

## Texas Medical Board Press Release

### FOR IMMEDIATE RELEASE

September 13, 2016

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### **TMB disciplines 45 physicians at August meeting, adopts rule changes**

At its August 26, 2016 meeting, the Texas Medical Board disciplined 45 licensed physicians and issued three cease and desist orders. The disciplinary actions included: ten orders related to quality of care violations, seven orders related to unprofessional conduct, three revocations, seven voluntary surrenders/revocations, three orders related to other states' actions, four orders related to peer review actions, one order related to criminal activity, two orders related to improper prescribing, one order related to improper supervision or delegation, one order related to violation of Board rules, three orders related to violation of prior Board order, and three orders related to a Texas Physician Health Program violation. The Board also took action against a Non-Certified Radiologic Technician.

The Board issued 159 physician licenses at the August meeting, bringing the total number of physician licenses issued in FY16 to 4,093.

### **RULE CHANGES ADOPTED**

#### **CHAPTER 174. TELEMEDICINE**

##### **§174.11, On-Call Services**

The amendment to §174.11, concerning On-Call Services, amends and adds language referring to Chapter 177 (relating to Business Organizations) and newly adopted Subchapter E titled "Physician Call Coverage Medical Services."

#### **CHAPTER 177. BUSINESS ORGANIZATIONS**

##### **§177.16, (Subchapter C) Physician Assistants**

The amendments to 177.16, relating to Physician Assistants, eliminates section (e) and amends section (f) in order to align with a recent 3rd Court of Appeals decision, which invalidated part of the rule relating to the grandfathering clause and entities solely owned by physician assistants. Accordingly, the amendments to this section correct sections of the rule that were invalidated by the 3rd Court of Appeals decision.

##### **§177.18-177.20, (New Subchapter E) Physician Call Coverage Medical Services**

New §177.18-177.20, concerning Physician Call Coverage Medical Services, provides physicians guidance and sets forth the minimum requirements relating to on-call services and agreements.

#### **CHAPTER 185. PHYSICIAN ASSISTANTS**

##### **§185.2, Definitions**

The amendments to §185.2, relating to Definitions, add definitions for "Active Duty" and "Armed Forces of the United States" and amend definitions for "Military service member", "Military spouse" and "military veteran." These amendments are in accordance with the passage of SB 1307 (84th Regular Session) which amended Chapter 55 of the Texas Occupations Code.

##### **§185.4, Procedural Rules**

The amendment to §185.4, relating to Procedural Rules, expands subsection (f), Alternative Licensing Procedure, to

include military service members and military veterans. The amendment also includes language allowing the executive director to waive any prerequisite to obtaining a license for an applicant described in the subsection, after reviewing the applicant's credentials. These amendments are in accordance with the passage of SB 1307 (84th Regular Session) which amended Chapter 55 of the Texas Occupations Code.

#### **§185.6, Annual Renewal**

The amendment to §185.6, relating to Annual Renewal, adds new subsection (b)(9) providing that a surgical assistant who is a military service member may request an extension of time, not to exceed two years, to complete any continuing education requirements. The amendment also adds new subsection (j) providing that military service members who hold a license to practice in Texas are entitled to two years of additional time to complete any other requirement related to the renewal of the military service member's license. This amendment is in accordance with the passage of SB 1307 (84th Regular Session) which amended Chapter 55 of the Texas Occupations Code.

#### **§185.7, Temporary License**

The amendment to §185.7, relating to Temporary License, changes an incorrect citation, §185.4(d), to the correct citation, §185.4(c).

#### **§185.8, Inactive License**

The amendment to §185.8, relating to Inactive License, adds new language in subsection (d) providing that a licensee attempting to return from inactive to active status must complete a fingerprint card and return the card to the board as part of the application, as well as submitting, or having submitted on the applicant's behalf, a report from the National Practitioner Data Bank/Health Integrity and Protection Data Bank (NPDB-HIPDB).

### **CHAPTER 199. PUBLIC INFORMATION**

#### **§199.6, Enhanced Contract or Performance Monitoring**

New §199.6, concerning Enhanced Contract or Performance Monitoring, delineates the criteria and requirements for the agency's identification of and monitoring of certain contracts. This new section is added in accordance with the passage of SB 20 (85th Regular Session) which amended Chapter 2261 of the Texas Government Code.

### **CHAPTER 200. STANDARDS FOR PHYSICIANS PRACTICING COMPLEMENTARY AND ALTERNATIVE MEDICINE**

#### **§200.3, Practice Guidelines for the Provision of Complementary and Alternative Medicine**

The amendment to §200.3, concerning Practice Guidelines for the Provision of Complementary and Alternative Medicine, corrects an incorrect reference to the "board of medical examiners."

### **DISCIPLINARY ACTIONS**

#### **QUALITY OF CARE**

##### **Adeleye, Victoria M., M.D., Lic. No. N7985, Conroe**

On August 26, 2016, the Board and Victoria M. Adeleye, M.D., entered into an Agreed Order requiring her to within one year complete at least 16 hours, divided as follows: eight hours in polypharmacy and eight hours in medical recordkeeping. The Board found Dr. Adeleye with respect to one patient, failed to use proper diligence and keep adequate medical documentation on educating the patient of potential medication risks and failed to coordinate care with the patient's pain management physician who was prescribing narcotics.

##### **Becker, Teresa M., M.D., Lic. No. G7036, Houston**

On August 26, 2016, the Board and Teresa M. Becker, M.D., entered into an Agreed Order publicly reprimanding Dr. Becker and requiring her to within one year complete at least 12 hours of CME, divided as follows: eight hours in evaluation and treatment of alcohol and drug withdrawals and seizures and four hours in risk management. The Board found Dr. Becker signed off on in-take orders that included a withdrawal watch protocol on which the patient's vitals were being monitored. After the patient's first seizure, Dr. Becker appropriately prescribed Librium, however, she failed

to meet the standard of care by failing to place the patient under closer medical supervision and/or transferring him to a hospital. As a result, the patient suffered additional seizures that were not reported to Dr. Becker, which led to the patient's death.

**Diaz, Horacio Alberto, M.D., Lic. No. K4408, Laredo**

On August 26, 2016, the Board and Horacio Alberto Diaz, M.D., entered into an Agreed Order requiring Dr. Diaz to within one year complete at least 16 hours of CME, divided as follows: eight hours in diagnosing or treating chest pain or conditions that may be cardiac in origin, four hours in physician-patient communications and four hours in medical recordkeeping. The Board found Dr. Diaz failed to properly evaluate one patient and discharged the patient prematurely.

**Fehr, Gregory Brien, M.D., Lic. No. K1813, Mission**

On August 26, 2016, the Board and Gregory Brien Fehr, M.D., entered into an Agreed Order publicly reprimanding Dr. Fehr and requiring him to within one year and three attempts pass the Special Purpose Exam (SPEX); within one year complete at least 24 hours of CME, divided as follows: four hours in risk management, four hours in ethics, eight hours in medical recordkeeping and eight hours in procedural sedation; and within 60 days pay an administrative penalty of \$2,000. The Board found Dr. Fehr administered three doses of Propofol that were higher than normal and did not record in the medical records why they were necessary, did not adequately monitor the patient after administering the doses and submitted responses to the Board without reviewing the relevant medical records.

**Griffith, John Dorland, M.D., Lic. No. F5924, Houston**

On August 26, 2016, the Board and John Dorland Griffith, M.D., entered into an Agreed Order requiring him to request and personally appear before the Board to petition for permission to resume practice in Texas and provide evidence that adequately indicates he is physically, mentally, and otherwise competent to safely practice. The Board found Dr. Griffith failed to meet the standard of care, failed to maintain adequate documentation, failed to adhere to guidelines for the treatment of several patients' chronic pain and failed to adequately supervise his delegates.

**Jewell, Coty W., M.D., Lic. No. L6441, Oklahoma City, OK**

On August 26, 2016, the Board and Coty W. Jewell, M.D., entered into an Agreed Order requiring him to within one year complete at least 16 hours of CME, divided as follows: eight hours in patient communications preferably including the topic of obtaining informed consent, four hours in ethics and four hours in medical recordkeeping; and within 60 days pay an administrative penalty of \$6,000. The Board found Dr. Jewell implanted an implantable cardioverter-defibrillator (ICD) device in one patient without proper indication and without obtaining the informed consent of the patient.

**Norkiewicz, Brian Joseph, M.D., Lic. No. J4395, Lubbock**

On August 26, 2016, the Board and Brian Joseph Norkiewicz, M.D., entered into an Agreed Order publicly reprimanding Dr. Norkiewicz and requiring him to within 30 days schedule a proficiency assessment in post-operative complications and surgical interventions with the Texas A&M Health Science Center Knowledge, Skills, Training, Assessment, and Research (KSTAR) program; have his practice monitored by another physician for eight consecutive monitoring cycles; and within one year complete at least 16 hours, divided as follows: eight hours in risk management and eight hours in physician-patient communication. The Board found Dr. Norkiewicz failed to personally evaluate a patient or call for a surgical consultation after the patient returned the same day following a stapled hemorrhoidopexy to the emergency room department with symptoms including severe abdominal pain and CT scan findings consistent with acute intra-abdominal hemorrhage.

**Reddy, Janardhana, M.D., Lic. No. E5310, Mineral Wells**

On August 26, 2016, the Board and Janardhana Reddy, M.D., entered into an Agreed Order requiring him to within one year complete at least eight hours of CME in medical recordkeeping. The Board found Dr. Reddy violated the standard of care in that he did not fully discuss the risks to the patient of proceeding with surgery and failed to document the patient's understanding of the risks.

**Rosenquist, Mary Ortiz, D.O., Lic. No. N0417, Huntsville**

On August 26, 2016, the Board and Mary Ortiz Rosenquist, D.O., entered into an Agreed Order requiring her to have her practice monitored by another physician for eight consecutive monitoring cycles; maintain a logbook of all prescriptions by herself and her delegates for Coumadin in chronological order by date issued; and within one year complete at least 28 hours of CME, divided as follows: four hours in ethics, eight hours in risk management, eight hours in supervision/delegation and eight hours in physician-patient communication. The Board found Dr. Rosenquist failed to meet the standard of care by diagnosing a patient with atrial fibrillation for which they were prescribed Coumadin and failing to ensure the home health agency which she delegated monitoring of the patient to was doing so appropriately.

**Wilson, W. Brad, M.D., Lic. No. H3293, Nacogdoches**

On August 26, 2016, the Board and W. Brad Wilson, M.D., entered into a Mediated Agreed Order requiring him to within one year complete the Pharmacology and Prescribing course offered by the Texas A&M Health Science Center Knowledge, Skills, Training, Assessment, and Research (KSTAR) program. The Board found Dr. Wilson failed to use diligence in coordinating care with the rehabilitation facility where a patient had recently been treated for opioid addiction. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

**UNPROFESSIONAL CONDUCT**

**Durrani, Omar Hayat, M.D., Lic. No. M1648, Houston**

On August 26, 2016, the Board and Omar Hayat Durrani, M.D., entered into an Agreed Order requiring him to within a year and three attempts pass the Medical Jurisprudence Exam; and within one year complete at least eight hours of CME, divided as follows: four hours in risk management and four hours in ethics. The Board found Dr. Durrani failed to respond to a patient's request for medical records in a timely manner.

**Elder-Quintana, William Frank, M.D., Lic. No. M1084, El Paso**

On August 26, 2016, the Board and William Frank Elder-Quintana, M.D., entered into an Agreed Order publicly reprimanding Dr. Elder-Quintana and requiring him to within one year and three attempts pass the Medical Jurisprudence Exam, within one year complete at least four hours of CME in risk management, and within 60 days pay an administrative penalty of \$1,000. The Board found Dr. Elder-Quintana prescribed compound medications to patients, including patients from out of state, without personally obtaining adequate information to justify the prescriptions.

**Fath, Steven Wade, M.D., Lic. No. K8144, Bullard**

On August 26, 2016, the Board and Steven Wade Fath, M.D., entered into an Agreed Order prohibiting him from reapplying for a DEA registration for the authority to prescribe controlled substances without prior Board approval; shall not treat or otherwise serve as a physician for his immediate family and shall not prescribe, dispense, administer, or authorize controlled substances or dangerous drugs with addictive potential or potential for abuse to himself or his immediate family; within one year and three attempts pass the Medical Jurisprudence Exam; and within one year complete at least eight hours of CME, divided as follows: four hours in ethics and four hours in risk management. The Board found Dr. Fath failed to disclose disciplinary action taken against his licenses by the Texas Medical Board and Tennessee Department of Health when he submitted an application for a DEA registration, and surrendered his DEA registration after an investigation of his office which uncovered improperly stored testosterone, a controlled substance.

**Kunda, Koteswara Rao, M.D., Lic. No. L3367, San Marcos**

On August 26, 2016, the Board and Koteswara Rao Kunda, M.D., entered into an Agreed Order requiring him to have his practice monitored by another physician for eight consecutive monitoring cycles; within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least four hours of CME in ethics; and within 60 days pay an administrative penalty of \$5,000. The Board found HHSC-OIG alleged that from 2002-2006, Dr. Kunda billed for obstetrical or other medical services for patients to which HHSC took exception. Dr. Kunda self-reported this matter to the Board.

**Mattioli, Martha, M.D., Lic. No. F3230, Houston**

On August 26, 2016, the Board and Martha Mattioli, M.D., entered into an Agreed Order publicly reprimanding Dr. Mattioli, suspending her Texas medical license; staying the suspension and placing Dr. Mattioli on probation for five

years under the following terms: within one year complete at least 20 hours of CME, divided as follows: eight hours in risk management, eight hours in ethics and four hours in supervision of delegates; within one year and three attempts pass the Medical Jurisprudence Exam; shall not supervise or delegate prescriptive authority to a physician assistant or advanced practice nurse or surgical assistant; and within 60 days pay an administrative penalty of \$2,000. The Board found Dr. Mattioli provided supervision to an unlicensed individual who performed examinations, prescribed medications, and otherwise treated patients at a clinic.

**Thai, Ryan T., M.D., Lic. No. L0947, Houston**

On August 26, 2016, the Board and Ryan T. Thai, M.D., entered into an Agreed Order requiring him to within one year complete at least four hours of CME in risk management; and within 60 days pay an administrative penalty of \$1,000. The Board found Dr. Thai did not sign an electronic death certificate in a timely manner.

**Turner, David L., M.D., Lic. No. G3869, Dallas**

On August 26, 2016, the Board and David L. Turner, M.D., entered into a Mediated Agreed Order publicly reprimanding Dr. Turner and requiring him to within one year complete the professional boundaries course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program; within one year complete at least 16 hours of CME, divided as follows: eight hours in ethics and eight hours in risk management; and within 60 days pay an administrative penalty of \$2,000. The Board found Dr. Turner was indicted for sexual assault; however, the criminal charges were later dismissed by the Dallas County District Attorney for lack of evidence. Numerous attempts were made to contact the patient however the patient never responded. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

**REVOCAION**

**Green, Ronald Allen, M.D., Lic. No. L6405, Houston**

On August 26, 2016, the Board entered a Final Order against Ronald Alan Green, M.D., which revoked his Texas medical license. The Board found Dr. Green operated unregistered pain management clinics; failed to adequately supervise midlevels; and failed to meet the standard of care with respect to the treatment of multiple chronic pain patients. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Green has 20 days from the service of the order to file a motion for rehearing.

**Rockett, Carl, M.D., Lic. No. K8459, Pasadena**

On August 26, 2016, the Board entered a Final Order against Carl Rockett, M.D., which revoked his Texas medical license. The Board found Dr. Rockett operated unregistered pain management clinics, and failed to adequately supervise his midlevel providers who failed to meet the standard of care and properly assess and treat multiple patients' chronic pain. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Rockett has 20 days from the service of the order to file a motion for rehearing.

**Sajadi, Cyrus, M.D., Lic. No. G1766, Houston**

On August 26, 2016, the Board entered a Final Order against Cyrus Sajadi, M.D., which revoked his Texas medical license. The Board found Dr. Sajadi was found guilty of six felony counts related to health care fraud, aiding and abetting health care fraud, conspiracy to defraud the U.S. and pay healthcare kickbacks and aiding and abetting the payment and receipt of healthcare kickbacks. The action was based on the findings of an administrative law judge at the State Office of Administrative Hearings. This order resolves a formal complaint filed at the State Office of Administrative Hearings. Dr. Sajadi has 20 days from the service of the order to file a motion for rehearing.

## **VOLUNTARY SURRENDER/REVOCAION**

### **Chretien, Leo Thomas, M.D., Lic. No. J2867, Brazoria**

On August 26, 2016, the Board and Leo Thomas Chretien, M.D., entered into an Agreed Order of Revocation in which Dr. Chretien agreed to the revocation of his Texas medical license in lieu of further disciplinary proceedings. Dr. Chretien was the subject of a formal complaint filed at the State Office of Administrative Hearings for his default or breach of a student loan repayment contract. This order resolves the formal complaint filed at the State Office of Administrative Hearings.

### **Herrera, Gloria Rivera, M.D., Lic. No. F6740, San Antonio**

On August 26, 2016, the Board and Gloria Rivera Herrera, M.D., entered into an Agreed Voluntary and Permanent Surrender Order in which Dr. Herrera agreed to voluntarily surrender her Texas medical license in lieu of further disciplinary proceedings. Dr. Herrera was the subject of an investigation related to peer review concerning a patient which led to precautionary suspension of hospital privileges which was later reversed after an appeal. Because of her orthopedic issues, Dr. Herrera desires to surrender her license in lieu of further contesting the matter.

### **Mansolo, Ron, M.D., Lic. No. K0519, Leander**

On August 26, 2016, the Board and Ron Mansolo, M.D., entered into an Agreed Voluntary Surrender Order in which Dr. Mansolo agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. The Board found that on June 8, 2016 Dr. Mansolo pled guilty to one count of conspiracy to distribute controlled substances.

### **Myones, Barry Lee, M.D., Lic. No. J2702, Sugar Land**

On August 26, 2016, the Board and Barry Lee Myones, M.D., entered into an Agreed Order of Voluntary and Permanent Surrender in which Dr. Myones agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. The Board and Dr. Myones entered into an Agreed Order on August 28, 2015, that required Dr. Myones to participate in a KSTAR physician assessment within one year of the filing. In lieu of fulfilling the terms of the order, Dr. Myones has indicated his desire to cease practicing medicine and voluntarily surrender his Texas medical license.

### **Psyk, Andrew, M.D., Lic. No. L1171, Houston**

On August 26, 2016, the Board and Andrew Psyk, M.D., entered into an Agreed Order of Revocation in which Dr. Psyk agreed to the revocation of his Texas medical license in lieu of further disciplinary proceedings. The Board found Dr. Psyk was subject to peer review action for practicing while impaired.

### **Sherman, Laura Kathryn, M.D., Lic. No. L3821, Avondale, AZ**

On August 26, 2016, the Board and Laura Kathryn Sherman, M.D., entered into an Agreed Order of Voluntary Surrender in which Dr. Sherman agreed to voluntarily surrender her Texas medical license in lieu of further disciplinary proceedings. Dr. Sherman was the subject of disciplinary action by the Arizona Medical Board.

### **Slater, James Lee, II, D.O., Lic. No. L6184, Irving**

On August 26, 2016, the Board and James Lee Slater, II, D.O., entered into an Agreed Order of Revocation in which Dr. Slater agreed to the revocation of his Texas medical license in lieu of further disciplinary proceedings. Dr. Slater was arrested for Driving While Intoxicated, pled guilty to the offense and received 15 months of probation.

## **OTHER STATES' ACTIONS**

### **Burgesser, Mary Francis, M.D., Lic. No. K4005, Dallas**

On August 26, 2016, the Board and Mary Francis Burgesser, M.D., entered into an Agreed Order requiring her to have her practice monitored by another physician for eight consecutive monitoring cycles; within one year and three attempts pass the Medical Jurisprudence Exam; and within one year complete at least eight hours of CME in ethics. The Board found Dr. Burgesser was disciplined by the Wisconsin Medical Examining Board for practicing for a short period of time while she did not have a license. Dr. Burgesser permanently surrendered her Wisconsin medical license effective June 1, 2015.

**Mark, Ron, M.D., Lic. No. TM00461, Deer Park, NY**

On August 26, 2016, the Board and Ron Mark, M.D., entered into an Agreed Order requiring him to within one year complete at least 12 hours of CME, divided as follows: eight hours in breast imaging and four hours in risk management. The Board found Dr. Mark was disciplined by the Colorado Department of Regulatory Agencies for failing to diagnose metastatic cancer while interpreting a mammogram screen.

**Theodore, Gregory George, M.D., Lic. No. H7839, Carlisle, PA**

On August 26, 2016, the Board and Gregory George Theodore, M.D., entered into an Agreed Order prohibiting him from practicing in Texas until he petitions and appears before the Board to request permission to do so, and provides evidence that he is physically, mentally, and otherwise competent to safely practice medicine. The Board found Dr. Theodore was disciplined by the Pennsylvania Medical Board for impairment.

**PEER REVIEW ACTIONS**

**Lampley, Joseph Carver, D.O., Lic. No. J9149, Rotan**

On August 26, 2016, the Board and Joseph Carver Lampley, D.O., entered into an Agreed Order requiring him to within one year and three attempts pass the Medical Jurisprudence Exam; and within one year complete the professional boundaries course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program. The Board found Dr. Lampley had his privileges temporarily suspended for improperly storing and dispensing controlled substances to a patient.

**Nguyen, Timothy, II, M.D., Lic. No. P4793, Houston**

On August 26, 2016, the Board and Timothy Nguyen, II, M.D., entered into an Agreed Order requiring him to within one year and three attempts pass the Medical Jurisprudence Exam and within one year complete at least 12 hours of CME, divided as follows: eight hours in risk management and four hours in ethics. The Board found Dr. Nguyen was disciplined by his residency program for violating the program's moonlighting policy by working more than 80 hours per week after having been previously counseled regarding the need to comply with the policy. Dr. Nguyen admitted to using another name on his time reports to conceal his violation of the program's moonlighting policy.

**Sasin, Edwin Joe, II, M.D., Lic. No. J1384, Kingwood**

On August 26, 2016, the Board and Edwin Joe Sasin, II, M.D., entered into an Agreed Order requiring Dr. Sasin to within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least 16 hours of CME, divided as follows: eight hours in medical ethics and eight hours in risk management; and within 60 days pay an administrative penalty of \$1,000. The Board found Dr. Sasin wrote two prescriptions under a fictitious patient name. Dr. Sasin had his hospital privileges suspended due to issues of impairment, which were reinstated in 2014 but his employment contract was later terminated due to continued conduct issues. Dr. Sasin is currently under a Texas Physician Health Program contract agreement.

**Schulte, Adam Phillip, D.O., Lic. No. Q2059, Grapevine, TX**

On August 26, 2016, the Board and Adam Phillip Schulte, D.O., entered into an Agreed Order requiring him to within one year complete at least 16 hours of CME, divided as follows: eight hours in professionalism and eight hours in ethics. The Board found Dr. Schulte was disciplined by his fellowship program for accepting moonlighting hours in violation of his Individual Education Plan and for making unprofessional remarks.

**CRIMINAL ACTIVITY**

**Natividad, Toribio Tomas, M.D., Lic. No. N8430, El Paso**

On August 26, 2016, the Board and Toribio Tomas Natividad, M.D., entered into an Agreed Order publicly reprimanding Dr. Natividad and requiring him to within 180 days complete the anger management course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program; within one year complete at least eight hours of CME in professionalism; and within 60 days pay an administrative penalty of \$2,000. The Board found Dr.

Natividad was charged with Aggravated Assault with a Deadly Weapon, a second degree felony, in El Paso County. The charges were later dropped but the Board found evidence that Dr. Natividad committed an assaultive offense.

#### **IMPROPER PRESCRIBING**

##### **Theesfeld, Daniel Robert, M.D., Lic. No. J3712, Longview**

On August 26, 2016, the Board and Daniel Robert Theesfeld, M.D., entered into an Agreed Order prohibiting him from treating or otherwise serving as a physician for his immediate family, and shall not prescribe, dispense, administer, or authorize controlled substances or dangerous drugs to himself or his immediate family; within one year complete at least 24 hours of CME, divided as follows: eight hours in risk management, eight hours in medical recordkeeping and eight hours in ethics; and within 60 days pay an administrative penalty of \$5,000. The Board found Dr. Theesfeld prescribed controlled substances and dangerous drugs to a close family member for time periods exceeding the 72-hour limit for immediate need and failed to maintain proper medical records documenting the rationale for the prescriptions.

##### **Villacres, David F., M.D., Lic. No. H7099, Kingwood**

On August 26, 2016, the Board and David F. Villacres, M.D., entered into an Agreed Order publicly reprimanding Dr. Villacres and requiring him to have his practice monitored by another physician for 12 consecutive monitoring cycles; Dr. Villacres shall not treat or otherwise serve as a physician for his immediate family, and shall not prescribe, dispense, administer, or authorize controlled substances or dangerous drugs to himself or immediate family; within one year complete the prescribing course offered by University of California San Diego Physician Assessment and Clinical Education (PACE) program; within one year complete at least 24 hours of CME, divided as follows: eight hours in ethics, eight hours in risk management and eight hours in medical recordkeeping; and within 60 days pay an administrative penalty of \$6,000. The Board found Dr. Villacres prescribed narcotics and sedatives to a family member beyond the 72-hour immediate need period, failed to keep adequate medical records, and violated Board rules for the treatment of chronic pain.

#### **IMPROPER SUPERVISION OR DELEGATION**

##### **Rodriguez, Raul Pedro, M.D., Lic. No. G5549, Houston**

On August 26, 2016, the Board and Raul Pedro Rodriguez, M.D., entered into an Agreed Order restricting Dr. Rodriguez's practice to the following terms: shall not engage in the practice of treating patients for chronic pain, shall not prescribe controlled substances except for the management of peri-operative surgical acute pain, shall not administer, dispense, or prescribe any controlled substance for a period longer than 30 days, shall not prescribe refills for any controlled substance, and shall not be permitted to supervise or delegate prescriptive authority to a physician assistant or advanced practice nurse or supervise a surgical assistant. Additionally, Dr. Rodriguez is required to within one year and three attempts pass the Medical Jurisprudence Exam, within one year complete at least 16 hours of CME, divided as follows: eight hours in pharmacology of analgesics and eight hours in risk management, and within one year pay an administrative penalty of \$10,000. The Board found Dr. Rodriguez failed to adequately supervise his delegates who were nontherapeutically prescribing controlled substances.

#### **VIOLATION OF BOARD RULES**

##### **Tan, Ricardo Barrera, M.D., Lic. No. E7515, Arlington**

On August 26, 2016, the Board and Ricardo Barrera Tan, M.D., entered into an Agreed Order Modifying Prior Order, modifying Dr. Tan's February 2015 Order. The modification requires Dr. Tan to document in the patient's medical records that he discussed conventional medical treatment options with the patient prior to initiating alternative or complementary medical treatments and must specify what the conventional treatment options are and on the date the discussion with the patient occurred. The Board found that Dr. Tan failed to document that he discussed conventional medical treatment options with a patient prior to treating a patient with complementary and alternative medicine.



## **VIOLATION OF PRIOR BOARD ORDER**

### **Campbell, Odette Louise, M.D., Lic. No. H9609, Plano**

On August 26, 2016, the Board and Odette Louise Campbell, M.D., entered into an Agreed Order Modifying Mediated Agreed Order modifying Dr. Campbell's February 13, 2015 Order. The modification adds a public reprimand, an automatic suspension provision for charts submitted untimely, requires completion of the PACE physician assessment program or KSTAR assessment, and an administrative penalty of \$5,000. The Board found Dr. Campbell committed unprofessional conduct by violating terms of the 2015 order. Specifically, Dr. Campbell failed to pass the JP Exam, submit patient charts and responses to the physician monitor's recommendations, and remit payment for one monitoring invoice in a timely manner. All other terms of the 2015 order remain in full force and effect.

### **Davis, Randy John, D.O., Lic. No. N2053, Arlington**

On August 26, 2016, the Board and Randy John Davis, D.O., entered into an Agreed Order requiring him to within 60 days undergo a 96-hour inpatient evaluation for substance abuse and personally appear before the Board upon conclusion of the evaluation to discuss the results and for further consideration and possible action. The Board found Dr. Davis failed to comply with his 2014 Order by testing positive for alcohol and submitting late samples in violation of the order.

### **Orette, Austin Avuigwerie, M.D., Lic. No. K0150, Houston**

On August 26, 2016, the Board and Austin Avuigwerie Orette, M.D., entered into an Agreed Order publicly reprimanding Dr. Orette and requiring him to within one year and three attempts pass the Medical Jurisprudence Exam; within 60 days complete all terms of his Remedial Plan, specifically the remaining three hours of CME in ethics and/or risk management and pay the yearly \$500 administrative fee; and within one year complete at least four additional hours of CME in risk management. The Board found Dr. Orette failed to timely complete the terms of his 2015 Remedial Plan.

## **TEXAS PHYSICIAN HEALTH PROGRAM VIOLATION**

### **Deaton, Benjamin Andrew, M.D., Lic. No. M1623, Houston**

On August 26, 2016, the Board and Benjamin Andrew Deaton, M.D., entered into an Agreed Order requiring him to within 30 days undergo an independent medical evaluation and follow all recommendations for care and treatment. The Board found Dr. Deaton has complied with drug screening pursuant to an Interim Monitoring Agreement since May 2016 but found Dr. Deaton failed to cooperate with the Board's investigation and that Dr. Deaton is unable to practice safely due to illness and substance abuse based on his history of poly-substance abuse, disappearance for periods of time, and lack of communication with the Board.

### **Durairaj, Vikram, M.D., Lic. No. Q4391, Schertz**

On August 26, 2016, the Board and Vikram Durairaj, M.D., entered into an Agreed Order requiring Dr. Durairaj to abstain from the consumption of prohibited substances as defined in the order; participate in the Board's drug testing program; within 30 days provide the names of three board certified psychiatrists who agree to provide Dr. Durairaj treatment and follow all recommendations for care and treatment; and no less than one time per week participate in the activities and programs of Twelve Step Recovery or Caduceus. The Board found Dr. Durairaj failed to comply with his Texas Physician Health Program agreement for positive and missed tests and his refusal to undergo an Intensive Diagnostic Evaluation (IDE).

### **Eyestone, Stephanie, M.D., Lic. No. BP10054270, San Antonio**

On August 26, 2016, the Board and Stephanie Eyestone, M.D., entered into an Agreed Order requiring her to continue to practice with a work site monitor as required by the Texas Physician Health Program agreement and provide quarterly reports; continue seeing her treating psychiatrist; within 30 days obtain an independent medical evaluation from a psychiatrist and follow all recommendations for care and treatment; within 60 days undergo a full physical and mental evaluation by her primary care physician; and within one year complete at least eight hours of CME, divided as follows: four hours in risk management and four hours in ethics. The Board found Dr. Eyestone failed to comply with the

requirements of her PHP monitoring agreement by failing to make timely appointments with a treating psychiatrist and primary care physician.

#### **NON-CERTIFIED RADIOLOGIC TECHNICIAN**

##### **Ivey, Connie Ann, NCT, Permit No. NC02293, Lindale**

On August 26, 2016, the Board and Connie Ann Ivey, NCT, entered into an Agreed Order of Voluntary Surrender in which Ms. Ivey agreed to voluntarily surrender her Texas Non-Certified Radiological Technician Permit in lieu of further disciplinary proceedings. The Board found Ms. Ivey has a medical condition that precludes her from practicing as a Non-Certified Radiological Technician.

#### **CEASE AND DESIST**

##### **Hardwood, Consuelo, No License, Austin**

On August 26, 2016, the Board and Consuelo Hardwood entered into an Agreed Cease and Desist Order prohibiting Ms. Hardwood from holding herself out as being licensed to practice medicine in the state of Texas, including but not limited to, referring to herself as "M.D." or "designated doctor" without clarifying that she is not licensed to practice medicine in Texas. The Board found Ms. Hardwood, who is a licensed medical doctor in Mexico, signed a Retrospective Utilization Review Report for a workers' compensation claimant "Consuelo E. Harwood, MD," and signed a Prospective IRO Review Response "Consuelo Harwood, MD Approved Designated Doctor," suggesting that she was authorized by the Texas Department of Insurance to perform services as a licensed physician in Texas. Corrections have been made to clarify Ms. Hardwood's credentials.

##### **Rivera, Sarai Juni, No License, Houston**

On August 26, 2016, the Board and Sarai Juni Rivera entered into an Agreed Cease and Desist Order prohibiting Ms. Rivera from practicing medicine in the state of Texas without a license issued by the Texas Medical Board and shall cease and desist any unlicensed practice of medicine in the state of Texas. The Board found Ms. Rivera was alleged to have engaged in the unlicensed practice of medicine by performing her supervising physician's medical duties. Specifically, it was alleged that Ms. Rivera performed both the initial and follow-up patient evaluations that her supervising physician should have performed.

##### **Abuhakmeh, Ghada, No License, Dallas**

On August 26, 2016, the Board and Ghada Abuhakmeh entered into an Agreed Cease and Desist Order prohibiting Ms. Abuhakmeh from practicing medicine in the state of Texas without a license issued by the Texas Medical Board. Ms. Abuhakmeh shall cease and desist any unlicensed practice of medicine in the state of Texas and shall cease and desist performing radio frequency treatments on patients without the supervision of a physician. The Board found Ms. Abuhakmeh was alleged to have engaged in the unlicensed practice of medicine by performing radio frequency treatments without the supervision of a physician prior to March 24, 2016.

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*To view disciplinary orders, visit the TMB website, click on "Look Up A License," accept the usage terms, then type in a licensee's name. Click on the name shown in the search results to view the licensee's full profile. Within that profile is a button that says "View Board Actions."*

*All releases and bulletins are also available on the TMB website under the "Newsroom" heading.*