BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against:

VINCENT PETER NALBONE, M.D.,

Respondent.

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Case No. 25-11896-3

MAR 2 1 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Vincent Peter Nalbone, 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:

- Respondent was at all times relative to this Complaint a medical doctor holding an 1. active license to practice medicine in the State of Nevada (License No. 8303). Respondent was originally licensed by the Board on July 11, 1997.
 - Patient A^2 was a ninety-two (92) year-old female at the time of the events at issue. 2.
- Patient A was referred to Respondent by her doctor on September 25, 2018, 3. following a fall. Respondent documented Patient A presented with complaints of a fractured nose with difficulty breathing, sinus pressure, bleeding and headache.

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal 27 Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Aury Nagy, M.D. and Ms. Maggie Arias-Petrel. 28

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.

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- Respondent performed an endoscopy, and diagnosed Patient A with headache, 4. nasal fracture, nasal deformity, and epistaxis (bleeding from inside nose), and recommended the use of saline gel for her symptoms.
- On April 30, 2019, Patient A again presented to Respondent following a second fall 5. resulting in a fractured nose. Respondent's physical exam notes of findings and Patient A's nasal endoscopy findings were identical. A CT scan of Patient A's sinuses was obtained and was reported as significant sinus disease with very enlarged turbinates, a deviated septum, and large swell bodies, however the CT scan did not demonstrate severe sinus disease.
- Respondent documented that Patient A had tried antibiotics and over-the-counter 6. allergy medications but failed to document what types of antibiotics at which dosages, and what type of allergy medications were used. Additionally, Respondent failed to note what, if any, prescription medications Patient A was taking in the preoperative record. Instead of pursuing conservative measures or attempting to treat Patient A's sinus issues with antibiotics and steroids, Respondent scheduled Patient A for an elective nose surgery and sinus surgery on May 29, 2019.
- On May 29, 2019, Patient A underwent extensive surgery including balloon 7. sinuplasty of the bilateral frontal, maxillary, and sphenoid sinuses, septoplasty, rhinoplasty, bilateral submucosal resection of inferior turbinates and swell bodies.
- Following the May 29, 2019, surgery, Patient A experienced significant bleeding 8. and required repeated hospitalizations.

COUNT I

NRS 630.301(4) - Malpractice

- All of the allegations contained in the above paragraphs are hereby incorporated by 9. reference as though fully set forth herein.
- NRS 630.301(4) provides that malpractice of a physician is grounds for initiating 10. disciplinary action against a licensee.
- NAC 630.040 defines malpractice as "the failure of a physician, in treating a 11. patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

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- As demonstrated by, but not limited to, the above-outlined facts, Respondent failed 12. to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A by performing an elective surgery despite Patient A's extreme advanced age of ninety-two (92) years old and significant comorbidities.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 13. 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 14. reference as though fully set forth herein.
- NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate 15. 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, 16. treatment and care of Patient A, whose medical records were not timely, legible, accurate, and complete when Respondent failed to: 1) document or note Patient A's prescription medications in any pre-surgical electronic record; 2) document what antibiotics and conservative treatments had been attempted and failed with Patient A prior to the May 29, 2019, surgery; and 3) document the complications suffered by Patient A post-surgery.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 17. provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

- That the Board give Respondent notice of the charges herein against him and give 1. 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;
- That the Board set a time and place for a formal hearing after holding an Early 2. Case Conference pursuant to NRS 630.339(3);

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- 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 $\frac{2/57}{1}$ day of March, 2025.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

TAN J. CUMINGS,

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

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners

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 21st day of March, 2025.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

DHURY H. AHSAN, M.D., PH.D., FACC

Chairman of the Investigative Committee