

BEFORE THE NEVADA STATE BOARD OF OPTOMETRY

EXECUTIVE DIRECTOR
NEVADA STATE BOARD OF OPTOMETRY,

Complainant,

CASE NO. 17-01

vs.

OPTOMETRIST "A",

COMPLAINT

Respondent.
_____ /

COMES NOW, Caren C. Jenkins, Executive Director of the Nevada State Board of Optometry, and pursuant to NRS 636.295, complains of the above-named respondent as follows:

1. Complainant is the Executive Director of the Board of Optometry of the State of Nevada (the "Optometry Board");

2. Respondent is an optometrist duly licensed in the State of Nevada, having been issued a license by the Optometry Board in 2004.

3. NRS 636.288 states:

Issuance of certificates; Board to provide list of certified optometrists to State Board of Pharmacy. The Board shall provide to:

1. Each optometrist who has complied with the requirements adopted by the Board pursuant to NRS 636.287, a certificate to administer and prescribe therapeutic pharmaceutical agents.

2. The State Board of Pharmacy the name of each optometrist it certifies pursuant to this section.

4. Respondent applied for and the Optometry Board issued Respondent a certificate to administer Therapeutic Pharmaceutical agents pursuant to NRS 636.288, and reported Respondent's name and certification to the State Board of Pharmacy.

5. NRS 636.2882 provides:

An optometrist who is certified to administer and prescribe a therapeutic pharmaceutical agent pursuant to NRS 636.288 shall not prescribe an analgesic of hydrocodone with compounds, codeine with compounds or propoxyphene with compounds unless the optometrist:

1. Has completed an optometric examination of the patient for whom the therapeutic pharmaceutical agent is prescribed;
2. Prescribes the therapeutic pharmaceutical agent in an amount that will not last more than 72 hours; and
3. Sets forth in the prescription for the therapeutic pharmaceutical agent that the prescription may not be refilled.

6. The Nevada Prescription Monitoring Program, also referred to as NV PMP, was established in 1997 to monitor Schedule II-IV controlled substance prescriptions dispensed in Nevada. Nevada Administrative Code 639.926 requires prescribers of these substances to register with and report Schedule II-IV prescriptions to the NV PMP.

7. If Respondent prescribed hydrocodone with compounds, a Schedule II drug, without registering with the Nevada PMP, Respondent may have violated NAC 639.926.

8. The presumptive maximum dosage for hydrocodone with acetaminophen 5-325 in a 72 hour period is 18 units.

9. The PMP reports that, between May 2016 and March 2017, for two individuals, Respondent prescribed hydrocodone with acetaminophen 5-325 in excess of 18 units, an amount that will last more than 72 hours, in violation of NRS 636.2882.

10. NRS 636.420 provides that any person who is found to have violated any provision of NRS 636 is liable to the Board for an administrative fine of not less than \$100 or more than \$5000.

IT IS THEREFORE PRAYED THE BOARD FIND:

1. Respondent violated NRS 636.2882 on or about June 2016;
2. Respondent violated NRS 636.2882 on or about February 2017;
3. Respondent should have discipline imposed according to the Board's findings, be ordered to pay an administrative fine between \$100 and \$5000, and
4. Other discipline should be imposed as the Board deems just.

DATED June 1, 2017.


Caren C. Jenkins, Esq.

NOTICE

You may contest this complaint by causing the Optometry Board to receive your written response on or before June 12, 2017, either by mail at Post Office Box 1824, Carson City, Nevada 89702 or by email to cjenkins@nvoptometry.org.

The Board will consider this complaint and your response, if any, and determine whether action is warranted at its next regular public meeting scheduled for **Thursday June 15, 2017, commencing at 9:00 a.m.** at the Hampton Inn Tropicana, 4975 Dean Martin Drive, Las Vegas, NV 89118. The public is invited to attend. **YOU WILL NOT BE ABLE TO PROVIDE TESTIMONY AT THIS POINT.**

Your identity will not be disclosed to the Board unless and until the Board finds that further action is required based on the facts alleged. Thereafter, if the board deems further action is required, an evidentiary hearing will be scheduled and you will be permitted to bring evidence and witnesses on your behalf.

AFFIDAVIT OF SERVICE

I, CAREN C. JENKINS, ESQ., on June 1, 2017, emailed the foregoing to Respondent's email of record, _____, and placed the foregoing COMPLAINT into the United States mail, first class postage prepaid, and also placed it into the hands of the United States Postal Service by certified mail on the date listed below, both items being addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6/1/17

Signature





Nevada Prescription Monitoring Program
For assistance using this application, please contact:
1-855-5NV-4PMP OR pmp@pharmacy.nv.gov,

Report Prepared: 05/08/2017

Prescriber Activity Report

Date Range: 05/08/2016 – 05/08/2017

Investigation Type:

Case Number:

Primary Drug Category:

Drug Product Name:

Case Notes:

Agency:

Contact: Caren C. Jenkins

Phone: 7758838367

Email: cjenkins@nvoptometry.org

Report Criteria

DEA Number: MB1131438, Prescriber First Name:

Generic Name:

Prescriber Last Name:

Patient First Name: , Patient Last Name: , Patient DOB: , Drug Schedule: , Drug Category: ,

Summary

Prescriptions: 4

Patients: 3

Pharmacies: 3

Prescriber Activity

Last	First	DOB	Fill Date	Drug Name	Qty	Supply	Written Date	Store ID	Rx #	Pymt Type
	CATHERINE	08/10/1955	03/03/2017	HYDROCODON-ACETAMINOPHEN 5-325	10.0	2	03/03/2017	OLSE3652	2031249	medicaid
	CATHERINE	08/10/1955	02/24/2017	HYDROCODON-ACETAMINOPHEN 5-325	10.0	4	02/24/2017	RIDL1522	22042159	insurance
	VANESSA	10/22/1985	12/05/2016	HYDROCODON-ACETAMINOPHEN 5-325	6.0	1	12/05/2016	WAL-5093	02223424	insurance

Last	First	DOB	Fill Date	Drug Name	Qty	Supply	Written Date	Store ID	Rx #	Pymt Type
JACOB		06/22/1989	06/10/2016	HYDROCODON-ACETAMINOPHEN 5-300	28.0	4	06/10/2016	OLSE3652	2028063	paid

Dispensers

Store ID	Name	Address	City	State	Zip
OLSE3652				NV	
RIDL1522				NV	
WAL-5093				NV	

Therapeutic Class Summary

Therapeutic Class 4	Script Count	Patient Count	Pharmacy Count
OPIATE AGONISTS	4	3	3

Disclaimer:

- I understand and agree that by proceeding beyond this page and accessing this Prescription Monitoring Program (PMP) system, I certify that I am active healthcare investigator.
- I understand that my use of this PMP system is permitted only in connection with obtaining information for an open investigation, and certify that I am accessing the PMP system for such a purpose.
- I understand that the information in the PMP system is confidential pursuant to NRS 453.1545. I must treat the information as confidential, just as I would protect any other health care information. I will protect any PMP information in my possession in accordance with federal and state laws governing health care information.
- I understand that my access to, or disclosure of, any PMP data for any purpose other than obtaining information for an open investigation may subject me to disciplinary action, civil penalties or criminal action.
- I understand that I am responsible for all use of my username and password. I will never share my password with anyone, including my co-workers and staff. If my authentication or password is lost or comprised, I agree to notify the PMP immediately.
- I understand the PMP administrator will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.

BEFORE THE NEVADA STATE BOARD OF OPTOMETRY

Executive Director
of the
Nevada State Board of Optometry,

Complainant,

CASE NO. 17-02

vs.

OPTOMETRIST 'B,'

COMPLAINT

Respondent.

_____ /

COMES NOW, Caren C. Jenkins, Executive Director of the Nevada State Board of Optometry, and pursuant to NRS 636.295, complains of the above-named respondent as follows:

1. Complainant is the Executive Director of the Board of Optometry of the State of Nevada (the "Optometry Board");
2. Respondent is an optometrist duly licensed in the State of Nevada, having been issued a license by the Optometry Board in 2006.
3. NRS 636.288 states:
Issuance of certificates; Board to provide list of certified optometrists to State Board of Pharmacy. The Board shall provide to:
 1. Each optometrist who has complied with the requirements adopted by the Board pursuant to NRS 636.287, a certificate to administer and prescribe therapeutic pharmaceutical agents.
 2. The State Board of Pharmacy the name of each optometrist it certifies pursuant to this section.
4. Respondent applied for, and the Optometry Board issued Respondent, a certificate to administer Therapeutic Pharmaceutical agents pursuant to NRS 636.288 and reported Respondent's name and certification to the State Board of Pharmacy.

5. NRS 636.2882 provides:

An optometrist who is certified to administer and prescribe a therapeutic pharmaceutical agent pursuant to NRS 636.288 shall not prescribe an analgesic of hydrocodone with compounds, codeine with compounds or propoxyphene with compounds unless the optometrist:

1. Has completed an optometric examination of the patient for whom the therapeutic pharmaceutical agent is prescribed;
2. Prescribes the therapeutic pharmaceutical agent in an amount that will not last more than 72 hours; and
3. Sets forth in the prescription for the therapeutic pharmaceutical agent that the prescription may not be refilled.

6. The Nevada Prescription Monitoring Program, also referred to as NV PMP, was established in 1997 to monitor Schedule II-IV controlled substance prescriptions dispensed in Nevada. Nevada Administrative Code 639.926 requires prescribers of these substances to register with and report Schedule II-IV prescriptions to the NV PMP.

7. If Respondent prescribed hydrocodone with compounds, a Schedule II drug, without registering with the Nevada PMP, Respondent may have violated NAC 639.926.

8. The presumptive maximum dosage for hydrocodone with acetaminophen 5-325 in a 72 hour period is 18 units.

9. The PMP reports that, in approximately November 2016, Respondent prescribed hydrocodone with acetaminophen 5-325 in excess of 18 units, an amount that will last more than 72 hours, in violation of NRS 636.2882(2).

10. NRS 636.420 provides that any person who is found to have violated any provision of NRS 636 is liable to the Board for an administrative fine of not less than \$100 or more than \$5000.

IT IS THEREFORE PRAYED THE BOARD FIND:

1. The Respondent violated NRS 636.2882(2), by prescribing a patient more than the statutory maximum of hydrocodone with compounds; and
2. The Respondent shall pay an administrative penalty imposed between \$100 and \$5,000, pursuant to NRS 636.420;
3. The Respondent shall reimburse the State Board of Optometry for the costs of pursuing this action, not to exceed \$2500; and
4. This disciplinary action shall be reported as substantive discipline in any license verification of the Respondent's status requested by a member of the public.

DATED this 1st day of ~~May~~ ^{June} 2017.


Caren C. Jenkins, Esq., Executive Director

NOTICE

You may contest this complaint by causing the Optometry Board to receive your written response on or before Monday, June 12, 2017, either by mail at Post Office Box 1824, Carson City, Nevada 89702 or by email to cjenkins@nvoptometry.org.

The Board will consider this complaint and your response, if any, and determine whether action is warranted at its next regular public meeting scheduled for **Thursday June 15, 2017, commencing at 9:00 a.m.** at the Hampton Inn Tropicana, 4975 Dean Martin Drive, Las Vegas, NV 89118. The public is invited to attend. **YOU WILL NOT BE ABLE TO PROVIDE TESTIMONY AT THIS POINT.**

Your identity will not be disclosed to the Board unless and until the Board finds that further action is required based on the facts alleged. Thereafter, if the board deems further action is required, an evidentiary hearing will be scheduled and you will be permitted to bring evidence and witnesses on your behalf.

AFFIDAVIT OF SERVICE

I, CAREN C. JENKINS, ESQ., on June 1, 2017, caused the foregoing to be emailed to Respondent's email address of record placed the foregoing COMPLAINT into the United States mail, first class postage prepaid, and also placed it into the hands of the United States Postal Service by certified mail on the date listed below, both items being addressed as follows:

[Faint, illegible handwritten text]

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6/1/17 Signature *CC Jenkins*



Nevada Prescription Monitoring Program
For assistance using this application, please contact:
1-855-5NV-4PMP OR pmp@pharmacy.nv.gov,

Report Prepared: 05/08/2017

Prescriber Activity Report

Date Range: 05/08/2016 - 05/08/2017

Investigation Type:

Case Number:

Primary Drug Category:

Drug Product Name:

Case Notes:

Agency:

Contact: Caren C. Jenkins

Phone: 7758838367

Email: cjenkins@nvoptometry.org

Report Criteria

DEA Number: ML1449811, Prescriber First Name:

Category: , Generic Name:

Prescriber Last Name

Patient First Name: , Patient Last Name: , Patient DOB: , Drug Schedule: , Drug

Summary

Prescriptions:5

Patients:5

Pharmacies:5

Prescriber Activity

Last	First	DOB	Fill Date	Drug Name	Qty	Supply	Written Date	Store ID	Rx #	Pymt Type
	STEPHEN	01/27/1970	01/18/2017	HYDROCODON-ACETAMINOPHEN 5-325	16.0	2	01/12/2017	WALG3970	1528491	insurance
	OFELIA	05/16/1965	09/29/2016	HYDROCODON-ACETAMINOPHEN 5-325	16.0	3	09/29/2016	NEVA0386	01311855	insurance
	ALEXANDRYA	04/17/1993	09/22/2016	HYDROCODON-ACETAMINOPHEN 5-325	16.0	2	09/22/2016	WALG6631	1220492	insurance

Last	First	DOB	Fill Date	Drug Name	Qty	Supply	Written Date	Store ID	Rx #	Pymt Type
	RICHARD L.	11/26/1933	09/10/2016	HYDROCODON-ACETAMINOPHEN 5-300	24.0	3	09/10/2016	LONG1571	00428098	medicare
	CAMALLA	04/16/1981	05/27/2016	HYDROCODON-ACETAMINOPHEN 5-325	16.0	2	05/26/2016	WALG8239	1668644	insurance

Dispensers

Store ID	Name	Address	City	State	Zip
LONG1571	LONGS DRUG STORES CALIFORNIA, L.L.C.	1950 VILLAGE CENTER CIR	LAS VEGAS	NV	89134
NEVA0386	NEVADA CVS PHARMACY, L.L.C.	7007 W ANN RD	LAS VEGAS	NV	89130
WALG8239	WALGREEN CO.	2995 E FLAMINGO RD	LAS VEGAS	NV	89121
WALG3970	WALGREEN CO.	1101 LAS VEGAS BLVD S	LAS VEGAS	NV	89104
WALG6631	WALGREEN CO.	3030 LAS VEGAS BLVD N	NORTH LAS VEGAS	NV	89030

Therapeutic Class Summary

Therapeutic Class 4	Script Count	Patient Count	Pharmacy Count
OPIOATE AGONISTS	5	5	5

Disclaimer:

I understand and agree that by proceeding beyond this page and accessing this Prescription Monitoring Program (PMP) system, I certify that I am active healthcare investigator.

I understand that my use of this PMP system is permitted only in connection with obtaining information for an open investigation, and certify that I am accessing the PMP system for such a purpose.

I understand that the information in the PMP system is confidential pursuant to NRS 453.1545. I must treat the information as confidential, just as I would protect any other health care information. I will protect any PMP information in my possession in accordance with federal and state laws governing health care information.

I understand that my access to, or disclosure of, any PMP data for any purpose other than obtaining information for an open investigation may subject me to disciplinary action, civil penalties or criminal action.

I understand that I am responsible for all use of my username and password. I will never share my password with anyone, including my co-workers and staff. If my authentication or password is lost or comprised, I agree to notify the PMP immediately.

BEFORE THE NEVADA STATE BOARD OF OPTOMETRY

EXECUTIVE DIRECTOR
NEVADA STATE BOARD OF OPTOMETRY,

Complainant,

CASE NO. 17-03

vs.

OPTOMETRIST "C",

COMPLAINT

Respondent.

_____ /

COMES NOW, Caren C. Jenkins, Executive Director of the Nevada State Board of Optometry, and pursuant to NRS 636.295, complains of the above-named respondent as follows:

1. I am the Executive Director of the Board of Optometry of the State of Nevada (the "Optometry Board");
2. Respondent is an optometrist duly licensed in the State of Nevada, having been issued a license by the Optometry Board in 1997.
3. NRS 636.288 states:

Issuance of certificates; Board to provide list of certified optometrists to State Board of Pharmacy. The Board shall provide to:

 1. Each optometrist who has complied with the requirements adopted by the Board pursuant to NRS 636.287, a certificate to administer and prescribe therapeutic pharmaceutical agents.
 2. The State Board of Pharmacy the name of each optometrist it certifies pursuant to this section.
4. Respondent applied for and the Optometry Board issued Respondent a certificate to administer Therapeutic Pharmaceutical Agents pursuant to NRS 636.288, and reported Respondent's name and certification to the State Board of Pharmacy.
5. NRS 636.024 defines "Therapeutic pharmaceutical agent" as:
 1. A topical medication;
 2. An oral antibiotic;

3. An oral medication for allergies that does not contain steroids; or
4. An analgesic of hydrocodone with compounds, codeine with compounds or propoxyphene with compounds, approved by the Food and Drug Administration for the treatment of abnormalities of the eye or its appendages.

6. Lorazepam 0.5 mg tablets, a Schedule IV drug, typically is not prescribed as a therapeutic pharmaceutical agent as defined in NRS 636.024.

7. The PMP reports that, between 2011 and 2017, Respondent prescribed 30 Lorazepam 0.5 mg tablets or Ativan 0.5 mg on six (6) occasions for a member of his family, in violation of NRS 636.2882.

8. The PMP reports that, between 2011 and 2017, Respondent prescribed Hydrocodone-Acetaminophen 10-325, and 5-325 in an amount presumed to last more than 72 hours to two patients, in violation of NRS 636.2882.

9. The PMP reports that, between 2011 and 2017, Respondent prescribed ninety (90) Dextroamp-Amphetamin 10 mg tablets to a patient, in violation of NRS 636.2882.

8. The Nevada Prescription Monitoring Program, also referred to as Nevada PMP, was established in 1997 to monitor Schedule II-IV controlled substance prescriptions dispensed in Nevada. Nevada Administrative Code 639.926 requires prescribers of these substances to register with and report Schedule II-IV prescriptions to the NV PMP.

9. If Respondent prescribed Lorazepam 0.5 mg, Ativan 0.5 mg, Dextro-Amphetamin 10 mg or Hydrocodone-Acetaminophen 10-325 without registering for or checking the PMP, Respondent may have violated NAC 639.926.

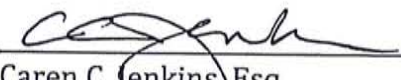
10. Writing each of the nine (9) prescriptions is beyond the Respondent's authority to prescribe therapeutic pharmaceutical agents under the Optometry Board-issued Therapeutic Pharmaceutical Agents certificate.

IT IS THEREFORE PRAYED THE BOARD FIND:

1. Respondent continually exceeded the authority granted under his certificate to administer therapeutic pharmaceutical agents, in violation of NRS 626.2882;

2. Respondent's license to practice optometry should be revoked, or suspended for a period to be determined by the Optometry Board,
3. Respondent's certificate to administer therapeutic pharmaceutical agents should be revoked, or suspended for a period to be determined by the Optometry Board,
4. Respondent should be required to complete continuing education as determined by the Optometry Board;
5. For each violation, Respondent should be penalized in a sum not less than \$100 and not more than \$5000, to be determined by the Optometry Board;
6. Respondent should be required to reimburse the Optometry Board the costs of preparing, investigating and prosecuting this Complaint and related proceedings; and
7. The Optometry Board's findings should be reported to the State Board of Pharmacy and to the District Attorney of Clark County for a determination of whether additional action is appropriate under each agency's jurisdiction.
8. The Optometry Board should make such further findings and orders as the Board deems just.

DATED this 1st day of June, 2017.


Caren C. Jenkins, Esq.

NOTICE

You may respond to this complaint by causing the Optometry Board to receive your written response on or before June 12, 2017, either by mail at Post Office Box 1824, Carson City, Nevada 89702 or by email to cjenkins@nvoptometry.org.

The Board will consider this complaint and your response, if any, and determine whether action is warranted at its next regular public meeting scheduled for **Thursday June 15, 2017, commencing at 9:00 a.m.** at the Hampton Inn Tropicana, 4975 Dean Martin Drive, Las Vegas, NV 89118. The public is invited to attend. **YOU WILL NOT BE ABLE TO PROVIDE TESTIMONY AT THAT MEETING.**

Your identity will not be disclosed to the Board unless and until the Board finds that further action is required based solely on the facts alleged. Thereafter, if the board deems further action is required, an evidentiary hearing will be scheduled and you will be permitted to bring evidence and witnesses on your behalf.

AFFIDAVIT OF SERVICE

I, CAREN C. JENKINS, ESQ., on June 1, 2017, caused the foregoing to be emailed to Respondent's email address of record, _____, and placed the foregoing COMPLAINT into the United States mail, first class postage prepaid, and also placed it into the hands of the United States Postal Service by certified mail on the date listed below, both items being addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6/1/17

Signature





Report Prepared: 06/01/2017

Prescriber Activity Report

Date Range: 06/01/2010 – 06/01/2017

Investigation Type:

Case Number:

Primary Drug Category:

Drug Product Name:

Case Notes:

Agency:

Contact: Caren C. Jenkins

Phone: 7758838367

Email: cjenkins@nvoptometry.org

Report Criteria

DEA Number: MY0304826, Prescriber First Name:

Prescriber Last Name:

Patient First Name:

Patient Last Name:

Patient DOB:

Drug Schedule:

Drug Category:

Summary

Prescriptions:11

Patients:6

Pharmacies:7

Prescriber Activity

Last	First	DOB	Fill Date	Drug Name	Qty	Supply	Written Date	Store ID	Rx #	Pymt Type
	SANDY	04/19/1964	04/03/2017	LORAZEPAM 0.5 MG TABLET	30.0	30	03/11/2017	ALBE7287	435309	insurance
	BETSY	07/28/1955	09/16/2015	HYDROCODON-ACETAMINOPHN 10-325	24.0	4	09/08/2015	WALGS204	2416420	paid
	SANDY	04/19/1964	09/11/2015	LORAZEPAM 0.5 MG TABLET	30.0	30	09/11/2015	SAV-7287	399943	insurance

Last	First	DOB	Fill Date	Drug Name	Qty	Supply	Written Date	Store ID	Rx #	Pymt Type
	VINEETA	11/29/1970	10/10/2013	HYDROCODON-ACETAMINOPH 10-500	6	3	10/10/2013	WALG3647	353169	insurance
	SANDY	04/19/1964	05/29/2013	ATTIVAN 0.5 MG TABLET	30	30	05/29/2013	ALBE7287	349086	insurance
	SANDY	04/19/1964	09/07/2012	LORAZEPAM 0.5 MG TABLET	30	30	09/07/2012	ALBE7103	332424	insurance
	SANDY	04/19/1964	05/11/2012	LORAZEPAM 0.5 MG TABLET	30	30	03/01/2012	ALBE7103	320467	insurance
	SANDY	04/19/1964	03/02/2012	LORAZEPAM 0.5 MG TABLET	30	30	03/01/2012	ALBE7103	320467	insurance
	ASHLEY	04/25/1983	09/08/2011	DEXTROAMP-AMPHETAMIN 10 MG TAB	90	25	06/10/2011	WALG2642	1618610	insurance
	REVA	03/15/1976	07/27/2011	HYDROCODON-ACETAMINOPHEN 5-500	14	7	07/27/2011	WALG7707	164559	insurance
	MARY	06/16/1922	07/08/2011	HYDROCODON-ACETAMINOPHEN 5-325	60	5	07/08/2011	UNIV7841	2182796	insurance

Dispensers

Store ID	Name	Address	City	State	Zip
ALBE7103	ALBERSTONS6021	250 E PARKCENTER BLVD	BOISE	ID	837063940
ALBE7287	ALBERTSON'S LLC	10140 W FLAMINGO RD	LAS VEGAS	NV	89147
UNIV7841	UNIVERSITY MEDICAL CENTER	OUTPATIENT SERVICE PHARMACY	LAS VEGAS	NV	89102
WALG5204	WALGREEN CO.	6865 W TROPICANA AVE	LAS VEGAS	NV	89103
WALG7707	WALGREENS #10190	1901 E. VOORHEES ST.	DANVILLE	IL	618344509
WALG3647	WALGREENS #11206	1901 E. VOORHEES ST.	DANVILLE	IL	618344509
WALG2642	WALGREENS #4137	1901 E. VOORHEES ST.	DANVILLE	IL	618344509

Therapeutic Class Summary

Therapeutic Class 4	Script Count	Patient Count	Pharmacy Count
AMPHETAMINES	1	1	1
OPIATE AGONISTS	4	4	4
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	6	1	2

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I understand the PMP administrator will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.

BEFORE THE NEVADA STATE BOARD OF OPTOMETRY

Executive Director
of the
Nevada State Board of Optometry,

Complainant,

CASE NO. 17-04

vs.

OPTOMETRIST 'D,'

COMPLAINT

Respondent.

_____ /

COMES NOW, Caren C. Jenkins, Executive Director of the Nevada State Board of Optometry, and pursuant to NRS 636.295, complains of the above-named respondent as follows:

1. I am the Executive Director of the Board of Optometry of the State of Nevada;
2. Respondent is an optometrist duly licensed in the State of Nevada, having been issued a license by the Board in 2002.
3. In February 2017, the State Board of Optometry received a Complaint from a member of the public, alleging that: Respondent issued an excessive and incorrect prescription for glasses which caused "dizziness and vertigo", and that a subsequent eye exam completed by another licensed practitioner showed that Respondent's prescription to the patient was almost 2 times more correction than was warranted.
4. NRS 636.295 outlines the grounds constituting sufficient cause for disciplinary action by the Board, including: 6. Gross incompetency, and 10. Perpetration of unethical or unprofessional conduct in the practice of optometry.

5. NRS 636.420 provides that any person who is found to have violated any provision of NRS 636 is liable to the Board for an administrative fine of not less than \$100 or more than \$5000.

IT IS THEREFORE PRAYED THE BOARD FIND

1. The Respondent violated NRS 636.295 by issuing an excessive prescription, constituting gross incompetency and unprofessional conduct;
2. Respondent should be ordered to pay an administrative fine between \$100 and \$5000; and
3. Further penalties and discipline should be imposed as the Board deems just.

DATED this 1st day of June, 2017.


A handwritten signature in black ink, appearing to read 'C. Jensen', is written over a horizontal line.

NOTICE

You may respond to this complaint by causing the Optometry Board to receive your written response on or before June 12, 2017, either by mail at Post Office Box 1824, Carson City, Nevada 89702 or by email to cjenkins@nvoptometry.org.

The Board will consider this complaint and your response, if any, and determine whether action is warranted at its next regular public meeting scheduled for **Thursday June 15, 2017, commencing at 9:00 a.m.** at the Hampton Inn Tropicana, 4975 Dean Martin Drive, Las Vegas, NV 89118. The public is invited to attend. **YOU WILL NOT BE ABLE TO PROVIDE TESTIMONY AT THAT MEETING.**

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AFFIDAVIT OF SERVICE

I, *Caren C. Jenkins*, on *June 1*, 2017, emailed the foregoing to Respondent at his email address of record:

And placed the foregoing into the United States mail, first class postage prepaid, and also placed it into the hands of the United States Postal Service by certified mail on the date listed below, both items being addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct.

Date: *6/1/17*

Signature



Complaints Form : Entry # 630**Complainant(s)**

Richard D Dartuso

Mailing Address

1936 Nora Springs Ct Henderson NV 89052

Daytime Phone

(702) 501-7551

Emailr2so@cox.net**Optometrist/Subject of Investigation/ Respondent****Address****City****Phone****D/B/A****Date(s) of Incident**

05/10/2016

What law(s) in NRS Chapter 636 or NAC 636, or others, do you believe were violated?

Issued an incorrect prescription - deceptive practice

Summary of Issues: (Please attach additional pages as needed and a copy of any evidence supporting your claims)

Prescription issued in May - turns out it is almost twice what I needed.

Glasses purchased in November. Lenses have a streak wear them for only a week

Started experiencing dizziness and vertigo - it is still present even though I have stopped wearing them.

They sent the lenses to the Factory -had them 3 weeks -wore the lenses and within a day the streak returned in the same lens

They won't stand behind their product and replace or refund.

I had another eye exam done this month and it proved I was given an incorrect script.

Did you contact the Optometrist or the office they practice at regarding this complaint?

Complaints Form : Entry # 630

Yes - they are not interested in resolving the issue. BBB is also involved as is our Insurance Davis Vision

Did the Optometrist or the office they practice at respond?

unsatisfactory - They took the glasses in December and said they sent them to the factory.

Were there any witnesses to the incident? If so, Please provide name(s), address(es), and phone number(s)

Yes my wife
Kathy Artuso
Same address
702-241-0824

What would you consider a satisfactory resolution to this Complaint?

complete refund - not interested on doing business with this provider

Name, address, and phone number of any consulting or subsequent Doctor treating to the issue

Dr Robert M Wlodek
9895 S Maryland Pkwy Suite D
Las Vegas, NV 89183-3937
702-435-3937

If a formal charge is filed as a result of this Complaint, are you willing to testify under oath at a public hearing?

Yes

I,

Richard D Artuso

Attach Documents

- [lens-prescription-](#)
- [lens-prescription-](#)
- [glasses-1.JPG](#)

- By submitting this information and checking this box, I affirm that each document is complete and correct and that all information contained in this submission is true under the pains and penalties of perjury and the requirements of NRS Chapter 636 and NAC Chapter 636 and Nevada law generally. I also acknowledge that if I have directed or authorized a person to complete or submit this information on my behalf, I, the optometrist licensed by the Nevada Board of Optometry, am fully responsible for the content of the submission.

Name

Richard D Artuso

Date

02/17/2017

Complaints Form : Entry # 630**Comments**

Thank you for your consideration

- I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

Patient: **Richard Artuso**

Provider:

Created Date: May 10, 2016

State License:

Date of Service: May 10, 2016

Prescription Type: Primary Spectacle

	Sphere	Cylinder	Axis	Add	VPism	VBase	HPism	HBase	Acuity	Dist PD	Near PD
--	--------	----------	------	-----	-------	-------	-------	-------	--------	---------	---------

OD:	+1.00	-1.25	104	+2.25							
-----	-------	-------	-----	-------	--	--	--	--	--	--	--

OS:	+0.75	-1.00	097	+2.25							
-----	-------	-------	-----	-------	--	--	--	--	--	--	--

OU:

Recommendations:

anti-reflective coating
polycarbonate lenses

Signature:

212

Robert W. Wlodzick

Suite D

Phone: 702-435-3937 FAX: 702-435-3937

Expiration Date: 02/03/2018

Page: 62

Final Special Report (Multi-Pass)

References

11

Lens Information

62

17

Color:

• **advice:**

Agents Add-on's

-Notes-

William

Licenses: 421

Robert M. WlodekSuite DPhone: 702-435-3937 FAX: 702-436-3937

三

Sol:

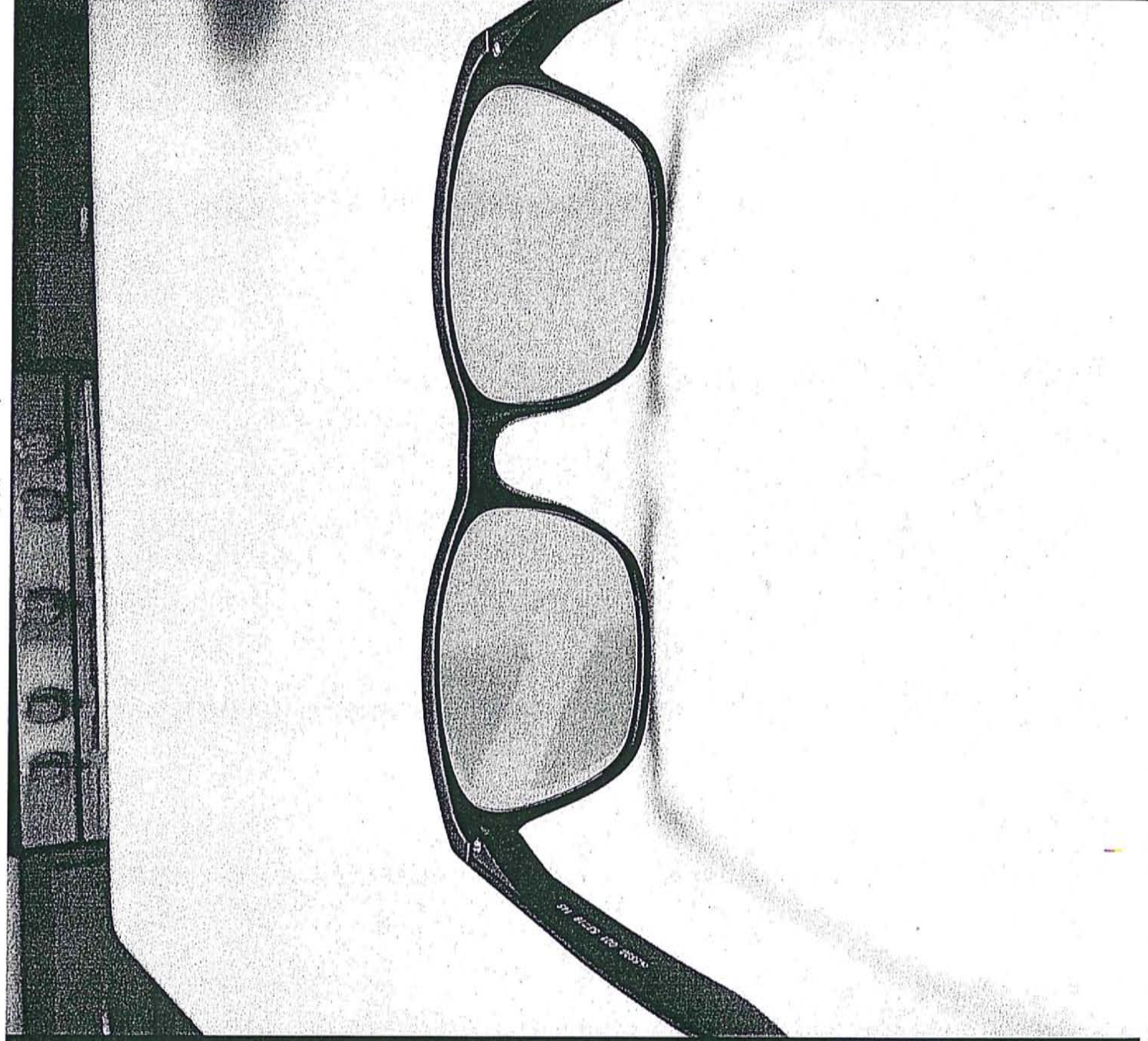
0.50 0.75 0.95 1.50

Sph.	Cyl.	axis	H. Prism	V. Prism	Add	Dist PD	Near PD
+0.50	-0.50	085			+2.50		

171

free
out

Sph.	Cyl.	axis	H. prism	V. prism	Add	Dist PD	Near PD
+0.50	-0.50	095			+2.50		



BEFORE THE NEVADA STATE BOARD OF OPTOMETRY

Executive Director
of the
Nevada State Board of Optometry,

Complainant,

CASE NO. 17-05

vs.

OPTOMETRIST 'E,'

COMPLAINT

Respondent.

_____ /

COMES NOW, Caren C. Jenkins, Executive Director of the Nevada State Board of Optometry, and pursuant to NRS 636.295, complains of the above-named respondent as follows:

1. I am the Executive Director of the Board of Optometry of the State of Nevada;
2. Respondent is an optometrist duly licensed in the State of Nevada, having been issued a license by the Board in 1997.
3. In August 2016, the State Board of Optometry received a Complaint from a member of the public, alleging that: Respondent:
 - a) refused to complete and sign a DMV form for the patient unless the patient completed an examination with the Respondent's spouse, an occupational therapist;
 - b) charged an unreasonable fee for optometric services without first disclosing the same;
 - c) administered an inappropriate vision test twice;
 - d) attempted to coerce the patient into purchasing specialized glasses even though the patient had already obtained \$3,000 custom glasses from another practitioner;

e) attempted to “hold [the patient’s] driver’s license hostage” unless the patient consulted with his wife, twice; and

f) failed to note the patient’s reported condition and Respondent’s findings in the patient’s.

4. NRS 636.295 outlines the grounds constituting sufficient cause for disciplinary action by the Board, including the following relevant to this matter:

6. Gross incompetency,

8. Making false or misleading representation . . . with respect to optometric materials or services, and

10. Perpetration of unethical or unprofessional conduct in the practice of optometry.

5. NRS 636.301 states that “...any understanding or arrangement with any person who is not an optometrist ..., unless in accordance with NRS 636.374 constitutes unethical or unprofessional conduct, such as the understanding and arrangement Respondent has with his spouse and her occupational therapy practice.

6. NRS 636.420 provides that any person who is found to have violated any provision of NRS 636 is liable to the Board for an administrative fine of not less than \$100 or more than \$5000.

IT IS THEREFORE PRAYED THE BOARD FIND

1. The Respondent violated NRS 636.295, exhibiting gross incompetency and unprofessional conduct by his several interactions with the patient, including but not limited to:

a) refusing to issue a DMV form for the patient unless the patient completed an examination with the Respondent's spouse, an occupational therapist;

b) charging an unreasonable fee;

c) administering an inappropriate vision test twice;

d) attempting to coerce the patient into purchasing specialized glasses even though the patient had already obtained \$3,000 custom glasses from another practitioner;

e) attempting to "hold [the patient's] driver's license hostage" unless the patient consulted with his wife, twice; and

f) failing to note the patient's reported condition or Respondent's findings in the patient's file.

2. Respondent violated NRS 636.301 by having an understanding or arrangement with a person who is not an optometrist, evidenced by the referral arrangement he and his spouse share; and
3. Respondent should have discipline imposed according to the Board's findings, be ordered to pay an administrative fine between \$100 and \$5000, and be ordered to reimburse the Board for the costs of prosecuting this Complaint.

DATED this 1st day of June, 2017.



NOTICE

You may respond to this complaint by causing the Optometry Board to receive your written response **on or before June 12, 2017**, either by mail at Post Office Box 1824, Carson City, Nevada 89702 or by email to cjenkins@nvoptometry.org.

The Board will consider this complaint and your response, if any, and determine whether action is warranted at its next regular public meeting scheduled for **Thursday June 15, 2017, commencing at 9:00 a.m.** at the Hampton Inn Tropicana, 4975 Dean Martin Drive, Las Vegas, NV 89118. The public is invited to attend. **YOU WILL NOT BE ABLE TO PROVIDE TESTIMONY AT THAT MEETING.**

Your identity will not be disclosed to the Board unless and until the Board finds that further action is required based solely on the facts alleged. Thereafter, if the board deems further action is required, an evidentiary hearing will be scheduled and you will be permitted to bring evidence and witnesses on your behalf.

AFFIDAVIT OF SERVICE

I, Caren C. Jenkins, on June 1, 2017, emailed the foregoing to Respondent at his email address of record:

And placed the foregoing into the United States mail, first class postage prepaid, and also placed it into the hands of the United States Postal Service by certified mail on the date listed below, both items being addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6/1/17

Signature



Question 3 response:

I had a bioptic driver's license from Indiana that I needed to change to Nevada when we moved to Las Vegas and I was advised to see Dr. [REDACTED] by the local DMV. My Indiana license was about to expire and Dr. [REDACTED] was able to see me just before the 02/09/2015 expiration date. They did a routine exam on me and we got to the field of view portion and he told me that I failed the exam. I asked to retake it with my special sunglasses because my peripheral vision is perfectly fine. He reluctantly agreed and said that I failed the exam again. I explained to him that I have Achromatopsia and the fact that his test uses colors makes it an inaccurate representation of my peripheral vision. He disagreed with me and told me that he was willing to work with me to get my NV driver's license, but he was not comfortable signing my DMV form until his wife [REDACTED] (the occupational therapist) signed off, because he was legally responsible for me if he signed. He then proceeded to tell me that I just needed to pass a driving test with his wife, who is conveniently located in his office, and everything would be fine. As I had little to no time left on my license and no health insurance at the time, I agreed to see her and get this handled as quickly as possible so I didn't lose my driving privileges; I had no idea how much it would end up costing me. [REDACTED] asked me a bunch of questions about my health, informed me about all of the special mirrors and add-ons she thinks I should get for my car to help me drive easier, and then she proceeds to tell me that she wants to come to my place of employment to help me with the visual rigors of my job and MGM by state law could not stop her or fire me for her services. I was annoyed with her at this point, but I politely told her that I do not need any add-ons for my car or special assistance past getting my DMV form signed; I just need to get back and forth to work. She tried the sales pitch several more times, and repeatedly, I declined her extra services; especially since everything she was suggesting would be coming out of my pocket directly. Finally she took me out for one driving session to see how I drive (mind you I have been driving for 18 years at that point) and I passed with flying colors; big surprise. She agreed that my driving abilities are fine, even though I have poor peripheral vision according to the good doctor's assessment. She had her husband sign the DMV form I needed for my license and I was finally done. My driving test with the DMV was smooth and I had zero issues. Then I received the [REDACTED] bill in the mail for \$458.00; which is an extremely excessive amount. Even if I did have health insurance at that time, the [REDACTED] were out of network anyway, so I had no choice but to pay the entire amount out of pocket. Luckily I was able to set up a payment plan with their receptionist for \$50.00 per month.

Fast forward one year and I need to renew my license, only this year I just learned that the Cirque du Soleil show that I was working on is now closing on April 30th 2016. I reluctantly call [REDACTED] to do the screening, and again we have the same problem with the field of view test. Only this year I had more time and less patience with the good doctor. I again told him that his test was flawed and I again explained to him why, but he dismissed me and told me that I needed to see [REDACTED] again before he would sign my DMV renewal form. We sat in an exam room for about ten minutes while he explained to me that he wants to work with me and he wants to "squeeze every bit of eyesight I have out of my bioptic glasses". He then recommends adding a 2nd telescope to the bioptic glasses I currently have and even goes as far as recommending that I purchase new ones from him, because apparently they are doing "great things with optics these days". Please bear in mind that the custom bioptic glasses I currently own cost me close to \$3,000, so my answer was automatically "no, no, NO!" I repeatedly reminded him that I am losing my job soon and any unnecessary spending was not going to happen, but he persists with his sales pitch for add-ons like a used car salesman under the guise of trying to help me. He finally hit my last nerve and I became very terse as I told him, there will be no add-ons, he will have to work with what I am giving him, and either he sign the DMV form now or I am leaving. He then tries to calm me down and says he is just trying to help me, but he "legally couldn't sign my form because my peripheral vision was below the NV state guidelines". I then decide to continue our heated debate by asking him point blank if he could explain to me what Achromatopsia is, and how he can justify his exam. As you can imagine he was not excited about this line of questioning, but he never answered me either. He just assured me that his tests were perfectly valid and he will not sign the form until [REDACTED] signs off on it; basically holding my driver's license for ransom for the second time. After that I told him we are done and I no longer need his services.

Again, I am paying for all of this out of my own pocket and they charged me another \$353.00 for a simple office visit. What really infuriated me was the fact that the receptionist initially charged me \$203.00 for the office visit, but the doctor stops by to try and defuse the situation one last time and he tells her that he apparently did another test on me that was out of the ordinary, I guess, so she proceeds to bill me of an additional \$150.00; that is why there are two separate charges on the same day for him below.

The next day I start making phone calls to in-network optometrists and I found Dr. Casey (<http://www.nevadaeyecare.com/las-vegas/paul-casey-m-d-f-a-c-s.htm>) who actually understood my condition, had an intelligent conversation about it, gave me zero grief, signed the DMV form, and it only cost my \$15. A few months after seeing Dr. Casey, I was asked by Social Security Disability to see a doctor for a periodic case review and they asked me to see Dr. Quinton in Henderson, NV. I talked to him about my condition and he agreed that everything that he was seeing was consistent with Achromatopsia, but he told me that he didn't see anywhere in [REDACTED]'s notes that I even have Achromatopsia. I explained to him that I am part of a gene therapy study at the Chicago Lighthouse with Dr. Fishman and I wasn't surprised to hear that [REDACTED] completely misdiagnosed me, so I told him about all the trouble I had with [REDACTED]. He was actually nice enough to tell me whom I needed to contact to report [REDACTED] completely unprofessional and unethical behavior.

I have listed all the transactions that I can find in my financial institutions, but there is a noticeable gap in payments between February 2015 and July 2015 that I can not find records for, and I am unsure if I paid him in cash or with an HSA card that has since been closed and moved to another financial institution; I feel like it is the latter.

02/01/16	[REDACTED]	LAS VEGAS NV	\$150.00
02/01/16	[REDACTED]	LAS VEGAS NV	\$203.00
03/03/2016	[REDACTED]		\$58.00
02/02/2016	[REDACTED]		\$50.00
01/06/2016	[REDACTED]		\$50.00
12/02/2015	[REDACTED]		\$50.00
11/04/2015	[REDACTED]		\$50.00
10/02/2015	[REDACTED]		\$50.00
09/02/2015	[REDACTED]		\$50.00
08/05/2015	[REDACTED]		\$50.00
07/02/2015	[REDACTED]		\$50.00
02/04/2015	[REDACTED]	LAS VEGAS NV	\$46.22

TOTAL = \$857.22 (that I can find records for)

*Redacted by NV State Board
of Optometry 5/31/17*

BEFORE THE NEVADA STATE BOARD OF OPTOMETRY

Executive Director
of the
Nevada State Board of Optometry,

Complainant,

CASE NO. 17-06

vs.

OPTOMETRIST 'F,'

COMPLAINT

Respondent.

_____ /

COMES NOW, Caren C. Jenkins, Executive Director of the Nevada State Board of Optometry, and pursuant to NRS 636.295, complains of the above-named respondent as follows:

1. I am the Executive Director of the Board of Optometry of the State of Nevada;
2. Respondent is an optometrist duly licensed in the State of Nevada, having been issued a license by the Board in 2009.
3. In March 2017, the State Board of Optometry received a Complaint from a member of the public, alleging that Respondent:
 - a) behaved oddly in the examination room, "punching her hand violently" several times;
 - b) asked to see the patient's armpit in a vision examination;
 - c) frightened the patient and caused discomfort without explaining the procedure she had undertaken.

4. NRS 636.295 outlines the grounds constituting sufficient cause for disciplinary action by the Board, including the following relevant to this matter:

6. Gross incompetency, and

10. Perpetration of unethical or unprofessional conduct in the practice of optometry.

5. NRS 636.420 provides that any person who is found to have violated any provision of NRS 636 is liable to the Board for an administrative fine of not less than \$100 or more than \$5000.

IT IS THEREFORE PRAYED THE BOARD FIND

1. The Respondent violated NRS 636.295, exhibiting gross incompetency and unprofessional conduct by her interactions with the patient,
2. Respondent should have discipline imposed according to the Board's findings, be ordered to pay an administrative fine between \$100 and \$5000, and
3. Other discipline should be imposed as the Board deems just.

DATED this 1st day of ^{June}~~May~~, 2016.



NOTICE

You may respond to this complaint by causing the Optometry Board to receive your written response on or before June 12, 2017, either by mail at Post Office Box 1824, Carson City, Nevada 89702 or by email to cjenkins@nvoptometry.org.

The Board will consider this complaint and your response, if any, and determine whether action is warranted at its next regular public meeting scheduled for **Thursday June 15, 2017, commencing at 9:00 a.m.** at the Hampton Inn Tropicana, 4975 Dean Martin Drive, Las Vegas, NV 89118. The public is invited to attend. **YOU WILL NOT BE ABLE TO PROVIDE TESTIMONY AT THAT MEETING.**

Your identity will not be disclosed to the Board unless and until the Board finds that further action is required based solely on the facts alleged. Thereafter, if the board deems further action is required, an evidentiary hearing will be scheduled and you will be permitted to bring evidence and witnesses on your behalf.

AFFIDAVIT OF SERVICE

I, Caren C. Jenkins, on June 1, 2017, emailed the foregoing to Respondent at his email address of record:

And placed the foregoing into the United States mail, first class postage prepaid, and also placed it into the hands of the United States Postal Service by certified mail on the date listed below, both items being addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6/1/17

Signature





17-06

Nevada State Board of Medical Examiners

March 30, 2017

Shaunae Birr-Miller

Re:

We have received your complaint; however, for the reason(s) indicated below, we either cannot investigate your complaint as stated, or we do not have jurisdiction to investigate:

- ☐ You have not identified a health care provider (a person).
- ☒ The person you identified is NOT a licensee of this Board.
- ☒ No jurisdiction. Your complaint has been forwarded to the listed agency, who we believe has jurisdiction. A copy HAS been retained by us.

Nevada State Board of Optometry, O.D.

PO BOX 1824

Carson City, NV 89702

- ☐ No jurisdiction. NRS 630 (the Medical Practice Act) does not cover (provide us with jurisdiction over) the situation you describe, and we cannot identify any agency which might have jurisdiction.
- ☐ This case has already been investigated under case #.
- ☐ We are unable to read and understand your complaint. Please resubmit a copy stating specifically what your complaint is.
- ☐ Other:

If you have any questions about this determination, please write or call at the contact information provided below. In State Toll Free: (888) 890-8210 or Out of State (775) 688-2559.

Investigations Division, Intake, Nevada State Board of Medical Examiners.

☐ **LAS VEGAS OFFICE**
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

☒ **RENO OFFICE**
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

RECEIVED

MAR 22 2017

Nevada State Board of Medical Examiners
1105 Terminal Way, Ste. 301, Reno, NV 89502-2144
Phone: In Reno/Sparks/Carson City: (775) 688-2559

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

(If calling from any other area of Nevada, call the Board's in-state, toll-free number: 888-890-8210)
Fax: (775) 688-2553

Please use Internet Explorer to complete and submit this form online.

COMPLAINT FORM

Please use this form to provide your Complaint information and summary. Be as concise as possible. If you have documents to support your allegation(s), please include them with your Complaint form. You may mail or fax this completed form, along with any supporting documentation, to the Board at the above address or fax number, or you may e-mail this form and attach supporting documentation by clicking the "Submit" button on the bottom of the second page. Please use Internet Explorer to complete and submit this form via e-mail.

Your Name: Shaunae M Burr-Miller Gender: ☐ M / ☒ F
Phone Number(s): 775-203-7989
Mailing Address: 405 W 2nd St #24
City: Reno State: NV Zip: 89503

Patient Name: Shaunae m Burr-Miller Gender: ☐ M / ☒ F
Patient Date of Birth: 1-11-1971

Physician(s), Physician Assistant(s), Practitioner(s) of Respiratory Care, Perfusionists named in Complaint:

1) Name: OD
Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): _____

2) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): _____

3) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): _____

7984

Date(s) of Occurrence: 3-13-17

Treatment Received At (please check the following that apply, and include name and address):

☒ Physician's Office: _____

☐ Hospital: _____

☐ Other: _____

Did you obtain a second opinion from another physician? ☐ Yes ☒ No

If "Yes": Name of Physician: _____

Physician Address: _____

Diagnosis: _____

COMPLAINT SUMMARY

☐ By checking this box, I hereby attest that the information contained in this Complaint is true and correct to the best of my knowledge and belief.

Date: 3-22-17

SUBMIT

I went in to my eye appointment to get byfocals on my glasses for work at 236 w 6th street ste 100 in reno nv 89503 on 03-13-17 at 10:30 I used medical insurance from the state of nv I entered told the receptionist who I was she told me to sign a pin pad she explained that my signature was for any thing that the medical insurance does not pay for that I will be responsible for so I signed she said have a seat so I did then she asked me if I wanted to use paper or computer note pad to update my info I said ill use computer note pad since I have never used one I updated my addresse left the rest the same the last time I was at there office to get ravan glases was 2015 ok well the receptionist called me back then did a couple tests she told me that the dr will be diolateing my eyes and that it will be blurry for about 5 hours I was suppose to go to work that after noon so I thought I should call my work and let them know while rushing me through she took my blood pressure and it was high then she took me in a room tested my eyes with my glasses on then she seen that I could see she made a coment saying that if im driving that youll wind up killing some one as if I was completely blind I ignored her coment and had a seat in the examining room as she instructed she took my purse and put it on the chair then she went out as soon as she went out I grabbed my purse and got my phone and called work and told them I wouldn't be in because the eye doctor was going to diolate my eyes there was no problem them a woman came in in a white thing looking like a doctor she sat and started talking she talked for about an hour and a have in circles punching her hand violently I just noded and agreed I was so frightend she talked about magnifying glasses I though she was talking about

a mirror with magnifying glass she talked about pluses crazily I spoke about putting my make up she kept punching her hand violently she asked me if I could see my arm pit I told her I just looked at my arm pit today she talked about a hole lot of nothing and acted really scary then she took 2 magnifying glasses she got excited when she explained that the small magnifying glass only seen upside down then she did my eye test and it was normal the same as my prescription that I got in texas in December 2016 but I didn't get the bifocals and ravans are my favorite the eye dr in texas didn't carry ravans after doing my eye test she used the 2 magnifying glass objects to flash lights into my eyes she hurt me badly she did not dilate my eyes she was telling me how im suppose to be sitting as a blind person she acted as if I was blind then used a procedure to blind me or change my vision she said that I told her that I had a sinus problem I never had that problem I did not want to argue with her she was very angry she also told me about flashing lights if I get them to call any time day or night she looked happy about that I tried to tell her the only time I see stars is when I enter a building from the bright sun and come into the dark that I cant see very well for a moment and I also told her about when I stand up real fast I see stars some times she acted like she did not want to here that she acted like she wanted me to be blind she hurt me badly with those magnifying glasses my head hurts my whole face hurts my eyes are swollen she didn't tell me what she was doing she was very violent after every thing I finally asked her her name she told me she was _____ my eye sight is not the same she hurt me I go to the eye dr once every year and I have never seen any thing like this in my life she wants me blind and she may have blinded me its only been a little over a

week my vision has changed I still have severe head aches before she used the magnifying glass objects she told me my eyes looked fine im afraid to get a second opinion so soon with all the stuff she did it could make it worse I went to st marys hospital 2 days later they said that they did not know and they did not look at my eyes and dr cardona was talking to me as if I was a blind person and used toolkes on me that may have done so

BEFORE THE NEVADA STATE BOARD OF OPTOMETRY

Executive Director
of the
Nevada State Board of Optometry,

Complainant,

CASE NO. 17-07

vs.

OPTOMETRIST 'G,'

COMPLAINT

Respondent.

_____ /

COMES NOW, Caren C. Jenkins, Executive Director of the Nevada State Board of Optometry, and pursuant to NRS 636.295, complains of the above-named respondent as follows:

1. I am the Executive Director of the Board of Optometry of the State of Nevada;
2. Respondent is an optometrist duly licensed in the State of Nevada, having been issued a license by the Board in 2001.
3. In March 2017, the State Board of Optometry received a Complaint from a member of the public, alleging that Respondent:
 - a) performed an in-office placement of a stem-cell graft with a corneal bandage;
 - b) required the patient to attend excessive follow-up appointments over a 2.5 month period;
 - c) failed to provide the patient with a statement of charges, required a substantial prepayment, and refused to reimburse the patient for overpayment once the patient's insurance had paid Respondent for his services.

4. NRS 636.295 outlines the grounds constituting sufficient cause for disciplinary action by the Board, including perpetration of unethical or unprofessional conduct in the practice of optometry.

5. NRS 636.420 provides that any person who is found to have violated any provision of NRS 636 is liable to the Board for an administrative fine of not less than \$100 or more than \$5000.

IT IS THEREFORE PRAYED THE BOARD FIND

1. Respondent violated NRS 636.295, exhibiting unprofessional conduct,
2. Respondent should have discipline imposed according to the Board's findings, be ordered to pay an administrative fine between \$100 and \$5000, and
3. Other discipline should be imposed as the Board deems just.

DATED this 1st day of June, 2016.

A handwritten signature in black ink, appearing to be "C. J. Smith", is written over a horizontal line.

NOTICE

You may respond to this complaint by causing the Optometry Board to receive your written response on or before June 12, 2017, either by mail at Post Office Box 1824, Carson City, Nevada 89702 or by email to cjenkins@nvoptometry.org.

The Board will consider this complaint and your response, if any, and determine whether action is warranted at its next regular public meeting scheduled for **Thursday June 15, 2017, commencing at 9:00 a.m.** at the Hampton Inn Tropicana, 4975 Dean Martin Drive, Las Vegas, NV 89118. The public is invited to attend. **YOU WILL NOT BE ABLE TO PROVIDE TESTIMONY AT THAT MEETING.**

Your identity will not be disclosed to the Board unless and until the Board finds that further action is required based solely on the facts alleged. Thereafter, if the board deems further action is required, an evidentiary hearing will be scheduled and you will be permitted to bring evidence and witnesses on your behalf.

AFFIDAVIT OF SERVICE

I, Caren C. Jenkins, on June 1, 2017, emailed the foregoing to Respondent at his email address of record:

And placed the foregoing into the United States mail, first class postage prepaid, and also placed it into the hands of the United States Postal Service by certified mail on the date listed below, both items being addressed as follows:

[Faint, illegible text, possibly a stamp or signature]

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6/1/17

Signature

[Handwritten signature]



Nevada State Board of Medical Examiners

March 24, 2017

Anita Englemann **Re.**

We have received your complaint; however, for the reason(s) indicated below, we either cannot investigate your complaint as stated, or we do not have jurisdiction to investigate:

____ You have not identified a health care provider (a person).

☒ The person you identified is NOT a licensee of this Board.

☒ No jurisdiction. Your complaint has been forwarded to the listed agency, who we believe has jurisdiction. A copy HAS been retained by us.

Nevada State Board of Optometry, O.D.

P.O. Box 1824

Carson City, NV 89702

____ No jurisdiction. NRS 630 (the Medical Practice Act) does not cover (provide us with jurisdiction over) the situation you describe, and we cannot identify any agency which might have jurisdiction.

____ This case has already been investigated under case #.

____ We are unable to read and understand your complaint. Please resubmit a copy stating specifically what your complaint is.

____ Other:

If you have any questions about this determination, please write or call at the contact information provided below. In State Toll Free: (888) 890-8210 or Out of State (775) 688-2559.

Investigations Division, Intake, Nevada State Board of Medical Examiners.

☐ **LAS VEGAS OFFICE**
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

☒ **RENO OFFICE**
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

3/7/17

RECEIVED

MAR 10 2017

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Subject: Account / Engelmann (Request for Refund from September 2016)

On September 7, 2016, I agreed to an in-office procedure for placement of a stem-cell graft with a corneal bandage. Upon my arrival, I was requested to pay \$1,000 because my insurance "wouldn't pay for the entire balance." The amount was immediately charged and removed from my account. From September to mid-December, there were perpetual 2-week "needs for re-checking" that usually lasted five minutes but were charged to my insurance at \$165. Toward the end of the timeframe I stopped maintaining the frequency because there was really no result or progress.

Not once has a statement been sent from your office outlining the charges, the insurance reimbursements, or my payments. So although I've received an Explanation of Benefits (EOB) from Mail Handlers Benefit Plan (MHBP) for each and every visit, there has not been any documentation from your office for a comparison.

The EOB for September 7 was provided and it showed that my member responsibility toward the subject date was \$165.15. Since my receipt of the EOB I've made numerous requests for my refund and for a statement of the charges. There was a 2-month period in which each time I called I was told the statement would be sent that day and that the refund would be mailed and should be in my mailbox in a couple days. Neither of those things happened despite several assurances and promises.

It is now more than 6 months after the fact and I still have no statement and no refund. Last month I did receive a message that your office had been mistaken in that I would be getting a refund (suddenly after all these months this revelation came from nowhere). When I returned the call, I was told that Dr.

explained that it wasn't money available to refund because it was for "non-reimbursables."

What is most interesting is that the entire amount was submitted to my insurance: Office Visit (\$185), Surgery (\$2,800), and Medical Supplies (\$850). The ineligible amount was \$2,356.39 and of the remaining amount my insurance paid \$1,313.46. This left my member responsibility as \$165.15. I advised that I would get my insurance representative involved.

After my representative had spoken to [redacted] at the office, he told me that she apologized to him for the confusion—something I've never received after all this time. She now understood that the date in question would need to be refiled. I confirmed in late February that it had been received by MHBP, but they indicated it would be unlikely that my responsibility would be changed much (if any); this sentiment was shared by the representative who spoke with

Now it's March and I still have no statement and no refund, something that should actually be accruing interest because it has been promised to me so many times and withheld from me just as many. However, I have received the new EOB which now shows: Office Visit (\$185), Surgery (\$2,800), and Medical Supplies (\$850). This EOB addresses only the \$850. My insurance paid \$765 of that amount and the previous \$1,313.46. This now leaves my total member responsibility as \$85 from this statement and the original \$165.15.

7354

I've since attained a second opinion and there was some concern that a procedure would have been performed by your office, especially given the disease of my corneas and the primary designation of your office's field as optometry. But since the corneal specialist has determined there is no resultant damage, I'm foregoing that portion of my issue with your office. I'm also willing to forego the relentless "re-checks" in which I found no benefit nor was provided a timeframe for an end to that commitment of my time and extra funds, and as already stated there was no statement or itemized billing provided to me. As a sidenote, I do believe that these added appointments were in an effort to expend the refund money so that none of it would be required to be returned to me.

I am formally requesting my refund of \$749.15, in writing, with copies to the Nevada State Board of Medical Examiners and to the MHBP. I've spent too many months calling in futile attempts to reach resolution. Please mail the refund to me at 3087 Beaux Art Avenue, Henderson NV 89044.

Anita Engelmann

cc: Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301
Reno NV 89502-2144

MHBP
P.O. Box 8402
London, KY 40742



MAIL HANDLERS BENEFIT PLAN
P.O. BOX 8402
LONDON, KY 40742-8402

201703020157

Electronic Service Requested

ALL FOR AADC 890

6908 0.6871 AB 0.400



Engelmann, Anita R
3087 BEAUX ART AVE
HENDERSON, NV 89044-1627

36

THIS IS NOT A BILL**EXPLANATION OF BENEFITS**

Our organization processes the claims submitted from your health care provider(s). You have received this Explanation of Benefits (EOB) as our notification to you explaining how your claim(s), including payments or denials, are being processed.

Payments made on behalf of:
MAIL HANDLERS - STANDARD

Insured: Engelmann, Anita R
Patient: Engelmann, Anita R
Group Name: MHBP STND OPTION
ID Number: 78412744001
Date: 03/01/2017

Keep your kids healthy! Regular well child visits are important for early detection and to maintain your child's health. Well child check-ups through age 17 are a preventive benefit with no out of pocket expense if done by a network provider.

****Payments made at the time services were rendered are not reflected on this statement.****

Claim Number: 8703418976		Provider:								
Plan Paid: \$765.00		Provider Billing Address:								
Member Responsibility: \$85.00		**Provider billing address may differ from physical office location								
Service Date From - To Proc Code / Description	Billed Amount	Ineligible Amount	Approved Amount	Member's Responsibility to Provider				Plan Paid	Inelig./ Rmk	Other Rmk
				Copay	Coins	Deduct.	Other			
09/07/16-09/07/16 99215 /OFFICE VISIT - F/U	\$185.00	\$185.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0216	
09/07/16-09/07/16 65778 /SURGERY	\$2,800.00	\$2,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0216	
09/07/16-09/07/16 V2790 /MEDICAL SUPPLIES	\$850.00	\$0.00	\$850.00	\$0.00	\$85.00	\$0.00	\$0.00	\$765.00		0891
TOTALS:	\$3,835.00	\$2,985.00	\$850.00	\$0.00	\$85.00	\$0.00	\$0.00	\$765.00		

You may be billed by your provider for ineligible amounts and unauthorized services, if the provider is out of your network. If you have questions about a bill from your provider, please contact your provider.

Claim Number: 8705502940		Provider: MANTHEI EYE PHYSICIANS LIMITED								
Plan Paid: \$34.96		Provider Billing Address: 2598 WINDMILL PKWY								
		HENDERSON, NV 89074-5476								
Member Responsibility: \$68.10		**Provider billing address may differ from physical office location**								
Service Date From - To Proc Code / Description	Billed Amount	Ineligible Amount	Approved Amount	Member's Responsibility to Provider				Plan Paid	Inelig./ Rmk	Other Rmk
				Copay	Coins	Deduct.	Other			
02/20/17-02/20/17 99213 /OFFICE VISIT - F/U	\$109.00	\$44.04	\$64.96	\$30.00	\$0.00	\$0.00	\$0.00	\$34.96	2160	
02/20/17-02/20/17 92025 /VISION	\$74.00	\$35.90	\$38.10	\$0.00	\$0.00	\$38.10	\$0.00	\$0.00	2160	
TOTALS:	\$183.00	\$79.94	\$103.06	\$30.00	\$0.00	\$38.10	\$0.00	\$34.96		

You may be billed by your provider for ineligible amounts and unauthorized services, if the provider is out of your network. If you have questions about a bill from your provider, please contact your provider.

Ineligible Remarks:

- 0216 - DUPLICATE CLAIM
- 2160 - AETNA CHOICE POS II, MEMBER IS NOT RESPONSIBLE

Other Remarks:

- 0891 - PAYMENT MADE AS A RESULT OF MEDICAL PAYMENT CONSULTANT REVIEW

Grievance Review Process:

This document contains important information that you should retain for your records. This determination is based upon the information we have received to process your claim. If you think this determination was made in error, you have the right to appeal (see back of this page for

BEFORE THE NEVADA STATE BOARD OF OPTOMETRY

Executive Director
of the
Nevada State Board of Optometry,

Complainant,

CASE NO. 17-09

vs.

OPTOMETRIST 'I,'

COMPLAINT

Respondent.

_____/

COMES NOW, Caren C. Jenkins, Executive Director of the Nevada State Board of Optometry, and pursuant to NRS 636.295, complains of the above-named respondent as follows:

1. I am the Executive Director of the Board of Optometry of the State of Nevada;
2. Respondent is an optometrist duly licensed in the State of Nevada, having been issued a license by the Board in 1997.
3. In March 2017, the State Board of Optometry received a Complaint from a member of the public, alleging that Respondent:
 - a) behaved oddly in the examination room, including touching the patient's knee;
 - b) spoke to the patient in a condescending and possibly racist manner in an examination; and
 - c) spoke to a patient in an aggressive and threatening manner in an examination.

4. NRS 636.295 outlines the grounds constituting sufficient cause for disciplinary action by the Board, including: 10. Perpetration of unethical or unprofessional conduct in the practice of optometry.

5. NRS 636.420 provides that any person who is found to have violated any provision of NRS 636 is liable to the Board for an administrative fine of not less than \$100 or more than \$5000.

IT IS THEREFORE PRAYED THE BOARD FIND

1. The Respondent violated NRS 636.295, exhibiting unprofessional conduct by his interactions with the patient, outlined herein,
2. Respondent should have discipline imposed according to the Board's findings, be ordered to pay an administrative fine between \$100 and \$5000, and
3. Other discipline should be imposed as the Board deems just.

DATED this 1st day of ~~May~~ ^{June}, 2016.



Caren C. Jenkins, Esq.
Executive Director

NOTICE

You may respond to this complaint. Your written response must be received

by the Optometry Board on or before June 12, 2017, either by mail at Post Office Box 1824, Carson City, Nevada 89702 or by email to cjenkins@nvoptometry.org.

The Board will consider this complaint and your response, if any, and determine whether action is warranted at its next regular public meeting scheduled for **Thursday June 15, 2017, commencing at 9:00 a.m.** at the Hampton Inn Tropicana, 4975 Dean Martin Drive, Las Vegas, NV 89118. The public is invited to attend. **YOU WILL NOT BE ABLE TO PROVIDE TESTIMONY AT THAT MEETING.**

Your identity will not be disclosed to the Board unless and until the Board finds that further action is required based solely on the facts alleged in the attached Complaint and Exhibits. Thereafter, if the board deems further action is required, an evidentiary hearing will be scheduled and you may bring evidence and witnesses on your behalf.

AFFIDAVIT OF SERVICE

I, Caren C. Jenkins, on June 1, 2017, emailed the foregoing to Respondent at his email address of record:

And placed the foregoing into the United States mail, first class postage prepaid, and also placed it into the hands of the United States Postal Service by certified mail on the date listed below, both items being addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6/1/17 Signature 

Judi Kennedy

From: Anna Codner <annanukka@icloud.com>
Sent: Saturday, April 23, 2016 9:21 AM
To: Judi Kennedy
Subject: Mistreatment by the doctor

Hello Judi,

I'm not sure if I'm writing this to the appropriate agency, but I don't know where else to turn. I tried to google what I can do in my situation, but couldn't find anything except of Nevada Board of Optometry. I was hoping you could advise me if there is something I could do in my situation. I would like to let someone know that I was mistreated by the eye doctor, and his office manager(I assume this woman was his office manager).

I went to his practice to get the prescription for glasses and contacts, and get the exam done. The experience was horrible. I have never been treated like this. From the very beginning, he kept asking me if I follow him or if it makes sense after almost each sentence. The way he spoke to me made me feel like I'm 3 years old. I told him that there is no need to do that because I speak and understand English very well (even I do have an accent). But he kept doing that. During the exam, I had my legs crossed and instead of telling me to uncross them, he touched me on a knee to let me know that it need to be uncrossed, which was highly inappropriate. After the exam, he gave me the contacts to put in, which I believe he was trying to sell me, and let me wait until my eyes would get used to them. While I was waiting, this office manager came out, and told me that we will do the fitting for the frames now. On what I told her that I don't what to do any fitting, all I want is the prescription for lenses and glasses, and I will buy them a little later. I assume that due to me not wanting to buy it from them she became very rude and disrespectful. I told her that she has no right to talk to me like that.... But she kept going, I started to shake, was very upset.... I just wanted to stand up and leave....but I had no prescription yet, and had to wait for the doctor . They were trying to tell me that I might need to come back for another appointment in a couple days...I didn't want to do that, I don't want to pay again for this kind of treatment. Then I finally got back in the exam room, she start asking me to read the letters, but I could not because I was very upset by the way I was treated. After I told him that, he got very aggressive with me, in a kind of scary way, he told me:" take the contacts off or you want me to do it for you!!!!!" I literally thought he will jump and start taking the lenses out of my eyes.... I asked if he is serious, on what I got the answer that it is his way or "highway"I chose just to go....they charged my insurance \$110.00 for this horrible experience. I didn't get the prescription for the contacts, he put there that I'm not approved (I was wearing the contacts for over 15 years now) and he didn't even tell me the results of my exam.....nothing..... I'm not sure if it was a racial issue or they treat like this everyone, but I was traumatized. I couldn't stop shaking for the rest of the day. Now I need to go to another doctor because I don't have the results from my exam and I don't have the prescription for the contacts. there is no way I go back to him to ask for any of that. I have to pay the full price, because I can do the exam just once a year through my insurance and they charged me. And I'm literally scared to be treated like this again due to not purchasing the products from the same place. There is probably nothing I can do about that, I will go and pay, and redo the exam, but I just wanted to let someone know.... Thank you for reading my letter. I apologize for the mistakes.

Sincerely,
Anna

Sent from my iPad