

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

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 23-12762-5

6 **Against:**

7 **SAMUEL RODOLFO CHACON, M.D.,**

8 **Respondent.**

FILED

OCT - 6 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 Ian J. Cumings, Deputy General Counsel and attorney for the IC, having
13 a reasonable basis to believe that Samuel Rodolfo Chacon, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code
15 (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating
16 the IC's 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. 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-three (43) year-old female at the time of the events at issue.

21 3. On November 21, 2019, Patient A presented to Respondent for her annual
22 gynecologic exam, and to establish gynecological care with complaints of consistent pelvic pain
23 and irregular bleeding. Patient A denied any urinary incontinence, constipation, or diarrhea.

24 4. During the November 21, 2019, visit establishing care, Respondent performed an
25 annual exam, ordered ultrasound testing and proceeded to perform an endometrial biopsy on
26

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, Nicola (Nick)
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 Patient A. Respondent scheduled a follow-up appointment, documenting Patient A had failed
2 medical management and was considering surgical intervention.

3 5. Laboratory testing demonstrated Patient A's endometrial biopsy was normal, and
4 negative for hyperplasia or atypia.

5 6. On November 27, 2019, Patient A returned for her scheduled follow-up
6 appointment with Respondent. Respondent documented Patient A now complained of stress
7 urinary incontinence and that Patient A would, "like to move forward with hysterectomy and
8 pelvic floor repair surgery," and was instructed on performing Kegel exercises.

9 7. On January 7, 2020, Patient A presented for an outpatient visit at Renown Medical
10 Center ("Renown") with Respondent. During this visit she was scheduled for surgery on January
11 21, 2020, for symptomatic pelvic floor relaxation. Respondent recommended: hysterectomy,
12 bilateral salpingectomy, native tissue repair in the form of anterior and posterior vaginal repair,
13 enterocele repair, perineoplasty, sacrospinous vault suspension and a transobturator tape
14 midurethral sling procedure. Respondent documented the reason for surgery as symptomatic
15 pelvic floor relaxation with associated pelvic pain, dyspareunia, and mixed urinary incontinence
16 symptoms with a strong type 2 urinary incontinent component as noted on urodynamic studies.

17 8. Respondent documented that Patient A's urodynamic studies demonstrated type 2
18 stress urinary incontinence, despite no such urodynamic study ever being performed on Patient A.

19 9. On January 8, 2020, Patient A underwent a sonograph which demonstrated no
20 masses or cysts, with a small fundal fibroid.

21 10. Prior to the January 21, 2020, procedure, Patient A canceled her scheduled surgery
22 with Respondent at Renown.

23 11. Patient A sought a second opinion on February 7, 2020, from a different OB/GYN
24 physician who documented that Patient A exhibited no evidence of vaginal or bladder prolapse
25 and was unsure of Respondent's indications for the recommended hysterectomy or bladder
26 suspension. Subsequent ultrasound testing demonstrated unremarkable findings.

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COUNT I

NRS 630.301(4) - Malpractice

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

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

14. 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."

15. 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 when rendering medical services to Patient A when he diagnosed Patient A with stress urinary incontinence and scheduled Patient A for a hysterectomy, bilateral salpingectomy, native tissue repair in the form of anterior and posterior vaginal repair, enterocele repair, perineoplasty, sacrospinous vault suspension and a transobturator tape midurethral sling procedure, despite no clinical indication or diagnostic testing supporting his diagnosis or treatment plan.

16. 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

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

18. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient," constitutes grounds for initiating discipline against a licensee.

19. Respondent failed to maintain proper medical records relating to the diagnosis, treatment and care of Patient A, by failing to correctly document his actions when he treated Patient A, whose medical records were not timely, legible, accurate, and complete, by, among

1 other things, falsely documenting Patient A had stress urinary incontinence on a study, despite no
2 such study having been ever performed.

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

5 **COUNT III**

6 **NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation --**

7 **Falsification of Medical Records**

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

10 22. Violation of a standard of practice adopted by the Board is grounds for disciplinary
11 action pursuant to NRS 630.306(1)(b)(2).

12 23. NAC 630.230(1)(a) provides that a physician shall not, "falsify records of health
13 care."

14 24. Respondent falsified Patient A's medical records by, among other things,
15 documenting in Patient A's medical records that Patient A had type 2 stress urinary incontinence
16 as demonstrated on a urodynamics study as an indication for the recommended surgery, despite no
17 such study having ever been performed.

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

20 **COUNT IV**

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

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

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

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1 28. As demonstrated by, but not limited to, the above-outlined facts, Respondent
2 violated NRS 630.301(8), regarding Patient A's medical conditions when Respondent scheduled
3 unindicated procedures on Patient A, specifically complex procedures to repair vaginal prolapse.
4 Respondent's diagnosis and scheduling of the procedure occurred without a recognized medical
5 purpose and with the intent of positively influencing the financial well-being of Respondent and
6 his practice.

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

9 **COUNT IV**

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

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

14 31. NRS 630.301(7) provides that "engaging in conduct that violates the trust of a
15 patient and exploits the relationship between the physician and the patient for financial or other
16 personal gain," is grounds for initiating discipline against a licensee.

17 32. As demonstrated by, but not limited to, the above-outlined facts, Respondent
18 violated the trust of, and exploited the relationship between, the Respondent and Patient A by
19 improperly diagnosing Patient A with type 2 stress urinary incontinence without subjective
20 documentation or testing supporting Respondent's diagnosis of urinary incontinence and/or
21 bladder problems.

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

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

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

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OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

- 1 2. That the Board set a time and place for a formal hearing after holding an Early
- 2 Case Conference pursuant to NRS 630.339(3);
- 3 3. That the Board determine what sanctions to impose if it determines there has been
- 4 a violation or violations of the Medical Practice Act committed by Respondent;
- 5 4. That the Board award fees and costs for the investigation and prosecution of this
- 6 case as outlined in NRS 622.400;
- 7 5. That the Board make, issue and serve on Respondent its findings of fact,
- 8 conclusions of law and order, in writing, that includes the sanctions imposed; and
- 9 6. That the Board take such other and further action as may be just and proper in these
- 10 premises.

11 DATED this 6th day of October, 2023.

12 INVESTIGATIVE COMMITTEE OF THE
13 NEVADA STATE BOARD OF MEDICAL EXAMINERS

14 By: _____

15 IAM J. CUMINGS
16 Deputy General Counsel
17 9600 Gateway Drive
18 Reno, NV 89521
19 Tel: (775) 688-2559
20 Email: icummings@medboard.nv.gov
21 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 6 day of October, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



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