

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**
6 **Against:**
7 **VINCENT PETER NALBONE, M.D.,**
8 **Respondent.**

Case No. 25-11896-1

FILED

JAN 03 2025

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 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 A² was a sixty (60) year-old male at the time of the events at issue.

22 3. Patient A initially presented to Respondent on August 1, 2019, with nasal pain and
23 rhinosinusitis symptoms. Endoscopy Exam findings showed healthy pink appearing mucosa, a
24 deviated septum, moderate nasal obstruction, and no polyps or masses were noted. Computed
25 tomography (CT) scan results also did not find frontal or ethmoid sinus foreign bodies.

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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 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
Designation served upon Respondent along with a copy of this Complaint.

1 4. On August 17, 2019, Patient A underwent in-office sinus surgery by Respondent
2 which included: bilateral frontal sinuplasty, bilateral maxillary balloon sinuplasty, bilateral
3 sphenoid balloon sinuplasty; bilateral nasal polypectomy; bilateral intranasal lysis, bilateral
4 endoscopic submucosal resection of the inferior turbinates, bilateral submucosal resection of nasal
5 swell bodies, and a lysis of adhesions.

6 5. Patient A saw Respondent on three (3) occasions between August 20, 2019, and
7 October 10, 2019, for post-surgical follow-up and endoscopic debridement. Endoscopic findings
8 noted in the record were unchanged from preoperative notes, with the exception to note that crusts
9 were debrided.

10 6. After Patient A's October 10, 2019, visit, Respondent scheduled surgery on
11 December 14, 2019, for a second endoscopic sinus surgery.

12 7. On December 14, 2019, Patient A again underwent sinus surgery by Respondent
13 which included: bilateral frontal sinus exploration, bilateral maxillary antrostomy and removal of
14 tissue from the maxillae, bilateral sphenoidotomy, bilateral ethmoidectomy, polypectomy,
15 bilateral frontal balloon sinuplasty, bilateral maxillary balloon sinuplasty, bilateral swell body
16 endoscopic resection, spreader graft valve repair, bilateral submucous resection of the inferior
17 turbinates, septoplasty, and lysis of adhesions.

18 8. Patient A saw Respondent on four (4) occasions between December 19, 2019, and
19 February 6, 2020, for post-surgical follow-ups and endoscopic debridement. A repeat CT scan
20 obtained on February 6, 2020, showed significant sinus disease, with enlarged turbinates, swell
21 bodies, and a deviated septum, identical to the first CT scan results obtained on August 1, 2019.

22 9. On May 1, 2020, Patient A underwent sinus surgery by Respondent for a third time
23 which included: repeat bilateral frontal balloon sinuplasty, repeat bilateral maxillary balloon
24 sinuplasty, repeat bilateral sphenoid ballon sinuplasty, submucosal resection of the inferior
25 turbinates, bilateral submucosal resection of the swell bodies. In the operative record, no use of
26 Merocel packing placement is identified.

27 10. Patient A saw Respondent on five (5) occasions between May 5, 2020, and July 30,
28 2020, for additional post-surgical follow-ups and endoscopic debridement. A repeat CT scan

1 obtained on July 30, 2020, showed a foreign body. The foreign body is not mentioned in the
2 physician interpretation of the CT, which was identical to the previous two CT scans performed
3 on August 1, 2019, and February 6, 2020.

4 11. Respondent's records for these visits were incomplete, and did not include
5 evaluations for chronic conditions that would require modification in management or properly
6 evaluate the etiology of Patient A's worsening condition.

7 12. On October 9, 2020, Patient A underwent sinus surgery with a different physician
8 after seeking a second opinion. During the surgery, a maxillary sinus foreign body was identified,
9 which was a non-absorbable Merocel sponge from the May 1, 2020, operation.

10 COUNT I

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

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

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

16 15. 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
18 circumstances."

19 16. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
20 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
21 rendering medical services to Patient A by failing to determine the existence of or removal of a
22 Merocel sponge from Patient A's sinus following the May 1, 2020, visit despite seeing Patient A
23 on no less than five (5) separate postoperative visits, with nasal endoscopies performed at each
24 visit.

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

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COUNT II

NRS 630.301(4) - Malpractice

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

5 19. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
6 disciplinary action against a licensee.

7 20. 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 21. 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 recommend functional endoscopic sinus
13 surgery following the failure of the August 17, 2019, procedure. Despite Patient A’s failure to
14 improve following the first procedure, Respondent performed two (2) more ballon sinuplasty
15 procedures which did not alleviate Patient A’s chronic rhinosinusitis.

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

COUNT III

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

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

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

25 25. Respondent failed to maintain complete medical records relating to the diagnosis,
26 treatment and care of Patient A, by failing to correctly document his actions when he treated
27 Patient A, whose medical records were not timely, legible, accurate, and complete. Respondent

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1 failed to appropriately document the use of a Merocel sponge for packing Patient A's sinus during
2 the May 1, 2020, procedure.

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

5 **COUNT IV**

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

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

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

13 29. Respondent continually failed to exercise skill or diligence as demonstrated by his
14 repeated failure to identify or remove the retained Merocel sponge inside Patient A's sinus
15 following repeated endoscopies between May 5, 2020, and July 30, 2020.

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

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

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

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

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

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

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VERIFICATION


STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

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, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 3rd day of January, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



CHOWDHURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee