

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

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4
5 **In the Matter of Charges and**
6 **Complaint Against**
7 **ILEANA C. DEFTU, M.D.,**
8 **Respondent.**

Case No. 19-29210-1

FILED

JUL 18 2019

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: _____

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Robert Kilroy, Esq., General Counsel and attorney for the IC, having a
13 reasonable basis to believe that Judd Anders, M.D. (Respondent), violated the provisions of Nevada
14 Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630
15 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and
16 allegations as follows:

17 1. Respondent was licensed by the Board, pursuant to the provisions of the Medical
18 Practice Act, on August 13, 2007, and is currently licensed in active status (License No. 12431).

19 2. Patient A's true identity is not disclosed herein to protect her privacy, but is
20 disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

21 3. On August 19, 2014, Patient A, a 24-year-old female and a registered nurse with a
22 long history of anorexia, was extremely dehydrated, malnourished, and very weak when she was
23 transported to the emergency room at St. Mary's Regional Medical Center (St. Mary's), and she
24 remained at this location from August 19, 2014 through August 22, 2014. Patient A's initial
25 evaluation indicated the following: BP 93/74, P 55, Temp. 97.7 WBC 3.7, HGB 15.0, Hct, 43.8,
26 BUN 60, and a Creat of 0.52. Additionally, Patient A initial EKG showed atrial fibrillation,

27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint
28 was authorized for filing, was composed of Board members Rachakonda D. Prabhu, M.D., Chairman, Ms. Sandy
Peltyn and Victor M. Muro, M.D.

1 prolonged QT INT interval and there was bradycardia noted so she was transferred to ICU for
2 closer monitoring and a cardiologist was consulted. Patient A came under the care of Respondent
3 and fellow hospitalist Dr. Anders, M.D. It was planned for Patient A to be transferred to the
4 Denver Health Medical Center².

5 4. On August 20, 2014, at 6:44 p.m., Respondent noted the following under the
6 Subjective Comments: Patient A is very pale, cachectic, obtunded at times, alert and oriented at
7 times; abdominal cramps at times; family at bed side; D/W CM, insurance Care Flight – no acute
8 MD on site in Denver at this time, recommending transfer in a.m.; family accepting plan.
9 Additionally, at the same time, Respondent noted under the Assessment Plan: Patient A has severe
10 cachexia, secondary to anorexia nervosa, at high risk for sudden death, arrhythmias, refeeding
11 syndrome, seen by SMH and Cards; Denver refusing transfer and agrees Patient A should stay
12 here overnight, family is agreeing to this plan; acute metabolic encephalopathy – fluctuant;
13 recheck ammonia in a.m., monitor; acute dehydration, repeat labs now, and reassess the type of
14 IVF will continue; acute ileus – KUB now, NPO, reglan IV scheduled; acute bradycardia, due to
15 anorexia, cards on the case, no indication for pacemaker, supportive tx; acute
16 leucopenia/neutropenia/thrombocytopenia – supportive tx; elevated LFTS – due to severe
17 malnutrition, monitor, recheck ammonia in am; Hypokalemia – replacing, check BMP in 6 hours;
18 hypophosphatemia – recheck 6 hours and replace; check Mag also; severe extreme PCN-NPO,
19 acute ileus, NO TPN, refeeding syndrome is deadly risk; supportive tx; history of mitral valve
20 regurgitation, mild aortic regurgitation, medical noncompliance; and full code; at 6:51 p.m.,
21 Respondent noted via an addendum that Patient A had “hypothermia – warming up slowly.”

22 5. On August 21, 2014, at 3:44 p.m., Patient A had a chest X-ray, which showed a
23 right sided PICC line tip in the mid-to-distal subclavian vein and a patchy bilateral perihilar
24 infiltrates (left greater than right). At 9:13 p.m., another Patient A’s chest X-ray indicated stable
25 patch areas of infiltrate in the mid-left lung, left lung base, and mid and lower right lung. Dr.
26 Anders, who was working the night shifts at St. Mary’s, was informed at approximately 4:50 a.m.,

27 _____
28 ² In 2013, Patient A previously underwent 6 months of treatment for her severe weight loss, very low BMI and other
medical conditions, and was discharged without completing the entire treatment plan.

1 by the nursing staff of Patient A's lab results, the CMP, magnesium, phosphate and ferritin results
2 and the serial BMPs. Additionally, the nursing staff indicated to Respondent that Patient A was
3 not showing signs/symptoms of bleeding and her hemoglobin/hematocrit were stable. Respondent
4 did not provide any further orders for cultures and empiric antibiotics and/or a chest X-ray, but did
5 inform staff that Dr. Deftu would be in that morning to see the patient. At 10:15 p.m., the nurse
6 staff informed Respondent of Patient A's WBC of 1300 and a Plct of 22 from the 10:00 p.m. lab
7 results of BMP, magnesium and phosphate, and cortisol levels. Respondent did not provide any
8 further orders for cultures and empiric antibiotics and/or a chest X-ray after being informed of
9 Patient A's worsening condition.

10 6. On August 22, 2014, Patient A suffered from severe bradycardia with a WBC of
11 1300, was in shock with a BP of 78. Patient A was transferred to the ICU prior to her being
12 placed upon an air ambulance to the Denver Health Medical Center. Upon Patient A's arrival, the
13 records indicate that Patient A had blood cultures taken, and that she had pseudomonas aeruginosa
14 and staphylococcus aureus in her blood. Later that day, Patient A expired, and her final summary
15 states the cause of death as sepsis with shock and severe community acquired pneumonia.
16 Records from the Denver Health Medical Center confirm that the staph (infection) was sensitive
17 to the maxochllin and bacterium.

18 **Count I**

19 **NRS 630.301(4)**

20 **(Malpractice)**

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

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

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

27 10. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
28 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when

1 she rendered medical care and treatment to Patient A.

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

4 **Count II**

5 **NRS 630.3062(1)(a)**

6 **(Failure to Maintain Complete Medical Records)**

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

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

12 14. Respondent failed to maintain complete medical records relating to the diagnosis,
13 treatment and care of Patient A, by failing to document her actions when she treated Patient A,
14 whose medical records were not timely, legible, accurate, and complete.

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

17 **WHEREFORE**, the IC prays:

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

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

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

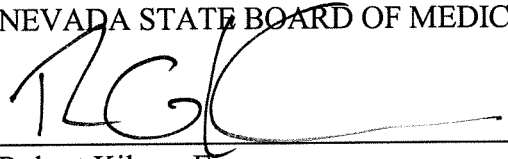
25 4. That the Board make, issue and serve on Respondent its findings of fact,
26 conclusions of law and order, in writing, to include sanctions to be imposed; and
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5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 13 day of July, 2019.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Robert Kilroy, Esq.
General Counsel
Attorney 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 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 18th day of July, 2019.

INVESTIGATIVE COMMITTEE OF THE NEVADA
STATE BOARD OF MEDICAL EXAMINERS



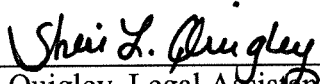
Rachakonda D. Prabhu, M.D., Chairman

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 17th day of July, 2019, I served a filed copy of the formal COMPLAINT, via USPS e-certified, return receipt mail to the following:

**Ileana Deftu, M.D.
St. Mary's Hospitalists
235 W. 6th Street
Reno, NV 89503**

Dated this 18th day of July, 2019.



Sheri L. Quigley, Legal Assistant

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