BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and

Complaint Against

Respondent.

JON L. SIEMS, M.D.,

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Case No. 19-13009-1

FILED

AUG 1 5 2019

NEVADA STATE BOARD OF MEDICAL EXAMINERS

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners ("Board") hereby issues this formal Complaint against Jon L. Siems, M.D. (hereinafter referred to as 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:

1. Respondent is currently, and was at all times relevant to this Complaint, licensed to practice medicine in the State of Nevada in active status (License No. 9250). Respondent was issued his license from the Board on December 20, 1999, pursuant to the provisions of NRS Chapter 630.

Patient A

2. Patient A was a 52-year-old female at the time of the events at issue. Her true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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 Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury, and Aury Nagy, M.D..

	3.	On or about June 28, 2013, Patient A presented to Respondent for an examinatio
to d	etermine l	er candidacy for Lasik surgery.

- 4. On or about August 7, 2013, Respondent performed Lasik surgery on Patient A for both eyes.
- 5. About a week after the Lasik surgery, Patient A complained of discomfort due to a flap adjustment, and then for approximately 14 months, Patient A required post-op treatment for epithelial ingrowth of her right eye.
- 6. Respondent prescribed eye drops, pain medication, a trial contact lens, a bandage, and performed several YAG laser procedures to address the epithelial ingrowth.
- 7. Respondent failed to document the risks, benefits and alternatives in the medical records concerning the YAG laser treatments.
- 8. For months following the surgery, Patient A complained of double vision, blurry vision, halos, and severe sensitivity to sunlight in her right eye.
- 9. Patient A made approximately twenty post-op visits to Respondent concerning the epithelial ingrowth in her right eye.
- 10. On or about October 21, 2014, a member of Respondent's office staff contacted Patient A, who informed her that her post-op time had expired and she would need to find another practitioner.
 - 11. Eventually, Patient A presented to another ophthalmologist.

COUNT I

Patient A - NRS 630.3062(1)(a)

(Failure to Maintain Proper Medical Records)

- 12. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 13. 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 constitutes grounds for initiating disciplinary action.

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	14.	Respo	ondent	failed	l to	maint	ain ti	mely,	legibl	e, ac	curate	and	complete	e medica
record	ls relatin	g to th	ne diag	nosis,	trea	tment,	and c	are of	Patien	tΑv	when h	e fai	led to doc	ument the
risks,	benefits	, and	alterna	atives	for	YAG	laser	treatr	nents,	and	failed	to	document	informed
conse	nt for the	YAG	laser t	reatm	ents.									

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

COUNT II

Patient A - NRS 630.304(7)

(Terminating the Medical Care of a Patient Without Adequate Notice or Without Making Other Arrangements for the Continued Care of the Patient)

- 16. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 17. NRS 630.304(7) provides that terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient constitutes grounds for initiating disciplinary action.
- 18. Respondent failed to properly terminate the medical care of Patient A when his office staff called Patient A and terminated her medical care while she was still experiencing discomfort and still undergoing YAG laser treatments for epithelial ingrowth in her right eye.
- 19. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Patient B

- 20. Patient B was a 65-year-old male at the time of the events at issue. His true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.
- On or about August 8, 2013, Patient B presented to Respondent for an examination 21. to determine his candidacy for Lasik surgery.
- On or about August 8, 2013, Respondent performed Lasik surgery on Patient B for 22. both eyes.

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

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23.	Following	the	surgery,	Respondent	determined	that	Patient	В	had	epithelia
ngrowth pr	esent in both of	of his	s eyes.							

- 24. Respondent treated the epithelial ingrowth with multiple YAG laser treatments.
- 25. Respondent failed to document the risks, benefits and alternatives in the medical records concerning the YAG laser treatments, and failed to document informed consent for the YAG laser treatments.
- 26. On or about October 21, 2014, a member of Respondent's office staff contacted Patient B, who informed him that his post-op time had expired and he would need to find another practitioner.

COUNT III

Patient B - NRS 630.3062(1)(a)

(Failure to Maintain Proper Medical Records)

- 27. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 28. 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 constitutes grounds for initiating disciplinary action.
- 29. Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment, and care of Patient B when he failed to document the risks, benefits, and alternatives for YAG laser treatments, and failed to document informed consent for the YAG laser treatments.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 30. provided in NRS 630.352.

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COUNT IV

Patient B - NRS 630.304(7)

(Terminating the Medical Care of a Patient Without Adequate Notice or Without Making Other Arrangements for the Continued Care of the Patient)

- 31. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 32. NRS 630.304(7) provides that terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient constitutes grounds for initiating disciplinary action.
- 33. Respondent failed to properly terminate the medical care of Patient B when his office staff called Patient B and terminated his medical care while he was still experiencing discomfort and still undergoing YAG laser treatments for epithelial ingrowth.
- 34. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

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

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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 ______ day of August, 2019.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Denald K. White, Esq., Deputy General Counsel Attorneys for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

VERIFICATION

STATE OF NEVADA
COUNTY OF WASHOE
Wayne Hardwick
of perjury that he is the
Medical Examiners that
the foregoing Complain
investigation into a comp
the foregoing Complaint
DATED this 15

Wayne Hardwick, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate, and correct.

DATED this 15th day of August, 2019.

: ss.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

Wayne Hardwick, M.D., Chairman

OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 23rd day of August, 2019; I served a filed copy of the COMPLAINT (19-13009-1), via USPS e-certified return receipt mail to the following:

Jon L. Siems, M.D. 8230 West Sahara Avenue, Suite #111 Las Vegas, NV 89117

Dated this 23rd day of August, 2019.

Dawn Dollar Stardelle

Dawn DeHaven Gordillo

Legal Assistant