BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and **Complaint Against** **BRUCE A. SPERO, M.D.,** **Respondent.**	**Case No. 12-10270-1**

FILED
DEC 28 2012
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: ____

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

COMPLAINT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), composed at the time of filing of Benjamin J. Rodriguez, M.D., Chairman, Beverly A. Neyland, M.D., Member, and Donna A. Ruthe, Member, by and through Erin L. Albright, Esq., Board's Deputy General Counsel and counsel for the IC, having a reasonable basis to believe that Bruce A. Spero, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 (Medical Practice Act), hereby issues its formal Complaint, stating the IC's charges and allegations as follows:

FACTUAL BACKGROUND

The following factual background is pertinent to a determination on this matter.

A. Respondent's Licensure Status and Employment

1. Respondent is currently licensed in active status (License No. 7904), and has been so licensed by the Board since July 24, 1996, pursuant to the provisions of the Medical Practice Act.

2. At all times alleged herein, Respondent worked as the psychiatrist in the Mental Health Unit (MHU) at the Northern Nevada Correctional Center (NNCC) in Carson City, Nevada until his employment was terminated on May 6, 2011.

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B. Patient A

3. Patient A was a thirty-nine (39)-year-old male with a history of schizophrenia at the time of the incidents in question. His true identity is not disclosed in this Complaint to protect his identity, but his identity is disclosed in the Patient Designation contemporaneously served on Respondent with a copy of this Complaint.

4. On March 24, 2011, Patient A was admitted to the MHU.

5. On March 30, 2011, Respondent evaluated Patient A and diagnosed him as psychotic. Respondent scheduled Patient A to attend the Forced Medication Panel (FMP) since Patient A was refusing to take his medication.

6. On April 22, 2011, Patient A attended the FMP, where he was again diagnosed as psychotic. The FMP revoked Patient A's right to refuse to take his medication due to his diminished mental state.

7. On April 27, 2011, Respondent evaluated Patient A and again diagnosed him as psychotic. Respondent prescribed Patient A a new antipsychotic medication.

8. On May 4, 2011, Respondent evaluated Patient A and discharged him from the MHU.

9. On May 6, 2011, Respondent's employment with NNCC was terminated. On that same date, Patient A was re-evaluated by a different psychiatrist/psychologist. Patient A was diagnosed as still suffering from psychotic episodes; therefore, Patient A's discharge order was discontinued.

10. On August 28, 2011, Patient A was discharged from the MHU.

C. Patient B

11. Patient B was a forty-nine (49)-year-old male with a history of schizophrenia at the time of the incidents in question. His true identity is not disclosed in this Complaint to protect his identity, but his identity is disclosed in the Patient Designation contemporaneously served on Respondent with a copy of this Complaint.

12. On April 14, 2011, Patient B was admitted to the MHU.

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13. On April 15, 2011, Respondent evaluated Patient B and noted in his chart that Patient B was stable and an inappropriate admit to the MHU. Respondent ordered Patient B discharged despite the fact that Patient B was scheduled to attend classification on April 21, 2011.

14. On April 27, 2011, Respondent ordered Patient B to attend the FMP, despite the patient's discharge order, because the patient was refusing to take his medication.

15. On May 6, 2011, Respondent's employment with NNCC was terminated.

16. On May 19, 2011, Patient B was re-evaluated by a different psychiatrist/psychologist and his discharge order from the MHU was cancelled as the patient's mental health status remained the same as it was on intake.

17. On June 3, 2011, Patient B was discharged from the MHU.

D. Patient C

18. Patient C was a forty-five (45)-year-old male with a history of bipolar with manic episodes, suicidal tendencies and violence at the time of the incidents in question. His true identity is not disclosed in this Complaint to protect his identity, but his identity is disclosed in the Patient Designation contemporaneously served on Respondent with a copy of this Complaint.

19. On April 25, 2011, Patient C was admitted to the MHU. Patient C's chart noted that he was allergic to Haldol, an antipsychotic medication.

20. On April 27, 2011, Respondent evaluated Patient C and ordered that Patient C receive five (5) milligrams of Haldol intramuscularly every five (5) minutes until sedate. Respondent placed a prescribed as necessary order for five (5) milligrams of Haldol to be administered to Patient A intramuscularly until sedate for the next thirty (30) days when the patient appeared to be suffering from extreme agitation.

21. On April 29, 2011, Respondent discontinued Patient C's Geodon, an antipsychotic medication, and placed the patient on suicide watch. Respondent again ordered Patient C receive five (5) milligrams of Haldol intramuscularly every five (5) minutes until sedate. Respondent also ordered that Patient C receive ten (10) milligrams of Haldol intramuscularly for the next thirty (30) days. Patient C received ten (10) milligrams of Haldol intramuscularly daily until May 6, 2011.

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22. On April 30, 2011, Patient C again received five (5) milligrams of Haldol intramuscularly until sedate.

23. From April 29, 2011 through May 3, 2011, Patient C was agitated, aggressive and on suicide watch.

24. On May 4, 2011, Respondent evaluated Patient C, found him to be stable, and ordered him discharged from the MHU.

25. On May 6, 2011, Respondent's employment with NNCC was terminated. On that same date, Patient C was evaluated by another psychiatrist/psychologist, who discontinued the Haldol injections because they were causing Patient C increased agitation and anxiety. The patient was restarted on the Geodon and his discharge from the MHU was cancelled.

26. On July 26, 2011, Patient C was discharged from the MHU.

E. Patient D

27. Patient D was a thirty-five (35)-year-old male with a history of schizophrenia and violence at the time of the incidents in question. His true identity is not disclosed in this Complaint to protect his identity, but his identity is disclosed in the Patient Designation contemporaneously served on Respondent with a copy of this Complaint.

28. On March 23, 2011, Patient D was admitted to the MHU. Respondent evaluated Patient D, noted the patient was rude, uncooperative, and unresponsive. Respondent diagnosed Patient D as psychotic and prescribed Prolixin decanoate.

29. From March 23, 2011 through May 4, 2011, Patient D was noted by MHU staff as being consistently rude, uncooperative and unresponsive. However, this behavior was attributed to his severely diminished mental state.

30. On May 4, 2011, Respondent evaluated Patient D. During the evaluation, Respondent asked Patient D multiple questions. Patient D appeared puzzled and did not respond. Respondent threatened to withhold Patient D's anti-anxiety medication if he would not cooperate. Respondent then ordered the patient back to his cell and the nurses to administer five (5) milligrams of Haldol intramuscularly to Patient D until sedate. A total of twenty-five (25)

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milligrams of Haldol was administered to Patient D. After administration of the Haldol, Patient D began screaming and was more agitated and violent.

31. On May 6, 2011, Respondent's employment with NNCC was terminated. On that same date, another psychiatrist/psychologist evaluated Patient D. Patient D's order for Haldol until sedate was discontinued because it was causing the patient increased agitation.

32. As of October 2011, Patient D had not been discharged from the MHU.

F. Patient E

33. Patient E was a thirty (30)-year-old male with a history of schizophrenia at the time of the incidents in question. His true identity is not disclosed in this Complaint to protect his identity, but his identity is disclosed in the Patient Designation contemporaneously served on Respondent with a copy of this Complaint.

34. On March 24, 2011, Patient E was admitted to the MHU.

35. On March 30, 2011, Respondent ordered Patient E's Prolixin decanoate, an antipsychotic medication, discontinued and his Zyprexa, an antipsychotic medication, increased.

36. From March 30, 2011 through April 4, 2011, Patient E was observed by the MHU staff responding to internal stimuli.

37. On April 13, 2011, Patient E was evaluated by the staff psychologist who recommended that Patient E participate in the MHU program.

38. On April 15, 2011, Respondent ordered Patient E discharged from the MHU.

39. On April 29, 2011, Patient E was re-admitted to the MHU.

40. On May 4, 2011, Respondent evaluated Patient E and noted that he was argumentative and uncooperative. Respondent noted that Patient E failed the trial period of Zyprexa and re-prescribed Prolixin decanoate. Respondent also prescribed Cogentin, an anti-seizure medication.

41. On May 6, 2011, Respondent's employment with NNCC was terminated.

42. As of October 2011, Patient E had not been discharged from the MHU.

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G. **Patient F**

43. Patient F was a thirty-two (32)-year-old male with a history of schizophrenia at the time of the incidents in question. His true identity is not disclosed in this Complaint to protect his identity, but his identity is disclosed in the Patient Designation contemporaneously served on Respondent with a copy of this Complaint.

44. On April 14, 2011, Patient F was admitted to the MHU on suicide watch. When he was admitted to the MHU, Patient F was taking fifty (50) milligrams of Thorazine daily and one hundred (100) milligrams of Zoloft daily.

45. On April 15, 2011, Respondent ordered Patient F's Thorazine increased to one hundred fifty (150) milligrams daily.

46. From April 14, 2011 through April 20, 2011, Patient F remained on suicide watch because voices were telling him to harm himself and others.

47. On April 20, 2011, Respondent ordered Patient F's Thorazine, an antipsychotic medication, increased to two hundred (200) milligrams daily even though the patient was beginning to stabilize.

48. On April 21, 2011, Patient F was seen in classification. It was noted that his mental health status was improving, therefore, he was allowed to program with the other inmates in MHU.

49. On April 22, 2011, Respondent noted in Patient F's chart that he was stable and ordered Patient F discharged from the MHU, despite the fact that the patient was still hearing voices.

50. On April 27, 2011, Respondent evaluated Patient F and noted that he was experiencing auditory hallucinations. To combat the auditory hallucinations, Respondent discontinued Patient F's Thorazine and prescribed Benadryl, Cogentin and daily intramuscular injections of five (5) milligrams of Haldol. Respondent did not cancel Patient F's discharge order.

51. On May 4, 2011, Respondent evaluated Patient F and noted that he was exhibiting auditory hallucinations. When Patient F informed Respondent that the Haldol injections made him itch, Respondent noted the patient did not exhibit allergic symptoms to Haldol. Respondent

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noted Patient F was malingering; therefore, Respondent ordered all of Patient F's medications discontinued. He also ordered that the patient not be allowed to program with the other inmates in the MHU and that the patient be transferred back to his detention facility as soon as possible. Respondent did not prescribe any replacement medications to Patient F.

52. On May 6, 2011, Respondent's employment with NNCC was terminated. On that same date, Patient F was evaluated by another psychiatrist/psychologist and his discharge order was cancelled. In addition, Patient F was re-prescribed Thorazine and Zoloft and allowed to resume programming with the other patients in MHU.

53. As of October 2011, Patient F had not been discharged from the MHU.

H. Respondent's Medical Records for Patients A through F

54. Respondent's documentation regarding his medical decision making for Patients A through F is inadequate and/or incomplete. Respondent's brief entries do not support the acuity of each patient's mental illness, Respondent's changes in each patient's treatment, Respondent's changes regarding each patient's medication, Respondent's discharge orders, and/or Respondent's placement of each patient.

COUNT I

(Six Violations of NRS 630.301(4))

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

57. Nevada Administrative Code (NAC) 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

58. Respondent failed to use reasonable care, skill or knowledge ordinarily used under similar circumstances when he, as outlined above, engaged in abusive and/or cruel medication practices, inappropriately discharged patients, unnecessarily used chemicals and/or medications to sedate patients, inadequately evaluated patients, and/or failed to consider differential diagnosis.

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

COUNT II

(Six Violations of NRS 630.3062(1))

60. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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

62. Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patients A through F when he wrote inaccurate, incomplete, untimed and/or illegible entries in the charts of Patients A through F, as outlined above.

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

COUNT III

(Six Violations of NRS 630.306(7))

64. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

65. NRS 630.306(7) provides that the continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field is grounds for initiating discipline against a licensee.

66. Respondent failed to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in the same specialty or field when he, as outlined above, engaged in abusive and/or cruel medication practices, inappropriately discharged patients, unnecessarily used chemicals and/or medications to sedate patients, inadequately evaluated patients, and/or failed to consider differential diagnosis.

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WHEREFORE, the Investigative Committee prays:

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

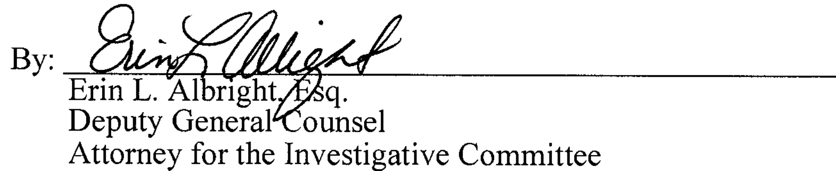
3. That the Board determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

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

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

DATED this 28th day of December, 2012.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS



By: ______________________
Erin L. Albright, Esq.
Deputy General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Benjamin J. Rodriguez, M.D., 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 Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, that he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 28th day of December, 2012.

Benjamin J. Rodriguez, M.D.

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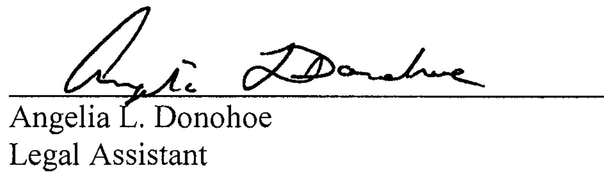
CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 28th day of December 2012; I served a filed copy of the Complaint, Patient Designation and Fingerprint information via USPS e- certified return receipt mail to the following:

Bruce A. Spero, M.D.
Carson Tahoe Physician Clinics
775 Fleischmann Way
Carson City, NV 89703

Dated this 28th day of December, 2012.



Angelia L. Donohoe
Legal Assistant

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