

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Case No. 25-11896-5

Against:

FILED

VINCENT PETER NALBONE, M.D.,

APR 30 2025

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

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 (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:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 8303). Respondent was originally licensed by the Board on July 11, 1997.

2. Patient A² was a seventy-two (72) year-old male at the time of the events at issue.

3. On April 22, 2021, Patient A is seen by Respondent for his initial consultation for frequent nose blowing, nasal blockage on the right more than left, post-nasal drip, thick nasal mucus, ear fullness, dizziness, ear pain, facial pressure and a decreased sense of smell. A CT was obtained which Respondent documented as showing significant sinus disease consistent with the reported symptoms as well as enlarged turbinates, deviated septum and enlarged swell bodies.

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 his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

1 Respondent recommended balloon dilation of the frontal, sphenoid and maxillary sinuses, total
2 ethmoidectomy, septoplasty, submucosal resection of the inferior turbinates and submucosal
3 resection of the swell bodies. Patient A was scheduled for surgery on May 7, 2021.

4 4. On May 7, 2021, Patient A presented for surgery at Respondent's practice.
5 Patient A was given 20 mg of Valium, and 2 mg of Xanax, both benzodiazepines, preoperatively
6 and spaced twenty-one (21) minutes apart. Respondent performed a bilateral sinus balloon
7 sinuplasty, bilateral sphenoid sinus balloon dilation, bilateral maxillary balloon sinusotomy,
8 bilateral total ethmoidectomy, septoplasty, bilateral submucosal resection of the inferior
9 turbinates, bilateral submucosal resection of the sell bodies and polypectomy ("Surgery").
10 Patient A was discharged from the Surgery without a prescription for pain medication.

11 5. On May 13, 2021, Patient A was seen postoperatively for debridement with
12 complaints of continued pressure and very little improvement of 10%. Respondent documented
13 removal of scabs and devitalized mucosa from the inferior turbinates. Respondent recommended
14 saline rinses and Patient A was instructed to complete "antibiotics and steroids."

15 6. On May 27, 2021, Patient A presented to Respondent for a second post-operative
16 examination and debridement. Patient A reported worsening of symptoms of increased pressure
17 behind his eyes and visual changes. Respondent performed a physical examination and obtained a
18 second CT scan. Respondent documented the CT scan showed the septum is "mildly deviated and
19 turbinates are smaller volume." Patient A was prescribed Bactrim DS and a Methylprednisolone
20 dose pack.

21 7. Respondents' medical records for Patient A demonstrate contradictory information,
22 and the records contain descriptive information which remain unchanged after the Surgery was
23 completed. The records do not contain any information on the efficacy of the Surgery performed
24 and reveal little difference between the before and after CT scans. Post operative pain is not
25 documented to have been treated with pain medication, which would be expected with this type of
26 surgery and was sought through a different medical provider four (4) days later independently by
27 Patient A.

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COUNT I

NRS 630.301(4) - Malpractice

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

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

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

11. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A by failing to appropriately treat Patient A with post-operative pain medication, and for Respondent’s use of long-acting benzodiazepines in an elderly patient for outpatient surgery.

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

COUNT II

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

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

14. 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.

15. 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.

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

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

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

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

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

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

11 5. That the Board make, issue and serve on Respondent its findings of fact,
12 conclusions of law and order, in writing, that includes the sanctions imposed; and

13 6. That the Board take such other and further action as may be just and proper in these
14 premises.

15 DATED this 30th day of April, 2025.

16 INVESTIGATIVE COMMITTEE OF THE
17 NEVADA STATE BOARD OF MEDICAL EXAMINERS

18 By: _____

19 IAN J. CUMINGS
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27
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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 30th day of April, 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