

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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1 THE BOARD OF MEDICAL EXAMINERS
2 OF THE STATE OF NEVADA

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5 In the Matter of Charges and Complaint
6 Against:
7 TERRANCE J. KWIATKOWSKI, M.D.,
8 Respondent.

Case No. 19-21834-1

FILED

FEB 12 2021

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

9
10 FIRST AMENDED COMPLAINT

11 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board)
12 hereby issues this First Amended Complaint (Complaint) against Terrance J. Kwiatkowski, M.D.
13 (Respondent), a licensed physician in Nevada. After investigating this matter, the IC¹ has a
14 reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes
15 (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively, the
16 Medical Practice Act). The IC alleges the following facts:

17 1. Respondent was licensed by the Board, pursuant to the provisions of the Medical
18 Practice Act, on August 27, 2001, and is currently licensed in active status (License No. 9962).

19 2. Patient A's true identity is not disclosed herein to protect his privacy, but was
20 disclosed in the Patient Designation served upon Respondent along with a copy of the Complaint
21 filed January 31, 2019.

22 3. On July 1, 2014, Patient A presented to the Desert Springs Hospital Emergency
23 Room (ER) with a complaint of right facial swelling and a diagnosis of parotitis, and was
24 subsequently discharged with oral antibiotics (Amoxicillin) and pain medications. On
25 July 2, 2014, Patient A returned to Desert Springs Hospital ER with a complaint of worsening
26 symptoms, and was transferred to Sunrise Hospital for an ear, nose and throat (ENT) specialist
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28 ¹ At the time filing of the Complaint was approved, the IC was composed of Theodore B. Berndt, M.D.,
Chairman, Michael J. Fischer, M.D., and Ms. Valerie J. Clark.

1 consult. Patient A was started on IV antibiotics (Clindamycin) and a CT scan indicated a parotid
2 edema on the right side and a three (3) millimeter stone in the parotid duct on the same side.

3 4. On July 5, 2014, Patient A presented to Respondent, who recommended
4 intravenous steroids and antibiotics overnight, and he also recommended Patient A be discharged
5 with oral antibiotics for ten (10) days and a steroid taper. On July 6, 2014, Patient A was
6 discharged, based on Respondent's treatment plan, with oral Clindamycin and pain medications.
7 Steroids were prescribed by Respondent on July 7, 2014. On July 8, 2014, Patient A presented to
8 St. Rose Siena Hospital Emergency Room with no improvement in his symptoms and with
9 difficulty opening his mouth. He was admitted after ENT and Infectious Disease (ID) specialist
10 consultations. Patient A was started on intravenous antibiotics (Vancomycin & Zosyn), pursuant
11 to the ID doctor's order. On July 9, 2014, Patient A was evaluated by Respondent, who
12 recommended that the current treatment of IV antibiotics be continued, but did not recommend
13 sialogogues (drugs that increase saliva production), which Respondent believed would have
14 worsened Patient A's parotitis condition. Respondent recommended to staff that he be informed if
15 Patient A's condition declined.

16 5. Respondent did not follow-up or further examine Patient A's parotid condition
17 from July 9, 2014 through July 14, 2014, and did not perform any consultations relating to
18 Patient's medical condition.

19 6. On July 14, 2014, Patient A received another CT scan due to a lack of
20 improvement and worsening symptoms. This CT scan indicated "wall thickening, rim enhancing
21 collection occupying the parotid, spacing measuring 3 x 2.3 cm as well as calcifications within the
22 parotid gland consistent with an abscess." Respondent evaluated Patient A and reviewed the CT
23 scan with a Radiologist. Respondent's recommendation was to continue IV antibiotics and
24 determined that Patient A's condition was not an abscess.

25 7. Again, Respondent did not follow-up or further examine Patient A's parotid
26 condition from July 15, 2014 through July 18, 2014 and did not conduct any consultations relating
27 to Patient's medical condition.

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1 time between July 10, 2014 through July 13, 2014, and during the time between July 15, 2014
2 through July 18, 2014.

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

5 **COUNT II**

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

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

9 16. 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 17. Respondent failed to maintain complete medical records relating to the diagnosis,
13 treatment and care of Patient A, by failing to document his actions when he treated Patient A,
14 whose medical records were not timely, legible, accurate, and complete.

15 18. 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 him and give
19 him 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;


27 5. That the Board award such fees and costs as outlined in NRS 622.400 for the
28 investigation and prosecution of this disciplinary action; and

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6. That the Board takes such other and further action as may be just and proper in these premises.

DATED this 12th day of February, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Robert G. Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, 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 12th day of February, 2021.

INVESTIGATIVE COMMITTEE OF THE NEVADA
STATE BOARD OF MEDICAL EXAMINERS

M. Neil Duxbury
M. Neil Duxbury, M.D., Chairman