

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 **SAMUEL RODOLFO CHACON, M.D.,**
8 **Respondent.**

Case No. 23-12762-4

FILED

OCT - 4 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 **COMPLAINT**

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

17 1. Respondent was at all times relative to this Complaint a physician holding an active
18 license to practice medicine in the State of Nevada (License No. 9105). Respondent was
19 originally licensed by the Board on July 27, 1999, with a specialty in Obstetrics/Gynecology.

20 2. Patient A² was a forty-four (44) year-old female at the time of the events at issue.

21 3. On February 5, 2019, Patient A presented to the emergency room following
22 complaints of mild cramping and dysuria (pain or difficulty urinating), where she was diagnosed
23 with uterine fibroids.

24 4. On February 6, 2019, Patient A was seen by a urologist who documented Patient A
25 had intermittent hematuria (blood in the urine) for one (1) week prior to her visit with right flank
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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 Aury Nagy, M.D., Chairman, Nick M. Spirtos,
M.D., F.A.C.O.G., and Ms. Maggie Arias-Petrel.

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.

1 pain, urinary urgency, abdominal pain, and dysuria without a history of trauma prior to the onset
2 of her symptoms.

3 5. On February 11, 2019, Patient A was referred by her primary care physician to
4 Respondent for her recurrent urinary tract infection (UTI) symptoms and uterine fibroids to be
5 evaluated for a potential hysterectomy. Upon Patient A's initial clinical presentation, Respondent
6 documented Patient A had abnormal (heavy) uterine bleeding and dysmenorrhea (pelvic pain)
7 associated with her known uterine fibroids and agreed with Patient A to perform an endometrial
8 biopsy.

9 6. Patient A returned to Respondent on February 15, 2019, with complaints of pelvic
10 pain associated with menstruation. Respondent diagnosed Patient A with stress urinary
11 incontinence and pelvic organ prolapse. Respondent's records from the February 15, 2019, visit
12 are contradictory. Respondent documented Patient A had received Kegel exercise instructions,
13 and then asserts Patient A had failed conservative management with pelvic floor exercises and
14 wished to proceed with definitive surgical management of her pelvic pain and urodynamic stress
15 urinary incontinence. This visit was Patient A's first time having received any information from
16 Respondent about Kegel exercises.

17 7. During the February 15, 2019, visit Respondent performed a urodynamics study
18 without clinical indication, as Patient A did not complain of stress urinary incontinence and was
19 referred for a consultation for a hysterectomy for her known uterine fibroids and heavy bleeding
20 during her menstrual cycles. Respondent diagnosed Patient A with stage two (2) uterovaginal
21 prolapse without a proper supporting examination or indication documented in the medical record.

22 8. On March 19, 2019, Respondent performed a laparoscopically assisted vaginal
23 hysterectomy, bilateral salpingectomy, anterior and posterior repair, enterocele repair,
24 perineoplasty, transobturator mid-urethral sling, and sacrospinous ligament vaginal vault
25 suspension, despite no clinical indication or complaints of pelvic organ prolapse.

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1 COUNT I

2 **NRS 630.301(4) - Malpractice**

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

5 10. NRS 630.301(4) provides that malpractice of a Physician is grounds for initiating
6 disciplinary action against a licensee.

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

10 12. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
11 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
12 rendering medical services to Patient A when he performed an unnecessary urodynamics study
13 and surgery to treat pelvic organ prolapse, which was not indicated.

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

16 COUNT II

17 **NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

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

20 15. NRS 630.3062(1)(a) provides that the “failure to maintain timely, legible, accurate
21 and complete medical records relating to the diagnosis, treatment and care of a patient” constitute
22 grounds for initiating discipline against a licensee.

23 16. Respondent failed to maintain proper medical records relating to the diagnosis,
24 treatment and care of Patient A, by, among other things, documenting pelvic organ prolapse and
25 urinary incontinence without patient complaints prior to performance of surgery or a urodynamics
26 study on Patient A.

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

COUNT III

NRS 630.301(8) - Failure to Provide Procedures, Studies, Services, Referrals

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

19. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

20. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 603.301(8) with regard to Patient A’s medical conditions when Respondent failed to offer appropriate procedures or studies and failed to provide necessary services or refer Patient A to an appropriate provider. Respondent’s failure to perform all of the aforementioned occurred with the intent of positively influencing the financial well-being of the Respondent and/or Respondent’s practice.

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

COUNT IV

NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain

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

23. NRS 630.301(7) provides that “engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain” is grounds for initiating discipline against a licensee.

24. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of and exploited the relationship between Respondent and Patient A when he performed surgical procedures on Patient A to correct stage two (2) uterovaginal prolapse that was

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1 not indicated because his decisions were not based on any documented patient complaints or
2 medical diagnoses.

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

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

6 1. That the Board give Respondent notice of the charges herein against him and give
7 him notice that he may file an answer to the Complaint herein as set forth in
8 NRS 630.339(2) 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 determines there has been
12 a violation or violations of the Medical Practice Act committed by Respondent;

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

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

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

19 DATED this 4th day of October, 2023.

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

22 By: _____

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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Aury Nagy, 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 4th day of October, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

AURY NAGY, M.D.
Chairman of the Investigative Committee