1	BEFORE THE BOARD OF MEDICAL EXAMINERS			
2		E OF NEVADA		
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5	In the Matter of Charges and Complaint	Case No. 24-11896-1		
6	Against:	FILED		
7	VINCENT PETER NALBONE, M.D.,	DEC 1 1 2024		
8	Respondent.	NEVADA STATE BOARD OF MEDICAL EXAMINERS		
9		By:		
10	COMPLAINT			
11	The Investigative Committee ¹ (IC) of the Nevada State Board of Medical Examiners			
12	(Board), by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC,			
13	having a reasonable basis to believe that (Respondent) violated the provisions of Nevada Revised			
14	Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively,			
15	the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as			
16	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. 8303). Respondent was			
19	originally licensed by the Board on July 11, 1997. Respondent's specialty is listed as			
20	otolaryngology on the Board's website.			
21	2. Patient A^2 was a sixty-five (65) ye	ear-old female at the time of the events at issue.		
22	3. Patient A initially presented to R	espondent on June 17, 2014, with nasal pain and		
23	rhinosinusitis symptoms.			
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27	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 Victor M. Muro, M.D., Aury Nagy, M.D. 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			
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	Designation served upon Respondent along with a copy of this Complaint.			
	1	of 6		

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Patient A saw Respondent on six (6) more occasions between April 27, 2015, and 4. 1 March 21, 2016, wherein Respondent recommended sinus surgery to address Patient A's chronic 2 3 sinusitis.

On March 14, 2016, Patient A underwent a Computed Tomography (CT) scan 5. 4 which demonstrated clear frontal and sphenoid sinuses, mild mucosal thickening of the ethmoid 5 air cells, a left Haller cell with osteomeatal thickening, a right concha bullosa and left nasal 6 7 septum deviation.

On April 4, 2016, Patient A underwent a bilateral ethmoidectomy, bilateral 6. maxillary antrostomy, bilateral nasal polypectomy, septoplasty, and right turbinate reduction, 10 performed by Respondent.

Following the April 4, 2016, procedure, Patient A continued to develop worsening 7. facial pain, headaches, nasal congestion, and nasal discharge.

Patient A was seen by Respondent on eleven (11) occasions between 8. 13 April 18, 2016, and October 4, 2016, for nasal debridement. Cultures were obtained from 14 Patient A on September 20, 2016, and September 29, 2016, which grew abundant Staphylococcus 15 Aureus with no white blood cells. 16

Respondent's records for these visits were incomplete, and did not include 9. 17 evaluations for chronic conditions that would require modification in management. Moreover, 18 Respondent failed to order appropriate CT imaging to evaluate the etiology of Patient A's 19 worsening condition. 20

On October 24, 2016, Patient A sought a second opinion with another 21 10. otolaryngologist. Patient A then underwent a nasal endoscopy by this physician where it was 22 discovered that a foreign body was discovered in Patient A's nasal cavity, which was determined 23 to be a surgical sponge left from the prior surgery, performed by Respondent, and was promptly 24 25 removed.

On November 21, 2016, Patient A underwent a subsequent CT scan, which 11. 26 revealed a second surgical sponge retained near Patient A's nasal septum that was overgrown by 27 nasal epithelium. Patient A required additional surgery to remove the retained sponge. 28

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1	<u>COUNT I</u>			
2	NRS 630.301(4) - Malpractice			
3	12. All of the allegations contained in the above paragraphs are hereby incorporated by			
4	reference as though fully set forth herein.			
5	13. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating			
6	disciplinary action against a licensee.			
7	14. NAC 630.040 defines malpractice as "the failure of a physician, in treating a			
8	patient, to use the reasonable care, skill, or knowledge ordinarily used under similar			
9	circumstances."			
10	15. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed			
11	to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when			
12	rendering medical services to Patient A by failing to determine why Patient A's symptoms			
13	continued to worsen over the six-month postoperative period without relief.			
14	16. By reason of the foregoing, Respondent is subject to discipline by the Board as			
15	provided in NRS 630.352.			
16	<u>COUNT II</u>			
17	NRS 630.301(4) - Malpractice			
18	17. All of the allegations contained in the above paragraphs are hereby incorporated by			
19	reference as though fully set forth herein.			
20	18. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating			
21	disciplinary action against a licensee.			
22	19. NAC 630.040 defines malpractice as "the failure of a physician, in treating a			
23	patient, to use the reasonable care, skill, or knowledge ordinarily used under similar			
24	circumstances."			
25	20. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed			
26	to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when			
27	rendering medical services to Patient A by failing to order a postoperative CT scan despite an			
28	inordinate number of postoperative visits and debridement.			
	3 of 6			

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21. 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)(a) - Failure to Maintain Complete Medical Records

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

23. 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.

24. 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. Respondent failed to appropriately document his medical reasoning about any conditions which could contribute to the patient's continued symptomology.

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

<u>COUNT IV</u>

NRS 630.306(1)(g) - Continual Failure to Exercise Skill or Diligence

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

27. Continual failure by the Respondent to exercise the skill or diligence or use the
methods ordinarily exercised under the same circumstances by physicians in good standing
practicing in the same specialty or field is grounds for disciplinary action against a licensee
pursuant to NRS 630.306(1)(g).

28. Respondent continually failed to exercise skill or diligence as demonstrated by his
repeated failure to identify or remove the retained surgical sponges inside Patient A's sinuses, and
failure to adequately determine the cause of Patient A's worsening postoperative symptoms.
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29. 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 $\underline{///}$ day of December, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

IAN J. CUMINGS Senior Deputy General Counsel

Senior Deputy General Counsel 9600 Gateway Drive Reno, NV 89521 Tel: (775) 688-2559 Email: <u>icumings@medboard.nv.gov</u> Attorney for the Investigative Committee

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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 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	STATE OF NEVADA) SCUNTY OF CLARX) SCUNTY OF CLARX) Chowdhury H. Ahsan, M.D., Ph.D., FACC, 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 are true, accurate and correct. DATED this H day of December, 2024. WrestIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE THE INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE DORD OF MEDICAL EXAMINERS WrestIGATIVE THE INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE THE INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE THE NEVADA STATE BOARD OF MEDICAL EXAMINERS WrestIGATIVE THE NEVADA STATE BOARD OF MEDICAL EXAMINERS	
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