

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

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

Case No. 18-9800-01

FILED

DEC 12 2018

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

10
11 **COMPLAINT**

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

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

21 2. Patient A was a 90-year-old female at the time of the incidents in question. Her
22 name and date of birth are not disclosed in this Complaint to protect her identity, but this
23 information is disclosed in the Patient Designation contemporaneously served on Respondent with
24 a copy of this Complaint.

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

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28 ¹ At the time of filing, the IC was composed of Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury, and Aury Nagy, M.D.

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

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

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

9 7. On October 21, 2014, a venous duplex ultrasound was performed. It revealed no
10 evidence of a deep vein thrombosis. However, on the same date, an arterial duplex ultrasound
11 revealed "no flow present" in Patient A's left proximal superficial femoral artery, left popliteal
12 artery, left anterior and posterior tibial artery, and left dorsalis pedis artery. The report stated that
13 there was "severe mild atherosclerotic plaquing in the left lower extremity with no detectable flow
14 beyond the distal thigh." Further evaluation with a computed tomography (CT) angiogram was
15 recommended, but was not ordered.

16 8. From October 1, 2014 through October 29, 2014, Patient A's progress notes
17 indicated that Patient's left leg was cool to the touch, exhibited skin color changes and Patient A
18 continued to experience pain in her left leg. Patient A was treated for pain.

19 9. On October 24, 2014, Patient A had a follow-up visit with Respondent.
20 Respondent was advised that Patient A's daughter wanted to speak to Respondent about Patient A,
21 but Respondent refused to call her either before or during his evaluation of Patient A.

22 10. Respondent instead relied on Patient A's recall and reporting of her condition, in
23 spite of the fact that Patient A has dementia. Respondent's medical records of Patient A reflect no
24 indication of the pain she had been experiencing in her left leg and no indication of the pain
25 medication she had been taking since October 20, 2014. The medical records of October 24,
26 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 October

1 24, 2014, medical record also noted “normal dorsalis pedis pulses, normal posterior tibial pulses”
2 even though the arterial duplex ultrasound on October 21, 2014, detected no flow present below
3 the femoral artery in Patient A’s left leg.

4 11. Respondent’s medical record dated October 24, 2014, states that Patient A’s
5 cardiovascular exam indicates a bradycardic rate and irregular rhythm, but then states that she has
6 a history of symptomatic bradycardia, which was resolved after the pacemaker implantation,
7 indicating that the exam was not accurate.

8 12. Respondent failed to notice and document that the leg was cool to the touch and
9 there were skin color changes, which were noted by the nursing staff at Patient A’s nursing home
10 on October 21, 2014.

11 13. Respondent’s medical record of October 24, 2014, further indicated that Patient A
12 had no edema in her extremities, even though the day prior, the nurse practitioner at the nursing
13 home noted that both legs were swollen.

14 14. Respondent’s medical record dated October 24, 2014, was essentially the same as
15 the medical record of September 25, 2014, and was likely the result of a pre-populated electronic
16 medical record, calling into question whether Respondent actually performed a physical
17 examination of Patient A or instead just relied on an existing electronic medical record.

18 15. Respondent’s medical records of October 24, 2014, further listed eleven
19 medications that Patient A was taking, but omitted the hydrocodone she had been prescribed since
20 October 20, 2014.

21 16. Respondent’s medical records of October 24, 2014, further indicated that: Patient
22 A occasionally consumed alcohol, in spite of the fact that she was a resident of a nursing home; he
23 counseled her regarding cessation of smoking, even though her medical record indicates that she
24 ceased smoking in 1980; he counseled her in detail regarding lipid goals, even though Patient A
25 suffered from dementia and may not have understood a detailed explanation of lipid goals; he
26 counseled her regarding excessive sun and UV-light exposure, including tanning beds, even
27 though Patient A was a nursing home resident.

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1 21. Nevada Revised Statute (NRS) 630.3062(1)(a) provides that failure to maintain
2 timely, legible, accurate and complete medical records relating to the diagnosis, treatment and
3 care of a patient is grounds for initiating disciplinary action against a licensee.

4 22. Respondent failed to keep accurate and complete medical records when he
5 documented, *inter alia*, that Patient A's left leg had palpable and symmetrical pulses and normal
6 dorsalis pedis pulses and normal posterior tibial pulses in spite of an arterial duplex ultrasound
7 that only days earlier detected no flow beyond the femoral artery.

8 23. Respondent failed to keep accurate and complete medical records, as demonstrated
9 by the fact that Respondent's medical records further listed eleven medications that Patient A was
10 taking, but omitted the hydrocodone that she had been prescribed since October 20, 2014.

11 24. Respondent failed to keep accurate and complete medical records, as demonstrated
12 by the fact that his medical records further indicated that: Patient A occasionally consumed
13 alcohol, in spite of the fact that she was a resident of a nursing home; he counseled Patient A
14 regarding cessation of smoking, even though her medical record indicates that she ceased smoking
15 in 1980; he counseled her in detail regarding lipid goals, even though Patient A suffered from
16 dementia and may not have comprehended such a conversation; he counseled her regarding
17 excessive sun and UV-light exposure, including tanning beds, in spite of the fact that Patient A
18 was a resident of a nursing home.

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

21 **WHEREFORE**, the IC prays:

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

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

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


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

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

DATED this 12 day of December, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

Jasmine K. Mehta, Esq.
Deputy Executive Director
Attorney for the Investigative Committee


VERIFICATION

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STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Wayne Hardwick, 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, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 12th day of December, 2018.



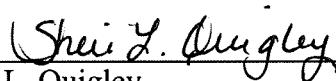
Wayne Hardwick, M.D.

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 12th day of December, 2018, I served a filed copy of COMPLAINT, via USPS e-certified return receipt mail to the following:

**Carlos Enrique Fonte, M.D.
3201 South Maryland Parkway, Suite 502
Las Vegas, NV 89109**

Dated this 12th day of December, 2018.



Sheri L. Quigley
Legal Assistant

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