

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


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

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**In the Matter of Charges and
Complaint Against
Michael C. Braunstein, M.D.,
Respondent.**

Case No. 17-4698-1

FILED
NOV - 7 2017
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Michael C. Braunstein, M.D. (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:

I. Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 3143), and has been licensed by the Board since March 16, 1976. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time the filing of this Complaint was approved, was composed of Beverly A. Neyland, M.D., Rachakonda D. Prabhu, M.D., and Ms. Sandy Peltyn.

1 **II. Statement of Nevada Law Applicable to “Medical Spas” and “Medical Directors”**

2 **Part A – Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of**
3 **Medicine**

4 2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine
5 without being licensed by the Board under NRS 630, or by another medical professional licensing
6 board pursuant to chapters 631 to 637, inclusive, 639 or 640 of NRS.

7 3. Pursuant to NRS 630.020, the “practice of medicine” means either (1) to
8 diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity,
9 deformity or other condition, physical or mental, by any means or instrumentality, including, but
10 not limited to, the performance of an autopsy, or (2) to apply principles or techniques of medical
11 science in the diagnosis or the prevention of any such conditions, or (3) to offer, undertake,
12 attempt to do or hold oneself out as able to do any of the acts described in (1) and (2).

13 4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant
14 (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to
15 engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and
16 doing so is grounds for initiating disciplinary action or denying licensure.

17 5. Pursuant to the Medical Practice Act, the only means by which a practitioner may
18 lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the
19 practice of medicine is by delegating specific tasks to an adequately supervised and trained
20 “medical assistant.” Pursuant to NRS 630.0129, a “medical assistant” means a person who (a)
21 performs clinical tasks under the supervision of a practitioner, and (b) does not hold a license,
22 certificate or registration issued by a professional licensing or regulatory board in this State to
23 perform such clinical tasks; the term does not include a person who performs only administrative,
24 clerical, executive or other nonclinical tasks.

25 6. Pursuant to NRS 630.306(1)(r), a practitioner must adequately supervise his or her
26 medical assistants, and failing to do so is grounds for initiating disciplinary action or denying
27 licensure.

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1 7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible
2 for the safety and performance of each task which is delegated to a medical assistant. Pursuant to
3 NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a)
4 the delegating practitioner knows that the medical assistant possesses the knowledge, skill and
5 training to perform the task safely and properly; (b) the medical assistant is not required to be
6 certified or licensed to perform that task; and (c) the medical assistant is employed by the
7 delegating practitioner or the medical assistant and the delegating practitioner are employed by the
8 same employer.

9 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a
10 medical assistant, except in a specific case of emergency in a rural area.²

11 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a
12 medical assistant is delegated a task which involves an “invasive procedure”³, the delegating
13 practitioner must be immediately available to exercise oversight in person while the medical
14 assistant performs the task.

15 10. The term “medical director” is not recognized or defined under any Nevada law or
16 regulation pertaining to the professional conduct and responsibility of licensed medical
17 professionals, and no law authorizes so-called “medical directors” to violate or circumvent the
18 aforementioned statutes and regulations of the Medical Practice Act.

19 11. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and
20 NAC 630.800-840:

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25 ² Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the
26 delegating practitioner is physically located a significant distance from the location where the task is to be performed;
27 (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the
28 patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating
practitioner is immediately available by telephone or other means of instant communication during the performance of
the task by the medical assistant. As used in NAC 630.820, “rural area” means any area in this State other than Carson
City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

³ The Medical Practice Act does not define “invasive procedure,” however, NAC 449.9733 pertaining to Medical
Facilities defines “invasive procedure” as “a medical procedure involving entry into the human body by puncture or
incision or by insertion of an instrument.”

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- a. If a practitioner, whether by serving as a so-called “medical director” or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner may lawfully do so only by delegating tasks to an adequately supervised, competent and properly trained medical assistant.
- b. If a practitioner, whether by serving as a so-called “medical director” or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so by delegating specific tasks to an adequately supervised, competent and properly trained medical assistant, then (1) that unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without a license, and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to discipline for aiding and abetting the unlicensed practice of medicine.
- c. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called “medical director” or by some other relationship or circumstance, then the practitioner remains professionally responsible for the safety and performance of each task, and remains professionally responsible for ensuring that the proper employment relationships exist, that the medical assistant is properly knowledgeable, trained and skilled, that the medical assistant is adequately supervised, and the practitioner must be nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then he or she must be immediately available to exercise oversight in person while the medical assistant performs the task.
- d. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called “medical director” or by some other relationship or circumstance, and if the practitioner fails to adequately supervise that medical assistant as required under the circumstances, then that physician or physician assistant has

1 violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately
2 supervise a medical assistant.

3 **Part B – Cosmetologists, “Medical Spas” and “Medical Aestheticians,” and the Unlicensed**
4 **Practice of Medicine**

5 12. Pursuant to NRS 644.023, 644.024, 644.0207 and 644.026, and in accord with
6 NRS 630.400(1)(d) and 630.020, a licensed “cosmetologist” is not authorized by such license to
7 practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-
8 medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or
9 cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or
10 creams, cutting, trimming or shaping the hair, removing hair by electrolysis, depilatories, waxing
11 or tweezing, manicuring nails, massaging the skin, giving facials, and other miscellaneous non-
12 medical, cosmetological services.

13 13. Pursuant to NAC 644.368, a cosmetologist is further explicitly prohibited from
14 performing “invasive procedures,” which means for the purposes of professional licensing of
15 cosmetologists “an act that affects the structure or function of the skin other than the uppermost
16 layers of the skin,” and which for the sake of regulating the practice of cosmetologists includes,
17 without limitation, (a) the application of electricity for the sole purpose of contracting a muscle,
18 (b) the application of a topical lotion, cream or other substance which affects anything other than
19 the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of
20 the skin below the uppermost layers of the skin.

21 14. There is no such license as “medical aesthetician” authorized by any Nevada law or
22 issued by any Nevada sanctioned professional licensing body. The term “medical aesthetician” is
23 not recognized or defined under any Nevada law or regulation pertaining to the professional
24 conduct and responsibility of licensed medical professionals, and no law authorizes
25 cosmetologists to violate or circumvent the aforementioned statutes and regulations of the Nevada
26 Medical Practice Act by referring to themselves as “medical aestheticians.”

27 15. Accordingly, a Nevada licensed cosmetologist may not practice medicine in any
28 way, or perform invasive medical procedures or medical services of any kind, except as a

1 “medical assistant” to a Nevada licensed medical professional, i.e., either as the medical assistant
2 of a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and
3 NAC 630.800-830, as described above, or similarly as another type of professional “assistant,”
4 “hygienist,” “technician,” or other such designation, who is delegated tasks by and under the
5 direct supervision of another medical professional who is duly licensed pursuant to chapters 631
6 to 637, inclusive, 639 or 640 of NRS.

7 16. If a cosmetologist or so-called “medical aesthetician” practices or purports to
8 practice medicine in any way, unless he or she acts as a medical assistant and is delegated tasks
9 and is properly supervised by a professional medical practitioner, then he or she is violating NRS
10 630.400(1)(d) by practicing medicine without a license.

11 **Part C – Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic Devices**

12 17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation
13 adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating
14 disciplinary action.

15 18. Pursuant to NRS 454.201, a “dangerous drug” is any drug, other than a controlled
16 substance, unsafe for self-medication or unsupervised use, and includes, among other things, (1)
17 any drug which has been approved by the Food and Drug Administration for general distribution
18 and bears the legend: “Caution: Federal law prohibits dispensing without prescription,” and (2)
19 any drug which, pursuant to the Board’s regulations, may be sold only by prescription because the
20 Board has found those drugs to be dangerous to public health or safety.

21 19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or
22 furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal
23 prescription from a practitioner.

24 20. Pursuant to NRS 454.009, a “hypodermic” device is any syringe, needle,
25 instrument, device or implement intended or capable of being adapted for the purpose of
26 administering drugs by subcutaneous, intramuscular or intravenous injection.

27 21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her
28 possession or under his or her control any hypodermic device that is restricted by federal law to

1 sale by or on the order of a physician, unless the person has acquired possession of such device in
2 accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a
3 licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is
4 filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

5 22. Accordingly, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510,
6 a Nevada licensed cosmetologist is not permitted by Nevada law to possess, control, access,
7 prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a
8 Medical Assistant under the direct supervision of a Nevada licensed physician, physician assistant,
9 or other licensed medical professional, and then only if otherwise permitted and in compliance
10 with laws of regulating pharmacies and pharmaceuticals.

11 23. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled
12 substances or dangerous drugs must apply to the Pharmacy Board for a certificate of registration
13 to dispense controlled substances or dangerous drugs. A practitioner must submit a separate
14 application for each site of practice, including, without limitation, any remote site or satellite
15 consultation site, from which the practitioner wishes to dispense controlled substances or
16 dangerous drugs.

17 24. NAC 639.742(2) provides that if a facility from which the practitioner intends to
18 dispense dangerous drugs or controlled substances is not wholly owned and operated by the
19 practitioner, the owner or owners of the facility must also submit an application to the Pharmacy
20 Board for a license to do so.

21 25. NAC 639.742(3) provides in pertinent part that a dispensing practitioner and, if
22 applicable, the owner or owners of the facility, shall ensure that:

23 (b) All drugs are received and accounted for by the dispensing practitioner;

24 (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing
25 practitioner has the only key or lock combination;

26 (d) All drugs are dispensed in accordance with NAC 639.745⁴;

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⁴ NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous
drugs. (NRS 639.070, 639.0727)

- 1 (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-
- 2 site at the facility;
- 3 (f) All drugs are dispensed only to the patient personally at the facility;
- 4 (h) All drugs are dispensed only for medically necessary purposes and according to
- 5 prevailing standards of care for practitioners practicing in the specialty claimed or
- 6 practiced by the dispensing practitioner; and
- 7 (i) The certificate for each dispensing technician employed at the facility is
- 8 displayed in the room or cabinet in which drugs are stored.
- 9

10 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall:

11 (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

- 12 (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;
- 13 (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;
- 14 (3) The directions for use;
- 15 (4) The date the prescription was issued; and
- 16 (5) A unique identifying number.

17 (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

18 (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

19 (d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

20 (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

21 (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

22 2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

23 3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

24 (a) Maintained on paper, the record must:

- 25 (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;
- 26 (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

27 (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

28 (b) Maintained in a computer, the record must:

- (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;
- (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and
- (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

1 26. NAC 639.742(4)(a)-(b) provides in part that with regard to the filling and
2 dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing
3 technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

4 27. NAC 639.945(1) provides in pertinent part that the following acts or practices by a
5 holder of any license, certificate or registration issued by the Pharmacy Board or any employee of
6 any business holding any such license, certificate or registration are declared to be, specifically
7 but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

8 (i) Performing any of his or her duties as the holder of a license, certificate or
9 registration issued by the Board, or as the owner of a business or an entity licensed
10 by the Board, in an incompetent, unskillful or negligent manner.

11 (g) Supplying or diverting drugs, biologicals, medicines, substances or devices
12 which are legally sold in pharmacies or by wholesalers, so that unqualified persons
13 can circumvent any law pertaining to the legal sale of such articles.

14 (n) Dispensing a drug as a dispensing practitioner to a patient with whom the
15 dispensing practitioner does not have a bona fide therapeutic relationship.

16 (o) Prescribing a drug as a prescribing practitioner to a patient with whom the
17 prescribing practitioner does not have a bona fide therapeutic relationship.

18 28. NAC 639.945(2) provides that the owner of any business or facility licensed,
19 certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or
20 her employ.

21 29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board
22 regulations, a bona fide therapeutic relationship between the patient and practitioner shall be
23 deemed to exist if the patient was examined in person, electronically or telephonically by the
24 practitioner within the 6 months immediately preceding the date the practitioner dispenses or
25 prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a
26 condition for which a given drug therapy is prescribed.

27 30. Accordingly, any physician or physician assistant who – whether by serving as a
28 so-called “medical director” of, or by furnishing dangerous drugs or hypodermic devices to, or by

1 some other relationship or circumstance with any “medical spa” wherein dangerous drugs or
2 hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or
3 dispensed – engages in conduct that violates any regulation adopted by the Pharmacy Board,
4 including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the
5 Nevada Medical Practice Act and is subject to discipline by the Board.

6 **III. Respondent’s Medical Directorship of Spa Dorin**

7 31. At all relevant times alleged herein, Spa Dorin Body and Face LLC (Spa Dorin),
8 was a Nevada limited liability company with its principle place of business located at 4825 West
9 Flamingo Road, Suite 8, Las Vegas, Nevada 89103; Spa Dorin’s corporate status has since been
10 revoked by the Nevada Secretary of State, and is no longer in operation.

11 32. Respondent served as the “Medical Director” of Spa Dorin from September 2014
12 until May 2015.

13 33. Doris Feliz (Feliz) was Spa Dorin’s noncommercial registered agent, and sole
14 officer and manager.

15 34. Spa Dorin, through its principal Feliz, held itself out to the public as a “medical
16 spa” “specializing” in medical procedures, products and treatments including “Medical
17 Weightloss,” “Botox,” “Restalyne” and “Juvederm” dermal fillers, Latisse, Obagi, as well as other
18 non-medical aesthetic and cosmetological services.

19 35. Spa Dorin claimed to employ “licensed medical aestheticians” who “formulate
20 proactive plans” for the medical care of its patients.

21 36. Respondent was an independent contractor of Spa Dorin.

22 37. Respondent was not a manager, agent, officer or employee of Spa Dorin.

23 38. Respondent had no ownership or member interest in Spa Dorin, nor did he have
24 contractual authority to manage the affairs of Spa Dorin.

25 39. Neither Feliz nor any of Spa Dorin’s employees or other independent contractors
26 were employed by Respondent during the time Respondent served as Medical Director of Spa
27 Dorin.

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1 40. At all times relevant to the facts alleged herein, neither Feliz, nor any other
2 member, manager, employee or independent contractor of Spa Dorin, was licensed by any Nevada
3 professional licensing board pursuant to chapters 630 to 637, inclusive, 639 or 640 of NRS to
4 practice medicine in the State of Nevada.

5 41. No person in any way affiliated with or employed by Spa Dorin held a medical
6 license issued by the Board during the time Respondent served as Medical Director, other than
7 Respondent himself.

8 42. Feliz was at all relevant times a Nevada licensed “Cosmetologist” (License # C-
9 29336) and listed under the name of “Doris Guzman.”

10 43. The only times Respondent was personally present at Spa Dorin’s location during
11 his time as Medical Director were the instances when he appeared as a patient to receive medical
12 treatment.

13 44. Spa Dorin’s medical records show no indication that Respondent supervised,
14 contacted or consulted Feliz or anyone else at Spa Dorin in person or by any other means during
15 Respondent’s service as Medical Director.

16 45. Respondent has been licensed in active status (License No. PD01413) by the
17 Pharmacy Board since May 05, 1997, to dispense prescription drugs at the following location:
18 939 S. Decatur Boulevard, Las Vegas, Nevada 89107.

19 46. Respondent, personally or at his direction to a medical assistant, procured
20 prescription strength Obagi products, Juvaderm Voluma XC, Vanibase Cream, Latisse, Botox and
21 Restylane; the aforementioned drugs and hypodermic devices are available only by prescription
22 and are dangerous drugs as defined by NRS 454.201.

23 47. Respondent, personally or at his direction to a medical assistant, delivered these
24 dangerous drugs and hypodermic devices to Spa Dorin employees at Spa Dorin’s office location
25 and left them in their sole possession, custody and control and beyond the supervision or restraint
26 of Respondent.

27 48. Respondent did not apply to the Pharmacy Board for a certificate of registration to
28 dispense controlled substances or dangerous drugs at Spa Dorin’s location.

1 49. During Respondent's service as Medical Director to Spa Dorin, Feliz and/or Spa
2 Dorin's employees or agents provided medical treatment and/or prescriptions and/or administered
3 dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic
4 devices to at least forty-one patients.

5 50. The conduct set forth in paragraph 49 above constitutes the practice of medicine in
6 Nevada.

7 51. Spa Dorin's medical records contain no entries for patient history, notes,
8 examination findings, tests performed, procedures performed, dangerous drugs dispensed,
9 administered or prescribed, or therapeutic procedures performed by Respondent.

10 52. Respondent's medical office manager, Veronica Hernandez (Hernandez), ordered
11 Botox, Valuma, Juvederm, Restylane-L, Obagi, and Latisse for delivery at Respondent's medical
12 practice and for use by Spa Dorin.

13 53. Upon information and belief, Hernandez delivered the orders for Botox, Valuma,
14 Juvederm, Restylane-L, Obagi, and Latisse to Spa Dorin at Respondent's direction.

15 54. All of the dangerous drugs listed, while in the custody and control of Spa Dorin
16 and its employees or agents, were not stored in a secure, locked room or cabinet to which the
17 dispensing practitioner had the only key or lock combination.

18 55. Upon information and belief, Feliz and/or other employees of Spa Dorin had
19 unrestricted access to these dangerous drugs and hypodermic devices.

20 56. Botox, Valuma, Juvederm and Restylane-L are introduced hypodermically, that is,
21 subcutaneously.

22 57. Feliz and/or Spa Dorin and its employees and agents possessed, controlled, stored,
23 prescribed and/or dispensed all the aforementioned dangerous drugs and hypodermic devices
24 without a dispensing license as required by the Pharmacy Board.

25 58. Respondent was not present when Feliz and/or Spa Dorin and its employees and
26 agents possessed, controlled, stored, prescribed and/or dispensed the aforementioned dangerous
27 drugs.

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1 action or denying licensure.

2 81. NAC 630.040 defines malpractice as the failure to use the reasonable care, skill, or
3 knowledge ordinarily used under similar circumstances when treating a patient.

4 82. By the conduct described herein, Respondent committed malpractice with respect
5 to each of the forty-one patients who received medical treatment from Spa Dorin, specifically
6 including but not limited to, by:

- 7 a. failing to obtain an informed consent or treatment plan agreement, and/or failing to
8 document such;
- 9 b. failing to perform physical examinations before treating patients and prescribing
10 dangerous drugs, and/or failing to document such examinations;
- 11 c. failing to identify a diagnosis and define treatment objectives to evaluate treatment
12 progress, and/or failing to document such objectives;
- 13 d. failing to supervise Feliz and/or any other employees of Spa Dorin while they
14 practiced medicine and performed medical care for forty-one patients under the
15 auspices of Respondent's medical directorship, using Respondent's medical
16 license;
- 17 e. Failing to exercise effective control over Spa Dorin's operations and the conduct of
18 its employees and agents in performance of all medical activities as medical
19 assistants or otherwise;
- 20 f. failing to appropriately keep medical records of patient encounters; and/or
- 21 g. failing to personally perform the non-delegable duties of the practice of medicine.

22 83. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
23 Board of Medical Examiners as provided in NRS 630.352.

24 **WHEREFORE**, the Investigative Committee prays:

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

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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 the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, in writing which shall include 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 7 day of November, 2017.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

Robert Kilroy, Esq., General Counsel
Aaron Bart Fricke, Esq., Deputy General Counsel
Donald K. White, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

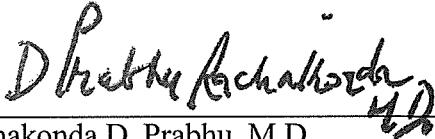
VERIFICATION

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STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Rachakonda D. Prabhu, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that she 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 based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 7th day of November, 2017.



Rachakonda D. Prabhu, M.D.

OFFICE OF THE GENERAL COUNSEL
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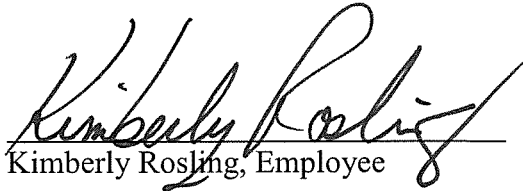
CERTIFICATE OF SERVICE

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I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 7th day of November, 2017, I served a file-stamped copy of the COMPLAINT and FINGERPRINT INFORMATION, via USPS e-certified return receipt mail (9171 9690 0935 0040 5783 13) to the following:

Michael C. Braunstein, M.D.
939 S. Decatur Blvd.
Las Vegas, NV 89107

DATED this 7th day of November, 2017.


Kimberly Rosling, Employee