BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against:

CASIANO RAMIREZ FLAVIANO, M.D.,

Respondent.

Case No. 24-22367-1

FILED

FEB 16 2024

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

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

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Casiano Ramirez Flaviano, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

A. Respondent's Licensure Status

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9976). Respondent was originally licensed by the Board on September 11, 2001.

B. Respondent's Care of Patient A

2. Patient A[2] was a thirty-seven (37) year-old male at the time of the events at issue.

3. On November 3, 2019, Patient A was admitted to the hospital and evaluated with several medical conditions, including acute myocardial infarction, occipital stroke, atrial fibrillation, and jugular vein deep vein thrombosis. Patient A also developed pneumonia with

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Aury Nagy, M.D., Nicola 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 his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

hypoxia and tachycardia during his hospital stay. Additionally, Patient A's past medical history included a diagnosis of steroid-dependent Crohn's Disease.

4. On or about November 5, 2019, Patient A underwent a complete blood count (CBC) test, which demonstrated Patient A's hemoglobin level as 12.6 grams per deciliter (g/dl). Records from the hospital listed the reference range for Patient A's hemoglobin level as between 12.5 and 17.5 g/dl.

5. On November 8, 2019, Patient A was transferred to Dignity Health Rehabilitation Facility (hereinafter, "Dignity Health") for inpatient care of Patient A's ongoing medical conditions. Wherein Patient A was admitted to Respondent's care.

6. Prior to transfer on November 8, 2019, Patient A's hemoglobin level was recorded as 11.4 g/dl.

7. Patient A's prescriptions at the time of admission to Dignity Health included an anticoagulant medication (Equilis) and an antiplatelet medication (Aspirin).

8. Equilis may cause active internal bleeding, and typically takes twenty-four (24) to forty-eight (48) hours to leave the system once stopped.

9. Upon admission to Dignity Health, Patient A's risk factors for upper gastrointestinal bleeding included, but were not limited to, taking Eliquis and Aspirin, chronic oral steroids, anemia, thrombocytopenia, and a hospital stay longer than three (3) days.

10. Respondent first saw Patient A on November 8, 2019, at approximately 8:30 p.m. Respondent's orders included an internal medicine consult and labs, including CBC tests.

11. Respondent then evaluated Patient A on the morning of November 9, 2019, and continued the medications that Patient A was taking at the hospital, including Equilis and Aspirin.

12. Between November 8 and November 9, 2019, Respondent did not diagnose Patient A with new anemia, but acknowledged GI prophylaxis in his plan. Respondent did not document that he reviewed the other available CBC test results, other than the CBC test result from November 8, 2019, showing a hemoglobin level of 11.4 g/dl.

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13. On November 10, 2019, Patient A's hemoglobin level was noted to drop to 9.8 g/dl, indicating the possibility of major GI bleeding.

14. Respondent examined Patient A again on November 11, 2019. On this date, Respondent did not change his plan for Patient A, noting only "GI prophylaxis and Monitor CBC" and noting a follow-up by another internal medicine physician.

15. An internal medicine physician also performed an examination of Patient A on November 11, 2019, noting that Patient A's "current hemoglobin is low" and "patient cannot confirm if he has noticed blood in his stools."

16. On November 12, 2019, Patient A's hemoglobin levels dropped critically low to 7.0 g/dl, and then several hours later dropped down to 6.8 g/dl. Documentation from Dignity Health indicated that Patient A told a therapist "I am really tired today."

17. When a patient has a hemoglobin level of 7.0 g/dl, has a hemoglobin drop of more than 2.0 g/dl, and is symptomatic, a transfusion is recommended. Respondent did not document ordering a transfusion, or transferring Patient A to an appropriate setting for a transfusion, such as a hospital.

18. Respondent examined Patient A again on November 12, 2019. Respondent ordered a stat CBC test.

19. On November 13, 2019, Patient A was noted to have been found on the floor of the bathroom with a large amount of black, tarry stool.

20. That same morning, Patient A's hemoglobin level was noted to be 4.5 g/dl.

21. Patient A was transported to the emergency room that same morning, where he ultimately passed away.

C. <u>Respondent's Failure to Report Malpractice Settlement</u>

22. On or about January 14, 2021, a plaintiff, acting as heir of the estate of Patient A, filed a First Amended Complaint in Clark County District Court, Case No. A-20-824585-C. The First Amended Complaint named Respondent as a defendant, and alleged medical malpractice.

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23. Upon information and belief, Respondent settled the medical malpractice matter with the plaintiff on or about September 18, 2023. On or about November 30, 2023, a Stipulation and Order for Dismissal with Prejudice was filed into the Clark County District Court case.

24. Upon information and belief, Respondent did not report this medical malpractice settlement to the Board.

COUNT I

NRS 630.301(4) - Malpractice

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

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

27. 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."

28. 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 Respondent failed to recognize and treat Patient A's critically low hemoglobin levels, and an obvious gastrointestinal bleed, while Patient A was taking Equilis and Aspirin. Respondent's failure to recognize and treat Patient A's condition includes, but is not limited to, failure to (1) document review of all pre-admission CBC tests from the hospital; (2) order a proton pump inhibitor during Patient A's stay at Dignity Health; (3) recognize that a new anemia and an active GI bleed was occurring; (4) perform a rectal examination for stool sample; (5) order orthostatic blood and (6) recognize a situation for a transfusion and transfer back to an acute hospital setting.

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

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COUNT II

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

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

31. 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" constitute grounds for initiating discipline against a licensee.

32. Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to correctly document (1) review of all of Patient A's pre-admission CBC tests from the hospital; (2) recognition of Patient A's new anemia and active GI bleed; (3) follow-up with the internal medicine physician regarding Patient A's condition; and (4) recognition of the need for a transfusion and transfer back to an acute hospital setting.

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

COUNT III

NRS 630.3062(1)(e) – Failure to Report Malpractice Settlement

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

35. NRS 630.3062(1)(e) provides that failure to comply with the requirements of NRS 630.3068 constitutes grounds for initiating discipline or denying licensure.

36. NRS 630.3068(1)(c) requires a physician to report to the Board "[a]ny settlement, award, judgment or other disposition of any action or claim [for malpractice] not later than 45 days after the settlement, award, judgment or other disposition . . . ."

37. Respondent violated NRS 630.3068, when Respondent failed to report to the Board within forty-five (45) days the settlement of the medical malpractice action against him.

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

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WHEREFORE, the Investigative Committee prays:

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

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

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

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

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

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

DATED this 16th day of February, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

WILLIAM P. SHOGREN
Deputy General Counsel
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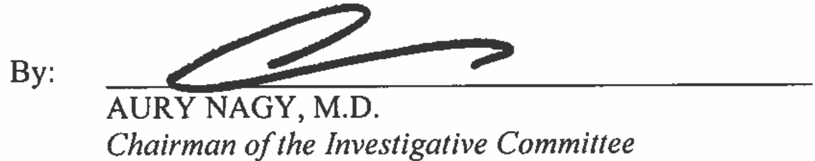
VERIFICATION

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 16th day of February, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

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

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 26th day of February, 2024, I served a file-stamped copy of the foregoing **COMPLAINT** and **PATIENT DESIGNATION** via USPS Certified Mail, postage pre-paid, to the following parties:

CASIANO RAMIREZ FLAVIANO, M.D.
10001 S. Eastern Ave., Ste. 210
Henderson, Nevada 89052

Tracking No.: 9171 9690 0935 0241 6159 92

With courtesy copy by email to:

CASIANO RAMIREZ FLAVIANO, M.D.: shane.flaviano@gmail.com

DATED this 26th day of February, 2024.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners