Complaint # AMED0272

Screening panel date(s): September 16, 2014
DOE Staff screener: INEXTON

Screening panel members: Collins, Vasudevan

Screening decision code: OI NV NJ AC SD

Not opened for investigation on: 
Opened for investigation on: 

Team: BUS HTH MED NUR Case advisor: 

Notification sent to case advisor on: 
Mailed Retained E-Mailed

Priority: D (death) 1 (highest) 2 5 (lowest)

Category:
- Advertising
- Caregiver
- Discrimination
- Earnest Money/Trust Acct
- Fraud/deceptive practice
- Inappropriate contact
- Miscellaneous
- Negligence/Incompetence
- Prescriptive practice
- Related law
- Substance Abuse
- Unlicensed activity
- Unprofessional conduct

Citation(s): MLD 10-03(L)

Notes:
# Case Summary

<table>
<thead>
<tr>
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<th>Status</th>
<th>Track</th>
<th>Priority</th>
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<tbody>
<tr>
<td>14 MED 272</td>
<td>Closed</td>
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## Screening

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<th>Bypass Code</th>
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<tr>
<td>NV</td>
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## Complainant(s)

<table>
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<tr>
<th>Stewart, Michelle</th>
<th>Source</th>
<th>Attorney(s)</th>
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<tbody>
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<td>CO WORKER</td>
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## Respondent(s)

<table>
<thead>
<tr>
<th>Carhart, Leroy H</th>
<th>Credential Number</th>
<th>Attorney(s)</th>
<th>XRef Cases</th>
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<tbody>
<tr>
<td>35028-20 (Active)</td>
<td>(Medicine and Surgery, MD)</td>
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## Case Associate(s)

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## Legacy Case Violation

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<td>DOE Received Complaint on</td>
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<td>07/21/2014</td>
<td>Song Resp Req</td>
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## Case Note(s)

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<td>Respondent's clinic in Maryland that performed surgical abortions was investigated by the Office of Healthcare Quality. They determined that a violation occurred in that CMAs were injecting Pitocin into IV bags when in fact the personnel records reflected no documentation that they were trained to do so.</td>
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**Detail Information with all History**

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**Name:** LEROY H. CARHART  
**Opt Out:** Y  
**Address:** [redacted]

---

### History Events by Event Date

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## Credential Holder

Enter renewal information and click Save.

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**Name:** Carhart, Leroy  
**Renewal Due:** 10/31/2015

**Profession:** Medicine and Surgery

**Credential #:** 35028-20

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### History

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### Exam History

There are no query results.

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Print History

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http://ice/credentialing/renewal/batchrenewals.aspx?credentialId=120274  
7/21/2014
Foster, Kelley - DSPS

From: DSPS CRED MED BD
Sent: Thursday, July 10, 2014 4:53 PM
To: Foster, Kelley - DSPS
Subject: FW: LeRoy Carhart, M.D. License #35028-20
Attachments: STATE MD DHMH 2.pdf; STATE MD DHMH.pdf

Here you go!

Laurie Forrer
Division of Professional Credentialing
WI Dept of Safety and Professional Services

“The DSPS is committed to service excellence. Visit our survey at
https://www.surveymonkey.com/s/DSPSHhealth to evaluate your experience with the DSPS.”

From: DSPS CRED MED BD
Sent: Thursday, June 26, 2014 3:10 PM
To: Horton, Ashley - DSPS
Subject: FW: LeRoy Carhart, M.D. License #35028-20

Hello Ashley,

Is this something that should be sent your way? We are unsure of where exactly it should go.

Jacob Esch
WI Department of Safety and Professional Services
Jacob2.Esch@wisconsin.gov

From: Michelle [mailto:admin@drcarhart.com]
Sent: Wednesday, June 04, 2014 6:20 PM
To: DSPS
Subject: LeRoy Carhart, M.D. License #35028-20

Dear Sirs:

Please see attachments regarding an investigation in Germantown, MD.

Michelle Stewart, CPC
Bellevue Health and Emergency Clinic, INC.
1002 W. Mission Ave. Bellevue, NE 68005-3947
P: (402)292-4164 | F: (402)291-4643
admin@drcarhart.com
May 27, 2014

Ms. Ashley Monktafi, Administrator
Germantown Reproductive Health Services
13233 Executive Park Terrace
Germantown, MD 20874

Dear Ms. Monktafi;

Enclosed is a list of state deficiencies resulting from a complaint investigation that was completed at your facility on April 15 and 16, 2014.

Please note that an Acceptable Plan of Correction (POC) for the identified deficiencies must include the following information:

1. State how the management team will evaluate the scope of each deficiency cited.

2. State what process changes the management team will make to correct each specific deficiency identified.

3. Define the projected timeline for each step in the corrective action plan for each deficiency cited.

4. Define the projected completion date for each deficiency cited.

5. Identify who will be responsible for assuring each step in the plan of correction is implemented.

6. State what specific quality indicators that the management team will monitor and evaluate the effectiveness of the corrective actions.

7. Define what will be the ongoing schedule of the quality monitoring activities for each deficiency cited.
IT IS IMPERATIVE THAT YOUR POC CONTAIN THE ABOVE COMPONENTS.

Please complete Forms 2567 as follows:

1. Use the official form provided to you for your response,
2. Your Plan of Correction must be entered in the appropriate column on the right.
3. An authorized representative of your facility must sign and date the form in the designated space provided.

PLEASE RETURN COMPLETED 2567:
Barbara Fagan, Program Manager
Ambulatory Care Programs
Office of Health Care Quality
Spring Grove Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiency(ies) being disputed, and an explanation of why you are disputing those deficiencies, to Dr. Tricia Nay, Director, Office of Health Care Quality, Bland Bryant Building, Spring Grove Center, 55 Wade Avenue, Catonsville, Maryland 21228. This request must be sent during the same 10 days you have for submitting a PoC for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Please submit a Plan of Correction within 10 calendar days of receipt of this letter. Please be advised that failure to submit an acceptable POC could result in a recommendation to terminate your facility from the Medicare program.

If you have any questions regarding these instructions, please call Barbara Fagan at (410) 402-8040.

Sincerely,

Patricia Tomsko Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAHPM
Executive Director and Acting Medical Director
Office of Health Care Quality
Ce: file
A complaint investigation survey was conducted at Germantown Reproductive Health Services on April 15 and 16, 2014. An exit interview was conducted on April 16, 2014.

The center performs surgical abortion procedures.
Complaint number: MD 00082935
The complaint was unsubstantiated. A deficiency unrelated to the complaint was cited.
The complaint allegations included patient care.

The survey included: an on-site visit; interview of the facility's administrator, registered nurse, medical assistant and physician; review of the policy and procedure manual and review of the personnel files.

A total of five clinical records were reviewed. The surgical abortion procedures that were performed March 2014 were reviewed.

Findings in this report are based on data present in the administrative records at the time of review. The agency's administrator and physician were kept informed of the survey findings as the survey progressed. The agency administrator and physician were given the opportunity to present information relative to the findings during the course of the survey.

A key code for patients, medical staff and employees contained herein was provided to the agency administrator.

A.420 .05 (A)(1)(e)(i) .05 Administration

(e) Ensuring that all personnel:
(i) Receive orientation and have experience
A.420 Continued From page 1

sufficient to demonstrate competency to perform assigned patient care duties, including proper infection control practices;

This Regulation is not met as evidenced by:

Based on interview of the facility administrator and review of 5 of 6 personnel files, it was determined that the facility staff failed to document that all staff were competent to do their jobs. The findings include:

Employees: 1, 2, 3, 4, 5,

Interview on 4/16/14 at 1:00 pm of the facility administrator, revealed that 5 of 5 of the Certified Medical Assistants (CMA) are allowed to inject Pitocin into IV bags that are administered to the patients. The Facility administrator stated “we all put IV Pitocin in the IV bags, I trained all of the medical assistant’s to do bag medications.”

Review on 4/16/14 at 1:15 pm of the facility staff training sheet revealed that for 5 of 6 personnel records contained N/A for competency and training, thus reflecting no documentation that CMAs were trained to inject Pitocin into a patient’s IV (Intravenous therapy) bag.

Review of the facility policy “Health Services protocol” on 4/15/14 at 2:00 pm revealed that the function of the Certified Medical Assistant include: Taking patient health histories, Taking vitals, patient education, Laboratory testing, Sterilize and packing instruments, Phlebotomy, Assist the physician during procedures, Setting up rooms, maintaining a clean and safe environment for patients and Upholding HIPPA (Health Insurance Portability and Accountability Act) guidelines, and protecting confidentiality.
A.420 Continued From page 2

The failure of the facility staff to ensure that all staff are competent to do their jobs, placed the patients at risk of having care provided by untrained or unqualified individuals.

A9999 Final Comments

An exit conference was conducted with the office manager on April 16, 2014.

The survey findings were reviewed. The office manager was directed to submit a written plan of correction in response to the State of Maryland 2567 form, following the attached guidelines, within ten calendar days. Failure to submit an acceptable plan of correction may result in revocation of licensure from the Department of Health and Mental Hygiene Surgical Abortion Facilities program.
May 27, 2014

Ms. Ashley Monktafi, Administrator
Germantown Reproductive Health Services
13233 Executive Park Terrace
Germantown, MD 20874

RE: NOTICE OF COMPLIANCE WITH HEALTH COMPONENT REQUIREMENTS

Dear Ms. Monktafi:

On March 11, 2014, a complaint investigation was conducted at your facility by the Office of Health Care Quality to determine if your agency was in compliance with State requirements for a Surgical Abortion Facility.

This survey found that your facility is in compliance with the health component of the requirements.

If you have any questions, please call Barbara Fagan at (410) 402-8040.

Sincerely,

Patricia Tomsko Nay, MD
Executive Director and Acting Medical Director
Office of Health Care Quality

Enclosure: CMS-2567

cc: File
A 000 Initial Comments

A complaint investigation survey was conducted at Germantown Reproductive Health Services on March 11, 2014. An exit interview was conducted on March 11, 2014.

The center performs surgical abortion procedures. Complaint number: MD00083223. The complaint was unsubstantiated. The complaint allegations include patient care.

The survey included: an on-site visit; interview of the facility's administrator and the physician; review of the policy and procedure manual.

A total of three clinical records were reviewed. The surgical abortion procedures that were performed between July 2013 and March 2014 were reviewed.

Findings in this report are based on data present in the administrative records at the time of review. The agency's administrator and physician were kept informed of the survey findings as the survey progressed. The agency administrator and physician was given the opportunity to present information relative to the findings during the course of the survey.

A key code for patients, medical staff and employees contained herein was provided to the agency administrator.

Germantown Reproductive Health Services is in compliance with the Health Component of Title ten, Department of Health and Mental Hygiene, subtitle twelve Adult Health, 10.12.01 for Surgical Abortion Centers.
July 21, 2014

Dr. LeRoy Carhart

Re: Complaint Number 14 MED 272

Dear Dr. Carhart:

The Division of Legal Services and Compliance in the Department of Safety and Professional Services provides enforcement services to a number of the State of Wisconsin’s credentialing boards and to the Department for its own direct credentialing responsibilities. The Wisconsin Medical Examining Board, which is the regulatory authority that issued your professional license, has requested that we review a report that has been filed regarding your practice. A copy of the report is enclosed.

Please provide a detailed written response to the allegation(s). This information will then be reviewed by a screening panel comprised of members of the regulatory authority as well as department staff. The panel will determine the merits of the report, and determine if the matter will be closed after review or opened for further investigation.

We request that you submit your written response no later than August 4, 2014. In the event that you do not send your response within that time period, an investigation may be commenced which will also consider your failure to respond to this request.

Please send your response to my attention at the address noted above. If you have any questions, I can be reached at (608) 267-1818.

Sincerely,

Kelley Foster
Division of Legal Services and Compliance

Enclosure
Dr. Carhart,

If you were not involved in the complaint, then your response here should be sufficient. If you have anything to add about the situation that you believe is pertinent, I would encourage you to do so. Also, if you could forward the letter you mentioned to me when you receive it, that would help us to understand the circumstances surrounding this incident better.

Thank you,

Kelley Foster • Div. of Legal Services and Compliance • Wisconsin Dept. of Safety and Professional Services
1400 E. Washington Ave • P.O. Box 7190 • Madison, WI 53708  (608) 267-1818  kelley.foster@wisconsin.gov

-----Original Message-----
From: Michelle [mailto:admin@drcarhart.com]
Sent: Wednesday, August 06, 2014 6:42 PM
To: Foster, Kelley - DSPS
Subject: FW: Dr. L. Carhart re: Complaint Number 14MED 272

Dear Ms. Foster;

I apologize for not getting back to you by the 4th of August. I hope it won't be a problem.

I believe this complaint was filed against The Germantown Clinic and the office administrator, Ms. Ashley Monktafi and was not filed against me personally. If I am incorrect in this, please let me know.

Ms. Monktafi went into labor last week and I believe she’s on maternity leave as of July 30, 2014. I am emailing her re: her response to the complaint and asking her to forward it to me. Would you like a copy of this letter sent to you or do I need to do something different.

Please let me know what or if you need anything from me.

Sincerely,

LeRoy Carhart, M.D.
Bellevue Health and Emergency Clinic, Inc..
1002 W. Mission Ave. Bellevue, NE 68005-3947
P: (402)292-4164 | F: (402)291-4643
admin@drcarhart.com
August 5, 2014

Dr. Leroy Carhart
1002 West Mission Avenue #201
Bellevue, NE 68005

RE: Case #: 20140923

Dear Dr. Carhart,

This letter is to notify you that a decision has been made to open an investigation of your Nebraska physician license.

The investigation is related to the medical care provided to [Redacted].

You had previously been notified of an investigation related to this same patient incident. That case number is 20140634.

I have been assigned as the investigator for these cases.

On July 14, 2014, your written response to the allegations was received in the Investigations Unit.

I would like to schedule an interview with you and your attorney to discuss the current allegations for cases 20140634 and 20140923. A telephone interview would be sufficient, but if you prefer an in-person interview that can be scheduled also.

Sincerely,

[Signature]

Janeen Berg, RN, Investigator
DHHS, Division of Public Health
Office of Professional & Occupational Investigation
1033 O Street
Suite 500
Lincoln, NE 68508
Janeen.Berg@nebraska.gov
Phone: (402) 471-4922
Michelle Stewart, CPC
Bellevue Health and Emergency Clinic, INC.
1002 W. Mission Ave. Bellevue, NE 68005-3947
P: (402)292-4164 | F: (402)291-4643
admin@drkarhart.com
August 1, 2014

LeRoy H. Carhart, Jr., M.D.
1002 West Mission Ave.
Bellevue, MD 60005

Re: [Redacted]

Dear Dr. Carhart:

As you were previously notified, the Board received a complaint from the above-mentioned individual.

The Board must assure that the citizens of Maryland receive competent medical care from physicians and that physicians are complying with the laws and regulations of Maryland. One of the ways the Board fulfills its mandate is by either taking formal disciplinary action against a physician’s license, such as a reprimand, suspension or revocation, or taking informal action by informing the physician of the standards of practice in order to improve his/her practice.

After a thorough review of the complaint, your response, and other pertinent material, the Board has decided to close this matter without further action.

Since the Board has closed this matter, it does not consider this complaint pending against you. Further, the complaint and this letter are considered confidential documents and cannot be obtained under the Public Information Act, State Government Article, §§10-611 et seq., unless you sign a release to permit the Board to reveal this information.

If you have any questions, you may telephone me at (410) 764-5979.

Sincerely,

Maureen Sammons
Manager, Intake Unit

MS/sh

cc: Devinder Singh, MD, Board Chair
    Christine A. Farrelly, Acting Executive Director
    Keith D. Hudolin, Esq.
September 17, 2014

LEROY CARHART, M.D.

Re: Complaint 14 MED 272

Dear Dr. Carhart:

The purpose of this letter is to provide you with the results of the review of a complaint we received regarding you.

The details of the complaint, including information which may have been independently obtained by us, were reviewed and evaluated by the screening panel. Screening panels include members of the relevant profession as well as department staff.

The panel has determined that the information provided does not indicate a violation of the Wisconsin Administrative Codes and/or Wisconsin State Statutes which regulate the practice of your profession.

Based on the result of the evaluation process, a decision has been made not to proceed further with investigation of the complaint.

Thank you for your patience as we considered this matter.

Sincerely,

Kelley Foster
Division of Legal Services and Compliance