

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

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4
5 **In the Matter of Charges and Complaint**
6 **Against:**
7 **KASEY LAZJR ABANONU, M.D.,**
8 **Respondent.**

Case No. 23-39319-1
FILED
OCT 16 2023
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: Vonnie

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through William P. Shogren, Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Kasey Lazjr Abanonu, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and allegations as follows:

- 17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 14139). Respondent was
19 originally licensed by the Board on October 13, 2011.
- 20 2. Patient A² was a fifty (50) year-old female at the time of the events at issue.
- 21 3. Patient A was initially diagnosed with advanced, end-stage liver disease consistent
22 with cirrhosis on September 10, 2017. Patient A presented to St. Rose Dominican Hospital –
23 Siena Campus (St. Rose) on multiple occasions between September 10, 2017, and
24 December 11, 2017, for treatment of her liver disease.

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27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
28 Complaint was authorized for filing, was composed of Board members Mr. M. Neil Duxbury, Aury Nagy, M.D., and
Michael C. Edwards, M.D., FACS.

² 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.

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

1 4. Patient A required multi-disciplinary care during her frequent visits to St. Rose
2 starting on September 10, 2017, including gastroenterology and liver transplant specialty
3 consultations and input. During Patient A's hospital stays between November 23, 2017, and
4 December 4, 2017, the care of her liver disease was directed by gastroenterology consultants at the
5 request of emergency room and hospitalist physicians.

6 5. During Patient A's multiple emergency room visits and hospitalizations at St. Rose
7 between September 10, 2017, and December 11, 2017, Patient A was noted to have chronically
8 low sodium levels (hyponatremia) and chronically low blood pressure readings (hypotension).

9 6. On December 23, 2017, Patient A presented to the emergency room at St. Rose
10 with complaints of abdominal pain and distention. At this time, Patient A still suffered from
11 advanced, end-stage liver disease.

12 7. Patient A was then admitted to the care of Respondent in St. Rose's observation
13 unit, on or about 6:01 a.m., on December 23, 2017. Respondent diagnosed Patient A as being
14 dehydrated with hyponatremia and having an altered mental status.

15 8. Upon her presentation to St. Rose on December 23, 2017, Patient A also had a new
16 onset of acute kidney failure, as evidenced by lab results showing low urine output and rising
17 creatinine as well as impending sepsis from infection.

18 9. Respondent planned to rehydrate Patient A with IV fluids to correct Patient A's
19 dehydration and hyponatremia but did not order or perform any other additional diagnostic tests or
20 therapeutic interventions to address Patient A's acute kidney failure, or Patient A's end-stage liver
21 disease with altered mental status. Respondent did not order standard coagulation tests, such as an
22 international normalized ratio (INR) blood test, despite Patient A's end-stage liver disease.

23 10. Respondent further did not initially order or perform a small volume diagnostic
24 paracentesis, to rule out possible causes of Patient A's infection, such as spontaneous bacterial
25 peritonitis (SBP).

26 11. Respondent did not request consultations with an ICU critical care physician,
27 nephrologist, or gastroenterologist on December 23, 2017, or December 24, 2017.

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1 12. During Patient A's presentation to St. Rose on December 23, 2017, Patient A also
2 had a high bilirubin level of 5, which would have produced obvious jaundice of the skin and
3 yellowing of the eyes (scleral icterus). Respondent's notes regarding Patient A did not mention
4 jaundice or scleral icterus. Respondent's notes further did not mention abdominal tenderness or
5 distension.

6 13. During Patient A's stay at St. Rose starting on December 23, 2017, her urine output
7 remained negligible, and her creatinine climbed from 1.9 on admission to 2.75 after use of IV
8 fluids, suggesting hepatorenal syndrome as a probable cause of her kidney failure.

9 14. Despite the implementation of IV fluids, Patient A's urine output, blood pressure
10 level, and creatinine level did not improve during her stay at St. Rose.

11 15. Patient A also had persistent hypotension that required pressor blood pressure
12 support in the ICU.

13 16. By noon on December 24, 2017, Patient A developed a severe metabolic acidosis
14 (buildup of acid in the body due to kidney disease or kidney failure), consistent with lactic
15 acidosis, which required an ICU level of care.

16 17. Despite Patient A's new onset acute kidney failure, impending sepsis, and liver
17 failure, Respondent opted to keep Patient A on observation status, rather than transferring
18 Patient A to a higher level of care, such as the ICU.

19 18. Respondent's progress notes on the evening of December 24, 2017, indicated that
20 "patient states is getting better" and "no new issues reported." Respondent's reports and physical
21 exam at the time documented no abnormalities.

22 19. On December 24, 2017, after Respondent's examination of Patient A, Patient A
23 became unresponsive, and a medical emergency rapid response was called. Patient A was then
24 transferred to the ICU, where her clinical condition continued to deteriorate with worsening septic
25 shock, renal failure, and developing disseminated intravascular coagulation.

26 20. Patient A had remained in her ER room and the observation unit for approximately
27 thirty (30) hours under Respondent's care before being transferred to the ICU by other responding
28 physicians.

1 WHEREFORE, the Investigative Committee prays:

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

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

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

9 4. That the Board award fees and costs for the investigation and prosecution of this
10 case as outlined in NRS 622.400;

11 5. That the Board make, issue and serve on Respondent its findings of fact,
12 conclusions of law and order, in writing, that includes the sanctions imposed; and

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

15 DATED this 16th day of October, 2023.

16 INVESTIGATIVE COMMITTEE OF THE
17 NEVADA STATE BOARD OF MEDICAL EXAMINERS

18 By:



19 WILLIAM P. SHOGREN

20 Deputy General Counsel

21 9600 Gateway Drive

22 Reno, NV 89521

23 Tel: (775) 688-2559

24 Email: shogrenw@medboard.nv.gov

25 *Attorney for the Investigative Committee*

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Bret W. Frey, 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 16th day of October, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



BRET W. FREY, M.D.
Chairman of the Investigative Committee

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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 16th day of October, 2023, I served a file-stamped copy of the foregoing **COMPLAINT and PATIENT DESIGNATION** via U.S Certified Mail to:

KASEY LAZJR ABANONU, M.D.
10017 Fox Springs Drive
Las Vegas, NV 89117

Tracking No.: 9171 9690 0935 0241 5574 69

DATED this 16th day of October, 2023.



MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners