

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Case No. 25-11896-6

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 Vincent Peter Nalbhone, 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:

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 twenty-two (22) year-old male at the time of the events at issue.

3. On May 26, 2022, Patient A presented to Respondent with complaints of nasal congestion, constant nosebleeds, thick nasal discharge, blockage on the right nostril more than left side, headaches, sinus pressure and a decreased sense of smell for three (3) months. Patient A previously had multiple antibiotic treatments, and had used nasal sprays, nasal rinses, decongestants and antihistamines. Respondent documented Patient A had a nasal septal deviation of 70% on the

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., Chowdhury H. Ahsan, M.D., Ph.D., FACC, and Ms. Pamela Beal.

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 left and 90% on the right with inferior turbinate hypertrophy. A Computed Tomography (CT) scan
2 was performed, but did not show the septal deviation nor inferior turbinates, with the findings
3 documented as "sinus disease present consistent with clinical presentation." Oral steroids and an
4 antibiotic were prescribed by Respondent to Patient A.

5 4. Patient A was seen again on June 9, 2022, with minimal relief from the antibiotics,
6 but he had regained some smell with the steroids. Respondent discussed surgical options with
7 Patient A, and scheduled surgery for Patient A on June 22, 2022.

8 5. On June 22, 2022, Respondent performed surgery on Patient A including: bilateral
9 frontal balloon sinuplasty, bilateral maxillary balloon antrum dilation, bilateral sphenoid balloon
10 sinus dilation and bilateral ethmoidectomy with polypectomy and bilateral interior turbinate
11 reduction.

12 6. On June 27, 2022, Respondent saw Patient A for a post-surgical follow-up. Patient
13 A reported no change in his symptoms and Respondent performed an endoscopic debridement for
14 Patient A, and scheduled a follow-up visit for two (2) weeks later.

15 7. On July 11, 2022, Patient A returned reporting a constant migraine for the prior two
16 (2) weeks. Patient A reported better breathing at times but continued to experience nose bleeds with
17 blowing and yellow colored drainage. Respondent performed another endoscopic debridement,
18 provided a prescription for antibiotics, and instructed Patient A to follow-up in two (2) weeks.

19 8. On July 25, 2022, Respondent saw Patient A for a third post-operative appointment,
20 and documented Patient A experienced some improvement with the antibiotics but still continued
21 to experience the same symptoms. Respondent prescribed Clindamycin and requested Patient A
22 follow-up in two (2) weeks.

23 9. On August 5, 2022, Respondent obtained a post-operative CT scan of Patient A
24 which did not demonstrate improvement when compared to the May 26, 2022, CT scan. The scan
25 demonstrated severe maxillary and ethmoidal inflammation, which was slightly worse than the
26 preoperative CT, with worsening of the left-side sphenoid disease, and showed left inferior turbinate
27 enlargement which is evidence that the ethmoidectomy was incomplete. The ostia did not appear
28 to be dilated significantly. Further, there were no signs of polyps in the earlier CT scan, but the

1 medical records for Patient A authored by Respondent note a polypectomy. Lastly, the
2 postoperative left inferior turbinate is actually larger, and the right side is unchanged.

3 10. On August 15, 2022, Patient A was seen for a post-surgical nasal endoscopy.
4 Respondent documented that significant sinus disease continues to be present, Patient A's turbinates
5 were very enlarged, he had a deviated septum and enlarged swell bodies.

6 **COUNT I**

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

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

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

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

14 14. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
15 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
16 rendering medical services to Patient A as demonstrated by the Respondent's failure to perform a
17 complete ethmoidectomy, which is evidenced by the August 5, 2022, CT scan which showed no
18 improvement.

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

21 **COUNT II**

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

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

25 17. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate
26 and complete medical records relating to the diagnosis, treatment and care of a patient" constitute
27 grounds for initiating discipline against a licensee.

28 ///

1 18. Respondent failed to maintain complete medical records relating to the diagnosis,
2 treatment and care of Patient A, by failing to correctly document his actions when he treated Patient
3 A, whose medical records were not timely, legible, accurate, and complete as demonstrated by, but
4 not limited to Respondent's inadequate documentation of the CT findings including the failure to
5 properly indicate the presence of polyps on May 26, 2022, CT scan.

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

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

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

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

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

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

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

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

22 DATED this 30th day of April, 2025.

23 INVESTIGATIVE COMMITTEE OF THE
24 NEVADA STATE BOARD OF MEDICAL EXAMINERS

25 By:

26 IAN J. CUMINGS

27 Senior Deputy General Counsel

28 9600 Gateway Drive

Reno, NV 89521

Tel: (775) 688-2559

Email: icumings@medboard.nv.gov

Attorney for the Investigative Committee

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 Apr, 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