

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**

Case No. 24-42675-1

6 **Against:**

FILED

7 **KENNETH W. ADAMS, M.D.,**

APR - 3 2024

8 **Respondent.**

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: *[Signature]*

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Deonne E. Contine, General Counsel and attorney for the IC, having a
13 reasonable basis to believe that Kenneth W. Adams, M.D. (Respondent) violated the provisions of
14 Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630
15 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and
16 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. 15464). Respondent was
19 originally licensed by the Board on July 30, 2014.

20 2. Information submitted to the Board by Respondent, and included on the Board's
21 website, shows Respondent's specialty as Emergency Medicine. Plastic and cosmetic surgery are
22 not specialties of Emergency Medicine.

23 3. Respondent was at all times relative to this Complaint a Managing Member at
24 Premier Liposuction, LLC.

25 4. At all times relative to this Complaint Respondent was performing liposuction
26 surgery, an elective cosmetic procedure that is not medically necessary, at Premier Liposuction
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28 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.

1 while at the same time practicing Emergency Medicine through employment with an emergency
2 physician practice group.

3 5. Respondent was at all times relative to this Complaint certified by the American
4 Board of Emergency Medicine which is a member Board of the American Board of Medical
5 Specialties (ABMS). Respondent is not certified by any other ABMS Board.

6 6. Respondent's advertisement on an internet search of Google Maps shows Premier
7 Liposuction under the category of plastic surgeon, despite there being no plastic surgeons working
8 at Premier Liposuction.

9 7. Respondent has received training in liposuction surgery only by way of a two (2)
10 day course in liposuction and fat transfer offered by the International Society of
11 Cosmetogynecology (ISCG).

12 8. Notwithstanding this limited training and his ABMS Board Certification as an
13 Emergency Physician, Respondent advertises himself as a premier and top-rated liposuction
14 doctor.

15 9. Respondent advertises that he "holds certification and membership with the
16 International Society of Cosmetogynecology and the American College of Emergency Medicine,"
17 implying the certificate he received after a two-day course is equal to his residency training in
18 Emergency Medicine.

19 10. Patient A² was a sixty-six (66) year-old female at the time of the events at issue in
20 this Complaint.

21 11. Respondent saw Patient A at Premier Liposuction on
22 November 5, 2021, when she had a scheduled appointment for liposuction surgery of her arms,
23 "bra rolls", and "hip rolls".

24 12. Patient A completed a packet of preprinted forms, by e-signature on October 27,
25 2021, before her appointment with Respondent.

26 13. The documents Patient A e-signed included a Pre-op Information form that detailed
27 the medication she would be taking (Keflex, Xanax, Percocet, and Gabapentin) and preoperative
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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 instructions on how she should take the medication. The Pre-op Information directed Patient A to
2 take the antibiotic Keflex and the pain medication Gabapentin the night before the surgery at
3 bedtime. However, the Liposuction Procedure Record documents that Patient A received Percocet,
4 Xanax, and Gabapentin. This conflicts with the Pre-op Information sheet because it does not
5 document that she was given or had taken an antibiotic preoperatively.

6 14. Respondent failed to reviewed Patient A's prescription utilization report to
7 determine if Patient A had been issued another prescription for a similar controlled substance.
8 Respondent's records do not contain a copy of a prescription utilization report for Patient A.

9 15. Records also show that Patient A e-signed or e-initialed additional documents on
10 October 27, 2021: Anesthesia Consent, Consent to Release Photographs of her on the Internet,
11 Informed Consent for Controlled Substances, INFORMED CONSENT - LIPOSUCTION
12 (Suction-Assisted Lipectomy Surgery) (Ultrasound-Assisted Lipectomy Surgery); CONSENT
13 FOR SURGERY/ PROCEDURE or TREATMENT.

14 16. Respondent's preoperative notes, including his OFFICE SURGERY PRE-OP
15 HISTORY & PHYSICAL EXAM form, do not document that any of the consent forms Patient A
16 signed on October 27, 2021, were discussed with Patient A.

17 17. Upon information and belief no explanation was provided to Patient A, nor did any
18 discussion occur with her regarding any of the forms she e-signed or e-initialed that are dated
19 October 27, 2021.

20 18. Respondent's "OFFICE SURGERY PRE-OP HISTORY & PHYSICAL EXAM"
21 form notes, of relevance, a lap band surgery, a partial lung removal surgery, and current
22 medications including metoprolol, but does not document a thorough history and medical
23 assessment or otherwise contain an evaluation of whether Patient A was an appropriate candidate
24 for liposuction surgery.

25 19. Respondent's "OFFICE SURGERY PRE-OP HISTORY & PHYSICAL EXAM"
26 form indicates, notwithstanding that no history and medical assessment or evaluation of whether
27 Patient A was an appropriate candidate for liposuction surgery was documented, that no medical
28 clearance was needed because Patient A had a previous liposuction surgery that she tolerated well.

1 20. Upon information and belief, Respondent did not conduct a thorough history and
2 medical assessment or otherwise evaluate whether Patient A was an appropriate candidate for
3 liposuction surgery.

4 21. Respondent's "OFFICE SURGERY PRE-OP HISTORY & PHYSICAL EXAM"
5 form appears to be dated October 27, 2021. However, the weight and pre op exam vitals
6 documented (189.8 lbs., 190/113 BP, 97.8 Temp, and 108 HR) are the same as the weight and
7 vitals documented on the Liposuction Procedure Record dated November 5, 2021.

8 22. What appears to be a preprinted Operative Note from Respondent's records is a
9 template form not individualized for Patient A.

10 23. The Operative Note from Respondent's records does not identify a surgical
11 assistant. Accordingly, it appears that Respondent acted as both surgeon and anesthesiologist
12 during Patient A's surgery.

13 24. Respondent's medical records lack clear documentation of any preoperative
14 appointments or consultations with Patient A.

15 25. Upon information and belief, Respondent did not have any preoperative
16 appointments or consultations with Patient A.

17 26. Respondent's medical records lack any documentation of any preoperative lab
18 work ordered for Patient A.

19 27. Upon information and belief, Respondent did not order any preoperative lab work
20 for Patient A.

21 28. Respondent does not document any post operative care he provided to Patient A.

22 29. Upon information and belief, Respondent did not provide any post operative care to
23 Patient A.

24 30. Patient A was admitted to Sunrise Hospital on November 7, 2021, and ultimately
25 diagnosed with cerebral infarction, pulmonary emboli, and atrial septal defect.

26 31. Respondent's Patient Follow-up form dated November 10, 2021, indicates Patient
27 A had bruising to her bilateral upper extremity. The Visit Notes indicate that Patient A was

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1 hospitalized with a possible stroke, and he would recommend treatment per hospital physicians
2 and resume lipo after care when patient discharged home.

3 **COUNT I**

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

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

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

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

12 35. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
13 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
14 rendering medical services to Patient A because he failed to provide a preoperative assessment
15 prior to the procedure date to adequately assess: 1) Patient A’s medical history; 2) determine
16 whether further preoperative workup was needed; 3) conduct a risk assessment to determine if
17 Patient A was an appropriate candidate for liposuction surgery; and 4) obtain informed consent for
18 liposuction surgery.

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

21 **COUNT II**

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

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

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

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1 prescription, the practitioner shall not prescribe the controlled
2 substance unless the practitioner determines that issuing the
prescription is medically necessary. . . .”

3 45. Respondent failed to obtain and review the patient utilization record, as required by
4 NRS 639.23507, which is a violation of a provision of chapter 639 of NRS.

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

7 **COUNT IV**

8 **NRS 630.306(1)(e) - Practice Beyond Scope of License**

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

11 48. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the
12 scope permitted by law or performing services which the licensee knows or has reason to know
13 that he or she is not competent to perform, or which are beyond the scope of his or her training
14 constitutes grounds for initiating disciplinary action.

15 49. As demonstrated by, but not limited to the above-outlined facts, Respondent is
16 board-certified in Emergency Medicine. Respondent is not a board-certified plastic surgeon and has
17 only received instruction in cosmetic surgery from workshops and therefore lacks the requisite and
18 proper training in plastic and cosmetic surgery to perform liposuction surgery.

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

21 **COUNT V**

22 **NRS 630.304(2) – False Advertising**

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

25 52. NRS 630.304(2) provides that advertising the practice of medicine in a false,
26 deceptive or misleading manner constitutes grounds for initiating disciplinary action.

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1 53. NAC 630.190(1)(c) provides that a licensee shall not advertise in such a manner
2 that the advertising claims or implies professional superiority of the performance of any
3 professional service in a manner superior to other practitioners.

4 54. As demonstrated by, but not limited to the above-outlined facts, Respondent calls
5 his practice Premier Liposuction and advertises himself on his website as a top-rated liposuction
6 doctor implying that his performance of liposuction services is superior to other practitioners.

7 55. NAC 630.190(1)(e) provides that a licensee shall not advertise in such a manner
8 that the advertising includes any statement which is known to be false, or through the exercise of
9 reasonable care should be known to be false, deceptive, misleading or harmful, in order to induce
10 any person to purchase, utilize or acquire any professional services or to enter into any obligation
11 or transaction relating thereto.

12 56. NAC 630.190(1)(g) provides that a licensee shall not advertise in such a manner
13 that the advertising is false, deceptive or misleading in regard to services performed or to be
14 performed.

15 57. Respondent advertises that he “holds certification and membership with the
16 International Society of Cosmetogynecology and the American College of Emergency Medicine,”
17 attempting to mislead or deceive the public into believing that the certificate he received after a
18 two (2) day workshop is equal to his residency training and ABMS certification in Emergency
19 Medicine to inflate his credentials in performing liposuction surgery and induce patients to seek
20 his services.

21 58. Respondent’s advertisement on a Google Maps internet search shows Premier
22 Liposuction under the category of plastic surgeon is false and misleading because he is not a
23 plastic surgeon, and no plastic surgeons work at Premier Liposuction.

24 59. Respondent’s indication in his advertisement on his website that he is ABMS
25 certified in Emergency Medicine is inconsistent with both the name Premier Liposuction and the
26 services he provides and misleads the public that his certification in Emergency Medicine
27 provides the necessary training to perform liposuction surgery to inflate his credentials and induce
28 patients to seek his services.

1 60. NAC 630.190(2) states that it is sufficient for disciplinary purposes that any
2 statement or other advertising described in paragraph (e), (f) or (g) of subsection 1 has a tendency
3 to: (a) Deceive, mislead or harm the public because of its false, deceptive, misleading or harmful
4 character; or (b) Produce unrealistic expectations in particular cases, even though no member of
5 the public is actually deceived, misled or harmed, or no unrealistic expectations are actually
6 produced by the statement or other advertising.

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

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

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

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

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

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

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

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

DATED this 3rd day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Deonne E. Contine

DEONNE E. CONTINE
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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 3rd day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
AURY NAGY, 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 4th day of April, 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:

9171 9690 0935 0241 6249 32

KENNETH W. ADAMS, M.D.
3265 S. Tenaya Way
Las Vegas, NV 89117
Tracking No.: _____

DATED this 4th day of April, 2024.



VALERIE JENKINS
Legal Assistant
Nevada State Board of Medical Examiners