

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

3 \* \* \* \* \*

4 **In the Matter of Charges and**  
5 **Complaint Against**  
6 **ALLISON KAY DAVIS, M.D.,**  
7 **Respondent.**

Case No. 19-27984-1

**FILED**

APR - 2 2019

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

By: 

8  
9 **COMPLAINT**

10 The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners (Board)  
11 hereby issues this formal Complaint (Complaint) against Allison Kay Davis, M.D. (Respondent), a  
12 physician formerly licensed in Nevada, as her license is currently expired. After investigating this  
13 matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada  
14 Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630  
15 (collectively, the Medical Practice Act). The IC alleges the following facts:

16 1. Respondent was licensed (License No. 14855) in Nevada by the Board on July 1,  
17 2013. Respondent's license expired on or about June 30, 2017, but at all times relevant to this  
18 Complaint, she was a physician licensed to practice medicine in Nevada subject to the jurisdiction of  
19 the Board as set forth in the Medical Practice Act.

20 2. Patient A was a 60-year-old male at the time of the events alleged in this  
21 Complaint. His true identity is not disclosed in this Complaint to protect his identity, but his  
22 identity is disclosed in the Patient Designation contemporaneously served on Respondent with this  
23 Complaint.

24 3. On or about December 30, 2015, Patient A presented to the emergency room at  
25 Centennial Hills Hospital (CHH) and was diagnosed with acute cholecystitis.

26 4. Respondent met with Patient A on or about the next day, December 31, 2015, and  
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28 <sup>1</sup> The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal  
Complaint was authorized for filing, was composed of Board members Rachakonda D. Prabhu, M.D., Ms. Sandy  
Peltyn and Beverly Neyland, M.D.

1 spoke with Patient A and members of his family for a surgical consultation.

2 5. Respondent put Patient A on a clinical course of “conservative management with  
3 IVF, IV and PO pain medication, and antibiotics.”

4 6. Respondent did not schedule Patient A for immediate surgery after adequate  
5 resuscitation. Instead, Respondent decided that Patient A may respond to “conservative  
6 management” and if Patient A responded, he could be discharged, and then could follow up for  
7 elective cholecystectomy.

8 7. The clinical course of “conservative management” failed to provide remedies for  
9 Patient A, and Patient A suffered from continual abdominal pain and could not eat.

10 8. Respondent did not return to evaluate Patient A again until January 4, 2016, just  
11 prior to his eventual surgery that day.

12 9. Respondent did not document an exam or conversation with Patient A prior to his  
13 surgery on January 4, 2016. Additionally, Respondent failed to document a conversation  
14 involving informed consent with Patient A about the surgery.

15 **Count I**

16 **NRS 630.301(4) (Malpractice)**

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

19 11. NRS 630.301(4) provides that malpractice by a physician is grounds for initiating  
20 disciplinary action against a licensee.

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

23 13. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed  
24 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when  
25 she treated Patient A with “conservative management” rather than proceeding with surgery after  
26 adequate resuscitation.

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

Count II

**NRS 630.3062(1)(a) (Failure to Maintain Timely, Legible, Accurate  
and Complete Medical Records)**

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

16. NRS 630.3062(1)(a) 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.

17. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of Patient A.

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

**WHEREFORE**, the Investigative Committee prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against her and give her notice that she 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 sanction(s) 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

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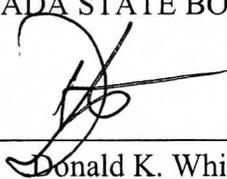
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5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this 2 day of April, 2019.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

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

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

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VERIFICATION

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 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 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 2nd day of April, 2019.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS  
*D. Prabhu Rachakonda M.D.*  
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Rachakonda D. Prabhu, M.D., Chairman

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CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 2<sup>nd</sup> day of April 2019; I served a filed copy of the formal COMPLAINT, PATIENT DESIGNATION, and fingerprint information, via U.S. certified mail to the following:

**Allison K. Davis, M.D.**  
**1011 Bowles Avenue, Suite 425**  
**Fenton, MO 63026**

Dated this 2<sup>nd</sup> day of April, 2019.

Dawn DeHaven Gordillo  
Dawn DeHaven Gordillo  
Legal Assistant

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