## BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

\* \* \* \* \*

In the Matter of Charges and Complaint

**Against:** 

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PAVAN KUMAR JANAPATI, M.D.,

Respondent.

Case No. 24-11851-1

FILED

MAR 27 2024

#### **COMPLAINT**

The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners (Board), by and through its counsel, Alexander J. Hinman, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Pavan Kumar Janapati, 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:

- 1. Respondent was at all times relative to this Complaint a physician holding an active license to practice medicine in the State of Nevada (License No. 9471). Respondent was originally licensed by the Board on July 3, 2000, with a specialty in internal medicine.
  - 2. Patient  $A^2$  was a seventy-one (71) year-old female at the time of the events at issue.
- 3. On October 10, 2021, Patient A was admitted to Horizon Specialty Hospital of Henderson, a long-term acute care hospital.
- 4. On October 11, 2021, Respondent diagnosed Patient A with severe physical debility, dysphagia, hypertension, seizure disorder and cognitive disorder. In Respondent's history and physical examination workup, Respondent noted that Patient A's physical debility was severe

<sup>&</sup>lt;sup>1</sup> 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 Bret W. Frey, M.D., Col. Eric D. Wade, USAF (Ret.), and Carl N. Williams, Jr., M.D., FACS.

<sup>&</sup>lt;sup>2</sup> 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.

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enough that Patient A required assistance with daily living and that she had a limited range of motion in general.

- Beginning October 11, 2021, and forward thereafter, Respondent was the 5. responsible care provider for Patient A at all times relevant to this Complaint.
- On November 8, 2021, Patient A was found on the floor by a CNA, which noted 6. that she discovered Patient A lying on the floor after she fell from her bed. Patient A then had to be assisted into a chair. Respondent was notified of this event and ordered to continue monitoring.
- 7. Respondent's subsequent progress notes contained only limited documentation of a musculoskeletal exam, and that section of the exam remained identical to previous notes in multiple subsequent medical notes.
- On November 13, 2021, Patient A was seen by a RN, who documented that 8. Patient A's daughter had reported that Patient A had "bilateral lower extremity pain" and a "limited range of motion." Upon learning this information, the RN ordered a right hip x-ray and a lower extremity doppler.
- On November 13, 2021, the results of the imaging were reported, with the 9. radiologist commenting that there was a "minimally impacted fracture of femoral neck," and an "acute right hip [fracture]."
- On November 14, 2021, Respondent saw Patient A and noted in his assessment, 10. that Patient A had a physical debility, hypertension, cognitive disorder, "pain of right lower extremity: improved continue symptomatic treatment," seizure disorder, anemia, and dysphagia. Absent from the assessment, was any discussion of the acute right hip fracture, and Respondent failed to take action to treat the fracture.
- On November 15, 2021, a nurse ordered Patient A's transfer to a Las Vegas 11. emergency room for treatment of a right hip fracture.

#### COUNT I

#### NRS 630.301(4) - Malpractice

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

13.	NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
disciplinary ac	tion 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 failed to recognize that Patient A had an acute fracture, despite being notified that Patient A had fallen, and further failed to examine or perform an assessment addressing the fracture following her fall. Respondent further failed to discover, acknowledge, or follow up on the review of Patient A's x-ray results as her responsible care provider, which led to a delay in the recognition and treatment of her right hip fracture.
- 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 Complete 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" constitute grounds for initiating discipline against a licensee.
- 19. Respondent failed to maintain complete 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, when Respondent failed to document Patient A's acute right hip fracture, and Patient A's progress notes contained only limited documentation of a musculoskeletal exam, which appeared with identical verbiage on multiple, subsequent records.

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

### WHEREFORE, the Investigative Committee prays:

- That the Board give Respondent notice of the charges herein against him and give 1. him 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;
- 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);
- That the Board determine what sanctions to impose if it determines there has been 3. a violation or violations of the Medical Practice Act committed by Respondent;
- That the Board award fees and costs for the investigation and prosecution of this 4. case as outlined in NRS 622.400;
- That the Board make, issue and serve on Respondent its findings of fact, 5. conclusions of law and order, in writing, that includes the sanctions imposed; and
- That the Board take such other and further action as may be just and proper in these 6. premises.

DATED this 27th day of March, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

Deputy General Counsel 9600 Gateway Drive Reno, NV 89521

Tel: (775) 688-2559

Email: ahinman@medboard.nv.gov Attorney for the Investigative Committee

# OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

#### 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 27th day of March, 2024

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

Chairman of the Investigative Committee