/2020</p>	<p>The Board is concerned about the treatment that MD provided to a patient who died due to a perforation while undergoing a cardiac catheterization. The Board had MD's treatment reviewed by an independent medical expert who did not agree with MD's catheterization data assessment and did not believe a right coronary artery ostial lesion was present. The reviewing expert also expressed concerns regarding the lack of any recorded lab documentation as to whether there was an immediate balloon inflation to tamponade the perforation. Finally, the reviewing expert opined that MD should have considered and/or attempted placement of a specialized covered</p>	<p>Public Letter of Concern</p>

		stent designed to treat the perforation.	
MISCELLANEOUS ACTIONS			
CROCKER , Daniel Lind, MD (000016848) Rocky Mount, NC	09/29/2020	In May 2019, the Board received a complaint from a patient alleging that during her May 2019 six-month follow-up visit to check her thyroid function, MD inappropriately touched her left breast. MD acknowledges that he may have performed the breast examination without sufficiently explaining the necessity for a breast examination and in such a manner that the patient could have reasonably perceived the examination to be inappropriate.	License Inactivated
KLINE , Thomas Frederick, MD (200800461) Raleigh, NC	10/27/2020	Quality of care; Poor pharmacovigilance. MD fails to adequately investigate the etiology of patients' reported pain and performs little to no diagnostic testing of his own. MD fails to adequately document confirmation of prior failed alternative therapies and previous providers prior to initiating opioid therapy. MD performs no urine drug screens for patients to whom he prescribes controlled substances and does not appropriately monitor or document concerns of possible signs of diversion. Lastly, MD prescribed opioids	License to be made inactive effective November 30, 2020.

		concomitantly with benzodiazepines without adequately documenting informed consent.	
CONSENT ORDERS AMENDED			
NONE			
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			