BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Against:

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SACHIT PRIYA DAS, M.D.,

Respondent.

Case No. 24-33041-1

FILED

NOV - 8 2024

NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

COMPLAINT

The Investigative Committee¹ (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 Sachit Priya Das, 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 medical doctor holding an active license to practice medicine in the State of Nevada (License No. 12561). Respondent was originally licensed by the Board on December 11, 2007.
 - 2. Patient A^2 was a seventy-six (76) year-old male at the time of the events at issue.
- 3. Patient A was admitted to Mountainview Hospital (Mountainview) on February 4, 2020, for abdominal pain, nausea, and malaise. Patient A had a history of diabetes, penile implant, bladder incontinence, and recent unintentional weight loss.

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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.

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., Ms. Maggie Arias-Petrel, and Nicola (Nick) M. Spirtos, M.D., F.A.C.O.G.

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- While at Mountainview, Patient A was found to have an elevated white blood cell 4. (WBC) count of 13.3, indicative of possible infection, and a blood urea nitrogen (BUN) of 23 and creatinine of 16.4, both indicative of possible mild kidney infection.
- On February 6, 2020, Mountainview staff decided that Patient A's acute presenting 5. symptoms, including his elevated WBC count, had resolved. Patient A was discharged to The Heights of Summerlin (Heights), a skilled nursing facility, for rehabilitation.
- On February 6, 2020, Respondent, an internist at Heights, assumed care of Patient 6. A. Respondent noted Patient A's admission diagnoses included debility, diabetes, hypertension, flu-like symptoms, urinary incontinence, chronic kidney disease, and possible dehydration. Respondent's plan for Patient A included obtaining baseline labs, a urinalysis, a bladder and renal sonogram to rule out any kidney stones and checking the prostate-specific antigen (PSA) level for prostate issues.
- On February 10, 2020, Heights staff collected a urine sample from Patient A, at 7. which time the urinalysis showed several abnormal results indicating a possible urinary infection, including an elevated WBC count of 21-50, cloudy urine, and a few bacteria. The urinalysis also showed the presence of many calcium oxalate crystals, indicative of potential kidney stone formation.
- On February 12, 2020, Patient A's lab results showed an elevated PSA level of 8. 4.92, indicating possible prostatitis. Patient A's lab results also showed a markedly elevated hemoglobin A1C level of 10.3 and a markedly elevated glucose level of 243, both indicating hyperglycemia.
- Between on or about February 12, 2020, and on or about February 16, 2020, 9. However, Respondent's notes from these Respondent repeatedly examined Patient A. examinations are limited and contain only brief and limited physical examinations. Respondent's notes do not specifically address or mention any follow up on Patient A's abnormal urinalysis from February 10, 2020, or Patient A's elevated PSA level and hyperglycemia from February 12, 2020, and lack documentation of an inquiry into related urinary symptoms or an examination of Patient A's genitourinary system.

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- On February 19, 2020, Respondent developed a fever and sustained hypotension 10. which did not respond to multiple fluid boluses. Due to Patient A's lack of response to treatment, possibly indicating sepsis, Respondent had Patient A discharged and transferred to Summerlin Hospital (Summerlin) for further evaluation. Additionally, Patient A's lab results from February 19, 2020, showed a markedly elevated leukocytosis with a WBC count of 22.6, and acute renal failure with a BUN/creatinine level of 44/3.44.
- After Patient A presented to Summerlin, an emergency physician documented, 11. "Patient was also noted to be having an erection for the last 2 days per EMS as noted by Heights staff. Patient states he has a history of penile implant, he does not remember how to deactivate it." Another physician at Summerlin documented on February 19, 2020, that Patient A "had a penile erection since 2/11/20 . . . penile erection was resolved after the ED physician located the release valve in the scrotum and pressure was applied to the penile shaft."
- However, Respondent's notes concerning Patient A between February 12, 2020, 12. and February 19, 2020, do not mention Patient A's sustained erection. Generally, a prolonged erection of greater than four (4) hours is considered to be an emergent medical issue.
- While at Summerlin, Patient A was found to have an obstructive kidney stone in 13. the right ureter causing a build-up of urine in the right kidney and right-sided peri-renal stranding, consistent with kidney infection. Additionally, on February 19, 2020, new labs were taken and demonstrated a markedly high WBC count of 28.55 and a markedly elevated lactic acid level of 9.6. Overall, Patient A's condition met the criteria for septic shock.
- On February 20, 2020, Patient A passed away after suffering from cardiac arrest. 14. A death certificate was later issued, listing Patient A's cause of death as septic shock due to urinary tract infection and kidney stones.

COUNT I

NRS 630.301(4) - Malpractice

All of the allegations contained in the above paragraphs are hereby incorporated by 15. reference as though fully set forth herein.

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- NRS 630.301(4) provides that malpractice of a physician is grounds for initiating 16. disciplinary action against a licensee.
- NAC 630,040 defines malpractice as "the failure of a physician, in treating a 17. patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."
- As demonstrated by, but not limited to, the above-outlined facts, Respondent failed 18. to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A, by failing to adequately address, on or after February 12, 2020, Patient A's abnormal urinalysis results obtained on February 10, 2020, and Patient A's February 12, 2020, lab results, which, taken together with Patient A's medical history, were indicative of possible urinary infection. Respondent's failure to address Patient A's abnormal urinalysis results include, but are not limited to, the failure to examine Patient A's urinary systems and document an inquiry into Patient A's urinary symptoms.
- 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

- All of the allegations contained in the above paragraphs are hereby incorporated by 20. reference as though fully set forth herein.
- 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 grounds for initiating discipline against a licensee.
- Respondent failed to maintain complete medical records relating to the diagnosis, 22. 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. Respondent failed to document an assessment and plan for Patient A's abnormal urinalysis obtained on February 10, 2020, including, but not limited to, documentation of an appropriate review of systems, a genitourinary examination, or an appropriate follow-up to Patient A's persistent

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hyperglycemia, elevated hemoglobin A1C level, and elevated PSA. Respondent further failed to document Patient A's persistent erection from at least February 17, 2020, to February 19, 2020.

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

WHEREFORE, the Investigative Committee prays:

- 1. That the Board give Respondent notice of the charges herein against him and give 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;
- 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 **1** day of November, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

WILLIAM P. SHOGREN

Deputy General Counsel 9600 Gateway Drive

Reno, NV 89521

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Email: shogrenw@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 CLARK)

Nick M. Spirtos, M.D., F.A.C.O.G., 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 8th day of November, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

NICK M. SPIRTOS, M.D., F.A.C.O.G., M.D. Chairman of the Investigative Committee