

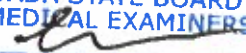
OFFICE OF THE GENERAL COUNSEL  
Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, Nevada 89521  
(775) 688-2559

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

3 \* \* \* \* \*

4  
5 In the Matter of Charges and  
6 Complaint Against  
7 QUINTON KEITH THOMAS, M.D.,  
8 Respondent.

Case No. 21-20969-1

FILED  
MAR - 4 2021  
NEVADA STATE BOARD OF  
MEDICAL EXAMINERS  
By: 

9  
10 COMPLAINT

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

17 **I. Respondent's Licensure Status**

18 1. Respondent is currently licensed in active status (License No. 10037), and has been  
19 licensed by the Board since November 30, 2001. Respondent is a family practitioner. At all times  
20 alleged herein, Respondent was licensed in an active status by the Board pursuant to the  
21 provisions of the Medical Practice Act.

22 **II. Statement of Nevada Law Applicable to "Medical Spas" and "Medical Directors"**

23 **Part A – Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of**  
24 **Medicine**

25 2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine  
26 without being licensed by the Board under NRS Chapter 630, or by another medical professional  
27

28 <sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners, at the time the filing of this  
Complaint was approved, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil  
Duxbury and Aury Nagy, M.D.

1 licensing board pursuant to chapters 631 to 637, inclusive, 639 or 640 of the NRS.

2 3. Pursuant to NRS 630.020, the “practice of medicine” means either (1) to diagnose,  
3 treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or  
4 other condition, physical or mental, by any means or instrumentality, including, but not limited to,  
5 the performance of an autopsy, or (2) to apply principles or techniques of medical science in the  
6 diagnosis or the prevention of any such conditions, or (3) to perform any of the acts described in  
7 subsections (1) and (2) by using equipment that transfers information concerning the medical  
8 condition of the patient electronically, telephonically or by fiber optics. including, without  
9 limitation, through telehealth, from within or outside this State or the United States, or (4) to offer,  
10 undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections  
11 (1) and (2).

12 4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant  
13 (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to  
14 engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and  
15 doing so is grounds for initiating disciplinary action or denying licensure.

16 5. Pursuant to the Medical Practice Act, the only means by which a practitioner may  
17 lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the  
18 practice of medicine is by delegating specific tasks to an adequately supervised and trained  
19 “medical assistant.” Pursuant to NRS 630.0129, a “medical assistant” means a person who (a)  
20 performs clinical tasks under the supervision of a physician or physician assistant, and (b) does  
21 not hold a license, certificate or registration issued by a professional licensing or regulatory board  
22 in this State to perform such clinical tasks; and the term does not include a person who performs  
23 only administrative, clerical, executive or other nonclinical tasks.

24 6. Pursuant to NRS 630.306(1)(r), a practitioner must supervise adequately a medical  
25 assistant, and failing to do so is grounds for initiating disciplinary action or denying licensure.

26 7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible  
27 for the safety and performance of each task which is delegated to a medical assistant. Pursuant to  
28 NAC 630.810(1), a delegating practitioner may not delegate tasks to a medical assistant unless: (a)

1 the delegating practitioner knows that the medical assistant possesses the knowledge, skill and  
2 training to perform the task safely and properly; (b) the medical assistant is not required to be  
3 certified or licensed to perform that task; (c) the medical assistant is employed by the delegating  
4 practitioner or the medical assistant and the delegating practitioner are employed by the same  
5 employer; and (d) the employer of the medical assistance has complied with the requirements of  
6 subsection 2 as they relate to the task.

7 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a  
8 medical assistant, except in a specific case of emergency in a rural area.<sup>2</sup>

9 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a  
10 medical assistant is delegated a task which involves an "invasive procedure,"<sup>3</sup> the delegating  
11 practitioner must be immediately available to exercise oversight in person while the medical  
12 assistant performs the task.

13 10. The term "medical director" is not recognized or defined under any Nevada law or  
14 regulation pertaining to the professional conduct and responsibility of licensed medical  
15 professionals, and no law authorizes so-called "medical directors" to violate or circumvent the  
16 aforementioned statutes and regulations of the Medical Practice Act.

17 11. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and  
18 NAC 630.800-840:

- 19 a. If a practitioner, whether by serving as a so-called "medical director" or by some  
20 other relationship or circumstance, aids, assists, employs or advises, directly or  
21 indirectly, any unlicensed person to engage in the practice of medicine, then the  
22 practitioner may lawfully do so only by delegating tasks to an adequately  
23 supervised, competent and properly trained medical assistant.

24  
25 <sup>2</sup> Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the  
26 delegating practitioner is physically located a significant distance from the location where the task is to be performed;  
27 (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the  
28 delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating  
practitioner is immediately available by telephone or other means of instant communication during the performance of  
the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson  
City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

<sup>3</sup> The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733, pertaining to Medical  
Facilities, defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or  
incision or by insertion of an instrument."

- 1 b. If a practitioner, whether by serving as a so-called “medical director” or by some  
2 other relationship or circumstance, aids, assists, employs or advises, directly or  
3 indirectly, any unlicensed person to engage in the practice of medicine, and if the  
4 practitioner has not done so by delegating specific tasks to an adequately  
5 supervised, competent and properly trained medical assistant, then: (1) that  
6 unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without  
7 a license; and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to  
8 discipline for aiding and assisting the unlicensed practice of medicine.
- 9 c. If a practitioner delegates a medical task to a medical assistant, whether by serving  
10 as a so-called “medical director” or by some other relationship or circumstance,  
11 then the practitioner remains professionally responsible for the safety and  
12 performance of each task, and remains professionally responsible for ensuring that  
13 the proper employment relationships exist, that the medical assistant is properly  
14 knowledgeable, trained and skilled, that the medical assistant is adequately  
15 supervised, that the practitioner is nearby to supervise the specific medical tasks  
16 delegated, and, if it is an invasive medical task, then he or she must be immediately  
17 available to exercise oversight in person while the medical assistant performs the  
18 task.
- 19 d. If a practitioner delegates a medical task to a medical assistant, whether by serving  
20 as a so-called “medical director” or by some other relationship or circumstance,  
21 and if the practitioner fails to adequately supervise that medical assistant as  
22 required under the circumstances, then that physician or physician assistant has  
23 violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately  
24 supervise a medical assistant.

25 **Part B – Cosmetologists, “Medical Spas” and “Medical Aestheticians,” and the**  
26 **Unlicensed Practice of Medicine**

- 27 12. Pursuant to NRS 644A.030 a licensed “cosmetologist” is not authorized by such  
28 license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform

1 only non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp  
2 or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions  
3 or creams, cutting, trimming or shaping the hair, removing hair by the use of depilatories, waxing,  
4 tweezing or sugaring, except for the permanent removal of hair with needles, manicuring nails,  
5 massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services.

6 13. Pursuant to NAC 644.A.790 a cosmetologist is further explicitly prohibited from  
7 performing "invasive procedures," which mean, for the purposes of professional licensing of  
8 cosmetologists, "an act that affects the structure or function of the skin other than the uppermost  
9 layers of the skin," and which, for the sake of regulating the practice of cosmetologists, includes,  
10 without limitation, (a) the application of electricity for the sole purpose of contracting a muscle,  
11 (b) the application of a topical lotion, cream or other substance which affects anything other than  
12 the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of  
13 the skin below the uppermost layers of the skin.

14 14. There is no such license as "medical aesthetician" authorized by any Nevada law or  
15 issued by any Nevada sanctioned professional licensing body. The term "medical aesthetician" is  
16 not recognized or defined under any Nevada law or regulation pertaining to the professional  
17 conduct and responsibility of licensed medical professionals, and no law authorizes  
18 cosmetologists to violate or circumvent the aforementioned statutes and regulations of the Nevada  
19 Medical Practice Act by referring to themselves as "medical aestheticians."

20 15. Accordingly, a Nevada licensed cosmetologist may not practice medicine in any  
21 way, or perform invasive medical procedures or medical services of any kind, except as a  
22 "medical assistant" to a Nevada licensed medical professional, i.e., either as the medical assistant  
23 of a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and  
24 NAC 630.800-830, as described above, or similarly as another type of professional "assistant,"  
25 "hygienist," "technician," or other such designation, who is delegated tasks by and under the  
26 direct supervision of another medical professional who is duly licensed pursuant to chapters 631  
27 to 637, inclusive, 639 or 640 of NRS.

28

1           16. If a cosmetologist or so-called “medical aesthetician” practices or purports to  
2 practice medicine in any way, unless he or she acts as a medical assistant and is delegated tasks  
3 and is properly supervised by a professional medical practitioner, then he or she is violating  
4 NRS 630.400(1)(d) by practicing medicine without a license.

5                   **Part C – Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic**  
6                   **Devices**

7           17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation  
8 adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating  
9 disciplinary action.

10           18. Pursuant to NRS 454.201, a “dangerous drug” is any drug, other than a controlled  
11 substance, unsafe for self-medication or unsupervised use, and includes, the following: (1) any  
12 drug which has been approved by the Food and Drug Administration for general distribution and  
13 bears the legend: ‘Rx Only’; (2) procaine hydrochloride with preservatives and stabilizers  
14 (Gerovital H3) in injectable doses and amygdaline (laetrile) which have been licensed by the State  
15 Board of Health for manufacture in this State but have not been approved as drugs by the Food  
16 and Drug Administration; or (3) any drug which, pursuant to the Board’s regulations, may be sold  
17 only by prescription because the Board has found those drugs to be dangerous to public health or  
18 safety.

19           19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or  
20 furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal  
21 prescription or by a practitioner.

22           20. Pursuant to NRS 454.009, a “hypodermic” device is “any syringe, needle,  
23 instrument, device or implement intended or capable of being adapted for the purpose of  
24 administering drugs by subcutaneous, intramuscular or intravenous injection.”

25           21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her  
26 possession or under his or her control any hypodermic device (that is restricted by federal law to  
27 sale by or on the order of a physician), unless the person has acquired possession of such device in  
28 accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a

1 licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is  
2 filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

3 22. Accordingly, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510, a  
4 Nevada licensed cosmetologist is not permitted by Nevada law to possess, control, access,  
5 prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a  
6 medical assistant under the direct supervision of a Nevada licensed physician, physician assistant,  
7 or other licensed medical professional, and then only if otherwise permitted and in compliance  
8 with laws of regulating pharmacies and pharmaceuticals.

9 23. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled  
10 substances or dangerous drugs must apply to the Pharmacy Board for a certificate of registration  
11 to dispense controlled substances or dangerous drugs. A practitioner must submit a separate  
12 application for each site of practice, including, without limitation, a tele-pharmacy, remote site or  
13 satellite consultation site, from which the practitioner wishes to dispense controlled substances or  
14 dangerous drugs.

15 24. NAC 639.742(2) provides that if a facility from which the practitioner intends to  
16 dispense dangerous drugs or controlled substances is not wholly owned and operated by the  
17 practitioner, the owner or owners of the facility must also submit an application to the Pharmacy  
18 Board for a license to do so.

19 25. NAC 639.742(3) provides, in pertinent part, that a dispensing practitioner and, if  
20 applicable, the owner or owners of the facility, shall ensure that:

- 21 (a) All drugs are ordered by the dispensing practitioner;
- 22 (b) All drugs are received and accounted for by the dispensing practitioner;
- 23 (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing  
24 practitioner has the only key or lock combination;
- 25 (d) All drugs are dispensed in accordance with NAC 639.745<sup>4</sup>

26  
27 <sup>4</sup> NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs.  
(NRS 639.070, 639.0727)

28 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs,  
including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's  
patients outside his or her presence shall:

1 (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-  
2 site at the facility;

3 (f) All drugs are dispensed only to the patient personally at the facility;

4 (g) The price of each drug dispensed to a patient is separately itemized on any bill  
5 or statement provided to the patient.

6 (h) All drugs are dispensed only for medically necessary purposes and according to  
7 prevailing standards of care for practitioners practicing in the specialty claimed or  
8 practiced by the dispensing practitioner; and

9 (i) The certificate for each dispensing technician employed at the facility is  
10 displayed in the room or cabinet in which drugs are stored.

11  
12 (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug  
purchased and dispensed. The record for each such product dispensed to a patient must include:

- 13 (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;  
14 (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;  
15 (3) The directions for use;  
16 (4) The date the prescription was issued; and  
17 (5) A unique identifying number.

18 (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule  
19 II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each  
20 prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the  
21 requirements set forth in NAC 453.480.

22 (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be  
23 restricted to the persons described in NRS 453.375.

24 (d) Ensure that each package or container, in which a controlled substance is dispensed, except samples in the  
25 manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

26 (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies  
27 with all state and federal packaging requirements.

28 (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed  
29 by the practitioner that the patient may request a written prescription and have it filled at another location of the  
30 patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this  
31 section must be maintained on paper or in a computer. If the record is:

32 (a) Maintained on paper, the record must:

33 (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;  
34 (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has  
35 been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the  
36 practitioner dispense the controlled substance or dangerous drug; and

37 (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including,  
38 without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

39 (b) Maintained in a computer, the record must:

40 (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;  
41 (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the  
42 patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has  
43 agreed to have the practitioner dispense the controlled substance or dangerous drug; and

44 (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.



1           26.    NAC 639.742(4)(a)-(b) provides, in part, that with regard to the filling and  
2 dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing  
3 technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

4           27.    NAC 639.945(1) provides, in pertinent part, that the following acts or practices by  
5 a holder of any license, certificate or registration issued by the Pharmacy Board or any employee  
6 of any business holding any such license, certificate or registration are declared to be, specifically  
7 but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

8                   (a) Manufacturing, compounding, selling, dispensing or permitting to be  
9 manufactured, compounded, sold or dispensed substandard drugs or preparations.

10                  (b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for  
11 substitutions of generic drugs, dispensing or causing to be dispensed a different  
12 drug or brand of drug in place of the drug or brand of drug ordered or prescribed,  
13 unless the express permission of the orderer or prescriber is obtained and, in the  
14 case of a written prescription, unless the following information is recorded on the  
15 prescription by the person obtaining permission:

- 16                               (1) The date on which the permission was granted;  
17                               (2) The name of the practitioner granting the permission;  
18                               (3) The name of the person obtaining the permission;  
19                               (4) The name of the drug dispensed; and  
20                               (5) The name of the manufacturer or distributor of the drug.

21                  (c) Using secret formulas.

22                  (d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly  
23 to follow the instructions of the person writing, making or ordering a prescription  
24 or chart order as to its filling or refilling, the content of the label of the prescription  
25 or giving a copy of the prescription or chart order to any person except as permitted  
26 by law.

27                  (e) Failing to confer with the person writing, making or ordering a prescription or  
28 chart order if there is an error or omission in it which should be questioned.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

28. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

1           29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board  
2 regulations, a bona fide therapeutic relationship between the patient and practitioner shall be  
3 deemed to exist if the patient was examined in person, electronically, telephonically or by fiber  
4 optics, by the practitioner within the 6 months immediately preceding the date the practitioner  
5 dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner  
6 diagnosed a condition for which a given drug therapy is prescribed.

7           30. Accordingly, any physician or physician assistant who – whether by serving as a  
8 so-called “medical director” of, or by furnishing dangerous drugs or hypodermic devices to, or by  
9 some other relationship or circumstance with any “medical spa” wherein dangerous drugs or  
10 hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or  
11 dispensed – engages in conduct that violates any regulation adopted by the Pharmacy Board,  
12 including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the  
13 Nevada Medical Practice Act and is subject to discipline by the Board.

14 **III. Respondent’s Medical Directorship of VIP Faces/TWEC**

15           31. At all relevant times alleged herein, Respondent, individually, and through his  
16 company, Triangle Family Medicine, and, Sandra Bledsoe (Bledsoe), through VIP Faces, Inc. &  
17 Transitions Weight Loss and Empowerment Center (VIPTWEC), were partners in business.

18           32. On November 26, 2014, Respondent entered into an Agreement to Sublease Space  
19 and Physician Supervision (NRS 630) (Lease Agreement) whereby Respondent leased office  
20 space to VIPTWEC. Pursuant to this Lease Agreement, Respondent, in his capacity as a  
21 physician, agrees to supervise Sandra Bledsoe (Owner of VIPTWEC) as a medical assistant in  
22 accordance with NRS Chapter 630. Respondent subleased adjacent office space to VIPTWEC  
23 and these offices were adjacent to each other.

24           33. On December 29, 2014, this partnership relationship was formalized and  
25 documented via a Partnership Agreement (Agreement), executed on January 2, 2015. The stated  
26 purpose of this Agreement was to have the Respondent be the Medical Director (NRS 630) of  
27 VIPTWEC and implement and supervise the following: 1) coordinate/oversee clinical services  
28 provided by other clinical professionals as they relate to patient care, including nurse practitioner,

1 pharmacy tech., medi-spa injector (Botox/Fillers), and medical assistant.; 2) monitor quality and  
2 appropriateness of medical practices, which includes reviewing and approving of policy &  
3 procedures and oversees documentation; 3) to act as dispensing physician to include dispensing  
4 license, oversee clinical staff licensed to dispense medications, oversee reporting to the Nevada  
5 State Board of Pharmacy, and order medications under DEA/medical license. Respondent served  
6 as the “Medical Director” of VIPTWEC from December 29, 2014, until March 17, 2015, when he  
7 informed the Board that he “rescinded the Physician Supervisory Role for Sandra Bledsoe, aka  
8 Sandy Right.”

9 34. Bledsoe acted as Manager, Medi-Spa Injector and Medical Assistant for  
10 VIPTWEC.

11 35. On or about February 25, 2015, Patient A<sup>5</sup>, a 46 year-old female, presented to  
12 Bledsoe for Botox treatments for her forehead and wrinkles lateral to her eyes. These treatments  
13 were not ordered by Respondent.

14 36. On or about March 3, 2015, Patient A’s right eyelid became very droopy; she  
15 experienced blurry vision and eyelid obstruction of her right eye. Patient A presented to a Renown  
16 Urgent Care center, located in Sparks, NV, and her treating physician requested copies of the  
17 VIPTWEC medical records of Botox to confirm the amount and location of Botox injected into  
18 Patient A’s face. Patient A was not able to provide her medical records from VIPTWEC.

19 37. On or about March 13, 2015, Patient A presented to Bledsoe at VIPTWEC,  
20 requesting a copy of her medical records, specifically regarding the treatments rendered by  
21 Bledsoe. No medical records have ever been provided to date. Bledsoe, without Patient A’s  
22 consent, proceeded to inject her with another Botox injection.

23 38. On or about March 14, 2015, Respondent informed Patient A that he would find  
24 her medical records.

25 39. On or about March 16, 2015, Patient A presented to VIPTWEC. Respondent did  
26 not provide the aforementioned medical records as promised or as required by the Medical  
27 Practice Act.

28 \_\_\_\_\_  
<sup>5</sup> Patient A’s 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           40.   VIPTWEC routinely dispensed phentermine and administered Vitamin B-12  
2 injections without Respondent's medical supervision and without medical justification.

3           41.   VIPTWEC, through its principal Bledsoe, held itself out to the public as a "medical  
4 spa" "specializing" in medical procedures, products and treatments, including "Medical Weight-  
5 loss," and "Botox," as well as other non-medical aesthetic and cosmetological services.

6           42.   Respondent was not a manager, agent, officer or employee of VIPTWEC.

7           43.   Respondent had no ownership or member interest in VIPTWEC, but he had a  
8 contractual authority, pursuant to the Agreement, and a statutory duty to manage the medical-  
9 related affairs of VIPTWEC in compliance with the Medical Practice Act.

10          44.   Neither Bledsoe nor any of VIPTWEC's employees or other independent  
11 contractors was employed by Respondent during the time Respondent served as Medical Director  
12 of VIPTWEC.

13          45.   At all times relevant to the facts alleged herein, neither Bledsoe, nor any other  
14 member, manager, employee or independent contractor of VIPTWEC, was licensed by any  
15 Nevada professional licensing board pursuant to chapters 630 to 637, inclusive, 639 or 640 of  
16 NRS to practice medicine in the State of Nevada.

17          46.   No person in any way affiliated with or employed by VIPTWEC held a medical  
18 license issued by the Board during the time Respondent served as Medical Director, other than  
19 Respondent himself.

20          47.   Bledsoe was NOT at all relevant times a Nevada licensed "Cosmetologist."

21          48.   The only times Respondent was personally present at VIPTWEC's location during  
22 his time as Medical Director were the instances when he appeared referring a patient to  
23 VIPTWEC to receive Bledsoe's treatments and/or during Patient A's care.

24          49.   VIPTWEC's medical records show no indication that Respondent supervised,  
25 contacted or consulted Bledsoe, or anyone else at VIPTWEC, in person or by any other means  
26 during Respondent's service as Medical Director.

27          50.   VIPTWEC did not maintain medical records during Respondent's supervision as  
28 Medical Director.

1           51.     Respondent has been licensed in active status (License No. PD00501) by the  
2 Pharmacy Board since January 20, 2015, to dispense prescription drugs at the following location:  
3 1475 Terminal Way, Suite A1, Reno, Nevada 89502.

4           52.     Respondent, personally or at his direction to any medical assistant associated with  
5 VIPTWEC, procured prescription-strength Botox and Restylane; the aforementioned drugs and  
6 hypodermic devices are available only by prescription and are dangerous drugs as defined by  
7 NRS 454.201.

8           53.     Respondent, personally or at his direction to any medical assistant, delivered these  
9 dangerous drugs and hypodermic devices to VIPTWEC employees at VIPTWEC's office location  
10 and left them in their sole possession, custody and control and beyond the supervision or restraint  
11 of Respondent.

12          54.     Respondent did not apply to the Pharmacy Board for a certificate of registration to  
13 dispense controlled substances or dangerous drugs at VIPTWEC's location.

14          55.     During Respondent's service as Medical Director to VIPTWEC, Bledsoe and/or  
15 VIPTWEC's employees or agents provided medical treatment and/or prescriptions, and/or  
16 administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and  
17 hypodermic devices, to at least all of VIPTWEC's patients.

18          56.     Bledsoe's conduct set forth above constitutes the practice of medicine in Nevada.

19          57.     VIPTWEC's medical records contain no entries for patient history, notes,  
20 examination findings, tests performed, procedures performed, dangerous drugs dispensed,  
21 administered or prescribed, or therapeutic procedures performed by Respondent.

22          58.     Respondent's medical office manager ordered Botox, B-12 and other dangerous  
23 drugs for delivery at Respondent's medical practice and for use by VIPTWEC.

24          59.     Upon information and belief, Respondent's medical office manager delivered the  
25 orders for Botox, B-12, and other dangerous drugs to VIPTWEC at Respondent's direction.

26          60.     All of the dangerous drugs listed, while in the custody and control of VIPTWEC  
27 and its employees or agents, were not stored in a secure, locked room or cabinet to which the  
28 dispensing practitioner had the only key or lock combination.

1           61.     Upon information and belief, Bledsoe and/or other employees of VIPTWEC had  
2 unrestricted access to these dangerous drugs and hypodermic devices.

3           62.     Botox is introduced hypodermically, that is, subcutaneously.

4           63.     Bledsoe and/or VIPTWEC, and its employees and agents, possessed, controlled,  
5 stored, prescribed and/or dispensed all the aforementioned dangerous drugs and hypodermic  
6 devices without a dispensing license or a controlled substance license as required by the Pharmacy  
7 Board.

8           64.     Respondent was not present when Bledsoe and/or VIPTWEC, and its employees  
9 and agents, possessed, controlled, stored, prescribed and/or dispensed the aforementioned  
10 dangerous drugs.

11           65.     Respondent neither received nor accounted for the dangerous drugs and  
12 hypodermic devices administered and dispensed by VIPTWEC, nor did he ensure that such drugs  
13 and hypodermic devices were stored in a secure, locked room or cabinet to which he had the only  
14 key or lock combination. The dangerous drugs and hypodermic devices were not dispensed in  
15 accordance with NAC 639.745. Respondent did not have a bona fide therapeutic relationship with  
16 any of the VIPTWEC patients at issue, nor did he write a prescription for any drugs to any of  
17 these patients, nor was he on-site at the facility or otherwise immediately available when they  
18 were prescribed or otherwise administered or dispensed. Respondent personally dispensed none  
19 of the drugs dispensed at VIPTWEC's facility, and did not assure that they were dispensed only  
20 for medically necessary purposes and according to prevailing standards of care, nor did he assure  
21 that a certificate for each dispensing technician employed at the facility was displayed in the room  
22 or cabinet in which drugs were stored.

23           66.     Respondent supplied dangerous drugs and hypodermic devices so that unqualified  
24 persons could circumvent laws pertaining to the legal sale of such articles, and allowed others to  
25 dispense and prescribe dangerous drugs to those whom he did not have a bona fide therapeutic  
26 relationship.

27           67.     Respondent failed to ensure that he had the required ownership or employment  
28 relationship with respect to VIPTWEC, and failed to ensure that he had the legal and practical

1 control of VIPTWEC's operations sufficient to effectively control the conduct of its employees  
2 and agents in performance of all medical activities as his medical assistants or otherwise, in order  
3 to prevent misconduct and ensure that his medical assistants possessed the knowledge, skill and  
4 training to perform their tasks safely and properly.

5 **COUNT I**

6 **NRS 630.306(1)(r): Failure to Adequately Supervise**

7 68. All of the allegations in the above paragraphs are hereby incorporated as if fully set  
8 forth herein.

9 69. NRS 630.306(1)(r) provides that a failure to supervise adequately a medical  
10 assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating  
11 disciplinary action against a licensee.

12 70. By the conduct described herein, Respondent failed to supervise adequately, or  
13 supervise in any way, Bledsoe, and all other employees or contractors of VIPTWEC in their  
14 performance of medical tasks during his time as Medical Director.

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

17 **COUNT II**

18 **NRS 630.305(1)(e): Aiding Practice by Unlicensed Person**

19 72. All of the allegations in the above paragraphs are hereby incorporated as if fully set  
20 forth herein.

21 73. NRS 630.305(1)(e) provides that the aiding, assisting, employing or advising,  
22 directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the  
23 provisions of NRS Chapter 630 or the regulations of the Board is an act, among others, that  
24 constitutes grounds for initiating disciplinary action against a licensee.

25 74. By the conduct described herein, to the extent that Respondent either did not  
26 delegate medical tasks to Bledsoe, and VIPTWEC's agents and employees as medical assistants,  
27 or to the extent that their actions were not authorized by Respondent, Respondent nonetheless  
28 aided, assisted and advised these unlicensed persons, both directly and indirectly, in their



1 engaging in the practice of medicine contrary to the provisions of NRS Chapter 630 and/or the  
2 regulations of the Board.

3 75. By reason of the foregoing, Respondent is subject to discipline by the Nevada State  
4 Board of Medical Examiners as provided in NRS 630.352.

5 **COUNT III**

6 **NRS 630.3062(1)(a): Failure to Maintain Proper Medical Records**

7 76. All of the allegations in the above paragraphs are hereby incorporated as if fully set  
8 forth herein.

9 77. 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 an act,  
11 among others, that constitutes grounds for initiating disciplinary action against a licensee.

12 78. Pursuant to NAC 630.830, as delegating practitioner, Respondent is professionally  
13 responsible for the safety and performance of each task which is delegated to a medical assistant.

14 79. Respondent and his medical assistants failed to maintain timely, legible, accurate  
15 and complete medical records by failing to include patient histories, clinical notes, examination  
16 findings, tests performed, procedures performed, dangerous drugs and hypodermic devices used,  
17 administered or prescribed, or therapeutic procedures performed that can be attributed to  
18 Respondent, among other omissions.

19 80. By reason of the foregoing, Respondent is subject to discipline by the Nevada State  
20 Board of Medical Examiners as provided in NRS 630.352.

21 **COUNT IV**

22 **NRS 630.306(1)(b)(3): Engaging in Conduct That Violated Pharmacy Board Regulations**

23 81. All of the allegations in the above paragraphs are hereby incorporated as if fully set  
24 forth herein.

25 82. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation  
26 adopted by the Pharmacy Board is grounds for initiating disciplinary action against a licensee.

27 ///

28 ///

1           83. By the conduct described herein, Respondent engaged in conduct that violates  
2 regulations adopted by the Pharmacy Board, specifically including, but not limited to, NAC  
3 639.742(1)-(3), (4)(a)-(b), 639.945(1)-(3).

4           84. By reason of the foregoing, Respondent is subject to discipline by the Nevada State  
5 Board of Medical Examiners as provided in NRS 630.352.

6           **WHEREFORE**, the Investigative Committee prays:

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

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

12           3. That the Nevada State Board of Medical Examiners determine the sanctions it will  
13 impose if it finds Respondent violated the Medical Practice Act;

14           4. That the Nevada State Board of Medical Examiners make, issue and serve upon the  
15 Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the  
16 sanctions imposed; and

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

19           DATED this 3 day of March, 2021.

21           INVESTIGATIVE COMMITTEE OF THE  
22           NEVADA STATE BOARD OF MEDICAL EXAMINERS

23           By: 

24           Robert Kilroy, Esq., General Counsel  
25           Attorney for the Investigative Committee

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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 the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 3rd day of March, 2021.

*M. NEIL DUXBURY*

\_\_\_\_\_  
M. Neil Duxbury  
Chairman, Investigative Committee  
Nevada State Board of Medical Examiners