### FOR IMMEDIATE RELEASE

February 21, 2014

Media contact: Jarrett Schneider, 512-305-7018 Customer service: 512-305-7030 or 800-248-4062

#### TMB disciplines 42 physicians at February meeting, adopts rule changes

At its February 7, 2014 meeting, the Texas Medical Board disciplined 42 licensed physicians and issued three cease and desist orders. The disciplinary actions included eight orders related to quality of care violations, five orders related to unprofessional conduct, two revocations, two voluntary revocations, five voluntary surrenders, two voluntary suspensions, one order related to criminal activity, two orders related to peer review actions, three orders related to other states' actions, one order related to failure to properly supervise or delegate, five orders related to violations of prior board order, two orders related to Texas Physicians' Health Program violations, three orders related to inadequate medical records, and one order related to failure to use the Texas Electronic Death Registration system. The Board also disciplined a non-certified radiological technician.

The Board issued 219 physician licenses at the February board meeting, bringing the total number of physician licenses issued in FY14 to 1,207.

# RULE CHANGES ADOPTED CHAPTER 172. TEMPORARY AND LIMITED LICENSES

# §172.5 Visiting Physician Temporary Permit

The Amendment to 172.5, relating to <u>Visiting Physician Temporary Permit</u>, amends 172.5(a)(2)(B) to provide that a Visiting Physician Temporary Permit holder must be supervised by a physician that has not been the subject of a disciplinary order, unless the order was administrative in nature.

# **CHAPTER 183. ACUPUNCTURE**

#### §183.21 Continuing Auricular Acupuncture Education for Acudetox Specialists

The Amendment to 183.21, relating to <u>Continuing Auricular Acupuncture Education for Acudetox Specialists</u>, amends 183.21(j) to correct an incorrect citation to other rules.

# **CHAPTER 189. COMPLIANCE PROGRAM**

#### §189.11 Process for Approval of Physicians, Other Professionals, Group Practices, and Institutional Settings

The Amendment to 189.11, relating to <u>Process for Approval of Physicians, Other Professionals, Group Practices, and</u> <u>Institutional Settings</u>, adds new subsection (e), which provides that the executive director or his or her designee may withdraw approval for physician or professionals acting as compliance monitors for the Board or a group practice or institutional setting, upon receipt of information that such individuals or settings no longer meet the criteria under the Board rules. Additionally, the amendment creates new subsection (f), which states that upon notice of the withdrawal of approval for a group practice or institutional setting, a probationer must cease practicing medicine at the group practice or institutional setting within 10 business days.

# **DISCIPLINARY ACTIONS**

# **QUALITY OF CARE**

### Colman, June Williams, M.D., Lic. No. K0399, Houston

On February 7, 2014, the Board and June Williams Colman, M.D., entered into an Agreed Order on Formal Filing requiring Dr. Colman to within one year complete at least 20 hours of in-person CME in high-risk obstetrics; and pay an administrative penalty of \$3,000 within 90 days. The Board found Dr. Colman failed to meet the standard of care in the obstetric treatment of three patients. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

### Cooper, Viraf R., M.D., Lic. No. G4553, Edinburg

On February 7, 2014, the Board and and Viraf R. Cooper, M.D., entered into an Mediated Agreed Order publicly reprimanding Dr. Cooper, and for a period of four years, prohibiting Dr. Cooper from being the primary surgeon for any instrumented surgical procedures of the thoracic or upper lumbar spine, between T2 and L1; have his practice monitored by another physician for eight consecutive monitoring cycles; complete at least 20 hours of CME, divided as follows: 12 hours in techniques for placing spinal instrumentation or equivalent and eight hours in medical record keeping. The Board found Dr. Cooper improperly performed a cervical spine operation that resulted in paralysis of a patient and failed to maintain adequate medical records. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

### Dodson, Darrel Wayne, M.D., Lic. No. M4038, Fort Bliss

On February 7, 2014, the Board and Darrel Wayne Dodson, M.D., entered into a Mediated Agreed Order requiring Dr. Dodson to within one year complete at least 18 hours of CME, divided as follows: 12 hours in the topic of management of medical emergencies and six hours in the topic of diagnosing and management of pulmonary embolism. The Board found Dr. Dodson failed to recognize the clinical findings that should have mandated an urgent work-up for pulmonary embolism. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

#### Gruesbeck, Clay, M.D., Lic. No. H7749, San Antonio

On February 7, 2014, the Board and Clay Gruesbeck, M.D., entered into an Agreed Order publicly reprimanding Dr. Gruesbeck and requiring Dr. Gruesbeck to not treat patients for chronic pain or engage in the practice of pain management; within 10 days provide copies of all agreements, orders, protocols, and written directives in place governing the supervision of midlevel practitioners; have his practice monitored by another physician for 16 consecutive monitoring cycles; within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least 36 hours of in-person CME, divided as follows: eight hours in the treatment of chronic pain, eight hours in medical recordkeeping, eight hours in the treatment of depression and anxiety, eight hours in treatment of ADHD, and four hours in supervising midlevel practitioners; and pay an administrative penalty of \$3,000 within 60 days. The Board found Dr. Gruesbeck treated numerous patients for chronic pain and anxiety with opiates and benzodiazepines, and failed to document adequate medical histories and physical examinations to justify the medications prescribed; treated the majority of the patients at issue for Attention Deficit Hyperactivity Disorder (ADHD), however the medical records for those patients lacked adequate medical histories, diagnostic strategies, and other information to substantiate the diagnosis and support the treatments provide; failed to assess the patients for potential abuse or diversion of the controlled substances prescribed; and demonstrated a pattern of poor supervision of three PAs and allowed the PAs to provide refills for controlled substances using blank official prescription forms that were pre-signed by Dr. Gruesbeck.

#### Hadad, Anibal Raul, M.D., Lic. No. H1098, Houston

On February 7, 2014, the Board and Anibal Raul Hadad, M.D., entered into an Agreed Order publicly reprimanding Dr. Hadad and requiring Dr. Hadad to within 90 days contact the Texas A&M Health Science Center Rural and Community Health Institute (K-STAR) for the purpose of scheduling an assessment of at least two days in length; successfully complete an education plan if recommended by K-STAR; have his practice monitored by another physician for four consecutive monitoring cycles; and within one year complete at least 12 hours of in-person CME, divided as follows: eight hours in medical recordkeeping and four hours of providing critical care. The Board found Dr. Hadad failed to meet the standard of care in his treatment of patient I. Specifically, Dr. Hadad should have ordered a CT scan stat to more aggressively identify the source of a patient's septic state; and Dr. Hadad failed the maintain adequate medical records for patient 2. Specifically, the records did not contain necessary information, including the digital rectal examination. The Board found the resulting peer review action was appropriate and reasonably supported by the evidence.

# Jankowski, Yulan Young, M.D., Lic. No. K1485, Baytown

On February 7, 2014, the Board and Yulan Young Jankowski, M.D., entered into an Agreed Order requiring Dr. Jankowski to not engage in the treatment of any chronic pain; within one year complete the physician prescribing course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program; have her practice monitored by another physician for eight consecutive monitoring cycles; and within one year and three attempts pass the JP Exam. The Board found Dr. Jankowski did not meet the standard of care for seven patients for whom she was treating for chronic pain, and failed to maintain adequate and consistent records for the patients in her diagnosis, treatment, and prescribing of controlled substances to the patients.

# Kahn, Ronald F., M.D., Lic. No. L5000, Bryan

On February 7, 2014, the Board and Ronald F. Kahn, M.D., entered into an Agreed Order on Formal Filing requiring Dr. Kahn to enroll in, attend in-person, and successfully complete the American Academy of Pain Medicine 30<sup>th</sup> Annual Meeting and conference to obtain 32.25 credits of CME; and pay an administrative penalty of \$3,000 within 60 days. The Board found Dr. Kahn failed to meet the standard of care, failed to follow the Board's guidelines for the treatment of pain, and failed to keep adequate medical records with respect to one patient. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

# King, Joseph D., M.D., Lic. No. L6985, Grapevine

On February 7, 2014, the Board and Joseph D. King, M.D., entered into a Mediated Agreed Order requiring Dr. King to surrender his registration to perform office-based anesthesia and waive his right to seek registration for office-based anesthesia in the future; obtain a board certified anesthesiologist who specializes in pediatric anesthesiology to serve as his proctor; within one year complete the Clinical Competence Assessment, including Phase I and Phase II, offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program; within 18 months successfully complete any and all retraining, remedial measures, and/or other recommendations made by PACE; within one year complete at least 16 hours of CME, divided as follows: eight hours in risk management and eight hours in medical recordkeeping. The Board found Dr. King failed to maintain adequate medical records and to meet the standard of care in his treatment of a high-risk minor patient. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

# UNPROFESSIONAL CONDUCT

# Menajovsky, Leon Bernardo, M.D., Lic. No. N1397, San Marcos

On February 7, 2014, the Board and Leon Bernardo Menajovsky, M.D., entered into an Agreed Order requiring Dr. Menajovsky to within one year complete the professional boundaries course offered by the University of California San Diego Physician Assessment and Clinical Education program; within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least 12 hours of CME, divided as follows: four hours in risk management, four hours in ethics, and four hours in medical recordkeeping; and pay an administrative penalty of \$1,000 within 60 days. The Board found Dr. Menajovsky admitted that he was involved in an inappropriate sexual relationship with an individual he was seeing as a patient, admitted to failing to maintain any medical records for his treatment of this individual, and admitted to failing to timely inform the Board and modify his physician profile after changing his practice address.

# Schram, Richard A., M.D., Lic. No. G0080, Austin

On February 7, 2014, the Board and Richard A. Schram, M.D., entered into an Agreed Order requiring Dr. Schram to within one year and three attempts pass the Medical Jurisprudence Exam; and within one year complete at least eight hours of CME in communication with colleagues. The Board found Dr. Schram was the subject of disciplinary actions at Seton Southwest Hospital based on several incidents of unprofessional and/or disruptive conduct against staff members and did not report these disciplinary actions to the Board in a timely fashion. The Board further found Dr. Schram was

arrested for leaving the scene after being involved in a motor vehicle accident and failed to disclose this arrest on his 2010 application renewal form.

### Sebring, Lane, M.D., Lic. No. J7661, Wimberley

On February 7, 2014, the Board and Lane Sebring, M.D., entered into an Agreed Order requiring Dr. Sebring to within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least 16 hours of inperson CME, divided as follows: eight hours in ethics and eight hours in risk management; and pay an administrative penalty of \$3,000 within 60 days. The Board found Dr. Sebring distributed false or misleading statements in an advertisement in a local publication.

### Simpson, William Gibson, M.D., Lic. No. J5017, Marshall

On February 7, 2014, the Board and William Gibson Simpson, M.D., entered into an Agreed Order requiring Dr. Simpson to within one year complete the professional boundaries course offered by the University of California San Diego Physician Assessment and Clinical Education program; within one year and three attempts pass the Medical Jurisprudence Exam; and pay an administrative penalty of \$3,000 within 60 days. The Board found Dr. Simpson violated professional boundaries with a female patient and admitted to having a sexual relationship with the patient.

### Smith, Barlow, M.D., Lic. No. F9026, Marble Falls

On February 7, 2014, the Board and Barlow Smith, M.D., entered into a Mediated Agreed Order publicly reprimanding Dr. Smith; prohibiting Dr. Smith from having samples of controlled substances in his office; requiring him to maintain a logbook of all sample medications provided for dangerous drugs; 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 of risk management and eight hours of ethics; and pay an administrative penalty of \$2,000 within 60 days. The Board found Dr. Smith was responsible for discarding pharmaceutical samples which were improperly placed on a curb in front of his office in violation of the Health and Safety Code, Controlled Substances Act. The Board further found Dr. Smith was terminated from his contract with Magellan Healthcare Services and failed to respond to Board staff's attempts to obtain a detailed narrative regarding his termination. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

#### REVOCATION

#### Hoover, Samuel Clark, D.O., Lic. No. E8569, Euless

On February 7, 2014, the Board entered a Default Order against Samuel Clark Hoover, D.O., which revoked his Texas medical license. On June 3, 2013, the Board filed a Complaint with the State Office of Administrative Hearings (SOAH) in Docket No. 503-13-4659. The Complaint alleged Dr. Hoover violated the terms of his 2012 Order. On January 3, 2014, a hearing was held before SOAH. Dr. Hoover failed to appear at the hearing, and the case was dismissed and returned to the Board for resolution through its default proceedings. Service of notice of the proceeding was properly made by publication. Dr. Hoover failed to appear at the February 7, 2014 proceeding before the Board. As a result, the Board granted a Determination of Default, and Dr. Hoover's Texas medical license was revoked by Default Order.

#### Spratt, Lorenzo, M.D., Lic. No. F9031, Cedar Hill

On February 7, 2014, the Board approved a Final Order revoking Lorenzo Spratt, M.D.'s Texas medical license and requiring Dr. Spratt to immediately cease practice in Texas. The Board found Dr. Spratt was unable to practice medicine safely due to substance abuse in an intemperate manner that could endanger the lives of 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.

#### **VOLUNTARY REVOCATION**

#### Katz, Jose, M.D., Lic. No. G9131, New York, NY

On February 7, 2014, the Board and Jose Katz, M.D., entered into an Agreed Order of Voluntary Revocation in which Dr. Katz agreed to the revocation of his Texas medical license in lieu of further disciplinary proceedings. The Board found Dr. Katz pled guilty in the United States District Court, District of New Jersey, to one count of conspiracy to commit health care fraud and one count of Social Security fraud.

# Lahiji, Hossein, M.D., Lic. No. J9145, McAllen

On February 7, 2014, the Board and Hossein Lahiji, M.D., entered into an Agreed Order of Revocation, revoking Dr. Lahiji's Texas medical license and requiring him to immediately cease practice in Texas. Dr. Lahiji was under investigation by the Board regarding allegations that he committed and was convicted of a felony violation of Federal law.

### **VOLUNTARY SURRENDER**

### Ahlschier, Allan Dee, M.D., Lic. No. D7516, Houston

On February 7, 2014, the Board and Allan Dee Ahlschier, M.D., entered into an Agreed Order of Voluntary Surrender in which Dr. Ahlschier agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. Dr. Ahlschier was under investigation by the Board regarding allegations of nontherapeutic prescribing.

### Armstrong, Davill, M.D., Lic. No. F3025, Houston

On February 7, 2014, the Board and Davill Armstrong, M.D., entered into an Agreed Voluntary Surrender Order in which Dr. Armstrong agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. The Board found Dr. Armstrong indicated his desire to voluntarily surrender his medical license in lieu of further compliance with his 2011 Order.

### Gallegos-Rosales, Antonio, M.D., Lic. No. E8493, San Antonio

On February 7, 2014, the Board and Antonio Gallegos-Rosales, M.D., entered into an Agreed Order of Voluntary Surrender in which Dr. Gallegos-Rosales voluntarily surrendered his Texas medical license in lieu of further disciplinary proceedings. Dr. Gallegos-Rosales was under investigation by the Board regarding allegations of nontherapeutic prescribing. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

### Ratinov, Gerald, M.D., Lic. No. D2823, Houston

On February 7, 2014, the Board and Gerald Ratinov, M.D., entered into an Agreed Order of Voluntary Surrender in which Dr. Ratinov agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. Dr. Ratinov was under investigation by the Board regarding allegations of nontherapeutic prescribing and illegal operation of a pain management clinic.

#### Williams, Arthur L., M.D., Lic. No. E2390, Houston

On February 7, 2014, the Board and Arthur L. Williams, M.D., entered into an Agreed Order of Voluntary Surrender in which Dr. Williams agreed to voluntarily surrender his Texas medical license in lieu of further disciplinary proceedings. Dr. Williams was under investigation by the Board regarding allegations that he failed to adhere to the established guidelines and requirements for the treatment of chronic pain.

#### **VOLUNTARY SUSPENSION**

#### Cardwell, David Williams, M.D., Lic. No. E2499, Hunt

On February 7, 2014, the Board and David Williams Cardwell, M.D., entered into an Agreed Order of Voluntary Suspension, suspending Dr. Cardwell's Texas medical license until he requests in writing to have the suspension stayed or lifted and personally appears before the Board, and provides clear evidence that he is physically, mentally, and otherwise competent to safely practice medicine. The Board found Dr. Cardwell was indicted in the 167<sup>th</sup> District Court, District Clerk, Travis County, Texas for Sexual Assault of a female patient in his office. Dr. Cardwell requested a voluntary suspension of his medical license in lieu of further disciplinary proceedings.

#### Taylor, Tad William, M.D., Lic. No. K3863, Richardson

On February 7, 2014, the Board and Tad William Taylor, M.D., entered into an Agreed Order of Suspension, suspending Dr. Taylor's Texas medical license effective March 24, 2014, until he requests in writing to have the suspension stayed or lifted and personally appears before the Board, and provides clear evidence that he is physically, mentally, and otherwise competent to safely practice medicine. The Board found Dr. Taylor is currently under investigation by the Drug Enforcement Administration and Department of Justice for allegations related to prescribing medications without a legitimate medical purpose. The criminal investigation is ongoing with no estimated time of completion.

# **CRIMINAL ACTIVITY**

#### Lukner, Ralf Bernhard, M.D., Permit No. BP10041519, Pearland

On February 7, 2014, the Board and Ralf Bernhard Lukner, M.D., entered into an Agreed Order requiring Dr. Lukner to submit to an independent medical evaluation and follow all recommendations for care and treatment; and within one year complete at least 12 hours of CME, divided as follows: eight hours in anger management and four hours in risk management. The Board found Dr. Lukner pled no contest to two charges of Class C misdemeanor assault against members of his family.

#### PEER REVIEW ACTIONS

#### Kravetz, Phillip R., M.D., Lic. No. L0354, Dallas

On February 7, 2014, the Board and Phillip R. Kravetz, M.D., entered into an Agreed Order requiring Dr. Kravetz to within one year complete at least 16 hours of CME, divided as follows: eight hours in risk management and eight hours in ethics; and pay an administrative penalty of \$3,000 within 60 days. The Board found Dr. Kravetz was suspended by the St. Vincent Health Care System in Little Rock, Arkansas for failing to have suitable coverage in his absence from the facility.

#### McCray-Garrison, Rispba Nerine, M.D., Lic. No. N5234, Lackland Air Force Base

On February 7, 2014, the Board and Rispba Nerine McCray-Garrison, M.D., entered into an Agreed Order requiring Dr. McCray-Garrison to within one year complete at least 16 hours of CME, divided as follows: eight hours in ethics and eight hours in risk management; and pay an administrative penalty of \$2,000 within 90 days. The Board found Dr. McCray-Garrison failed to notify the Board of her discipline/resignation in lieu of probation at UTHSCA.

### **OTHER STATES' ACTIONS**

### Adegbite, Samson G., M.D., Lic. No. J6843, Batavia, NY

On February 7, 2014, the Board and Samson G. Adegbite, M.D., entered into an Agreed Order prohibiting Dr. Samson from practicing in Texas until he requests permission in writing, personally appears before the Board to orally petition for permission to resume such practice, and provides sufficient evidence that he is physically, mentally, and otherwise competent to safely practice; and if he is in possession of any unused prescription forms for controlled substances, Dr. Adegbite shall surrender to the Texas Department of Public Safety for destruction of all such forms within seven days. The Board found Dr. Adegbite was disciplined by the New York State Board of Professional Medical Conduct following allegations that he failed to make and maintain adequate medical records and meet the standard of care with respect to at least one patient.

#### Knight, George Frederick, M.D., Lic. No. TM00059, St. Petersburg, FL

On February 7, 2014, the Board and George Frederick Knight, M.D., entered into an Agreed Order publicly reprimanding Dr. Knight and requiring Dr. Knight to within one year complete at least 24 hours of CME in neurological imaging; and pay an administrative penalty of \$2,500 within 60 days. The Board found Dr. Knight failed to diagnose a subdural hemorrhage on a CT scan and was the subject of disciplinary action by the Colorado Medical Board as the result of his treatment of the patient.

#### Mehndiratta, Yash, M.D., Lic. No. M7425, Rockville

On February 7, 2014, the Board and Yash Mehndiratta, M.D., entered into an Agreed Order publicly reprimanding Dr. Mehndiratta. The Board found Dr. Mehndiratta was disciplined by the Virginia Board of Medicine following allegations of unprofessional or dishonorable conduct and failure to maintain adequate medical records.

# FAILURE TO PROPERLY SUPERVISE OR DELEGATE

#### Jones-Allen, Angela, M.D., Lic. No. K8241, El Paso

On February 7, 2014, the Board and Angela Jones-Allen, M.D., entered into an Agreed Order publicly reprimanding Dr. Jones-Allen and requiring Dr. Jones-Allen to within one year complete at least eight hours of CME in supervision of midlevels. The Board found Dr. Jones-Allen failed to adequately supervise the practice of her physician assistant.

# **VIOLATION OF PRIOR ORDER**

### Dailey, Warren Bertrand, M.D., Lic. No. F8454, Houston

On February 7, 2014, the Board and Warren Bertrand Dailey, M.D., entered into an Agreed Order requiring Dr. Dailey to within six months complete at least 3.5 hours of CME in supervising midlevel practitioners. The Board found Dr. Dailey violated his 2012 Order by failing to complete the hours required within the time frame set out in the order.

### Ferrell, John Carl, M.D., Lic. No. G8835, Frisco

On February 7, 2014, the Board and John Carl Ferrell, M.D., entered into an Agreed Order Modifying Prior Order, modifying Dr. Ferrell's 2012 Order. The modification requires Dr. Ferrell to have his practice monitored by another physician for eight consecutive monitoring cycles; within one year complete at least eight hours of CME in medical recordkeeping; and pay an administrative penalty of \$3,000 within 60 days. The Board found Dr. Ferrell violated his prior order by failing to timely submit his charts for review as required and failed to incorporate some of the changes regarding documentation recommended by the chart reviewer.

### McNeill, Scott Shaw, M.D., Lic. No. K7058, Spearman

On February 7, 2014, the Board and Scott Shaw McNeill, M.D., entered into an Agreed Order Modifying Prior Order, modifying Dr. McNeill's 2004 Order. The modification requires Dr. McNeill to pay an administrative penalty of \$1,000 within 60 days. All other terms of the 2004 Order and 2012 Order remain in effect. The Board found Dr. McNeill violated his 2004 Order by failing to submit documentation that he attended AA five times a week during the periods stated in the order.

### Roberts, Dennis Donald, M.D., Lic. No. M6362, Woodville

On February 7, 2014, the Board and Dennis Donald Roberts, M.D., entered into a Modified Agreed Order, modifying Dr. Roberts' 2008 Order. The modification suspended the license of Dr. Roberts, stayed the suspension, and placed Dr. Roberts on probation for 13 years under the following terms and conditions: Dr. Roberts shall personally appear before the Board at least one time a year and at the Board's request to show compliance. All other terms of the 2008 Order, as modified by the 2010 Order, remain in effect. The Board found Dr. Roberts violated his 2008 Order, as previously modified, by testing positive for prohibited substances.

# Skie, Gregory, M.D., Lic. No. G5617, Arlington

On February 7, 2014, the Board and Gregory Skie, M.D., entered into an Agreed Order requiring Dr. Skie to within one year and three attempts pass the Medical Jurisprudence Exam; within one year complete at least four hours of CME in medical ethics; and pay an administrative penalty of \$2,000 within 60 days. The Board found Dr. Skie charged for and dispensed drugs to several patients, including testosterone-based creams, from his office in quantities greater than necessary to meet the patients' immediate needs.

# **TEXAS PHYSICIANS HEALTH PROGRAM (PHP) VIOLATION**

#### An, Young C., M.D., Lic. No. N1978, Houston

On February 7, 2014, the Board and Young C. An, M.D., entered into an Agreed Order requiring Dr. An to submit to an evaluation by the Texas Physician Health Program (TXPHP) and comply with any and all recommendations made by TXPHP. The Board found Dr. An tested positive for a prohibited substance and was terminated from TXPHP for failing to abstain from mood-altering substances. In determining Dr. An's sanctions, the Board considered the facts that Dr. An had successfully completed inpatient treatment and intensive outpatient treatment, continues rehabilitation in a 12-Step aftercare program, received clearance from his addictionology physician to return to active practice, completed 90 meetings in 90 days with AA and continues to be active in AA.

# Ramsey, Edward Earl, Jr., M.D., Lic. No. J6679, Houston

On February 7, 2014, the Board and Edward Earl Ramsey, Jr., M.D., entered into an Agreed Order publicly reprimanding Dr. Ramsey; suspending the license of Dr. Ramsey, staying the suspension, and placing Dr. Ramsey on probation for 15 years under the following terms and conditions: shall continue to see his addiction counselor at least once per week; shall continue to see Dr. Degner at least once per month; abstain from the consumption of prohibited substances;

participate in the Board's drug testing program; and participate in Alcoholics Anonymous and Sex Addicts Anonymous. The Board found Dr. Ramsey failed to comply with the terms of his agreement with the Texas Physician Health Program by failing to abstain from using prohibited drugs.

### INADEQUATE MEDICAL RECORDS

#### Burgest, Sean Gregory, M.D., Lic. No. L9637, Harker Heights

On February 7, 2014, the Board and Sean Gregory Burgest, M.D., entered into an Agreed Order requiring Dr. Burgest to within one year complete at least eight hours of CME in medical recordkeeping. The Board found Dr. Burgest failed to maintain adequate medical records while treating a patient.

### Lizarribar, Jose Luis, M.D., Lic. No. K0899, Kingsville

On February 7, 2014, the Board and Jose Luis Lizarribar, M.D., entered into a Mediated Agreed Order requiring Dr. Lizarribar to within one year complete at least 16 hours of CME, divided as follows: eight hours in management of pneumonia and eight hours of medical recordkeeping. The Board found Dr. Lizarribar did not document his conversations with a patient and medical rationale adequately.

### Siddiqi, Adila N., D.O., Lic. No. K7396, Grand Prairie

On February 7, 2014, the Board and Adila N. Siddiqi, D.O., entered into a Mediated Agreed Order requiring Dr. Siddiqi to have his practice monitored by another physician for four consecutive monitoring cycles; and within 180 days complete the medical records course offered by the University of California San Diego Physician Assessment and Clinical Education program. The Board found Dr. Siddiqi with respect to five patients failed to adequately document the rationale that connected the diagnoses to the treatment decision/plan. This order resolves a formal complaint filed at the State Office of Administrative Hearings.

# FAILURE TO USE TEXAS ELECTRONIC DEATH REGISTRATION SYSTEM

### Munoz, Wilfredo Alfonso, M.D., Lic. No. M4890, McAllen

On February 7, 2014, the Board and Wilfredo Alfonso Munoz, M.D., entered into an Agreed Order requiring Dr. Munoz to within one year complete at least eight hours of CME in medical ethics. The Board found Dr. Munoz failed to timely provide copies of medical records for one of his patients and failed to timely file a death certificate through the Texas Electronic Death Registration system.

# NON-CERTIFIED RADIOLOGICAL TECHNICIAN

#### Sizer, Ashley L., Permit No. NC05336, Fort Worth

On February 7, 2014, the Board and Ashley L. Sizer entered into an Agreed Order requiring Ms. Sizer to within 30 days submit to an evaluation by the Texas Physicians Health Program and follow all recommendations for care and treatment. The Board found Ms. Sizer admitted previous substance abuse issues involving alcohol that required hospitalization.

#### **CEASE AND DESIST**

#### DiRuzzo, Joseph A., No License, Plano

On December 20, 2013, the Board entered a Cease and Desist Order regarding Joseph A. DiRuzzo, requiring Mr. DiRuzzo to immediately cease and desist any unlicensed practice of medicine in the state of Texas and refrain from acting as, or holding himself out to be, a licensed physician in the state of Texas. The Board found Mr. DiRuzzo has engaged in the unlicensed practice of medicine by operating a website and Amazon.com listing which uses the title "Doctor" as a trade or professional asset without designating the healing art Mr. DiRuzzo is licensed to practice or designating the authority under which the title is used. Mr. DiRuzzo also failed to provide disclosures required by the Healing Arts Identification Act when he identified himself as "Dr. Joseph DiRuzzo" on his website.

#### Haufrect, Dale Blair, M.D., No License, Houston

On December 13, 2013, the Board entered a Cease and Desist Order regarding Dale Blair Haufrect, M.D., requiring Mr. Haufrect to immediately cease practicing medicine, including, but not limited to, telemedicine, intraoperative

monitoring, and the reading and interpreting of electroencephalograms and nerve conduction velocities. Mr. Haufrect may not refer to himself with the title of "Dr." or "doctor" without clearly indicating that he is not licensed to practice medicine in the state of Texas. The Board found Mr. Haufrect was engaging in the practice of medicine by performing intraoperative monitoring and appears to have been reading and interpreting electroencephalograms and nerve conduction velocities. Furthermore, the Board found Mr. Haufrect held himself out as a physician on at least one website, using the designation of "Dr." without required disclosure indicating that he is not licensed to practice medicine in Texas.

### Paletta, Antonio, No License, Round Rock

On December 19, 2013, the Board entered a Cease and Desist Order regarding Mr. Paletta, prohibiting him from acting as, or holding himself out to be, a licensed physician in the State of Texas. The Board found Mr. Paletta identified himself as "Dr. Antonio Paletta, M.D." in email communications and as "A. Paletta, M.D." and "Antonio Paletta, M.D." on business cards, but failed to disclose that he is not licensed to practice medicine in Texas and further failed to designate the authority under which the titles were used or the college or honorary degree that gives rise to the use of the titles. The Board further found Mr. Paletta engaged in the unlicensed practice of medicine by recommending to one person that he take a product known as Allicidin for upper respiratory symptoms, which Mr. Paletta compared to penicillin. Mr. Paletta further made no effort to clarify with the person that he is not licensed to practice medicine. Mr. Paletta testified that he is no longer employed at the business that manufactures Allicidin, and that he has since corrected his business cards to reflect that he is not licensed to practice medicine in Texas.

###

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

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