

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-5889-1

6 **Against:**

FILED

7 **WARREN LESLIE SMITH, M.D.,**

APR 23 2024

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: _____

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through William P. Shogren, Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Warren Leslie Smith, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and 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. 3978). Respondent was
19 originally licensed by the Board on March 29, 1980.

20 2. Patient A² was a fifty-nine (59) year-old male at the time of the events at issue.

21 3. Patient A first presented to a physician assistant on February 10, 2017. Patient A's
22 chief complaints were fatigue, cough, chest discomfort, nasal congestion, sinus pain, and sore
23 throat. The physician assistant diagnosed Patient A with acute sinusitis unspecified, bronchitis
24 unspecified, and a cough. The physician assistant prescribed an antibiotic to treat the sinusitis and
25 a corticosteroid (hereinafter, "steroid" or "steroids") to treat the bronchitis.

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27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
28 Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D, Chowdhury H. Ahsan,
M.D., Ph.D., FACC, and Col. Eric D. Wade, USAF (Ret.).

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 4. Between February 10, 2017, and March 21, 2017, Patient A presented to, or
2 communicated with, the physician assistant at least five (5) times, but experienced no
3 improvement in his symptoms. Despite Patient A's persistent symptoms, the physician assistant
4 continued to prescribe antibiotics to him. During this time, the physician assistant also obtained a
5 negative chest x-ray of Patient A.

6 5. Patient A first presented to Respondent on April 24, 2017, with the same or similar
7 symptoms. Respondent's notes indicated a history of upper respiratory symptoms for three (3)
8 months. Respondent also administered a steroid to treat Patient A's unspecified upper respiratory
9 infection, and ordered another chest x-ray which showed no changes.

10 6. During this visit, Respondent also noted, "follow up 10 days if not improved -
11 TGA (Reason: pulmo referral)," but there is no indication in Respondent's notes that he sought
12 consultation with a specialty provider for a pulmonary evaluation.

13 7. Patient A presented again to Respondent on May 4, 2017, with the same or similar
14 symptoms. Respondent again prescribed a steroid to Patient A. Respondent also recommended
15 that Patient A return to the clinic for an ear, nose, and throat (ENT) referral if Patient A's
16 medication was ineffective.

17 8. Patient A presented again to Respondent on May 31, 2017, with chills, upper
18 respiratory illness symptoms, daily fevers, night sweats, and a twenty (20) pound weight loss since
19 February 2017. Respondent also noted abnormal vital signs, including an elevated pulse and
20 decreased blood pressure of Patient A. Respondent ordered an additional medical evaluation with
21 laboratory studies and a CT scan of the sinuses. However, there is no documentation of a formal
22 referral for ENT care nor a pulmonary evaluation.

23 9. Respondent saw Patient A again on June 7, 2017, with the same or similar chief
24 complaints. Respondent reviewed the laboratory studies and CT scan, which was negative.
25 Patient A's laboratory studies were abnormal, including a significant elevation in sedimentation
26 and low red blood cells including decreased hemoglobin. Patient A also demonstrated abnormal
27 vital signs, including an elevated pulse and decreased blood pressure. On this date, Respondent

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1 recommended additional labs for coccidiosis serology, administered an intramuscular
2 triamcinolone injection, and again prescribed a steroid.

3 10. Patient A presented to Respondent on June 14, 2017, and Respondent noted that
4 Patient A had been symptomatic for five (5) months and ordered Patient A to follow-up when his
5 laboratory results were available.

6 11. The final note in Patient A's medical record from Respondent is a refill of
7 Patient A's steroid prescription on June 23, 2017.

8 12. Between February 10, 2017, and June 14, 2017, Patient A presented to Respondent,
9 or a physician assistant under Respondent's supervision, with persistent symptoms and an unclear
10 diagnosis.

11 13. Between April 24, 2017, and June 23, 2017, Respondent prescribed steroids to
12 Patient A without a clear indication. Repeated prescribing of steroids without a clear indication is
13 typically not recommended and may increase the likelihood of adverse reactions and
14 complications, such as infections.

15 14. Patient A presented for emergency care on June 25, 2017, and was subsequently
16 evaluated at a hospital, including an infectious disease consultation, and was diagnosed with
17 endocarditis (inflammation of the inner lining of the heart's chambers and valves).

18 15. Patient A passed away on September 29, 2017, as a result of complications from
19 refractory septic shock, fungemia (fungal infection of the blood), and endocarditis.

20 **COUNT I**

21 **NRS 630.301(4) – Malpractice**

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

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

26 18. NAC 630.040 defines malpractice as "the failure of a physician, in treating a
27 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar
28 circumstances."

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

5 29. Respondent continually failed to exercise skill or diligence as demonstrated by his
6 repeated prescribing or administering of steroids to Patient A, between on or about April 24, 2017,
7 through June 7, 2017, without knowing the cause of Patient A's symptoms.

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

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

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

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

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

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

20 5. That the Board make, issue and serve on Respondent its findings of fact,
21 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 23rd day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
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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 23rd day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

BRET W. FREY, M.D.
Chairman of the Investigative Committee