

BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA

\* \* \* \* \*

In the Matter of Charges and Complaint  
Against:  
JON L. SIEMS, M.D.,  
Respondent.

Case No. 19-13009-2

FILED

NOV 25 2020

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners (“Board”) hereby issues this formal Complaint against Jon L. Siems, M.D. (hereinafter referred to as Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act).

The IC alleges the following facts:

1. Respondent is currently, and was at all times relevant to this Complaint, licensed in active status (License No. 9250). Respondent was issued his license from the Board on December 20, 1999, pursuant to the provisions of NRS Chapter 630.

Patient A

2. Patient A was between the ages of forty-six (46) years old and fifty-four (54) years old during the time of the events at issue. Her true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. Patient A initially saw Respondent on or about July 26, 2007, for a Lasik evaluation.

<sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners, at the time the filing of this Complaint was approved, was composed of Wayne Hardwick, M.D., Mr. M. Neil Duxbury, and Aury Nagy, M.D..

1           4.       Respondent diagnosed Patient A with keratoconus based on orbscans performed by  
2 Respondent.

3           5.       Respondent implanted Intacs for Patient A soon thereafter reportedly to stabilize  
4 her corneas.

5           6.       Patient A reported to Respondent's office on or about August 24, 2007 for her  
6 surgery to implant the Intacs and signed an informed consent.

7           7.       The informed consent made no mention of corneal instability but referred to  
8 implantation of Intacs to correct nearsightedness.

9           8.       Over the next six years, approximately, Patient A visited Respondent and his  
10 associates 27 times, during which she complained of poor vision and recurrent episodes of corneal  
11 inflammation, requiring treatment with ocular lubricants, topical steroids, and both corrective and  
12 bandage contact lenses.

13          9.       On or about June, 21, 2012, Respondent diagnosed Patient A with peripheral  
14 corneal vascularization and protein deposits around the Intacs.

15          10.      Patient A's last visit to Respondent was October 12, 2013, with best corrected  
16 vision of 20/50 with doubling of myopia to -6.00 diopters in both eyes.

17          11.      Patient A continued to have discomfort and vision problems following her final  
18 visit to Respondent.

19          12.      Patient A sought relief through other eye care professionals for a period of  
20 approximately two more years.

21          13.      One of those doctors removed the Intacs from Patient A's left eye on June 11,  
22 2015, and from her right eye on August 1, 2015, at which time her vision improved and the  
23 corneal vascularization began to dissipate.

24          14.      The medical records Respondent provided fail to document clearly defined  
25 indications and documentation for the diagnosis and treatment of keratoconus.

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1                                    **COUNT I**

2                                    **NRS 630.301(4) (Malpractice)**

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

5             16.     NRS 630.301(4) provides that malpractice by a physician is grounds for initiating  
6 disciplinary action against a licensee.

7             17.     NAC 630.040 defines malpractice as the failure of a physician, in treating a patient,  
8 to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

9             18.     As demonstrated by, but not limited to, the above-outlined facts, Respondent failed  
10 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in  
11 treating Patient A when he did not provide alternative treatment for the discomfort she suffered for  
12 the three to four years that Respondent continued treating Patient A following the placement of the  
13 Intacs.

14            19.     By reason of the foregoing, Respondent is subject to discipline by the Board as in  
15 NRS 630.352.

16                                    **COUNT II**

17                                    **NRS 630.3062(1)(a) (Failure to Maintain Proper Medical Records)**

18            20.     All of the allegations in the above paragraphs are hereby incorporated by reference  
19 as though fully set forth herein.

20            21.     NRS 630.3062(1)(a) provides that the failure to maintain complete medical records  
21 relating to the diagnosis, treatment and care of a patient constitutes grounds for initiating  
22 disciplinary action against a licensee.

23            22.     Respondent failed to maintain complete medical records/notes relating to the  
24 diagnosis, treatment and care of Patient A when he failed to document clearly defined indications  
25 and documentation for the diagnosis and treatment of keratoconus.

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

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COUNT III

**NRS 630.3065(2)(a) - (Knowing or Willful Failure to Comply with a Board Order)**

24. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

25. On December 1, 2015, the IC sent Respondent an Order to Produce Medical Records which provided 21 days to respond with medical records for Patient A.

26. Respondent did not send Patient A's medical records within 21 days.

27. On May 25, 2016, the IC sent Respondent a Second Request letter which provided 14 days to respond with medical records for Patient A.

28. On June 10, 2016, Respondent sent his response letter with attached medical records for Patient A.

29. On June 26, 2020, the IC hand-delivered their Prehearing disclosures to Respondent.

30. On June 29, 2020, the Prehearing Conference took place, telephonically, and all parties were present.

31. On September 30, 2020, the parties began the Hearing as scheduled. Respondent was present in Las Vegas via videoconferencing.

32. During the first morning of the Hearing on September 30, 2020, it became apparent that Respondent had more medical records for Patient A than he provided to the Board.

33. NRS 630.3065(2)(a) provides that the knowing or willful failure to comply with an order of the Board constitutes grounds for initiating disciplinary action.

34. Respondent knowingly or willfully failed to comply with an order of the Board when he failed to send a complete set of Patient A's medical records to the IC.

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

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**WHEREFORE**, the Investigative Committee prays:

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

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

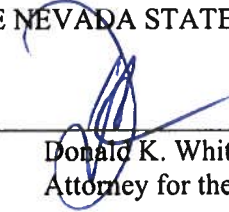
3. That the Nevada State Board of Medical Examiners determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Nevada State Board of Medical Examiners make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this 24th day of November, 2020.

INVESTIGATIVE COMMITTEE OF  
THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:   
Donald K. White, Esq., Deputy General Counsel  
Attorney for the Investigative Committee

VERIFICATION

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STATE OF NEVADA            )  
  : ss.  
COUNTY OF WASHOE        )

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

DATED this 24 day of November, 2020.

INVESTIGATIVE COMMITTEE OF  
THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

*M. NEIL DUXBURY*

\_\_\_\_\_  
M. Neil Duxbury, Chairman

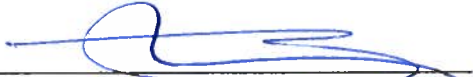
OFFICE OF THE GENERAL COUNSEL  
Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, Nevada 89521  
(775) 688-2559

**CERTIFICATE OF SERVICE**

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 25th day of November, 2020, I served a file-stamped copy of the foregoing **FIRST AMENDED COMPLAINT**, via U.S. Certified Mail to the following parties:

Jon L. Siems, M.D.  
8230 West Sahara Avenue, Suite 111  
Las Vegas, NV 89117  
*Certified Mail Receipt No.:* **9171 9690 0935 0241 6187 88**

DATED this 25th day of November, 2020.

  
Mercedes Fuentes, Legal Assistant  
Nevada State Board of Medical Examiners

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