

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

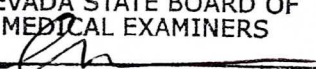
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5 **In the Matter of Charges and**
6 **Complaint Against**
7 **CARLOS ENRIQUE FONTE, M.D.,**
8
9 **Respondent.**

Case No. 18-9800-01

FILED

JAN - 2 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

10 **FIRST AMENDED COMPLAINT**

11 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board)
12 hereby issues this First Amended Complaint (Complaint) against Carlos Enrique Fonte, M.D.
13 (Respondent), a licensed physician in Nevada. After investigating this matter, the IC¹ has a
14 reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes
15 (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively the
16 Medical Practice Act). The IC alleges the following facts:

17 1. Respondent was licensed by the Board, pursuant to the provisions of the Medical
18 Practice Act, on August 25, 1990, and is currently licensed in active status (License No. 6114).

19 2. Patient A was a 90-year-old female at the time of the incidents in question. Her
20 name is not disclosed in this Complaint to protect her identity, but her identity is disclosed in the
21 Patient Designation contemporaneously served on Respondent with a copy of this First Amended
22 Complaint.

23 3. At the time of the events in question, Patient A was a resident of a nursing home in
24 Las Vegas, Nevada, and suffered from dementia, among other conditions.

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27 ¹The Investigative Committee of the Nevada State Board of Medical Examiners, at the time of filing of this First
28 Amended Complaint was approved, was composed of Board members Mr. M. Neil Duxbury, Chairman, Aury Nagy,
M.D., and Michael C. Edwards, M.D., FACS.

1 4. On October 7, 2014, at a location outside of the nursing home, Respondent
2 implanted a pacemaker for Patient A, with no apparent complications at that time.

3 5. On October 20, 2014, Patient A complained of pain in her left hip and staff
4 reported a popping noise from the hip area upon movement of her left leg. An x-ray was ordered,
5 which showed no fracture or acute dislocation.

6 6. On October 21, 2014, nursing staff at the nursing home noted that Patient A's left
7 foot was cool to the touch and exhibited skin color changes.

8 7. On October 21, 2014, a venous duplex ultrasound was performed. It revealed no
9 evidence of a deep vein thrombosis. However, on the same date, an arterial duplex ultrasound
10 revealed "no flow present" in Patient A's left proximal superficial femoral artery, left popliteal
11 artery, left anterior and posterior tibial arteries, and left dorsalis pedis artery. The report stated
12 that there was "severe mild atherosclerotic plaquing in the left lower extremity with no detectable
13 flow beyond the distal thigh." Further evaluation with a computed tomography (CT) angiogram
14 was recommended.

15 8. From October 21, 2014 through October 29, 2014, Patient A's progress notes
16 indicated that Patient A's left leg was cool to the touch, exhibited skin color changes and Patient
17 A continued to experience pain in her left leg. Patient A was treated for pain.

18 9. On October 24, 2014, Patient A had a follow-up visit with Respondent for the
19 pacemaker implant. Upon information and belief, Respondent had limited medical records from
20 the nursing home and from Patient A's primary care provider for the October 24, 2014 follow-up
21 visit. Her primary care provider also had not contacted Respondent regarding Patient A's recent
22 condition since October 20, 2014 and did not alert him to any concerns regarding Patient A's leg.

23 10. Respondent's medical records for the October 24, 2014 follow-up visit with Patient
24 A do not reflect the pain she had been experiencing in her left leg and do not indicate the pain
25 medication she had been taking since October 20, 2014. Respondent's medical records of October
26 24, 2014, further reflect that Respondent examined Patient A's legs and noted that pulses were
27 palpable and symmetrical, even though the arterial duplex ultrasound on October 21, 2014,
28 detected no flow present in Patient A's left leg below the femoral artery. Respondent's medical

1 records of October 24, 2014, listed eleven medications that Patient A was taking, but omitted the
2 hydrocodone she had been prescribed since October 20, 2014.

3 11. On October 29, 2014, Patient A was taken by ambulance to the emergency
4 department.

5 12. On October 29, 2014, Patient A underwent an ultrasound of her lower left leg and
6 an emergency angiogram, which showed total occlusion of the left limb aortic stent graft, left
7 common iliac, external iliac and common femoral arteries. The attending surgeon's initial
8 assessment was that the leg would have to be amputated either above or below the knee.

9 13. On October 30, 2014, Patient A was taken to surgery for a bilateral, common
10 femoral endarterectomy, left profunda femoral endarterectomy, and a right femoral to left femoral
11 Gore-Tex graft, which surgery was successful and ultimately saved Patient A's leg from
12 amputation.

13 COUNT I

14 **(Failure to Maintain Timely, Legible, Accurate and Complete Medical Records)**

15 14. All of the allegations contained in the above paragraphs are hereby incorporated by
16 reference as though fully set forth herein.

17 15. NRS 630.3062(1)(a) provides that failure to maintain timely, legible, accurate and
18 complete medical records relating to the diagnosis, treatment and care of a patient is grounds for
19 initiating disciplinary action against a licensee.

20 16. Respondent failed to keep accurate and complete medical records when he
21 documented, *inter alia*, that Patient A's left leg had palpable and symmetrical pulses, normal
22 dorsalis pedis pulses, and normal posterior tibial pulses, in spite of an arterial duplex ultrasound
23 that only days earlier detected no flow beyond the femoral artery, and Respondent failed to keep
24 accurate and complete medical records, as demonstrated by the fact that Respondent's medical
25 records further listed 11 medications that Patient A was taking, but omitted the hydrocodone that
26 she had been prescribed since October 20, 2014.

27 17. By reason of the foregoing, Respondent is subject to discipline by the Board as
28 provided in NRS 630.352.

1 **WHEREFORE**, the IC prays:

2 1. That the Board give Respondent notice of the charges herein against him and give
3 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2)
4 within twenty (20) days of service of the Complaint;

5 2. That the Board set a time and place for a formal hearing after holding an Early
6 Case Conference pursuant to NRS 630.339(3);

7 3. That the Board determine what sanctions to impose if it finds and concludes that
8 there has been a violation or violations of the Medical Practice Act committed by Respondent;

9 4. That the Board make, issue and serve on Respondent its findings of fact,
10 conclusions of law and order, in writing, to include sanctions to be imposed; and

11 5. That the Board take such other and further action as may be just and proper in these
12 premises.

13 DATED this 2nd day of January, 2020.

14
15 INVESTIGATIVE COMMITTEE OF THE
16 NEVADA STATE BOARD OF MEDICAL EXAMINERS

17 By: _____

18 Donald K. White, Esq.
19 Deputy General Counsel
20 Attorney for the Investigative Committee
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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing First Amended Complaint against the Respondent herein; that he has read the foregoing First Amended Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing First Amended Complaint against Respondent are true, accurate and correct.

Dated this 2nd day of January, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

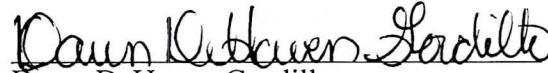
By: M. Neil Duxbury
M. Neil Duxbury, Chairman

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 2nd day of January, 2020, I served a filed copy of COMPLAINT, via USPS e-certified return receipt mail to the following:

Carlos Enrique Font, M.D.
c/o David J. Mortensen, Esq.
Messner Reeves, LLP
8945 W. Russell Road, Suite 300
Las Vegas, NV 89101

Dated this 2nd day of January, 2020.


Dawn DeHaven Gordillo
Legal Assistant