BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against:

ANNE O'NEILL, M.D.,

Respondent.

Case No. 20-34134-2

FILED
NOV 2 3 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: ________

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

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners ("Board") hereby issues this formal Complaint against Anne O'Neill, 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 in active status (License No. 12894). Respondent was issued her license from the Board on September 22, 2008, pursuant to the provisions of NRS Chapter 630.

Patient A

2. Patient A was a sixty-three (63) 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.

3. On September 16, 2015, Respondent saw Patient A for possible left breast cancer,

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[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., Mr. M. Neil Duxbury, and Aury Nagy, M.D.

1 for an initial consultation and recommended prophylactic bilateral mastectomies. Respondent also
2 ordered a breast MRI.

3 4. On October 21, 2015, Respondent saw Patient A for a follow-up visit, and
4 Respondent scheduled for a bilateral mastectomy, bilateral allograft, bilateral placement of tissue
5 expanders, bilateral pain pump, and a right sentinel lymph node biopsy.

6 5. On November 17, 2015, Patient A was taken to the operating room for a right total
7 mastectomy and sentinel lymph node biopsy, a left total mastectomy and sentinel lymph node
8 biopsy, and immediate reconstruction with tissue expanders.

9 6. On November 19, 2015, Patient A was discharged after being followed by a
10 hospitalist during Patient A's stay.

11 7. On November 30, 2015, Respondent saw Patient A for a post-operative visit and
12 documented in the physical exam that the incision sites were clean, dry and intact, but also
13 assessed that there was erythema of the left breast, and prescribed Patient A a seven (7) day course
14 of antibiotics.

15 8. On December 3, 2015, approximately sixteen (16) days later, Respondent saw
16 Patient A and documented that there was erythema post-surgery of the left side, antibiotics were
17 prescribed, and a wound check was set up for the next week.

18 9. On December 9, 2015, at a follow-up appointment, Respondent documented that
19 the "left incision site has a slight opening" and "minimal discharge," and Patient A was set up for
20 a wound check in one week.

21 10. On December 23, 2015, Patient A's next visit, she was seen by Respondent's nurse
22 on duty. It was documented that the "wound appeared red with odor and green discharge."
23 Patient A was sent to the emergency department for further evaluation, and was seen later that
24 day. The ER physician described a "flap-like wound" that had purulent drainage. Patient A was
25 placed on clindamycin and discharged home.

26 11. On January 20, 2016, Patient A had her next documented visit with Respondent, in
27 which Respondent documented that the "left wound was open with minimal discharge," and
28 Respondent advised Patient A to have placement of another left tissue expander.

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12. On February 6, 2016, Patient A was taken back to the operating room and underwent "placement of left allograft and placement of left breast tissue expander."

13. On February 11, 2016, Patient A presented for a follow-up appointment. Respondent documented that the left breast incision was clean, dry and intact, with no indication of infection or discharge.

14. On February 18, 2016, one week later, Respondent documented that the "left breast erythema is resolving. Incision site is clean dry and intact."

15. On March 2, 2016, at a follow-up visit, Respondent noted that the bilateral incisions were clean, dry and intact.

16. On March 18, 2016, and again on March 25, 2016, Respondent's medical assistant performed inflations of Patient A's tissue expander and performed wound care. Respondent did not provide supervision to the medical assistant during those procedures.

17. On April 11, 2016, the next follow-up visit, Respondent noted that Patient A had an extrusion of the left tissue expander.

18. On April 18, 2016, a nurse follow-up visit, surgery for left tissue expander removal was scheduled.

19. On April 19, 2016, Patient A was taken to the operating room for left tissue expander removal.

20. On May 9, 2016, Respondent documented that the wound was packed and referred Patient A for a consultation with an infectious disease provider.

21. On or about this time, Patient A sought a second opinion and received the remainder of her treatment from her new doctor, including a left-sided latissimus dorsi flap procedure to reconstruct the breast.

COUNT I

NRS 630.301(4) (Malpractice)

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

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

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

25. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in treating Patient A.

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

COUNT II

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 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 against a licensee.

29. Respondent failed to maintain proper medical records, operative and post-operative, in the treatment of Patient A, and there is no documentation to reflect that Respondent obtained informed consent from Patient A for surgeries.

30. 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);

/ / /

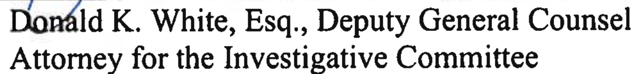
3. That the Nevada State Board of Medical Examiners determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

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

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 23rd day of November, 2020.

INVESTIGATIVE COMMITTEE OF
THE NEVADA STATE BOARD OF MEDICAL EXAMINERS



By: ______________________________

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

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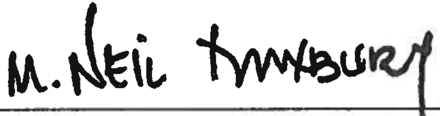
VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, 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 23 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS



M. Neil Duxbury, Chairman

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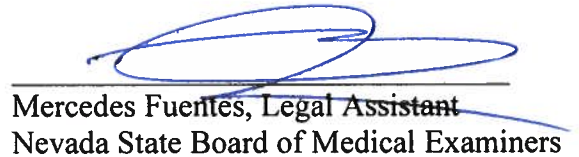
CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 23rd day of November, 2020, I served a file-stamped copy of the **COMPLAINT**, via electronic mail to the following:

LeAnn Sanders, Esq. at LSanders@AlversonTaylor.com
c/o Anne O'Neill, M.D.
Alverson Taylor & Sanders
6605 Grand Montecito Pkwy., Ste. 200
Las Vegas, NV 89149

DATED this 23rd day of November, 2020.



Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

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