

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

OCT 23 2019

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 FIRST AMENDED 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 Ileana C. Deftu, M.D. (Respondent), violated the provisions of
14 Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter
15 630 (collectively, the Medical Practice Act), hereby issues its First Amend Complaint (Complaint),
16 stating the IC's charges and 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's initial EKG showed atrial fibrillation,

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

1 prolonged QT INT interval, and there was bradycardia noted, so she was transferred to the ICU
2 for closer monitoring and a cardiologist was consulted. Patient A came under the care of
3 Respondent and fellow hospitalist Dr. Judd Anders, M.D. (Dr. Anders) It was planned for Patient
4 A to be transferred to the 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, cachetic, 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 that will continue; acute ileus – KUB now, NPO, reglan IV scheduled; acute bradycardia, due
15 to anorexia, cards on the case, no indication for pacer, 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). Respondent did not provide any further orders for cultures and
25 empiric antibiotics and/or a chest X-ray after being informed of Patient A’s worsening condition.
26 At 9:13 p.m., another Patient A’s chest X-ray indicated stable patc areas of infiltrate in the mid-

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 left lung, left lung base, and mid and lower right lung. Dr. Anders, who was working the night
2 shifts at St. Mary's, was informed at approximately 4:50 a.m., by the nursing staff of Patient A's
3 lab results, the CMP, magnesium, phosphate and ferritin results and the serial BMPs.
4 Additionally, the nursing staff indicated to Respondent that Patient A was not showing
5 signs/symptoms of bleeding and her hemoglobin/hematocrit was stable. At 10:15 p.m., the nurse
6 staff informed Dr. Anders 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.

8 6. On August 22, 2014, at approximately 5:00 a.m., Patient A's WBC was down o
9 1100, Plct 17; at 7:00 a.m., Patient suffered from severe bradycardia with a WBC of 1300 and was
10 in shock with a BP of 78. Patient A was transferred to the ICU prior to her being placed upon an
11 air ambulance to the Denver Health Medical Center (Denver Health). Upon Patient A's arrival in
12 Denver, the Denver Health records indicate that Patient A had blood cultures taken, and that she
13 had pseudomonas aeruginosa and staphylococcus aureus in her blood. Later that day, Patient A
14 expired, and her final summary states the cause of death as sepsis with shock and severe
15 community acquired pneumonia. Records from the Denver Health confirm that the staph
16 (infection) was sensitive to the maxochllin and bacterium.

17 **Count I**

18 **NRS 630.301(4)**

19 **(Malpractice)**

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

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

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

26 10. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
27 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
28 she rendered medical care and treatment to Patient A.

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

3 **Count II**

4 **NRS 630.3062(1)(a)**

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

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

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

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

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

16 **Count III**

17 **NRS 630.306(1)(b)(2)**

18 **(Violation of Standards of Practice Established by Regulation)**

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

21 20. Violation of a standard of practice adopted by the Board is grounds for disciplinary
22 action pursuant to NRS 630.306(1)(b)(2).

23 21. NAC 630.210 requires a physician to seek consultation with another provider of
24 health care in doubtful or difficult cases whenever it appears that consultation may enhance the
25 quality of medical services.

26 22. Respondent failed to timely seek consultation with regard to Patient A's medical
27 condition, Respondent failed to timely seek consultation with regard to Patient A's medical
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1 condition, which worsen under Respondent's care and should have sought consultation to address
2 Patient's A's declining health.

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

5 **WHEREFORE**, the IC prays:

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

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


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

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

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

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18 DATED this 16 day of October, 2019.

19 INVESTIGATIVE COMMITTEE OF THE
20 NEVADA STATE BOARD OF MEDICAL EXAMINERS

21 By: 
22 Robert Kilroy, Esq.
23 General Counsel
24 Attorney for the Investigative Committee
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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 23rd day of October, 2019.

INVESTIGATIVE COMMITTEE OF THE NEVADA
STATE BOARD OF MEDICAL EXAMINERS



Rachakonda D. Prabhu, M.D., Chairman

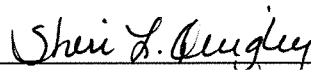
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CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 23rd day of October, 2019, I served a file-stamped copy of the FIRST AMENDED COMPLAINT via USPS e-certified return receipt mail to the following:

Ileana C. Deftu, M.D.
c/o Edward J. Lemons, Esq.
Lemons, Grundy & Eisenberg
6005 Plumas Street, Suite 300
Reno, Nevada 89519

Dated this 23rd day of October, 2019.



Sheri L. Quigley, Legal Assistant