



1 pressure and heart failure. Respondent scheduled Patient A for nasal septoplasty, turbinate  
2 modification, nasal valve repair, and swell body reduction. Respondent did not acknowledge or  
3 note Patient A was taking blood thinning medication nor Patient A's blood pressure medications  
4 prior to Patient A's scheduled surgery.

5 5. On March 17, 2020, Patient A presented to Respondent's practice for surgery. At  
6 9:48 a.m. Patient A was given 10 mg of Valium, a benzodiazepine, along with 1 mg of Xanax,  
7 also a benzodiazepine. At 10:17 a.m. Patient A is given a second dose of 10 mg of Valium, and 1  
8 mg of Xanax. At 12:40 p.m. Patient A received a third dose of 10 mg of Valium, and 1 mg of  
9 Xanax.

10 6. Patient A subsequently underwent a bilateral frontal balloon sinuplasty, bilateral  
11 maxillary balloon sinuplasty, bilateral sphenoid balloon sinuplasty, bilateral endoscopic  
12 submucous resection of the inferior turbinates, and a bilateral endoscopic submucous resection of  
13 nasal swell bodies.

14 7. At 2:49 p.m. Patient A was given Flumazenil, a benzodiazepine antagonist, to  
15 counteract the large dosages of benzodiazepines used to sedate Patient A for the surgery.  
16 Following the administration of Flumazenil, Patient A suffered complications related to his high  
17 blood pressure and required urgent transportation to a hospital where Patient A was treated for  
18 post-operative hypertension.

19 8. Respondent charted that Patient A was: "[o]bserved in the office until stabilized,  
20 and pain and bleeding were controlled. The patient had mild post-procedural pain and minimal  
21 amount of bleeding." Nowhere in the medical record does Respondent acknowledge or document  
22 the transportation to the hospital in the post-operative medical record.

### 23 COUNT I

#### 24 **NRS 630.301(4) - Malpractice**

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

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

1 11. NAC 630.040 defines malpractice as “the failure of a physician, in treating a  
2 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar  
3 circumstances.”

4 12. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed  
5 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when  
6 rendering medical services to Patient A by proceeding forward with an elective surgery despite  
7 Patient A’s use of Eliquis, Lisinopril, and Carvedilol. Respondent further failed to acknowledge  
8 or note Patient A’s medications in any pre-surgery electronic record, despite Patient A’s use of  
9 blood thinners and medication taken for high blood pressure.

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

12 **COUNT II**

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

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

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

19 16. Respondent failed to maintain complete medical records relating to the diagnosis,  
20 treatment and care of Patient A, whose medical records were not timely, legible, accurate, and  
21 complete when Respondent failed to 1) document or note Patient A’s medications in any pre-  
22 surgical electronic record; 2) when he failed to correctly document the complications suffered by  
23 Patient A post surgery; and 3) when he failed to document that Patient A required transport to the  
24 hospital following the March 17, 2020, sinus procedure.

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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**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 9<sup>th</sup> day of January, 2025.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: \_\_\_\_\_

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