Chron
https://www.chron.com/neighborhood/eastex/news/article/TMB-disciplines-61-physicians-at-May-meeting-9664407.php

TMB disciplines 61 physicians at May meeting

Community Reports **Published 11:05 am CDT, Thursday, May 15, 2014**

At its May 1-2, 2014 meeting, the Texas Medical Board disciplined 61 licensed physicians and issued two cease and desist orders. The disciplinary actions included 11 orders related to quality of care violations, 11 orders related to unprofessional conduct, seven revocations, three voluntary revocations, five voluntary surrenders, one suspension, one termination of suspension, one order related to criminal activity, one order related to peer review actions, three orders related to other states' actions, two orders related to failure to properly supervise or delegate, three orders related to non-therapeutic prescribing, four orders related to violations of prior board order, two orders related to violation of Board rules, one order related to Texas Physicians' Health Program violations, and five orders related to inadequate medical records. The Board also disciplined a non-certified radiological technician.

The Board issued 221 physician licenses at the May meeting, bringing the total number of physician licenses issued in FY14 to 2,396.

DISCIPLINARY ACTIONS

QUALITY OF CARE

• Ariyo, Adeniran A., M.D., Lic. No. L4224, Dallas

On May 2, 2014, the Board and Adeniran A. Ariyo, M.D., entered into a Mediated Agreed Order requiring Dr. Ariyo to within one year complete at least 16 hours of CME, divided as follows: eight hours in defibrillator indications/surgical technique/troubleshooting complications and eight hours in medical recordkeeping ; and pay an administrative penalty of $2,000 within 60 days. The Board found Dr. Ariyo failed to appropriately interpret the signs indicating the misplacement of the lead following a pacemaker placement procedure. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Beene, Ronda Lawaine, D.O., Lic. No. J1871, Dallas

On May 2, 2014, the Board and Ronda Lawaine Beene, D.O., entered into an Agreed Order requiring Dr. Beene to within a year complete at least 18 hours of CME, divided as follows: eight hours in medical records, four hours in risk management, and six hours in adult sepsis (evaluation/diagnosis/treatment); and issue a written apology to the family of the patient within 90 days. The Board found Dr. Beene's medical records were not adequate and that Dr. Beene admitted to failing to follow up on the clinical presentation of the patient.

• Fraser, Ronald Leo, M.D., Lic. No. E7929, Houston

On May 2, 2014, the Board and Ronald Leo Fraser, M.D., entered into an Agreed Order on Formal Filing restricting Dr. Fraser under the following terms and conditions: shall not perform any surgery; practice shall be limited to office consultations, non-invasive office diagnostic procedures, and trigger point injections; shall not treat chronic pain patients; shall not prescribe any Schedule II drugs for any purpose; within 14 days surrender DEA/DPS controlled substances registration certificates; not prescribe any controlled substances, except for patients who have had orthopedic or spinal surgical procedures within three weeks of the patient's office visit with Dr. Fraser and shall not be permitted to prescribe any controlled substances to these patients for a period of more than 14 days; not prescribe refills or authorize approval of refills of controlled substances; must have a chaperone who is able to directly observe Dr. Fraser when performing a physician examination of a female patient; not be permitted to supervise

and/or delegate prescriptive authority to physician assistants and/or advanced practice nurses; abstain from prohibited substances, except as prescribed by another physician for legitimate and document therapeutic purposes; submit to an independent medical evaluation and follow all recommendations for care and treatment. The Board found Dr. Fraser prescribed controlled substances for Patient A, Patient B and himself in a non-therapeutic manner and failed to maintain adequate medical records regarding his care and treatment of Patient A, Patient B and himself. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Hale, Samuel A., Jr. M.D., Lic. No. F6700, Lubbock

On May 2, 2014, the Board and Samuel A. Hale, Jr., M.D., entered into an Agreed Order requiring Dr. Hale to within one year complete at least four hours of CME in risk management. The Board found Dr. Hale during the course of an eye exam, negligently administered hemoccult fixator drops instead of Tetracaine drops into the patient's left eye when he selected the wrong bottle of drops.

• Holland, Scott Woodrow, M.D., Lic. No. M2351, Gilmer

On May 2, 2014, the Board and Scott Woodrow Holland, M.D., entered into a Mediated Agreed Order requiring Dr. Holland to within one year complete at least 28 hours of CME, divided as follows: four in risk management, eight hours in medical recordkeeping and 16 hours in management of pediatric emergencies (including infectious diseases). The Board found Dr. Holland discharged a patient without adequately assessing or treating the patient's symptoms of sepsis. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Isom, Matthew James, M.D., Lic. No. M4196, Katy

On May 2, 2014, the Board and Matthew James Isom, M.D., entered into an Agreed Order requiring Dr. Isom to within one year complete at least 16 hours of CME, divided as follows: eight hours in risk management and eight hours in high-risk pregnancy management. The Board found Dr. Isom failed to admit and monitor two patients who both had adverse post-partum events that led to their maternal deaths. The order makes no finding regarding the causes of those maternal deaths.

• Khouw, Raymond S., M.D., Lic. No. G3516, Dallas

On May 2, 2014, the Board and Raymond S. Khouw, M.D., entered into an Agreed Order requiring Dr. Khouw to within a year complete at least 16 hours in CME, divided as follows: eight hours in appropriate supervision and delegation skills and eight hours in post-operative management. The Board found Dr. Khouw failed to provide a personal post-operative visit prior to discharging patients in each case and that his failure to do so amounted to a lack of professional diligence.

• Mitchell, Thomas Alexander, M.D., Lic. No. G1721, Plano

On May 2, 2014, the Board and Thomas Alexander Mitchell, M.D., entered into an Agreed Order requiring Dr. Mitchell to within one year complete at least 12 hours of CME, divided as follows: eight hours in risk management and four hours in physician patient communication; and pay an administrative penalty of $3,000 within 60 days. The Board found Dr. Mitchell failed to respond immediately and evaluate an acute patient that had suffered an apparent stroke, and that Dr. Mitchell admitted that he should have responded sooner.

• Nelson, Jane Carolyn, M.D., Lic. No. J9238, Austin

On May 2, 2014, the Board and Jane Carolyn Nelson, M.D., entered into an Agreed Order requiring Dr. Nelson to complete at least 16 hours of CME, divided as follows: eight hours in medical recordkeeping and eight hours in evaluating diseases of the breast. The Board found Dr. Nelson failed to document that she discussed risks and benefits of surgery or the patient's concerns about options. Dr. Nelson stated that she did discuss the option of a tissue diagnosis with the patient, but admitted that documentation of her discussions with the patient about options for evaluating the discharge and the patient's concerns was lacking.

• Saucedo, Juan, D.O., Lic. No. J2303, Eagle Pass

On May 2, 2014, the Board and Juan Saucedo, D.O., entered into an Agreed Order publicly reprimanding Dr. Saucedo and requiring Dr. Saucedo to have his practice monitored by another physician for eight consecutive monitoring cycles; and within one year complete at least 8 hours of CME in recognizing and treating surgical complications. The Board found Dr. Saucedo violated the standard of care by failing to appropriately address the patient's complications resulting from a C-Section,

specifically the patient's acute hemorrhaging; failed to adequately document the patient's condition upon arrival to the hospital, including the patient's vitals and amount of blood loss; failed to exercise diligence by failing to timely call in a consultant obstetrician to treat the patient's acute hemorrhaging; and in late 2012, Dr. Saucedo was subject to peer review action where the patient was seen and delivered.

• Weaver, Robert Anthony, M.D., Lic. No. H6694, Houston

On May 2, 2014, the Board and Robert Anthony Weaver, M.D., entered into an Agreed Order publicly reprimanding Dr. Weaver and imposing the following terms and conditions: restriction from treating patients in the area of oncology, except in the context of a Clinical Research Organization; permission to supervise and delegate prescriptive authority to a physician assistant, advanced practice nurse and/or supervise a surgical assistant except those who treat oncology patients; within one year complete at least eight hours of in-person CME, divided as follows: four hours in informed consent and four hours in ethics; and pay an administrative penalty of $3,000 within 60 days. The Board found Dr. Weaver failed to meet the standard of care in his treatment of one patient by implementing multiple therapies, which had insufficient evidence of clinical efficacy and high probability of additive toxicities; failed to obtain informed consent from the patient in both the clinical trial and, subsequently, as a private patient; and failed to inform the patient of risks, benefits, and alternative treatments.

UNPROFESSIONAL CONDUCT

• Anderson, Charles C., M.D., Lic. No. J6854, Tulsa, OK

On May 2, 2014, the Board and Charles C. Anderson, M.D., entered into an Agreed Order on Formal Filing prohibiting Dr. Anderson from practicing in Texas until he has petitioned the Board and appears before the Board to provide sufficient evidence that he is physically, mentally, and otherwise competent to safely practice; and within seven days surrender his DEA/DPS controlled substances registration certificates. The Board found Dr. Anderson did not respond to Board staff's correspondence regarding an investigation that was opened as a result of Dr. Anderson reporting on his annual registration he had surrendered his Drug Enforcement Administration registration. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Buford, Reginald, M.D., Lic. No. H8593, Houston

On May 1, 2014, the Board approved a Final Order requiring Reginald Buford, M.D., to within one year complete at least 25 hours of CME, divided as follows: 10 hours in medical recordkeeping, 10 hours in CPT code billing, and five hours in ethics; have his billing practices monitored by a billing monitor for four consecutive monitoring cycles; and pay an administrative penalty of $5,000 within 60 days. The Board found Dr. Buford in connection with his performance of surgeries and billing under CPT Code 11471, submitted billing statements that he knew or should have known were improper and failed to maintain medical records to support the billing for CPT code 15734. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Buford has 20 days from the service of the order to file a motion for rehearing.

• Brener, Daniel Michael, M.D., Lic. No. E2479, Houston

On May 2, 2014, the Board and Daniel Michael Brener, M.D., entered into an Agreed Order requiring Dr. Brener to within one year and three attempts pass the Medical Jurisprudence Exam; and within one year complete the professional boundaries course offered by Vanderbilt University or the professional boundaries course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program. The Board found Dr. Brener engaged in non-sexual professional boundaries violations with the patient by engaging in numerous phone calls with the patient outside of office hours; by repeatedly hugging the patient; and by disclosing significant amounts of personal information to the patient.

• Christian, Lewis S., M.D., Lic. No. E4254, Uvalde

On May 2, 2014, the Board and Lewis S. Christian, M.D., entered into an Agreed Order publicly reprimanding Dr. Christian and requiring Dr. Christian to within one year complete at least 12 hours of in-person CME, divided as follows: four hours in medical recordkeeping, four hours in risk management, and four hours in ethics; within one year and three attempts pass the Medical Jurisprudence Exam; and pay an administrative penalty of $2,500 within 60 days. The Board found Dr. Christian admitted to improperly prescribing to himself and to family members, failed to complete required CME classes in 2012, and provided false information to the Board about his completed CME credits.

• Ellis, Jaishree Riva, M.D., Lic. No. M9998, Spring

On May 2, 2014, the Board and Jaishree Riva Ellis, M.D., entered into an Agreed Order publicly reprimanding Dr. Ellis and suspending Dr. Ellis' medical license; staying the suspension and placing Dr. Ellis on probation for 10 years under the following terms: within 30 days submit to an evaluation by the Physician Health Program; not possess, administer, dispense, or prescribe any controlled substances or dangerous drugs with addictive potential or potential for abuse, with the exception of prescribing such drugs post-operatively for seven days, without refills, for treatment of OB/GYN patients in a hospital setting or ambulatory surgery center for OB/GYN surgical procedures; not treat or otherwise serve as a physician for herself, immediate family, and shall not prescribe dispense, administer or authorize medication, including but not limited to controlled substances or dangerous drugs with addictive potential or potential for abuse to Dr. Ellis or Dr. Ellis' friends, immediate family or others in which there is a close personal relationship; within one year and three attempts pass the Medical Jurisprudence Exam; and pay an administrative penalty of $3,000 within 180 days. The Board found Dr. Ellis admitted to writing false and fictitious prescriptions for controlled substances over a number of years and diverting those medications for her own use and admitted that she was an addict.

• Fischer, Charles Henry, M.D., Lic. No. G6438, Austin

On May 2, 2014, the Board and Charles Henry Fischer, M.D., entered into an Agreed Order on Formal Filing continuing a prior suspension of Dr. Fischer's license until such time as he personally appears before the Board and provides clear and convincing evidence that he is physically, mentally, and otherwise competent to safely practice medicine. The Board found Dr. Fischer, on January 22, 2013, was arrested in a public park for public lewdness after officers witnessed him engaging in sex acts with another person in a wooded area. In addition, Dr. Fischer remains involved in another criminal proceeding related to sexual misconduct with a minor. If Dr. Fischer is found guilty, by a plea; plea agreement or by a judge or jury, or if he enters into an agreement involving deferred adjudication, for the pending criminal matters he will immediately voluntarily and permanently surrender his license to practice medicine in Texas. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Gao, Xing, M.D., Lic. No. 43973, El Paso

On May 2, 2014, the Board and Xing Gao, M.D., entered into an Agreed Order requiring Dr. Gao to within one year complete at least 24 hours of CME, divided as follows: eight hours in risk management, eight hours in physician patient communication, and eight hours in communication with colleagues; and pay an administrative penalty of $2,000 within 60 days. The Board found there were issues concerning Dr. Gao's actions based on allegations of misusing equipment, behavioral conduct and various incidents involving poor communication at University Medical Center in El Paso.

• Killyon, Garry W., M.D., Lic. No. M2673, Sugar Land

On May 1, 2014, the Board approved a Final Order requiring Garry W. Killyon, M.D., to within one year complete at least 25 hours of CME, divided as follows: 10 hours in medical recordkeeping, 10 hours in CPT code billing, and five hours in ethics; have his billing practices monitored by a billing monitor for four consecutive monitoring cycles; and pay an administrative penalty of $5,000 within 60 days. The Board found Dr. Killyon in connection with his performance of surgeries and billing under CPT Code 11471, submitted billing statements that he knew or should have known were improper and failed to maintain medical records to support the billing for CPT code 15734. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Killyon has 20 days from the service of the order to file a motion for rehearing.

• Krantz, Jeffrey S., M.D., Lic. No. J7343, El Paso

On May 2, 2014, the Board and Jeffrey S. Krantz, M.D., entered into an Agreed Order requiring Dr. Krantz to within 30 days submit to a psychiatric evaluation and follow any and all recommendations for care and treatment; and within one year complete at least four hours of CME in ethics. The Board found Dr. Krantz engaged in a pattern of domestic violence and inappropriate displays of anger over a period of time and failed to timely report his 2002 arrest and plea to the Board.

• Mongare, Job B., M.D., Lic. No. K8954, Athens

On May 2, 2014, the Board and Job B. Mongare, M.D., entered into a Mediated Agreed Order requiring Dr. Mongare to within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least 12 hours of CME, divided as

follows: eight hours in physician-patient boundaries and four hours in ethics; and pay an administrative penalty of $1,500 within 60 days. The Board found Dr. Mongare entered into a personal friendship with a female patient that raised concerns as to the boundaries of an appropriate physician-patient relationship. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Patzakis, Nick John, D.O., Lic. No. C7410, Houston

On May 2, 2014, the Board and Nick John Patzakis, D.O., entered into an Agreed Order revoking Dr. Patzakis' medical license; staying the revocation and placing Dr. Patzakis on probation for 10 years under the following terms: shall not be permitted to delegate prescriptive authority to a physician assistant or advanced practice nurse and shall not be permitted to supervise a physician assistant or an advanced practice nurse; shall not serve as a medical director of a home health care agency or emergency management services agency; within one year and three attempts pass the Medical Jurisprudence Exam; and within one year complete at least 16 hours of CME, divided as follows: eight hours in ethics and eight hours in risk management. The Board found Dr. Patzakis was initially convicted of a felony for providing false statements relating to health care matters, in violation of Title 18, United States Code, §§1035 and 2.

REVOCATION

• Allen, David Daniel, M.D., Lic. No. H6007, McKinney

On May 1, 2014, the Board approved a Final Order revoking David Daniel Allen, M.D.'s Texas medical license. The Board found Dr. Allen failed to meet the standard of care with regards to two patients by improperly prescribing controlled substances, and failing to maintain adequate medical records. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Allen has 20 days from the service of the order to file a motion for rehearing.

• Alvear, Joel, M.D., Lic. No. L1514, Katy

On May 1, 2014, the Board approved a Final Order revoking Joel Alvear, M.D.'s Texas medical license. The Board found Dr. Alvear engaged in nontherapeutic prescribing of controlled substances to six patients; and violated the Board's standards for medical

recordkeeping. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Alvear has 20 days from the service of the order to file a motion for rehearing.

• Mosig, David A., D.O., Lic. No. H2623, Nacogdoches

On May 2, 2014, the Board approved a Final Order revoking David A. Mosig, M.D.'s Texas medical license. The Board found Dr. Mosig pleaded guilty to the federal felony offense of making a false statement on a federal income tax return. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Mosig has 20 days from the service of the order to file a motion for rehearing.

• Nwora, Emmanuel Mbanefo, M.D., Lic. No. M2428, Houston

On May 1, 2014, the Board approved a Final Order revoking Emmanuel Mbanefo Nwora, M.D.'s Texas medical license. The Board found Dr. Nwora pleaded guilty to one felony count of conspiracy to commit health care fraud and entered into a formal plea arrangement. On November 22, 2013, Dr. Nwora's conviction for a felony count of health care fraud became final, and the U.S. District Court sentenced him to 25 months' incarceration to begin immediately. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Nwora has 20 days from the service of the order to file a motion for rehearing.

• Shin, David Joseph, M.D., Lic. No. F4523, Houston

On May 1, 2014, the Board approved a Final Order revoking David Joseph Shin, M.D.'s Texas medical license. The Board found Dr. Shin was involved in the operation of an illegally registered pain management clinic that as owned, in whole or part, by a person who did not have a license to practice medicine in Texas. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Shin has 20 days from the service of the order to file a motion for rehearing.

• Swate, Tommy Ernest, M.D., Lic. No. E3781, Houston

On May 1, 2014, the Board approved a Final Order revoking Tommy Ernest Swate, M.D's Texas medical license. The Board found Dr. Swate failed to meet the standard of care in his treatment of 10 patients for chronic pain; that his prescribing or treatment was nontherapeutic with respect to five of these patients; failed to take action in response to warning signs that patients were misusing or diverting medications and that he continued prescribing medications to these patients despite abnormal drug screens and other aberrant behavior; and failed to maintain adequate medical records. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Swate has 20 days from the service of the order to file a motion for rehearing.

• Whitefield, Barrett Doyle, D.O., Lic. No. L1495, Odessa

On May 1, 2014, the Board approved a Final Order revoking Barrett Doyle Whitefield, D.O.'s Texas medical license. The Board found on May 6, 2013, Dr. Whitefield pleaded guilty to the federal Class A felony offense of Conspiracy to Possess with Intent to Distribute and Distribute 500 Grams or More of a Mixture and Substance Containing a Detectable Amount of Methamphetamine and 50 Grams or More of Methamphetamine Actual; and a Quality of a Mixture and Substance Containing a Detectable Amount of Hydrocodone. Dr. Whitefield was sentenced to federal prison for 87 months, to be followed by five years of supervised release. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Whitefield has 20 days from the service of the order to file a motion for rehearing.

VOLUNTARY REVOCATION

• Lockett, Edgar A., M.D., Lic. No. H4020, Amarillo

On May 2, 2014, the Board and Edgar A. Lockett, M.D., entered into an Agreed Order of Revocation, revoking Dr. Lockett's Texas medical license and requiring him to immediately cease practice in Texas. Dr. Lockett agreed to the revocation of his license in lieu of further disciplinary proceedings. The Board found Dr. Lockett was convicted

on six counts of federal income tax evasion in the U.S. District Court for the Northern District of Texas, Amarillo Division.

• Padron, Nicolas Alfonso, M.D., Lic. No. H2662, Dallas

On May 2, 2014, the Board and Nicolas Alfonso Padron, M.D., entered into an Agreed Voluntary Revocation Order, revoking Dr. Padron's Texas medical license and requiring him to immediately cease practice in Texas. Dr. Padron agreed to the revocation of his license in lieu of further disciplinary proceedings. The Board found Dr. Padron was indicted on October 1, 2012, for his role in a scheme to defraud Medicare and later pled guilty to one charge of conspiracy to commit health care fraud.

• Randecker, Harold Herman, Jr., M.D., Lic. No. J3195, Lake Stevens, WA

On May 2, 2014, the Board and Harold Herman Randecker, Jr., M.D., entered into an Agreed Order of Revocation, revoking Dr. Randecker's Texas medical license and requiring him to immediately cease practice in Texas. Dr. Randecker agreed to the revocation of his license in lieu of further disciplinary proceedings. The Board found Dr. Randecker was convicted of making false statements under oath during a bankruptcy hearing, a Class C felony offense.

VOLUNTARY SURRENDER

• Holliday, James Glen, D.O., Lic. No. D2791, Dallas

On May 2, 2014, the Board and James Glen Holliday, D.O., entered into an Agreed Order of Voluntary Surrender in which Dr. Holliday agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. Dr. Holliday was under investigation regarding allegations that he failed to follow the standard of care in treating an additional patient by providing a courtesy thyroid prescription.

• Marmell, Howard, M.D., Lic. No. E4892, Houston

On May 2, 2014, the Board and Howard Marmell, M.D., entered into an Agreed Order of Voluntary Surrender in which Dr. Marmell agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. The Board found Dr. Marmell failed to comply with the terms and conditions of his 2012 Order.

• Pierce, Samuel Joel, M.D., Lic. No. H9473, San Antonio

On May 2, 2014, the Board and Samuel Joel Pierce, M.D., entered into an Agreed Order of Voluntary Surrender in which Dr. Pierce agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. Dr. Pierce pled guilty to health care fraud, a felony, in United States District Court, Western District in San Antonio, Texas. As part of the probation requirement, Dr. Pierce was ordered to surrender his Texas medical license.

• Smith, Michael, M.D., Lic. No. F4545, South Padre Island

On May 2, 2014, the Board and Michael Smith, M.D., entered into an Agreed Voluntary Surrender Order in which Dr. Smith agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. Dr. Smith was under investigation for allegations related to his failure to comply with an Agreed Order entered by the Board on October 10, 2008, and subsequently modified in 2010 and 2011.

• Szumlas, Rick Allen, M.D., Lic. No. L3154, Seneca, SC

On May 2, 2014, the Board and Szumlas, Rick Allen, M.D., entered into an Agreed Voluntary Surrender Order in which Dr. Szumlas agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. The Board found Dr. Szumlas has reported that he has a medical condition which precludes him from practicing medicine with reasonable skill and safety.

SUSPENSION

• Stigler, Del Barker, M.D., Lic. No. E4703, Caldwell

On May 2, 2014, the Board and Del Barker Stigler, M.D., entered into an Agreed Order of Suspension, suspending Dr. Stigler's Texas medical license until such a time as he requests in writing to have the suspension stayed or lifted, appears before the Board and provides clear and convincing evidence that he is physically, mentally and otherwise competent to safely practice medicine. The Board found Dr. Stigler was arrested for driving while intoxicated in relation to a single vehicle accident, received 12 months deferred adjudication but failed to abide by the terms of his probation, was arrested for public intoxication and arrested two more times on warrants based on

Motions to Revoke Probation. Dr. Stigler has indicated he has a physical and/or mental condition that may impact his ability to safely practice medicine.

TERMINATION OF SUSPENSION

• Herring, Theodore M., Jr., M.D., Lic. No. E2228, Houston

On May 2, 2014, the Board and Theodore Herring, Jr., M.D., entered into an Agreed Order Terminating the Order Suspending Dr. Herring's Texas medical license and prohibiting Dr. Herring from performing abortion procedures until he has provided sufficient evidence to the Compliance Division of the Board, and received notice from the Board that the evidence is sufficient, that he has obtained admitting privileges at a hospital that provides obstetric or gynecological healthcare services located within 30 miles of the location where he will perform abortion procedures. The Board found Dr. Herring performed abortion procedures at a facility but did not hold active admitting privileges at a hospital providing obstetrical or gynecological health care services no further than 30 miles from the facility. This Order supersedes the previous Temporary Suspension Order.

CRIMINAL ACTIVITY

• O'Neal, Don Martin, M.D., Lic. No. E2769, Sulphur Springs

On May 1, 2014, the Board approved a Final Order publicly reprimanding Don Martin O'Neal, M.D., and requiring Dr. O'Neal to within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least 16 hours of CME in ethics; and pay an administrative penalty of $10,000 within 60 days. The Board found Dr. O'Neal pled guilty to a first degree felony of misapplication of fiduciary property and was placed on deferred adjudication under community supervision for that offense. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. O'Neal has 20 days from the service of the order to file a motion for rehearing.

PEER REVIEW ACTIONS

• Rath, Albert Ernest, M.D., Lic. No. D7264, New Braunfels

On May 2, 2014, the Board and Albert Ernest Rath, M.D., entered into a Mediated Agreed Order requiring Dr. Rath to within one year complete at least 12 hours of CME, divided as follows: eight hours in risk management and four hours in ethics; and pay an administrative penalty of $3,000 within 90 days. The Board found Dr. Rath performed sterilization by tubal ligation on one patient without obtaining proper informed consent from the patient and Dr. Rath was the subject of peer review action at the hospital where he performed the tubal ligation in question. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

OTHER STATES' ACTIONS

• Burkett, David Scott, M.D., Lic. No. K7675, Monroe, LA

On May 2, 2014, the Board and David Scott Burkett, M.D., entered into an Agreed Order prohibiting Dr. Burkett from practicing in Texas until he has petitioned the Board and appears before the Board to provide sufficient evidence that he is physically, mentally, and otherwise competent to safely practice. The Board found Dr. Burkett was suspended and subsequently disciplined by the Louisiana State Board of Medical Examiners as a result of Dr. Burkett violating the terms of his agreement during his evaluation for chemical dependency with the Louisiana Physicians Health Program.

• DeSantis, James Michael, M.D., Lic. No. P1452, Marietta, GA

On May 2, 2014, the Board and James Michael DeSantis, M.D., entered into an Agreed Order requiring Dr. DeSantis to comply with this Order and any terms and conditions imposed by the Georgia Composite Medical Board and the State of Alabama Medical Licensure Commission. The Board found Dr. DeSantis had his license to practice medicine suspended by the Georgia Composite Medical Board and the State of Alabama Medical Licensure Commission due to allegations of impairment caused by the intemperate use of alcohol or drugs.

• Khan, Humaira V., M.D., Lic. No. J5677, Ft. Lauderdale, FL

On May 2, 2014, the Board and Humaira V. Khan, M.D., entered into an Agreed Order requiring Dr. Khan to within one year complete at least eight hours of CME in risk management; and pay an administrative penalty of $3,000 within 120 days. The Board

found Dr. Khan was disciplined by the State of Florida Board of Medicine for standard of care violations related to one patient, and inadequate medical records.

FAILURE TO PROPERLY SUPERVISE OR DELEGATE

• Abbate, Robert, D.O., Lic. No. N4873, Dallas

On May 2, 2014, the Board and Robert Abbate, D.O., entered into a Mediated Agreed Order requiring Dr. Abbate to within one year complete at least 16 hours of CME, divided as follows: eight hours in supervision of mid-level providers and eight hours in medical recordkeeping; and pay an administrative penalty of $1,000 within 60 days. The Board found Dr. Abbate failed to adequately document his supervision of his nurse practitioner, including his efforts to instruct her as to appropriate chronic pain treatment protocols and the nurse practitioner refused to modify her treatment of the patients to conform to Dr. Abbate's protocols and failed to improve her medical record keeping pursuant to Dr. Abbate's instructions. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Simmons, Clyde W., Jr. M.D., Lic. No. D7303, Humble

On May 2, 2014, the Board and Clyde W. Simmons, Jr., M.D., entered into an Agreed Order requiring Dr. Simmons to not engage in the practice of treating chronic pain; not prescribe controlled substances, except to post-operative patients for a period of no more than seven days from the date of surgery; within one year and three attempts pass the Medical Jurisprudence Exam; and within one year complete at least eight hours of CME in medical ethics. The Board found Dr. Simmons failed to adequately supervise his mid-level practitioner, Linda Lin, APN, who failed to maintain adequate medical records and failed to meet the standard of care in treatment and prescribing to 15 patients.

NON-THERAPEUTIC PRESCRIBING

• Clark-Reed, Monica Andrea, M.D., Lic. No. M7120, Houston

On May 2, 2014, the Board and Monica Andrea Clark-Reed entered into an Agreed Order on Formal Filing requiring Dr. Clark-Reed to within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least 10 hours of CME in risk management; within seven days request modification of DEA/DPS controlled

substances registrations to eliminate Schedules II, III, and IV; and pay an administrative penalty of $2,000 within 90 days. The Board found that although Dr. Clark-Reed was not the initial physician for the patients when she joined the practice in 2009, she was an integral part of perpetuating prescriptions of controlled substances non-therapeutically. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Echols-Elliott, Sabrina Marie, M.D., Lic. No. K9261, Houston

On May 2, 2014, the Board and Sabrina Marie Echols-Elliot, M.D., entered into a Mediated Agreed Order requiring Dr. Echols-Elliott to within seven days request modification of her DEA/DPS controlled substances registration certificates to eliminate Schedule II and III; be prohibited from prescribing all opioids and benzodiazepines regardless of DEA classification and prescribing carisoprodol; not treat chronic pain patients; not delegate prescriptive authority to a physician assistant or advanced practice nurse, but may supervise a physician assistant or advanced practice nurse for other medical acts delegated to them by Dr. Echols-Elliott; have her practice monitored by another physician for eight consecutive monitoring cycles; within one year complete the physician prescribing course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program; within one year complete at least 16 hours of CME, divided as follows: eight hours in medical recordkeeping and eight hours in risk management; and pay an administrative penalty of $1,500 within 120 days. The Board found Dr. Echols-Elliott failed to adequately supervise her midlevel providers that provided care and treatment for patients at CJ Medical Clinic which was owned and operated by Dr. Echols-Elliott, medical records for the patients treated at CJ Medical Clinic revealed that treatment was below the standard of care, patients were non-therapeutically prescribed medications that included controlled substances, and were inconsistent with Board rules establishing the requirements for adequate medical records. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Ng, Federico Roman, M.D., Lic. No. J6623, San Antonio

On May 2, 2014, the Board and Federico Roman Ng, M.D., entered into an Agreed Order requiring Dr. Ng to have his practice monitored by another physician for eight consecutive monitoring cycles; complete the physician-patient boundaries course offered by the University of California San Diego Physician Assessment and Clinical

Education (PACE) program; within one year complete at least 28 hours of CME, divided as follows: eight hours in medical recordkeeping, eight hours in identifying drug-seeking behaviors, eight hours in risk management, and four hours in ethics; and pay an administrative penalty of $1,000 within 90 days. The Board found Dr. Ng prescribed controlled substances to himself and individuals in a close personal relationship to himself without appropriately establishing a physician-patient relationship; prescribed substances to two patients, his girlfriend at the time, and his girlfriend's son, beyond the 72-hour period of immediate need; prescribed controlled substances to himself on two occasions, and violated the standard of care by treating patients in close personal relationship to himself without maintaining adequate medical records or referring those patients to their own physicians.

VIOLATION OF PRIOR ORDER

• Judd, Kathryn, D.O., Lic. No. M8065, San Antonio

On May 2, 2014, the Board and Kathryn Judd, D.O., entered into an Agreed Order requiring Dr. Judd to pay an administrative penalty of $1,000 within 60 days and making public the Confidential Agreed Licensure Rehabilitation Order entered on September 5, 2007, and the Agreed Order Modifying Confidential Agreed Licensure Rehabilitation Order entered on November 30, 2012. All terms as modified and attached to this Order remain in effect.

Koch, Justin Lee, M.D., Lic. No. M7339, Lake Charles, LA

• On May 2, 2014, the Board and Justin Lee Koch, M.D., entered into a Mediated Agreed Order prohibiting Dr. Koch from practicing medicine in Texas until he meets the following requirements: request permission in writing to resume practice in Texas; personally appear before the Board to orally petition for permission to resume practice in Texas; and provide clear and convincing evidence that he is physically, mentally, and otherwise competent to safely practice medicine. The Order also requires Dr. Koch to maintain full compliance with all terms of the Louisiana Physicians Health Program contract; maintain full compliance with all terms of the Texas Physician Health Program contract; and comply with all terms and conditions of his Louisiana State Board of Medical Examiners' Consent Order. The Board found Dr. Koch violated the Agreed Order he entered into with the Texas Medical Board on November 9, 2009, when he failed to abstain from the consumption of alcohol. Dr. Koch was under investigation

for his role as a supervising physician at a pain management clinic in Texas and for failing to supervise midlevel providers at that clinic. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Le, Richard Allen, M.D., Lic. No. L0372, Houston

On May 2, 2014, the Board and Richard Allen Le, M.D., entered into an Agreed Order requiring Dr. Le to pay an administrative penalty of $1,000 within 60 days. The Board found Dr. Le violated his prior order because he did not obtain the CME hours required within the time set out in the order.

• Quintana, Oscar Francisco, M.D., Lic. No. K5672, Houston

On May 2, 2014, the Board and Oscar Franciso Quintana, M.D., entered into an Agreed Order requiring Dr. Quintana to undergo an independent medical evaluation and follow any and all recommendations for care and treatment. The Board found Dr. Quintana violated his 2004 Order, as modified, by testing positive for EtG/EtS, indicating he may have consumed alcohol in violation of the abstention provision of his order.

VIOLATION OF BOARD RULES

• Keepers, Jerry M., M.D., Lic. No. G1453, Friendswood

On May 2, 2014, the Board and Jerry M. Keepers, M.D., entered into an Agreed Order requiring Dr. Keepers to within one year complete at least four hours of CME in risk management; and within one year and three attempts pass the Medical Jurisprudence Exam. The Board found Dr. Keepers failed to maintain adequate tracking logs related to controlled substances and failed to adequately secure controlled substances.

• Mack, William Harold, M.D., Lic. No. D3923, Houston

On May 2, 2014, the Board and William Harold Mack, M.D., entered into an Agreed Order requiring Dr. Mack to within 30 days furnish the Board's Executive Director copies of delegation orders and protocols related to the EMS companies for which Dr. Mack is serving as Medical Director; within one year complete at least 16 hours of CME, divided as follows: 12 hours in EMS medical direction and four hours in risk management; and within one year complete the required 24 hours of CME regarding Dr. Mack's license

renewal period of 2011 and 2013, with at least two of the CME hours in medical ethics and/or professional responsibility, as required by Board rules. The Board found Dr. Mack failed to adequately supervise the EMS companies under his supervision, failed to notify the Board at the time of his registration of his position of medical director for numerous EMS companies, failed to meet additional educational requirements for physicians serving as off-line directors of EMS companies, failed to obtain a waiver for holding a position as off-line medical director for more than 20 EMS companies, made attempts to inform DSHS of his intent to terminate his relationship with several EMS companies, but did not comply with the rules of such reporting, and failed to meet his annual CME requirements by failing to take 24 hours of Category I CME within the last year.

TEXAS PHYSICIANS HEALTH PROGRAM (PHP) VIOLATION

• Klima, Eva, M.D., Lic. No. H9227, Carrollton

On May 2, 2014, the Board and Eva Klima, M.D., entered into an Agreed Order requiring Dr. Klima to within 30 days submit to an evaluation by the Texas Physician Health Program and comply with any and all recommendations; not treat or otherwise serve as a physician for herself, immediate family, and shall not prescribe dispense, administer or authorize controlled substances or dangerous drugs with addictive potential or potential for abuse to Dr. Klima or Dr. Klima's immediate family, with the exception of drugs prescribed by another physician for legitimate medical purposes and in compliance with the orders and directions of such physician; within one year and three attempts pass the Medical Jurisprudence Exam; and within one year complete at least eight hours of CME in ethics. The Board found Dr. Klima was referred back to the Board from the Texas Physician Health Program for non-compliance after testing positive for prohibited substances.

INADEQUATE MEDICAL RECORDS

• Bruce, Lena Rochelle, M.D., Lic. No. H6081, Santa Fe

On May 2, 2014, the Board and Lena Rochelle Bruce, M.D., entered into an Agreed Order requiring Dr. Bruce to have her practice monitored by another physician for four consecutive monitoring cycles; and within one year complete at least 16 hours of CME, divided as follows: four hours in medical recordkeeping, eight hours in pain

management and four hours in identifying drug seeking behavior. The Board found Dr. Bruce's documentation of her treatment of patients was inadequate and did not accurately reflect her thought process and treatment decisions, and Dr. Bruce failed to meet the Board's guidelines for the treatment of chronic pain related to documentation of treatment.

• McClain, Gregory Dewayne, M.D., Lic. No. N3408, Columbia, MD

On May 2, 2014, the Board and Gregory Dewayne McClain, M.D., entered into an Agreed Order requiring Dr. McClain to complete at least eight hours of CME, divided as follows: four hours in medical recordkeeping and four hours in risk management. The Board found Dr. McClain failed to adequately document his treatment of three patients.

• Smith, Renee Christine, M.D., Lic. No. L6649, Decatur

On May 2, 2014, the Board and Renee Christine Smith, M.D., entered into a Mediated Agreed Order requiring Dr. Smith to within one year successfully complete the medical recordkeeping course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program. The Board found Dr. Smith did not document alternative treatments during the labor process and failed to timely recognize and address the signs and symptoms of the patient's bowel injury. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Stephens, Chad Bryan, D.O., Lic. No. L3143, Decatur

On May 2, 2014, the Board and Chad Bryan Stephens, D.O., entered into a Mediated Agreed Order requiring Dr. Stephens to within one year complete at least 16 hours of CME, divided as follows: eight hours in medical recordkeeping and eight hours in risk management; and pay an administrative penalty of $3,000 within 60 days. The Board found Dr. Stephens failed to timely assess Patient 1's post-surgery blood pressure and that Dr. Stephens' medical records were inadequate for both patients and could use improvement by giving more detail. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

• Weber, Ammon D., M.D., Lic. No. M4646, Borger

On May 2, 2014, the Board and Ammon D. Weber, M.D., entered into an Agreed Order requiring Dr. Weber to within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least 24 hours of CME, divided as follows: eight hours in ethics, eight hours in handling high risk pregnancy cases, and eight hours in medical recordkeeping. The Board found Dr. Weber failed to document that he discussed with a patient the risks and benefits associated with performing a cesarean section for a stillbirth rather than a vaginal delivery, and failed to document that he obtained informed consent from the patient for a tubal ligation, or timely document that he performed the ligation (it was later added to the record as an addendum).

NON-CERTIFIED RADIOLOGICAL TECHNICIAN

• Arreola, Laura, N.C.T. Permit No. NC05220, Raymondville

On March 31, 2014, the Board entered an order of automatic suspension regarding the non-certified radiologic technician permit of Laura Arreola. The Board suspended Ms. Arreola's permit and ordered her to cease practicing as an NCT in Texas due to unprofessional conduct by defaulting on her student loan.

CEASE AND DESIST

• Ahee, Steven, No License, Dallas

On May 2, 2014, the Board entered an Agreed Cease and Desist Order regarding Steven Ahee, prohibiting him from practicing medicine in the State of Texas. Mr. Ahee shall cease and desist any practice of medicine. The Board found Mr. Ahee has engaged in the unlicensed practice of medicine by administering injections of Spascupreel and Cortisone to a patient in his chiropractic practice on May 25, 2012, from a supply that was prescribed to him by his treating physician.

• Jimenez, Julio, No License, San Antonio

On May 2, 2014, the Board entered an Agreed Cease and Desist Order regarding Julio Jimenez, prohibiting him from practicing medicine in the State of Texas. Mr. Jimenez shall cease and desist any practice of medicine, and shall cease and remove all publications noted. The Board found Mr. Jimenez has published information including Internet websites and other postings, that represents that he is a medical doctor,

including the use of the term “doctor" or “Dr." associated with Mr. Jimenez's name, and that he evaluates or treats any medical or physical conditions, including any chronic conditions, of persons.