

NEVADA STATE BOARD OF OPTOMETRY



CHEN K. YOUNG, O.D.
Board Member

JEFFREY K. AUSTIN, O.D.
Board Member

Post Office Box 1824
Carson City, Nevada 89702
Telephone: (775) 883-8367
Facsimile: (775) 305-0105
E-Mail: admin@nvoptometry.org

CAREN C. JENKINS, ESQ.
Executive Director
cjenkins@nvoptometry.org

MARIAH L. SMITH, O.D.
Board Member

DREW JOHNSON
Public Board Member

NOTICE OF A REGULAR MEETING

THE NEVADA STATE BOARD OF OPTOMETRY WILL HOLD A REGULAR MEETING Tuesday October 16, 2018, at 12:00 p.m.

The public is invited to attend telephonically.

(712) 451-0223, Access code: 292304

If you wish to view the meeting materials along with the Board meeting, log in online!

<https://join.freeconferencecall.com/cjenkins49>

Pursuant to NRS 241.020(6) PLEASE TAKE NOTICE: (1) Items on the agenda may be taken out of order; (2) Two or more agenda items may be combined for consideration; and (3) At any time, items on the agenda may be removed from the agenda or discussion of the items may be delayed.

***INDICATES ACTION MAY BE TAKEN.**

* * * * *

1. Welcome and Public Comment. **TELEPHONE ONLY.** At the conclusion of this agenda item, microphones for attendees other than Board members, invited speakers and staff will be muted until Agenda Item No. 9 is called, or on the meeting chairman's request.

Public Comment will be accepted prior to the commencement of the regular meeting. If no one appears to address the Board, the Board will proceed with its regular meeting at 12:00 Noon. A time limit may be set for each individual wishing to address the Board. Action will not be taken on any issues presented, either in forum or during the Board Meeting. In accordance with the Nevada Open Meeting Law, any issue requiring action will be placed on the agenda for a future Board Meeting.

2. Call to Order, Roll Call. Introduction of Deputy Attorney General Sarah Bradley as counsel assigned to the Board.
- 3.* **For Possible Action.** Consideration of minutes of July 12, 2018 meeting (materials attached).

(continued on Page 2)

- 4.* **For Possible Action. Report regarding Complaint 18-04 re: Bela Svoboda, O.D. Remediation Period (materials attached).**
Report and review of compliance with Order
- 5.* **For Possible Action. Determination whether just and sufficient cause exists to hear complaints (materials attached).**
- a. Complaint 19-01 - Retail layout
 - b. Complaint 19-02 - Optometric management and practices
 - c. Complaint 19-05 - HIPAA & billing practices
 - d. Complaints 08-22, 19-03, 19-04, 19-06, 19-07, 19-08 - Recommend finding of no jurisdiction to consider the Complaint
- 6.* **For Possible Action. Executive Director's report (materials attached).**
- a. Licensing & CE status report
 - b. Bill Draft Request status & legislative planning
 - c. Status of ongoing investigations (18-05, 18-14, 18-15, 18-16; 18-12, 18-13; 18-17, 18-19)
 - d. Newsletter archive request
 - e. Other reports/information
7. Establishment of meeting dates for January through June 2019.
8. Announcements and requests for future Board consideration (No action to be taken).
9. Public Comment. **TELEPHONE ONLY**
A time limit may be set for each individual wishing to address the Board. Action will not be taken on any issues presented, either in this forum or during the Board Meeting. In accordance with the Nevada Open Meeting Law, any issue requiring action will be placed on an agenda for a future Board Meeting.
10. Adjournment.

This notice was posted at the board office, on the board website (nvoptometry.org), the State of Nevada Public Notices website, and in the following locations:

Carson City Courthouse	885 East Musser Street, Carson City, NV
Office of the Nevada Attorney General	1325 Airmotive Way, Suite 340, Reno, NV
Office of the Nevada Attorney General	555 East Washington Ave. #3900, Las Vegas, NV
Douglas County Courthouse	1616 8 th Street, Minden, NV

THE BOARD IS PLEASED TO TAKE REASONABLE MEASURES TO ACCOMMODATE PERSONS WITH DISABILITIES WHO WISH TO ATTEND THE MEETING. PLEASE CALL EXECUTIVE DIRECTOR CAREN C. JENKINS AT (775) 883-8367 IN ADVANCE TO MAKE ARRANGEMENTS.

3.* Proposed Draft minutes of July 12, 2018 meeting

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Board Member

DREW JOHNSON
Public Board Member

MINUTES OF A REGULAR MEETING

THE NEVADA STATE BOARD OF OPTOMETRY MEETING

Thursday July 12, 2018, at 12:00 p.m.

* * * * *

1. Public Comment. TELEPHONE ONLY - No public comment was offered.
2. Welcome and Call to Order, Roll Call
President Young called the meeting to order at 12:03 p.m., and all Board members attended telephonically or via internet or both. Executive Director Caren C. Jenkins and Board Counsel, Deputy Attorney General Peter Keegan and various members of the public attended as well.
- 3.* **For Possible Action. Consideration of minutes of April 27, 2018 meeting**
Motion by Dr. Smith, seconded by Mr. Johnson to approve the minutes as presented.
Approved unanimously.
- 4.* **For Possible Action. Consideration of Complaint 18- 04 re: Bela Svoboda, O.D. Remediation Period**
 - a. Report and review of compliance with Order.
Executive Director Jenkins provided a history of communications with Dr. Svoboda and his staff. She expressed that she has sent a follow-up letter to the Respondent outlining the Board's concerns after his interim report.

Mr. Miller, Dr. Svoboda's counsel reported, with testimony of Dr. Svoboda and his employee, Debbie, that a new website has been posted on the web, but that the old website still is available online. Dr. Svoboda offered the new webpage at nneyecare.com. The old business phone outgoing message announces the new phone number. Dr. Svoboda posted signs on the doors of the old offices in Lovelock and Winnemucca, but the property owner has removed them. He had his staff try to get into the computer but is still locked out. Staff has been photocopying the files and sending them to patients, not by certified mail. Many had been returned, so no longer are they sending them certified. Over 500 have been sent,

and up to 50 more are being sent. If patients call to request their patient files, staff pulls the returned mail and forwards it to the new address. Board member Johnson was concerned about non-certified mail being a violation of HIPAA laws. The Board expressed concern that the notification process employed by Respondent may have been convenient for him, but did not comply with the Order. Many board members expressed disappointment in Dr. Svoboda's efforts to comply with the previous Order, indicating that he had not done the bare minimum to meet the requirements.

Dr. Svoboda assured the Board that, if he is able to practice optometry again, he intends to have offsite backup of any future computer files, involve more than one employee in all systems implemented and that engage an IT company to create a network for management of patient files for his current and future optometry patients. He stated that without the ability to practice, his current financial situation would not provide for such contracted services. He requested reinstatement of his licensure.

b. Determination of next steps.

A motion was made by Dr. Austin, seconded by Dr. Smith, that:

1. Dr. Svoboda's license is reinstated immediately;
2. the license is placed on probation until August 31, 2018 to allow Dr. Svoboda to earn income to allow him to both institute changes in his practice to comply with the Board's Order and provide the Executive Director with evidence of his full compliance with the Order within that probationary period;
3. that a \$5,000 administrative penalty is imposed to reimburse the Board for costs related to the complaint, hearings, investigation and monitoring of Respondent's compliance and the deadline for payment of the penalty is postponed to December 31, 2018; and
4. should Respondent fail to either provide evidence of full compliance by August 15, or fail to pay the penalty by December 31, 2018, his license shall be revoked without further action of the Board. Should he comply fully, the probation on the license shall be lifted as of the date of the Board's receipt of his full payment of the penalty imposed.

The motion passed unanimously.

5.* **For Possible Action. Consideration of Application of Huyen Nguyen, O.D. for Licensure.**

Ms. Jenkins presented the application for licensure of Huyen Nguyen, O.D. Dr. Nguyen's California license has been revoked, and the E.D. felt that the Board should review the application. Ms. Jenkins presented the statutes regulating licensure, and indicated that she had not addressed a circumstance similar to that of Dr. Nguyen during her tenure.

Motion by Dr. Smith, seconded by Mr. Johnson, to accept Dr. Nguyen's application, and, if she meets the other licensing criteria, that she be licensed to practice optometry in Nevada. Unanimous.

6.* **For Possible Action. Consideration whether just and sufficient cause exists to hear complaints.**

- a. Complaint 18-12, 18-13- Corporate structure
Motion by Dr. Austin, seconded by Dr. Smith, to direct the Executive Director to continue the investigation and bring the matter back to the Board. Approved unanimously.
- b. Complaint 18-14, 18-15- Corporate structure
Motion by Dr. Austin, seconded by Dr. Smith, to direct the Executive Director to continue the investigation and bring the matter back to the Board. Approved unanimously.
- c. Complaint 18-18- Office conditions
Motion by Dr. Smith, seconded by Mr. Johnson, to dismiss the Complaint for lack of just and sufficient cause to move it to a hearing. Approved unanimously.
- d. Complaint 18-19- O.D. behavior
Motion by Dr. Austin, seconded by Dr. Smith, that just and sufficient cause exists to move this matter forward to investigation and hearing. Approved unanimously.
- e. Complaint 18-20- Technician prescribing
Motion by Dr. Smith, seconded by Dr. Austin that just and sufficient cause exists to move this matter forward to hearing. Approved unanimously. Direction given to E.D. to recommend settlement with a \$1,000 penalty and suggest a letter of caution to technician.
- f. Complaint 18-21- Advertising
Motion by Dr. Austin, seconded by Dr. Smith, that just and sufficient cause exists to move this matter forward to hearing. Approved unanimously. Direction given to E.D. to recommend settlement with a \$1,000 penalty.

7.* **For Possible Action. Agency Financial Review and FY 2019 Budget**

- a. **Presentation of FY 2018 Financial Report (see meeting materials).**
 - b. **FY 2019 Budget for consideration, modification, and approval.**
- Motion by Mr. Johnson, seconded by Dr. Austin, to accept the FY 2018 financial report as presented by the Executive Director and to approve and adopt the proposed FY 2019 Budget. Approved unanimously.

8.* **For Possible Action. Executive Director's report**

A. Licensing report

	<u>Fiscal year ending 6/30/2018</u>
Active Licenses-	446
Inactive Licenses-	43
Current total licensees	488
 Total Primary Locations	 488
Total Additional Practice Locations	249
Total location cards	737
 New licensees	 44
Suspended licenses due to non-renewal	-17
Expired, previously suspended	-24
Net gain	3

COMPLAINTS

Dismissal	19	
Penalty	5	
Pending		11
Complaints acted upon (includes previously pending cases)		31

B. Bill Draft Request status

Policy Analyst in Office of the Governor has processed our BDR for drafting. We should see a first draft within 30 days. Propose that Dr. Smith and E.D. review to be certain content reflects our request, offer feedback to bill drafters, and then circulate among Board members. At next meeting, review with the public.

C. June 2018 ARBO Conference Insights

E.D. attended ARBO conference in Denver for 3 ½ days in June. She received Founder's Scholarship and a very nice plaque. Cost to the Board was under \$125. The opportunity to learn about and discuss other states' approaches was interesting and helpful - we do a reasonably good job! Many other states have umbrella agencies for professional licensing & enforcement, administered by executive branch with blend of general fund and contributions from Boards licensing revenues. Fewer have stand-alone agencies.

No real insights for mobile optometry other than the survey of states that we conducted. Board approved adding mobile optometry language to the BDR. Until the legislature agrees, no mobile practices may be licensed. The Board must address how to license multiple locations/mobile activity until the statutes allow for it.

D. Other reports/information.

The E.D. needs detail on how to license clinical practices adjunct to Optometry schools (application, fees) before March 1, 2019. SCCO is the only clinical program that is in compliance. All other education-related clinical locations must be issued cease and desist letters.

9. Announcements and requests for future Board consideration (No action to be taken)

Dr. Smith requested the office location and hours be posted on the Board website, in addition to the Board's mailing address.

10. Public Comment.

Dr. Spencer Quinton, O.D. thanked the members for their service to the Optometry Board and to the profession.

Dr. Chen Young expressed gratitude for the services of Krystie Manke while she served the Board office as Licensing Specialist. Krystie helped to implement a number of positive changes in that position. He wished her well in her new endeavor.

11. Adjournment.

Dr. Smith moved to adjourn the meeting at 2:28 pm. Seconded by Dr. Austin. Unanimous.

These Minutes were approved by a vote of the Nevada State Board of Optometry at its meeting on October 16, 2018.

Caren C. Jenkins, Executive Director

DRAFT

COMPLAINTS FOR CONSIDERATION OF JUST CAUSE TO FORWARD TO HEARING

- a. Complaint 19-01 - Retail layout & advertising**
- b. Complaint 19-02 - Optometric management and practices**
- c. Complaint 19-05 - HIPAA & billing practices**

Complaint 19-01 - Retail layout and advertising

Anonymous Complaint and Request for Inquiry

March 5, 2018

RE: [REDACTED] O.D. (NV 0752)

To whom it may concern:

There is reason to believe the association between Dr. [REDACTED] and [REDACTED] Center located at [REDACTED] represents the following violations.

1. In violation of NAC 636.240 (3), the facility's floor plan, signage, and general appearance fail to clearly distinguish the space occupied by the Licensee and the space occupied by the unlicensed retail host. The conspicuous lack of separation is confusing to the public and fails to clearly indicate whether Dr. [REDACTED] is independent of the host, employed by the host, employed by an unlicensed person or entity, or is employed by another Licensee.
2. [REDACTED] career advertisements on the Nevada Optometric Association website offer remuneration generally reserved for employees while failing to identify any Licensee as the prospective employer. The ads call into question the arrangement of any Licensee affiliated with [REDACTED] and create an unfair and unlawful competitive advantage in favor of an unlicensed individual or entity and represent a violation of NRS 636.300 (2).

This complaint is respectfully and anonymously submitted in hopes the Board will investigate and take appropriate action to preserve the integrity of Nevada optometric statutes as defined in NRS 636 and NAC 636.

Anonymous

_____ is looking for ODs to fill state of the art brand new locations in Las Vegas

_____ is currently accepting applications for OD positions in Las Vegas. Each one of these positions provides unique settings that allow optometrists to practice to the full scope of optometry that is allowed by Nevada law. We are seeking highly motivated OD's with comfort in treating anterior segment disorders, Diabetic eye exams, comprehensive EYE exams for contact lenses and eyeglasses. We offer a high guaranteed wage plus a generous bonus structure and a very attractive benefits package including Medical, Dental, vacation days, personal days, 6 paid holidays, CE days, 401K plan, Life insurance, etc. We have a full staff and an Optometric Tech who will do all the Pre-tests for you. All of our offices use EHRs. All of our offices have brand new equipment. All inquiries are confidential. Please call _____ O.D. @ _____ or _____ O.D. @ _____ or email curriculum vitae to Dr. _____ .com. New Graduates Welcomed!

Posted 02/15/2018

Contact Information

_____. O.D.

_____ is the largest provider of EyeCare in the state of _____ and has expanded to Nevada and _____. Please check out our website at www._____.com

com

— Collapse

Expires 12/31/2018

Contact Name: _____

_____. O.D.

City: _____

State: _____

Work Phone: _____

Email: _____@_____.com



Red text added in photo



Red text added in photo.

Complaint 19-02 - Optometric management and practices

From: [REDACTED]
To: nvoptometryorg@gmail.com
Subject: New submission from Complaints Form
Date: Sunday, July 29, 2018 6:57:14 PM

Complainant(s)

[REDACTED]

Mailing Address

[REDACTED]

Daytime Phone

[REDACTED]

Email

[REDACTED]

Optometrist/Subject of Investigation/ Respondent

[REDACTED] OD

Address

[REDACTED]

City

[REDACTED]

Phone

[REDACTED]

D/B/A

[REDACTED]

Date(s) of Incident

07/29/2018

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

NAC 636.130, 190, 240, 670
NRS 636.387
Multiple HIPAA violations

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

See attached document for full complaint.

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

Yes

Did the Optometrist or the office they practice at respond?

This has been an ongoing complaint with her for one year and with [REDACTED] for 2 years.

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

number(s)
Multiple patients but I do not have their authorization to use names yet.
What would you consider a satisfactory resolution to this Complaint?
Separation of the doctor and the corporate dispensary.
Name, address, and phone number of any consulting or subsequent Doctor treating to the issue
N/A
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,

Attach Documents

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

Date
07/29/2018
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.

Go to <https://www.optometry.org/> to take the NV Optometry Exam. You must score 75% to pass the exam.

To Whom This May Concern,

I have some serious concerns regarding the business practices at [REDACTED] and Dr [REDACTED] OD at [REDACTED], inside the [REDACTED]. I am a Nevada Board of Dispensing Opticians licensed optician (license number [REDACTED]). In addition to these regulation and code violations, there is an ongoing investigation by the NVBDO regarding violations of its own laws.

NAC 636.130 Doctors hours not posted (different hours from [REDACTED])

*NAC 636.190 Many patients complain that the doctor is skipping the subjective examination (2) and/or the refraction (10). Many patients are not getting tonometry readings (6). Doctors exam records do not indicate them and patients are noting that at no time did the doctor use the NCT or the contact tonometer. Patients complaining that the doctor is using the autorefractor initially then putting that reading into the phoropter, being asked to read a line, then the Rx is finalized with those readings.

*NAC 636.240 (1) [REDACTED] management exercises control over the doctors practice hours and frequently will refund money paid for the exam to patients from the doctors practice if that patient complains about the doctor.

(3) [REDACTED] employees have full access to medical records for the doctors patients. [REDACTED] employees maintain the doctors appointment schedule, look up patient insurance information for the exam, handle all intake paperwork (giving the patient a clipboard with a sheet for the patients information and history), and handle all the patient billing.

*There are some questions regarding the separation of the doctors office and the [REDACTED] business areas relating to NAC 636.240 (4). [REDACTED] leases approximately 704 sq ft from [REDACTED]. 512 sq ft are used as the dispensary and they sublease 192 sq ft to Dr. [REDACTED]. The entire 192 sq ft leased area for the doctors office is one room used as the exam lane. There is a door to close the exam lane during appointments, however, all other doctors office business is conducted in the 512 sq ft dispensary used by [REDACTED] and all the doctors office business is done by [REDACTED] employees. As stated before, from patient intake until patient payment, [REDACTED] employees are performing everything except the actual examination.

*Another serious concern is that the dispensing area is open to the public even during non business hours and the key to the lock for the doctors exam lane is kept in an unsecured drawer easily accessible to anyone. The doctor still uses paper records kept in an unlocked filing cabinet so all the patient information is very easily accessible to anyone in the open public when the [REDACTED] store is open but the [REDACTED] is closed. This is about 24 hours per week (3 hours each weekday, 5 hours Saturday and 4 hours Sunday) when anybody can walk into the dispensing area, get the key from the drawer, and access the doctors exam lane/office. Some of the doctors records (copies of Rx, insurance information, other PHI) are kept in the dispensing area in unsecured drawers or openly on countertops during closed hours.

NAC 636.670 (1) Spectacle Rx does not indicate instructions on time to wear

NRS 636.387 (1) The form for the prescription of ophthalmic lenses does not include the required approved/not approved for contact lenses boxes.

(2) Boxes are not available so they are not checked.

*Because the [REDACTED] has always maintained the doctors appointment schedule the previous doctors patient information is still in our computer system for their exam history. This digital patient information is being used against HIPAA rules and is being passed to outside marketing companies. [REDACTED] also has hired a company called [REDACTED] to scrub through all patient data in our computer systems in order to upload each patient into every vision insurance website to determine if they have benefits available for use. Lists are made and returned to us from the [REDACTED] corporate offices for people we need to call and market to. This is not in accordance with our own Notice of Privacy Practices.

As a dual licensed optician in Nevada according to NAC 637 and NRS 637, I am uncomfortable being asked and pressured by my corporate managers to break these codes and regulations, violate HIPAA, along with breaking the codes and regulations in our own laws (NAC chapter 637 and NRS chapter 637) and would like some assistance in assuring to my superiors that these actions are illegal and unethical.

(*) Denotes my opinion on the violations being serious and detrimental to patient health and privacy. Attached is a markup of the optical department floorplan. One large room open along the long side to the [REDACTED] and one smaller room for the doctors exam lane.

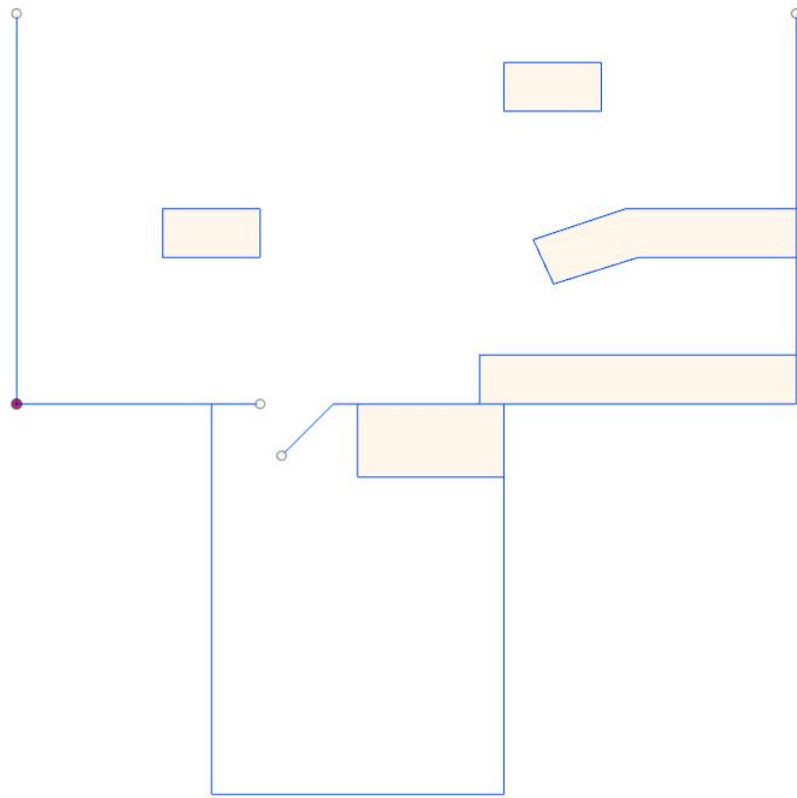
Thank you

[REDACTED]

I authorize the Nevada State Board of Optometry to provide a copy of this Complaint to the subject of this Complaint and to obtain a copy of any of my patient records in the Doctor's possession.

I,

being first duly sworn, deposes and states: I have read the foregoing Complaint and know the contents thereof; that the contents are true of my own knowledge, except as to those matters stated upon information and belief, and as to those matters I believe it to be true.



Complaint 19-05 - HIPAA & billing practices

From: [Admin](#)
To: [Caren Jenkins](#)
Subject: FW: New submission from Complaints Form
Date: Thursday, April 5, 2018 8:51:45 AM

From: [REDACTED]
Sent: Wednesday, April 4, 2018 7:47 PM
To: nvoptometryorg@gmail.com
Subject: New submission from Complaints Form

Complainant(s)

I'm filing a complaint on Dr [REDACTED]
I was a worker there in May of 2017. I been working there for a while. I realized a lot of HIPPA regulations. Talking to patients out in the front and talking about what's going on, not in the room. She would even check patients eyes and be on her phone texting. She would ask a patient to explain to another patient how there lasik went or how plugs are great. She also bills a lot of patients medical necessary when nothing has been done on them. I experienced a handful of patients calling back threatening us to disputed the medical necessary when nothing has been done. Also the biller would bill from her home and other locations other than the office located in downtown summerlin. Taking patients charts/documents somewhere else. [REDACTED]
[REDACTED] use to have her charts at her home in her file cabinet until she was informed she was going to get audit soon so she found a location to find to place her charts she had. She also would tell patients they can leave contacts in there eyes for a while two weeks without even taking them out that can cause bad in there eyes. She even would have me put eye drops in patients eyes when I'm not a registered optician. She also would sale trial contact lenses when they are not allowed to be sold. She would buy cheap frames such as Privee sunglasses that are only worth up 39.99 and mark it up to \$100 or more. She would get mad at me because I would sale frames the price of what they are worth. She would give away frames to her friend when they walk in. If her friends come in she would see them first before her patients that been scheduled. She also will always be so pushy with me because I never would want to check the medical insurance because I would be so uncomfortable doing that. It would be very stressful working there. When our Optician quit she would take or make me take frames to a gas station for them to cut the frames. To another location. I helped her clean out her dinning room table when she had so many patients information there out. I would always be there for her to help her out, and she would be very bossy and unappreciated. The was a time when everyone quit and it was just me and she gave me a raise to stay. But I came to find out she been taking out \$150 out of my check for no reason. But she claims that it was because she been paying me lunch. But was not true because she doesn't pay no one lunches. I also haven't even got my last check from her since December I believe. But which I don't care because I wanted nothing to do with her after I quit. She texted me yesterday 04/03/2018 claiming I been stealing from due to camera footage and inventory has not been adding up. But I explained to her that she bought glasses to her sunglasses spot to her new location [REDACTED]. Due to the fact she wanted to open up but had no frames to put on there so she took most of the frames from her location. And bought cheap sunglasses. I was the one who bought it to the locations, helping her out. She also had to give a pair of frames away for [REDACTED] so she gave gift card and frames. She also would do a lot of false advertisement at the location. By saying she does LASIK, if patients gets the eyes check on Halloween will get a pair of FREE Halloween contacts free which never happened because we never had Halloween contacts in last October. She would always be late with her patients. She's never on time. She even has patients documents/ charts in the back of her seat or trunk in her car. She would WAY over price her frames by tripling the prices on frames. When I did inventory for her she told me to times it by 3.5 from the price she would get it for. For Ray bans, Oliver people's, and Pomwellto and so much more brands. We also would have to check medical insurance, which I don't see why when all we do at [REDACTED] is check vision. Eye test. She even had me drop off a pair of frames to a School for a kid. When I know that's not what we should be doing because that's a HIPPA violation. There's no privacy where you can talk to a patient. There's no waiting chairs, for patients. Everyone knows patients business. I had to work in another location because she hired one of the old girls who quit. She made me work at a office by filing her patients charts because they were at her house. I would

do a lot for her. She also would do Botox in her room under cover. But I'm not sure how I can get proof for that unless you ask her about the Botox and she will let you know that she knows someone and ask if they can do it at her office she would say yes. There's just so much. I hope I got everything!

Mailing Address

[REDACTED]

Daytime Phone

[REDACTED]

Email

[REDACTED]

Optometrist/Subject of Investigation/ Respondent

Dr. [REDACTED]

Address

[REDACTED]

City

[REDACTED]

Phone

[REDACTED]

D/B/A

Doctor

Date(s) of Incident

05/01/2016

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

HIPPA Regulations, fraud of billing medical necessary, selling trail contact lenses, false advertisement,

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

All at her office by billing, read through comments calling insurance companys, I'm going through right now she bill my medical insurance and nothing was done on me.

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

No

Did the Optometrist or the office they practice at respond?

No

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

N/a only workers who were employed

What would you consider a satisfactory resolution to this Complaint?

Getting everything all sorted out. Her to do the right thing. Not take patients money.

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

None

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,

[REDACTED]

- 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

[REDACTED]

Date

04/04/2018

Comments

I would like to be I like it be private and not let her know it was me because she is threatening me by filing a report on me. But if I have to testify I will.

- 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.

Go to <https://www.optometry.org/> to take the NV Optometry Exam. You must score 75% to pass the exam.

COMPLAINTS RECOMMENDED FOR **DISMISSAL FOR LACK OF JURISDICTION**

to be considered at October 16, 2018 Board of
Optometry meeting

Complaints No.:

- 18-22, pg. 26
- 19-19-03.1, pg. 30
- 19-03.2, pg. 50
- 19-04, pg. 85
- 19-06, pg. 87
- 19-07, pg. 89
- 19-08, pg. 93

COMPLAINT No. 18-22

Caren Jenkins

From: Admin
Sent: Monday, May 21, 2018 9:02 AM
To: Caren Jenkins
Subject: FW: New submission from Complaints Form

From: [REDACTED]
Sent: Thursday, May 10, 2018 5:35 PM
To: nvoptometryorg@gmail.com
Subject: New submission from Complaints Form

Complainant(s)

I am filing a complaint against Doctor [REDACTED]. I attended an appointment that I made on May 3rd of 2018 at 2:45pm. I was called to a patient room by one of his medical assistant to do several eye testing, she (don't remember her name) asked me to rest my chin and forehead and proceeded to instruct me to put my right eye in the a machine and move it around, then she proceed to push on some buttons, then the machine touch or blew on my eye and immediately felt pain and burning inside my eye as if I was burned, I couldn't open my eye and was tearing a lot. she then proceeded to do the same testing on my left eye and nothing happen. I mentioned it to the doctor as soon as he came in, he did not say anything or checked my eye and stepped away. He came back with his assistant and put some eye drops in my right eye. He asked me if I had that pain before I came in to my appointment and told him "No". He then proceed to sit on his desk and was writing something on his prescription pad and gave me a the note with the name of his attorney and said to me "here is the name of my attorney and if you decide you we will see each other in court". I sat in the room confused of what was going on, I then asked him to tell me what was going on and he said "I do not want you here" he then open the door and directed me to leave through the back door and that I didn't have to pay anything. he was talking to his assistant and went into a room. I then asked his assistant, if she could explain to me of what was going on but then he came out of the room he was in and started yelling at me to get out of his office or he was going to call the police. I tried asking him why he was behaving this way that all I wanted was an explanation of what had happen and why my eye was hurting so much. He then just kept on yelling at me in front of the patients that were in the waiting room of his office and grabbed his phone as if he was calling the police and kept on yelling to get out. I felt so humiliated by him and stepped out of his office and called the police. The police stated that they could not come over due that the situation I was in, was not of an emergency matter and that I need to file a complaint. As of today my eye is still in pain and it tear a lot and feel that something did happen while I was being tested.

Mailing Address

[REDACTED]

Daytime Phone

[REDACTED]

Email

[REDACTED]

Optometrist/Subject of Investigation/ Respondent

[REDACTED]

Address

[REDACTED]

City

[REDACTED]

Phone

[REDACTED]

D/B/A

[REDACTED], MD

Date(s) of Incident

05/03/2018

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

NRS?636.295??Grounds.??The following acts, conduct, omissions, or mental or physical conditions, or any of them, committed, engaged in, omitted, or being suffered by a licensee, constitute sufficient cause for disciplinary action: 6.??Gross incompetency

NRS?41A.015??"Professional negligence" defined.??"Professional negligence" means the failure of a provider of health care, in rendering services, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances by similarly trained and experienced providers of health care.

and

NRS?41A.009??"Medical malpractice" defined.??Repealed. (See chapter 439, Statutes of Nevada 2015, at page 2529.)

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

I was instructed by the medical assistant to put my right eye in the a machine and move it around, then she proceed to push on some buttons, then the machine touch or blew on my eye and immediately felt pain and burning inside my eye as if I was burned, I was blinded by the procedure and I couldn't open my eye and was tearing a lot. she then proceeded to do the same testing on my left eye and nothing happen. I asked to doctor to explain to me what had happen with my eye that I couldn't see and handed me a note with the name of his attorney Charles Kozak.

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

No because they would not take my calls.

Did the Optometrist or the office they practice at respond?

they would not return my calls.

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

patients were in his waiting room that heard how he was yelling at me but did not took their names

What would you consider a satisfactory resolution to this Complaint?

disciplinary action against him and compensation to be able to seek for care for my damaged eye.

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

have an appointment on Monday, May 14th of 2018 with Dr. [REDACTED]

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,

Attach Documents

- [Note.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

Date

05/10/2018

- 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.

Go to <https://www.optometry.org/> to take the NV Optometry Exam. You must score 75% to pass the exam.

COMPLAINT No. 19-03.1

7/19/18

Ma'am here is a complaint I had to file on [REDACTED]

[REDACTED] By failing to report a Crime, Assault on me By a officer
in the optometrist office her department.

I don't know her license type But She is responsible for

X-ray and the optometrist's Assistant. & I need more Complaint forms, to file another Complaint on [REDACTED] for

allowing to Be Assaulted By an officer." Thank you.

RECEIVED
RENO

JUL 23 2018

Nevada State Board of
NURSING

Nevada State Board of
NURSING
Coworker Complaint Report

Nurse/Nursing Assistant Against Whom Complaint Is Made:

Name: [REDACTED] She is responsible for X-Ray & optometrist's assist.

License Type: CRNA — APN — RN — LPN — CNA —

License or Certificate Number: _____

Date(s) of Event or Incident: 6/28/18

Approximate time or shift: 9:00 AM / 9:30 AM

Location of Event or Incident: Northern Nevada Correctional Center at the
medical facility (RMF) 8A the optometrist office

What specifically happened: on 6/28/18 I had a optometrist appointment and as was being treated I asked, "why are all of you meaning [REDACTED] at my appointment." the officer told me to shut the fuck up and don't worry about it. Shortly after I assumed my visit with the optometrist I headed for the door to leave officer [REDACTED] became very hostile and aggressive and was so close in my face breathing very hard and stated, "don't you see inmates out there in restraints." I sat back down in the optometrist chair. the optometrist put glasses on my face to see what prescription I needed. officer [REDACTED] grabbed me forcefully out of the chair. I stated, "the doctor is not finished with me!" the optometrist removed the glasses and I left his office. [REDACTED] left before the assault but was there during the hostility, aggression and on my face.

[REDACTED] was Present and the optometrist, [REDACTED] just Sat there while Im Being humiliated, degraded and Assaulted. She didnt leave to get her Supervisor or another officer to Inform them what went on in her department, Instead [REDACTED] Sat there and done nothing.

[REDACTED] the optometrist Assistant did not report the incident after it taken place when I left the Building to her Supervisor nor to the administration (the Higher ups) which She is Required to Report any Crime / Assault, [REDACTED] failed to do so, Per AR 339.04)

[REDACTED] the optometrist Assistant clearly Shown Retaliation towards me due to Previous grievances #20063060043, #20063055254 and Recently filed a civil rights law Suit #3:18-cv-00313-RJC-WGC. [REDACTED] was Reluctant to help me in a time of Crisis or alert Someone of what was going on in her department.

I informed [REDACTED] the Assistant Warden By Kite of the whole incident on 7/6/18, he asked me who was there, I told him [REDACTED], the optometrist and [REDACTED] But She left Before the Assault. [REDACTED] went to Medical Immediately, and a hour later he called my unit officer to, "See if I was Okay, and if I needed to See mental health." I Said "Yes, Im fine and I would like to See mental health." It was after hours so I did not get to See mental health, But I did See mental health a week or so later. (See attachments Kites to [REDACTED] and mental health.)

I have no Choice But to file a administration grievance on [REDACTED] the optometrist Assistant for failing to

So [REDACTED] clearly shown Retaliation By refusing to help me in a time of crisis to alert someone of what was taken place in her department of a officer humiliating me, degrading me, very hostile towards me and Assaulting me.

4). Affiant informed [REDACTED] the Director of Nursing of the Incident of Assault in the optometrist office and [REDACTED] responded, "Not a Medical Request". He alluded the question See Kite dated 7/9/18 exhibit B.)

5). Affiant Submitted a mental health request on 7/10/18 and Saw [REDACTED] on 7/13/18 See exhibit C.)

6). Affiant also informed [REDACTED] the Assistant Warden of Programs of the Incident See exhibit D.)

7). Affiant informed [REDACTED] the Assistant Warden of the Incident But the Proof I attached to a grievance of the Assault, but he was informed.

8). I know I'm not going to receive adequate medical treatment due to grievances in filing on Ashley Randolph this complaint and another Civil Rights law Suit on [REDACTED] the optometrist Assistant.

End of Complaint filed on [REDACTED] the optometrist Assistant.

Date 7/19/18 #1015630

Who else was present or aware (names):

"the optometrist [redacted] was present)
[redacted] the assistant Warden of Programs, and "
[redacted] the assistant warden of operations" [redacted] the
Director of nursing are aware By Inmate Kites.)

Was a client involved (names):

Your Contact Information:

Staff will need to contact you for additional information and/or clarification

Your full name:

Address:

NNCC, P.O. Box 4000, Carson City, N.V. 89702

Telephone:

N/A

E-mail:

N/A

Your Signature

Date

7/19/18

Please submit this form, you may include additional pages as needed, along with any documentation to:

Nevada State Board of Nursing
5011 Meadowood Mall Way, Ste 300
Reno, Nevada 89502-6547

OR

Fax to: (775) 687-7707

E-mail to: nursingboard@nsbn.state.nv.us

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6567 (phone) 775-687-7700 (fax) 775-687-7707
2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102-4392 (phone) 702-486-5800 (fax) 702-486-5803
www.nursingboard.state.nv.us • 888-590-6726 • nursingboard@nsbn.state.nv.us

1 State OF NEVADA

2 County OF CARSON

5 [REDACTED]

6 Affiant

7 ✓.

8 [REDACTED]

9 Respondent

"Affidavit IN Support
OF Nursing Complaint ON

[REDACTED]"

12 "Sworn declaration Under Penalty of Perjury that all is
13 true and correct with attached exhibits".

15 1). AR 339.04 "Reporting complaints OR misconduct." States
16 all department employees, regardless of rank or position,
17 who witness or become aware of an alleged act of employee
18 misconduct, shall take immediate and appropriate action
19 to control the situation, prevent aggravation of the incident,
20 and notify their chain of command regarding the allegation.

21 2). [REDACTED] failed to notify anyone as she is charged
22 to do as a employee of the department of corrections.

23 3). [REDACTED] was Reluctant to notify anyone be-
24 fore and after the incident simply she had Pending
25 grievances on her #20063060043, And #20063055254 that
26 was complete/exhausted and a civil rights law suit was
27 filed on 6/28/18 "See exhibit A" which [REDACTED]
28 is a defendant #3:18-cv-00313-RCJ-WGC).

Report a Crime as it occurred and after, and in filing a Civil Rights for Retaliation on [REDACTED] as well. I will never associate myself medically with nurse [REDACTED] by requesting to see the optometrist for my (glaucoma) or other optic changes, and when my routine appointment comes I will refuse like I did today on 7/19/18 due to the assault and [REDACTED]'s intentionally interference with optometry treatment. (See exhibit attachments to Affidavit of medical eye appointment dated 7/19/18)

"Affiant further Saying not"

[REDACTED]
Date 7/19/18

V# 1015630

Daily Medical Call List

Day Thursday Date 7/19/18

Medical – EYE Clinic

The following inmates are to report to the medical or dental clinic at the time listed.

Time	Inmates Name	DOC #	Loc	GL	Notes
7:30 am		1099870	WSCC		
		1137508	WSCC		
		1014049	WSCC		
		96119	WSCC		
		1025626	WSCC		
		77400	WSCC		
		1185558	WSCC		
		1150994	WSCC		
		71913	WSCC		
		1086970	WSCC		
9:00 am		1015843	8a 7a		
		78585	8a 13a		
		92314	7b 37a		
10:00 am		1015475	SCC		
		1115891	SCC		
	94559	SCC			
	1025808	10b 5q			
	87282	5b 31h			
	1015630	3b 2h			
	1155549	2b 2g			
12:00 pm	92252	4a 4a			
	43434	10a 4x			
	19004	3c 3c			
	52079	10a 3j			
	83320	10a 1e			
	1163636	1b 2e			
1:00 pm	1152128	2a 6L			
	74489	4c 4a			
	59536	2b 7a			
	66819	10a 3h			
	58078	10b 3x			
	24815	10a 3f			
2:00 pm	75556	10b 3o			
	1137976	5c 7a			
	71324	10b 2q			
	77604	10b 3a			
	42198	10a 2j			
	1054845	1b 7e			
	41716	10a 4k			

EXHIBIT



nmcclawlibrary - Activity in Case 3:18-cv-00313-RCJ-WGC I [REDACTED] et al Assign Judges in Civil Case

From: <cmecf@nvd.uscourts.gov>
 To: <cmecfhelpdesk@nvd.uscourts.gov>
 Date: 6/28/2018 4:57 PM
 Subject: Activity in Case 3:18-cv-00313-RCJ-WGC [REDACTED] et al Assign Judges in Civil Case

This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

NOTE TO PUBLIC ACCESS USERS Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

United States District Court

District of Nevada

Notice of Electronic Filing

The following transaction was entered on 6/28/2018 at 4:56 PM PDT and filed on 6/28/2018

Case Name: [REDACTED] et al

Case Number: 3:18-cv-00313-RCJ-WGC

Filer:

Document Number: No document attached

Docket Text:

Case assigned to District Judge Robert C. Jones and Magistrate Judge William G. Cobb. (WJ)

3:18-cv-00313-RCJ-WGC Notice has been electronically mailed to:

3:18-cv-00313-RCJ-WGC Notice has been delivered by other means to:



" See attachment "

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
[REDACTED]	1015630	38	7/9/18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER	☒ MEDICAL	☐ MENTAL HEALTH	☐ CANTEEN
☐ EDUCATION	☐ VISITING	☐ LAW LIBRARY	☐ DENTAL
☐ LAUNDRY	☐ PROPERTY ROOM	☐ SHIFT COMMAND	
☐ OTHER _____			

5.) NAME OF INDIVIDUAL TO CONTACT: [REDACTED] D.O.B. II

6.) REQUEST: (PRINT BELOW) I'm wondering why "the optometrist" [REDACTED] didn't report the altercation with me and officer [REDACTED] from Warm Springs inside his office on 6/28/18? Well I ~~did~~ did, I'm filing a

7.) INMATE SIGNATURE _____ DOC # 1015630

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

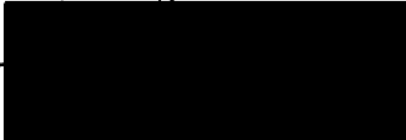
9.) RESPONSE TO INMATE
Civil rights complaint after my Second level.

Not a medical request

10.) RESPONDING STAFF SIGNATURE *fl* DATE 7/18/18

" See attachment "

INMATE REQUEST FORM

	#	DOC #	2.) HOUSING UNIT	3.) DATE
		1015630	3B	7/12/18

- 4.) REQUEST FORM TO: (CHECK BOX)
- | | | | |
|-------------------------------------|--|---|----------------------------------|
| ☐ CASEWORKER | ☐ MEDICAL | ☐ MENTAL HEALTH | ☐ CANTEEN |
| ☐ EDUCATION | ☐ VISITING | ☐ LAW LIBRARY | ☐ DENTAL |
| ☐ LAUNDRY | ☐ PROPERTY ROOM | ☒ SHIFT COMMAND | |
| | | ☒ OTHER | |

5.) NAME OF INDIVIDUAL TO CONTACT:

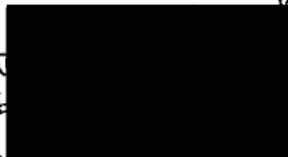


D.O.N II

6.) REQUEST: (PRINT BELOW)

In Wondering why the optometrist and Ashley didn't Report the Assault By officer from Warm Springs  In the optometrist office? the NRS Regulation Requires the Staff to do So

7.) INMATE SIGNATURE



DOC # 1015630

8.) RECEIVING STAFF SIGNATURE

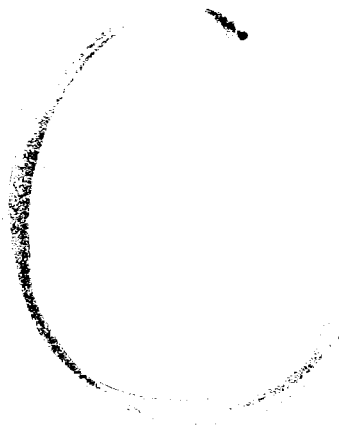
DATE

9.) RESPONSE TO INMATE

which they failed to do. this is not a Medical Request, So Stop alluding the question Director of Nursing.

10.) RESPONDING STAFF SIGNATURE

DATE



"Mental Health, Mrs. [REDACTED]"

INMATE REQUEST FORM

# DOC #	2.) HOUSING UNIT	3.) DATE
1015630	3B	7/10/18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER

☐ MEDICAL

☒ MENTAL HEALTH

☐ CANTEEN

☐ EDUCATION

☐ VISITING

☐ LAW LIBRARY

☐ DENTAL

☐ LAUNDRY

☐ PROPERTY ROOM

☐ SHIFT COMMAND

☐ OTHER

5.) NAME OF INDIVIDUAL TO CONTACT:

"Mental Health Mrs. [REDACTED]"

6.) REQUEST: (PRINT BELOW)

Mrs. [REDACTED] I need to See You or Someone
ASAP. a Officer from Warm Springs Assaulted me in
the optometrist office and I need to See Someone
Please.

7.) INMATE SIGNATURE

[REDACTED SIGNATURE]

DOC #

#1015630

8.) RECEIVING STAFF SIGNATURE

DATE

9.) RESPONSE TO INMATE

"I Saw mental Health Mrs. [REDACTED] on 7/13/18"

10.) RESPONDING STAFF SIGNATURE

DATE



INMATE REQUEST FORM

#	DOC #	2.) HOUSING UNIT	3.) DATE
[REDACTED]	1015630	3B	7/1/18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER☐ MEDICAL☐ EDUCATION☐ LAUNDRY☐ MENTAL HEALTH☐ LAW LIBRARY☐ SHIFT COMMAND☐ OTHER☐ CANTEEN☐ DENTAL

5.) NAME OF INDIVIDUAL TO CONTACT: " [REDACTED] AWP "

6.) REQUEST: (PRINT BELOW)

on 6/28/18 I had a eye doctor's appointment and the transportation officer from Warm Springs was inside the eye doctor's office with me for what Reason I dont know, But he grabed me out of

7.) INMATE SIGNATURE

DOC # 1015630

8.) RECEIVING STAFF SIGNATURE

DATE

9.) RESPONSE TO INMATE

the eye doctor's chair while I was Being treated. this officer Assaulted me and, I have no choice But to file charges on him, But Before I do I want to Speak with you first. he had no Right Putting his hands on me.

10.) RESPONDING STAFF SIGNATURE

DATE

Nevada State Board of NURSING

July 27, 2018

██████████ #1015630
NNCC PO Box 7000
Carson City, NV 89702

Mr. ██████████:

The Nevada State Board of Nursing received your complaint regarding optometrist ██████████. It was forwarded to the Nevada State Board of Optometry as the Board of Nursing does not have jurisdiction over optometrists.

Sincerely,
Nevada State Board of Nursing



Sam McCord, BSN, RN
Director of Nursing Practice.
(O) 775-687-7742
Fax 775-687-7707
smccord@nsbn.state.nv.us

NEVADA STATE BOARD OF OPTOMETRY



CHEN K. YOUNG, O.D.
Board President

MARIAH SMITH, O.D.
Board Member

Post Office Box 1824
Carson City, Nevada 89702
Telephone: (775) 883-8367
Facsimile: (775) 305-0105

CAREN C. JENKINS, ESQ.
Executive Director
cjenkins@nvoptometry.org

JEFFREY AUSTIN, O.D.
Board Member

DREW JOHNSON
Public Board Member

August 9, 2018

Mr. [REDACTED] #1015630
Northern Nevada Correctional Center
P.O. Box 7000
Carson City NV 89702

Dear Mr. [REDACTED]:

The Nevada State Board of Optometry received your requests for Complaint forms, and was forwarded your complaint from the State Board of Nursing regarding an alleged assault and various individuals' failure to report the incident.

The Board of Optometry has no authority to address your circumstance for the following reasons:

1. The individual about whose actions you complain, [REDACTED], is not a licensed Nevada optometrist. As a result, the Board lacks jurisdiction.
2. Your allegation of the conduct of [REDACTED], another individual who does not hold a Nevada optometry license, is similarly foreclosed.
3. Your only reference to an optometrist is "[REDACTED]" with no other identifying information.
4. The Board's regulatory authority is limited to NRS Chapter 636 and NAC 636, which do not contain mandatory reporting requirements regarding assaults.
5. After a careful review of the entirety of your Complaint to the Board of Nursing, not one allegation falls within the requirements of the Optometry Laws.

Based on the foregoing, the Board of Optometry has no jurisdiction to address your claims. However, two Complaint forms are provided with this letter should you have additional facts regarding a licensed optometrist's conduct that falls under the authority of this Board.

Best wishes,

A handwritten signature in blue ink, appearing to read "C. Jenkins", is written over the printed name.

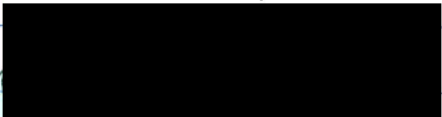
Caren C. Jenkins

COMPLAINT No. 19-03.2

"Nevada Board of optometry"

8/27/18

the Investigator:

May I please have the Complaint Concerning
 to be Returned Back to Me So I
may Refile. Attached to the Complaint are "Exhibits"
and a "Affidavit" that I need.

* May I have another optometry Complaint?

I've Made an error and Signed in the Notary's
Place. So I need one more Complaint Please.

A

"Nevada Board of optometry"

8/22/18

In Submitting my Complaint on optometrist, DR.
[REDACTED] Violations, along with a Affidavit with
Exhibits attached.

(P.S. Can you please Make a Copy of the "Medical
Orders / Say-In" & of "the Amazon Fashion" Exhibit
(A) and Send them Back "they are my only copies")
Please Send them Back.

NEVADA STATE BOARD OF OPTOMETRY



CHEN K. YOUNG, O.D.
Board President

MARIAH L. SMITH, O.D.
Board Member

Post Office Box 1824
Carson City, Nevada 89702
Telephone: (775) 883-8367
Facsimile: (775) 305-0105
E-Mail: admin@nvoptometry.org

CAREN C. JENKINS, ESQ.
Executive Director
cjenkins@nvoptometry.org

JEFFREY AUSTIN, O.D.
Board Member

DREW JOHNSON
Public Board Member

COMPLAINT AGAINST A NEVADA LICENSED OPTOMETRIST

Complainant(s):



Optometrist/Subject of Investigation/
Respondent:



Mailing Address: NNCC P.O. Box 7000

CARSON City, NV 89702

Daytime Phone: N/A

Email: N/A

Address: NNCC P.O. Box 7000

City: CARSON City, NV. 89702

Phone: N/A

D/B/A: Optometrist
(Doing Business As)

Date(s) of Incident: 6/28/18

At the medical facility (RMF)

You must state the facts underlying your complaint with particularity and offer a relevant Nevada Optometry statute or regulation that you feel has been violated. These laws may be found at www.nvoptometry.org. You must also provide a minimum level of credible evidence to support your claims, or they will be rejected as having failed to meet the minimal standard of proof.

What law(s) in NRS Chapter 636 or NAC 636, or others, do you believe were violated? 8th Amendment Constitutional Civil Rights, deliberate indifference to a serious medical need.

Summary of Issues including the specific conduct of the licensee: (Please attach additional pages as needed and any evidence supporting your claims)

On 6/28/18 DR. [REDACTED] the optometrist was compromised By A Nurse, RN, CNS [REDACTED] By telling him the Complainant "no longer have to wear his Prescribed Sunglasses indoors anymore and it was unnecessary." At that time DR. [REDACTED] discontinued Complainant's once Prescribed treatment to wear his Sunglasses indoors for his Photophobia.

By DR. [REDACTED] Being Compromised By a Nurse, Contradicting and Circumventing his diagnosis on the Complainant. He has been suffering from eye Pains, headaches, lack of Sleep and dizziness By not being able to wear his Sunglasses indoors as Prescribed By a Previous optometrist DR. [REDACTED] In 2015 and By DR. [REDACTED]

DR. [REDACTED] is clearly in violation of the Complainant's 8th amendment Constitutional Civil Rights, which is deliberate indifference to his Serious medical Need. This matter needs to be corrected and treatment restored to its once Prescribed treatment.

Have you contacted the Licensee regarding this complaint? If so, please state the date and time and describe: No

Did the Licensee respond? If so, describe response: No

Were there any witnesses to the incident? If so, Please provide name(s), address(es), and phone number(s): Nurse [REDACTED] RN, CN3 who caused the treatment

to be discontinued. [REDACTED] his Assistant & officer
[REDACTED] all were present at my appointment. they are not going
to be helpful due to 3 filed complaints on all three witnesses

What would you consider a satisfactory resolution to this Complaint? to be treated by
a different optometrist. Restore once prescribed treatment
to wear sunglasses indoors to shield his eyes due to Photophobia
and Dr. [REDACTED] will never be compromised again by a nurse.

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

Dr. [REDACTED] optometrist at High Desert State Prison

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

I authorize the Nevada State Board of Optometry to provide a copy of this Complaint to the Subject and to obtain a copy of my patient records in the optometrist's possession. 11/11

[REDACTED]
Signature of Patient

(continued on next page)

STATE OF Nevada)

COUNTY OF Carson City)

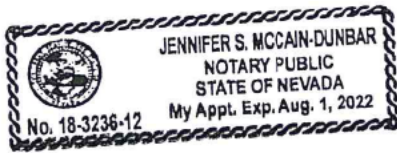
I, Jennifer S. McCain-Dunbar, being first duly sworn, deposes and states: I have read the foregoing Complaint and know the contents thereof; that the contents are true of my own knowledge, except as to those matters stated upon information and belief, and as to those matters I believe them to be true.

Date: 8/22/18

Signature of Complainant

Subscribed and sworn to before me this 22 day of August, 2018.

(Seal)



Jennifer S. McCain-Dunbar
NOTARY PUBLIC

Please include or describe any additional, documents, items or testimony you have to support the allegations in your Complaint, and mail them with this form to:

NV State Board of Optometry
P.O. Box 1824
Carson City, NV 89702

We must receive your **original** notarized signature above to proceed. Alternatively, an un-notarized Complaint may be submitted via our website at www.nvoptometry.org.

Optometry Complaint Form Page 4

Complainant was diagnosed with glaucoma and subsequently diagnosed with Photophobia i.e. Light Sensitivity at High Desert State Prison in 2015 By optometrist DR. [REDACTED]. Also the Complainant came from the County jail with his Personal eyewear (Sunglasses) to High Desert State Prison, (See the documentation of Sunglasses in my medical chart, and See medical order/lay-in, stating, "Pt. has light Sensitivity diagnosed @ High Desert State Prison OKed for Sunglasses from outside Vendor (Amazon).

On 9/28/18 optometrist DR. [REDACTED] Prescribed the Complainant Solar Shields to be worn over his eyeglasses to help further his education (Indoors) See Medical Chart for optometrist's Notes).

On 5/3/18 the Complainant saw DR. [REDACTED] requesting documentation allowing him to wear his Sunglasses due to being harassed by officers and staff by not having proof of being allowed to wear his Sunglasses Indoors. DR. [REDACTED] stated, "It's here in your file allowing you to wear your Sunglasses Indoors, But I cannot give you any documentation in not your Provider here at this facility, So you will have to get it from your medical Provider here at the Prison".

So Complainant saw DR. [REDACTED] Before she retired 6/18 Requesting documentation allowing him to wear his Sunglasses Inside due to harassment. DR. [REDACTED] stated, "I see it here in your chart, But I don't know what kind of note to give you." the Complainant stated, "no worries, I will have officers and staff call up to medical to confirm the order to wear

my Sunglasses Indoors." On 6/25/18 the Complainant Saw DR. [REDACTED] Requesting documentation Being allowed to wear his Sunglasses Indoors. DR. [REDACTED] asked nurse [REDACTED] RN, CN3, "if he can give the Complainant a medical / Say-so to wear his Sunglasses Indoors." Nurse [REDACTED] RN, CN3 Stated "No."

On 6/28/18 the Complainant had a optometry appointment with DR. [REDACTED] and Before Complainant went into DR. [REDACTED]'s Office nurse [REDACTED] RN, CN3 told DR. [REDACTED] that "the Complainant no longer need to wear his Sunglasses Indoors anymore and that it was unnecessary". That's when DR. [REDACTED] told the Complainant "Mr. [REDACTED] there is no need to wear your Sunglasses Indoors anymore". That is when DR. [REDACTED] discontinued the Complainant's Prescribed treatment to wear his Sunglasses Indoors See medical chart dated 6/28/18).

The Complainant Stated, "DR. [REDACTED] what changed and why was I approved to order New Sunglasses from Amazon and you ordered me the Solar Shields." DR. [REDACTED] Stated, "Sir you are causing trouble and making things worse for yourself." At that time the Complainant walked out of his office (DR. [REDACTED]'s office), and on the same day 6/28/18 the Complainant filed a administration grievance for letting a nurse Compromise DR. [REDACTED] to contradict, Circumvent his diagnosis on Complainant by allowing [REDACTED] A RN, CN3 who lack the Professional credentials to give a opinion to the actual Optometrist to tell him that the

complainant no long has to wear his Prescribed Sunglasses indoors anymore and that is was unnecessary".

DR. [REDACTED] knowingly and willfully discontinued the complainant's Prescribed treatment to wear his Sunglasses indoors for Photophobia By allowing a nurse to influence him to discontinue his once Prescribed treatment that the complainant had a order from a Previous Optometrist DR. [REDACTED] and DR. [REDACTED] himself for the complainant to wear his Sunglasses indoors.

As a Result of DR. [REDACTED]'s actions the complainant Been Suffering from Pain of the eyes, headaches, lack of Sleep and dizziness and complainant's daily activities Been Interrupted By avoiding the light from windows and the Bright lights indoors at night.

DR. [REDACTED] is clearly aware of Complainant's eye conditions and of the optic solution he administer daily and that one of the Sideeffects of timolol, travatan and Brimonidine is Photophobia which enhances light Sensitivity. Due to DR. [REDACTED]'s actions I may have to file a Civil Rights Complaint (Law Suite) 1983 for deliberate Indifference to a Serious Medical Need, which is a Violation of Complainant's 8th Amendment Constitutional rights if the Complainant's once Prescribed medical treatment to wear his Sunglasses indoors is restored and to be treated By a different Optometrist Since DR. [REDACTED] was Compromised By a nurse who influenced him to discontinue complainant's to wear his eyewear indoors,

which caused Dr. [REDACTED] to contradict and circumvent his diagnosis on complainant, and due to the circumstances of complainant's optometry treatment he will "No" longer be treated by Dr. [REDACTED]. Since he was compromised, contradicted and circumvented his diagnosis of his patient. By doing so, complainant has become afraid, scared, depressed and worried that he may go blind from the follow up care, and or by the symptoms of eye pain, headaches, blurry vision and may not continue to receive the optic solutions (eye drops) from Dr. [REDACTED] which is a huge concern. The complainant refused to receive eye treatment from Dr. [REDACTED] on 7/19/18 (see medical chart), will always refuse treatment by Dr. [REDACTED] due to he will have knowledge of grievances and the Nevada State Board of Optometry Complaint as well. So treatment will "Not" be adequate, so that being said, I will continue from being seen and treated by the optometrist [REDACTED].

I, [REDACTED] hereby swear under penalty of Perjury that the statements are true and correct.

1015630

[REDACTED]
#1015630

NNCC, P.O. Box 7000, CARSON City, NV. 89402

"Affidavit"

[REDACTED]

Affiant

vs.

[REDACTED]

Optometrist
Respondent

"Affidavit of Steven City
Brookfield, In Support of
Optometry Complaint on
Optometrist, [REDACTED]"

The Affidavit herein is In Support of Complaint
Being Submitted on [REDACTED] the optometrist at the
Northern Nevada Correctional Center (NNCC) with documents
and Exhibits that the Affiant was able to obtain, the
Purpose of this legal documentation (Affidavit) is Concerning
DR. [REDACTED], the optometrist.

1). the Affiant was diagnosed with (Glaucoma) and
Subsequently with Photophobia i.e. Light-Sensitivity by
optometrist DR. [REDACTED] In 2015 at Nigh Desert State Prison
(N.D.S.P.).

2). the Affiant arrived to N.D.S.P. with his Personal
Sunglasses from the County Jail (CCDC) on 5/28/15, See
medical chart documentation of (Sunglasses) (Intake chart).

3). Affiant Been diagnosed with (glaucoma) and is required to use the optic Solutions "timolol", "brimonidine" and "Brimonidine" which enhances Photophobia, Sight-Sensitivity.

4). DR. [REDACTED] ordered Solar Shields to Be worn over Affiant's eyeglasses while attending academics to help further his education, See DR. [REDACTED] notes on medical chart dated 9/28/17).

5). Affiant's "Personal Sunglasses were Broken" which DR. [REDACTED] documented in medical chart.

6). Affiant was approved By DR. [REDACTED] to order new Sunglasses from Amazon on 3/27/17 See Exhibit A.)

7). On 2/15/18 the Affiant receive his New Sunglasses, Klee with gold on the Brow and on the Side of the Arms, See Property Inventory Statement Exhibit B.)

8). On 6/28/18 DR. [REDACTED] discontinued affiant's order to wear his Prescribed Sunglasses indoors on Nurse, RN, CN3 [REDACTED] request for what reason? I do not know, But DR. [REDACTED] agreed.

9). Affiant Submitted two request to Mental health on 8/1/18 and 7/30/18 concerning treatment discontinued, Vision Becoming worse, and Being depressed, afraid, worried, and Stressed See Exhibit C.)

10). Affiant Submitted three medical requests to See another optometrist due to Being compromised By a nurse. See Exhibits dated 8/13/18 and 7/27/18 and 8/15/18 Exhibit D.)

11). Affiant Sent medical a Statement, his reasons why he is

Refusing all of his optometry appointments (always) See Exhibit E date 7/19/19).

12). Affiant is deeply concerned about his health (vision) By Refusing all of his optometry visits By DR. [REDACTED] was "Compromised", "Contradicted" and "Circumvented" his medical diagnosis on Affiant. By allowing a Nurse RN, CN 3 [REDACTED] to tell DR. [REDACTED] the optometrist that the Affiant, "No longer has to wear his Prescribed Sunglasses indoors anymore and that it was unnecessary."

13). the affiant filed a administration grievance on DR. [REDACTED] the same day he discontinued the Sunglasses to Be worn indoors (treatment) See Exhibit F).

14). the affiant also filed a Emergency grievance Requesting to See a different optometrist, and having headaches and eye Pains See Exhibit G).

15). the Affiant is Seeking Restoration of him Being able to wear his Sunglasses indoors as once Prescribed and to Be treated By a different optometrist ensuring adequate medical treatment for his glaucoma, and Photophobic.

16). If Affiant's Vision worsen, or go Blind DR. [REDACTED] will Be Responsible.

17). the Affiant will take legal actions due to DR. [REDACTED] is knowing and willfully knew of Affiant's optic condition which is clearly "Deliberate Indifference to a Serious Medical Need".

"Affiant Sayeth Not"

I [REDACTED] hereby Swear under Penalty of Perjury that the Statements herein this Affidavit are true and correct.

EXHIBIT

A

EXHIBIT

A

MEDICAL ORDERS / LAY-IN

DISTRIBUTION: Inmate Medical Record

COPY PROVIDED TO: ☐ Property ☐ Custody ☐ Classification ☒ Inmate

FROM: Health Services

DATE: 3/27/17

Please be advised that the following has been ordered by the medical provider for the inmate named below:

Days: ☐ 5 ☐ 10 ☐ 20 ☐ 30 ☐ 45 ☐ 60 ☐ 90

☐ Inmate is to lay-in _____ days From: _____ To: _____
☐ Inmate is to lay-in _____ weeks From: _____ To: _____
☐ Inmate is to be medically unassigned From: _____ To: _____
☐ Inmate is on athletic restrictions From: _____ To: _____
☒ Other: Pt has high sensitivity diagnosed @ ITDSY
OKed for sunglasses - from outside vendor (Amazon)
3/27/17
Medical Provider Signature _____ Date: _____

I understand that I will not receive work credits until such time as I have been released by the Practitioner from this medical orders/lay-in or have been returned to work by the Classification Committee.

Inmate Signature _____ ID# 1015630 Housing Unit 2C Date 3/27/17

If Required: ☐ APPROVED ☐ DISAPPROVED

Warden Signature _____ Date: _____

Note: Warden must confer with health authority to determine what appropriate alternative treatment will be given before any disapproval is finalized.

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL ORDERS LAY-IN

NAME: _____
Last First MI

ID# 1015630 INSTITUTION: NVCC

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color

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zeroUV - Modern Oversize Flat Top
Neutral Color Flat Lens Aviator
Sunglasses 59mm

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Get \$50 off instantly: Pay \$0.00 upon approval for the
Amazon Rewards Visa Card.

15% off purchase of 2 items 1 Applicable Promotion

Color: Tortoise / Amber



Printed

Lens Width: 59 Millimeters

In Stock.

Get it as soon as Jan. 3 - 5 when you choose Expedited
Shipping at checkout.

Ships from and sold by zeroUV®.

- Plastic frame
- Gradient lens
- Non-Polarized
- Lens width: 59 millimeters
- Lens height: 52 millimeters
- Bridge: 23 millimeters
- Arm: 146 millimeters

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Qty: 1

\$10.99 + Free Shipping
In Stock. Sold by zeroUV®

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██████████ 76446

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Want a nice wallet
to hold your
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Slim Leather Credit Card Holder Bifold
Front Pocket Wallet for Men with Strap...

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Restrictions Apply



\$10 & Under with FREE Shipping



Shop now

Clothing, Shoes & Jewelry > Men > Accessories > Sunglasses & Eyewear Accessories > Sunglasses



zeroUV

zeroUV - Modern Oversize Flat Top
Neutral Color Flat Lens Aviator
Sunglasses 59mm

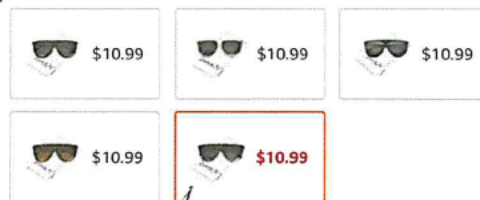
[Be the first to review this item](#)

Price: **\$10.99** & **FREE Shipping**

Get \$50 off instantly: Pay \$0.00 upon approval for the
Amazon Rewards Visa Card.

15% off purchase of 2 items 1 Applicable Promotion

Color: Tortoise Blue / Lavender



Lens Width: 59 Millimeters

In Stock.

Get it as soon as Jan. 3 - 5 when you choose **Expedited
Shipping** at checkout.

Ships from and sold by zeroUV®.

- Plastic frame
- Gradient lens
- Non-Polarized
- Lens width: 59 millimeters
- Lens height: 52 millimeters
- Bridge: 23 millimeters
- Arm: 146 millimeters

[Show more](#)

[Report incorrect product information.](#)

Share

Qty: 1

\$10.99 + Free Shipping
In Stock. Sold by zeroUV®

Add to Cart

Turn on 1-Click ordering for this browser

Ship to:

- 76446

Add to List

Roll over image to zoom in



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Want a nice wallet
to hold your
cards and cash?

Slim Leather Credit Card Holder Bifold
Front Pocket Wallet for Men with Strap...

\$18.99

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Customers who bought this brand also shopped for

EXHIBIT

B

EXHIBIT

B



State of Nevada
Department of Corrections
Offender Property Inventory

Receiving / Issuing Offender Property

NDOC ID: 0001015630

Book ID: 2008-030601

Offender Name: [REDACTED]

Housing: NNCC-U3-C-2-E

DOB: 02/01/1970

Status: ACTIVE-IN

Item	Container	Condition	R/F	Type	Description	Color	Cond	Make	Qty	Value	Serial	Status	Cont ID
38			OFF	TRI	Electric Shaver	BLA	GOOD	Norelco	1	\$67.42	NNCC-013453	CELL	
39			OFF	SELC	FM Stereoc/AM Radio	CLR	GOOD	Sony	1	\$45.53	4417	CELL	
40			ISU	SHOE	CALPIAS SZ 9		GOOD		1	\$0.00	4/20/17	CELL	
41			ISU	CLT	T SHIRTS 2X	WHI	GOOD		2	\$0.00	7/20/17	CELL	
42			ISU	CLT	BOXERS XL	WHI	GOOD		2	\$0.00	7/20/17	CELL	
43			ISU	CLT	SOCKS		GOOD		2	\$0.00	7/20/17	CELL	
44			ISU	SHOE	CALPIAS SZ 8		GOOD		1	\$0.00	7/20/17	CELL	
45			ISU	TWL	TOWEL	WHI	GOOD		1	\$0.00	7/20/17	CELL	
46			OFF	NPEYE	Sunglasses Kleo	BLA	GOOD		1	\$9.99	2/15/18	CELL	

Total Value: \$716.78

(Offender Signature - Inventoried)	(Date)	(Officer Signature / Print - Inventoried)	(Date)
(Offender Signature - Received / Issued)	(Date)	(Officer Signature / Print - Received / Issued)	(Date)

Report Name: NVROPI Page: 2 of 2

Reference Name: NOTIS-RPT-OR-0166.3

Run Date: APR-19-18 11:19 AM

Status Descriptions

REMOVED = Removed for disciplinary sanction
DISCIPLINARY = To be removed for disciplinary sanction
STORED = Property in NDOC custody

EXHIBIT

C

EXHIBIT

C

"3rd Request"

INMATE REQUEST FORM

#	DOC #	2.) HOUSING UNIT	3.) DATE
	1015630	1C 2H	8/1/18

- 4.) REQUEST FORM TO: (CHECK BOX)
- | | |
|---|--|
| ☒ MENTAL HEALTH | ☐ CANTEEN |
| ☐ CASEWORKER | ☐ MEDICAL |
| ☐ LAW LIBRARY | ☐ DENTAL |
| ☐ EDUCATION | ☐ VISITING |
| ☐ SHIFT COMMAND | |
| ☐ LAUNDRY | ☐ PROPERTY ROOM |
| ☐ OTHER | |

5.) NAME OF INDIVIDUAL TO CONTACT: "Mental Health"

6.) REQUEST: (PRINT BELOW) I need to see someone, im feeling depressed, afraid, worried and stressed. I will explain a little more when I see you, its concerning my medical condition. So please I need to see someone

7.) INMATE SIGNATURE _____ DOC # 1015630

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

Spoke w/ In unit psychologist 8/1/18.

I Spoken with mental health team concerning my vision and afraid of going blind.

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 8/1/18

"Mental Health"

INMATE REQUEST FORM

1.) INMATE NAME	#	DOC #	2.) HOUSING UNIT	3.) DATE
[REDACTED]		1015630	3B	7/30/18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER	☐ MEDICAL	☒ MENTAL HEALTH	☐ CANTEEN
☐ EDUCATION	☐ VISITING	☐ LAW LIBRARY	☐ DENTAL
☐ LAUNDRY	☐ PROPERTY ROOM	☐ SHIFT COMMAND	☐ OTHER

5.) NAME OF INDIVIDUAL TO CONTACT: Mental Health (RMF)

6.) REQUEST: (PRINT BELOW) I refused my eye doctors appointment 7/19/18 and will refuse everytime. One "[REDACTED] a(RN)" intentionally interfered with my treatment by telling the eye doctor "I don't have to wear my sunglasses indoors." on 6/28/18 he (the eye doctor) discontinued my treatment.

[REDACTED] had a officer with me at my appointment and He became hostile and assaulted me while being examined.

7.) INMATE SIGNATURE _____ DOC # _____

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

I'm So afraid to See the eye doctor again due to him being compromised by a nurse and I may go Blind. I'm Scared feeling depressed and very worried about (my vision)

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

EXHIBIT D

EXHIBIT D

My Copy

INMATE REQUEST FORM

	#	DOC #	2.) HOUSING UNIT	3.) DATE
		1015630	IC 2H	8/13/18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER	☒ MEDICAL	☐ MENTAL HEALTH	☐ CANTEEN
☐ EDUCATION	☐ VISITING	☐ LAW LIBRARY	☐ DENTAL
☐ LAUNDRY	☐ PROPERTY ROOM	☐ SHIFT COMMAND	
☐ OTHER _____			

5.) NAME OF INDIVIDUAL TO CONTACT: "Optometry of NNCC"

6.) REQUEST: (PRINT BELOW) May I please See a different optometrist
Since the one here Been "Compromised By Nurse
 A RN. Am experiencing "eye Pains", "headaches", & "lack
of Sleep". So may I please See another optometrist?

7.) INMATE SIGNATURE  DOC # #1015630

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

INMATE REQUEST FORM

DOC #	2.) HOUSING UNIT	3.) DATE
1015630	3B	7/27/18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER☒ MEDICAL☐ EDUCATION☐ VISITING☐ LAUNDRY☐ PROPERTY ROOM☐ MENTAL HEALTH☐ CANTEEN☐ LAW LIBRARY☐ DENTAL☐ SHIFT COMMAND☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT:

"Medical Department"

6.) REQUEST: (PRINT BELOW)

may I please see another optometristSince this here been Compromised ByBy intentionally interfering with my optical treatment, Idon't want to go blind. thank you.

7.) INMATE SIGNATURE

DOC # 1015630

8.) RECEIVING STAFF S

DATE _____

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____

DATE _____

INMATE REQUEST FORM

1.) INMATE NAME [REDACTED]	DOC # 1015630	2.) HOUSING UNIT 1C24	3.) DATE 8/15/18
-------------------------------	------------------	--------------------------	---------------------

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER
 ☒ MEDICAL
 ☐ MENTAL HEALTH
 ☐ CANTEEN

☐ EDUCATION
 ☐ VISITING
 ☐ LAW LIBRARY
 ☐ DENTAL

☐ LAUNDRY
 ☐ PROPERTY ROOM
 ☐ SHIFT COMMAND
 ☐ OTHER

5.) NAME OF INDIVIDUAL TO CONTACT: "Optometry of NNCC"

6.) REQUEST: (PRINT BELOW) Since Nurse [REDACTED] RN,

CN3, Intentionally Interfered with My treatment Can
I see another optometrist?

7.) INMATE SIGNATURE [REDACTED] DOC # 1015630

8.) RECEIVING STAFF/S [REDACTED] DATE

9.) RESPONSE TO INMATE

I spoken with [REDACTED] health care concerning my
vision and am afraid going blind

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

EXHIBIT

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EXHIBIT

E

Refused to allow me to Put my Reason for the Refusal"

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
[REDACTED]	1015630	3B	7/19/18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER	☒ MEDICAL	☐ MENTAL HEALTH	☐ CANTEEN
☐ EDUCATION	☐ VISITING	☐ LAW LIBRARY	☐ DENTAL
☐ LAUNDRY	☐ PROPERTY ROOM	☒ OTHER	

5.) NAME OF INDIVIDUAL TO CONTACT: "Medical Nurse [REDACTED]"

6.) REQUEST: (PRINT BELOW) the reasons I Refused my eye doctors appointment, [REDACTED] Intentionally Interfered with my treatment, By telling the eye doctor its not necessary for me to wear my Sunglasses inside anymore. which the order to wear my Sunglasses inside was discontinued.

7.) INMATE SIGNATURE _____ DOC # 1015630

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

"this occurred on 6/28/18"

"I will always Refuse my eye doctors appointment"

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

EXHIBIT

F

EXHIBIT

F

Log Number _____

NEVADA DEPARTMENT OF CORRECTIONS

AL GRIEVANCE

NAME: _____ I.D. NUMBER: #1015630

INSTITUTION: INCE UNIT: 3B

GRIEVANT'S STATEMENT: In filing this grievance because at a previous

Medical appointment 9/28/17 the optometrist [redacted] instructed

me to wear my sunglasses indoors "at all times". at a later

appointment on 6/28/18 the optometrist contradicted him-

self stating "I don't have to wear the sunglasses inside

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: _____ DATE: 6/28/18 TIME: 8:45 pm

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____ TIME: _____

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: _____ DATE: _____

____ GRIEVANCE UPHELD ____ GRIEVANCE DENIED ____ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: _____ DATE: _____

____ INMATE AGREES ____ INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: [REDACTED]

I.D. NUMBER: [#] 1015630

INSTITUTION: NCC

UNIT #: 3B

GRIEVANCE #: _____ GRIEVANCE LEVEL: _____

GRIEVANT'S STATEMENT CONTINUATION: PG. _____ OF _____

* any longer. Based on the advice of Nurse [REDACTED]

[REDACTED] Since then I'm experiencing Pain, discomfort, tearing, headaches, lack of Sleep and dizziness.

I'm not ~~sure~~ confident that this optometrist is providing me with adequate Solution or Proper diagnosis for the Problems with my eyes.

* "Remedy" an appointment with a different optometrist to clarify the diagnosis.

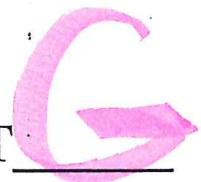
Original:
Pink:

Attached to Grievance
Inmate's Copy

EXHIBIT



EXHIBIT



NEVADA DEPARTMENT OF CORRECTIONS

EMERGENCY

GRIEVANCE FORM

NAME: [REDACTED] I.D. NUMBER: # 1015630

INSTITUTION: NNCC UNIT: 3B

GRIEVANT'S STATEMENT: I'm having "headaches", eye Pains "without
being able to cover my eyes with my eyewear on indoors. I
need to see an optometrist other than the one that comes here
since he "contradicted his diagnosis and allowed nurse
[REDACTED] "to influence him" By telling him I don't
have to wear my eyewear (Sunglasses) inside anymore and
that it's not necessary." So may "see a different optometrist
for headaches and Pain."

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [REDACTED] DATE: 7/12/18 TIME: 8:00 AM

RECEIVING STAFF SIGNATURE: _____ DATE: _____ TIME: _____

SUPERVISOR COMMENT/ACTION TAKEN ON EMERGENCY GRIEVANCE: _____

SUPERVISOR SIGNATURE: _____ TITLE: _____ DATE: _____ TIME: _____

INMATE AGREES: _____ INMATE DISAGREES: _____

INMATE SIGNATURE: _____ TIME: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FORMAL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator when complete
 Pink: Inmate's initial receipt

NEVADA STATE BOARD OF OPTOMETRY



CHEN K. YOUNG, O.D.
Board President

MARIAH SMITH, O.D.
Board Member

Post Office Box 1824
Carson City, Nevada 89702
Telephone: (775) 883-8367
Facsimile: (775) 305-0105

CAREN C. JENKINS, ESQ.
Executive Director
cjenkins@nvoptometry.org

JEFFREY AUSTIN, O.D.
Board Member

DREW JOHNSON
Public Board Member

September 4, 2018

Mr. [REDACTED] #1015630
Northern Nevada Correctional Center
P.O. Box 7000
Carson City NV 89702

Dear Mr. [REDACTED]:

The Nevada State Board of Optometry received your complaint regarding Dr. [REDACTED] and request for copies regarding [REDACTED]. I have reviewed these complaints and have determined that they appear to be related to a civil action rather than NV Board of Optometry practice statutes.

Therefore, we are declining to accept this complaint.

Attached are your copies returned to you and a printed copy of your complaint regarding [REDACTED], as requested. The Board does not retain the originals of such documents, but scans them into its electronic files.

Best wishes,

A handwritten signature in blue ink, appearing to read "C. Jenkins", is written over a circular stamp or seal.

Caren C. Jenkins, Esq.
Executive Director

COMPLAINT No. 19-04

From: [REDACTED]
To: Admin
Subject: COMPLAINT ABOUT [REDACTED]
Date: Wednesday, August 8, 2018 11:56:46 AM
Importance: High

To whom it may concern,

Dr [REDACTED] is in fact the OWNER of [REDACTED] - [REDACTED] - which makes her legally liable for the mistreatment and lack of medical attention, I have suffered today

I ask that you look into the matter of how patients are being treated by her staff I do not believe it is within her knowledge that paying patients under her care are being mistreated by her staff I am not the only one with this complaint Reference Google reviews and you will find that another person was told to "never come back" and "grow up" by this office

If you forward this email to the office, be AWARE that [REDACTED] will likely interrupt it and refuse to let Dr [REDACTED] see it as will probably go with the BBB complaint You must follow-up with Dr [REDACTED] herself in order to ensure this is recognized by her and not blown off by her staff

The bottom line is, I was denied medical care today and am now having to search out a new optometrist all to get a temporary contact lens I am not able to see out of my left eye without the lens unless I use the incorrect prescription - being my right eye lens in my left eye which is further causing problems I presently have some type of minor infection or issue in my left eye that needs immediate medical care but I was denied ANY medical care by Dr [REDACTED] staff - Mr [REDACTED] and told if I attempted to contact their office again - he would "find someone to get rid of me"

My initial call to this office was ONLY to receive a temporary lens so I could determine if the issue with my eye would go away at which time I was going to inquire with the staff about the issue and determine whither an appt was necessary or not I was DENIED this opportunity on every level

I ask that you read my complaint just filed with the BBB and follow up with me as soon as possible Thank you

Michelle Maneotis

Complaint Detail / Problem

Complaint Type Customer Service Issues

Problem I first visited [REDACTED] 5/18/2019 with my husband. We found the office staff to be short, not very friendly and not that well mannered with patients. Dr. [REDACTED] was wonderful, friendly, thorough and detailed in her exam and explanations and went out of her way to ensure an excellent exam while in her care. The other exams performed by the staff were silently done with no verbal communication other than instruction and as I stated above, not friendly. It was more like they were trying to herd people out as quickly as possible. I have been dealing with a seemingly infected left eye for several days and after using multiple eye drops, the problem is not going away but has improved slightly. This problem affects my left eye only and has been quite annoying. Due to the latest fires in the surrounding areas, the smoke and ash has contributed to my left eye feeling like there is something in it as well as it constantly weeping and needed wiped as well as it being itchy and feeling generally quite irritated. At one point, I even taped gauze over it to avoid blinking over the weekend and the condition improved slightly after an hour of resting it. So at my first opportunity today, 8/8/18, I contacted Dr. [REDACTED]'s office to ask if they would provide me with a left eye lens, as I have completely depleted my supply and didn't order a new box as I didn't realize I was out until it was too late. I offered to purchase a temporary lens even though the lenses are supplied by the manufacturer and cannot be resold - I didn't want to assume I would not be asked to give money for one. Initially, I spoke with [REDACTED] who said they might not have any. She kept repeating this over and over. Eventually, she said they don't normally give a lens unless I am ordering boxes. I asked the price of the boxes and I was told \$75, this is exorbitantly higher than online prices. I explained I couldn't pay that price for a box. She said they wouldn't probably give me a left eye lens then. After further explanation of my need, I asked her if they would please sell me one. She said she had to ask her office manager, [REDACTED]. Multiple times, [REDACTED] was rude and tried to blow me off and acted like my infected/allergic eye was nothing to be concerned with. [REDACTED] called me back and left a voicemail stating I could not have a lens unless I ordered a box. I called the office back and asked [REDACTED] for an appt. She stated I didn't need an appt because I was just seen in May. I explained to her the issue with my left eye, that it is weepy, sticky and seems to have an allergy or infection of some kind. She had me hold and stated I could not be seen until Aug. 17. I told her I'd like to talk to Dr. [REDACTED] first before I wait that long and again, she put me on the phone with the supposedly busy [REDACTED]. Every time I had asked for [REDACTED] before, he was busy but he called me back within minutes of the first call and was able to take my call when I returned the message he had left. He even answered the phones twice when I called and had a terrible connection. Some gargling noise was taking place on the line each time I called and even on a different phone line my husband tried to call and received the same terrible connection so we gave up trying to communicate by phone and are here now. After my first attempt at communication with [REDACTED] over my eye, the lens and an appt. I was disconnected or hung up on. [REDACTED] called me back and stated that if I wanted the August 17 appt, she would need my insurance information. I asked her then if I could speak directly to Dr. [REDACTED] because I would not be able to wait that long. [REDACTED] got on the phone and was extremely rude. He began yelling at me, telling me that they are not giving me a contact unless I buy a box. I explained that I didn't appreciate the rude service I had gotten up to this point and presently from him, the service was very low class for such a well respected establishment. He declared he is THE MANAGER and I will be dealing with him, I am NOT permitted to talk to Dr. [REDACTED] that he will not allow me to and he will handle my call as he is in charge is what he said. I explained to him that I have been wearing contacts for over 35 years and I have never been treated so rudely by any optometrist office in my life nor have I ever heard of any office denying a PATIENT a lens in an emergency situation. I further explained my eye issue and said I needed to be seen and he argued I just wanted a free contact lens. I told him that medical care cannot be denied a paying patient and he continued to yell and insult me. He said I was acting like a child who was only 10, he told me to never to come back again, never to call again and said I was never allowed in their office again. He told me to grow up and said I was stupid and immature. I told [REDACTED] that I intend to seek legal action because it was my belief that they could not deny medical care in a possibly emergency situation. [REDACTED] replied and stated to me - "if you ever call or come in here again, I'll call someone to get rid of you" which is a literal threat and one I do not take lightly. This is not a statement professional optometry staff make to a patient who is A. asking for a temporary lens, B. who is asking to speak with their optometrist and C. someone who is asking for a very quick appt. So not only was I denied medical attention for my aching, weepy, sick eye but I was also threatened. All for asking to speak with Dr. [REDACTED], asking for a temporary lens and asking for an appt to be seen. Mind you, my husband is a patient here too and our insurance company has paid their bill. Ultimately, I wanted to come into the office to pick-up a contact lens at which point I was going to ask a technician to look at my eye quickly to see if I needed just a general over the counter eye drop or an appt. with Dr. [REDACTED]. I wasn't initially trying to book an appt. because I didn't know if it was necessary. At the point when they refused to give me any suitable temporary lens even as a one time courtesy, I asked for an appt. to be seen at which time they treated my request as something that could wait 9 days even though I cannot see from my left eye. At the present time, I do not have any glasses and have been forced to wear my right eye lens in my left eye which is further irritating my left eye. Since they they refuse to provide any medical care, I am left with no recourse other than to find another optometrist and file formal complaints. The behavior exhibited by [REDACTED] and [REDACTED] is not a behavior that I believe the owner, Dr. [REDACTED] would approve of or condone. I don't believe that she is aware that this behavior is taking place in her office, I don't believe that she realizes that other people have had the same incidents, per Google you will see a review that someone placed and it was responded to presumably by [REDACTED] - which tells the reviewer to "grow up" This is an obvious indication that the front office staff is continuously mistreating patients, deleting negative reviews and all behind Dr. [REDACTED]'s back. What I find MOST fascinating about this entire situation is that on 5/12/2018, via YELP, you'll find a review from an OUT OF STATE visitor that was able to obtain FREE trial lenses for their child who is technically not even a patient of theirs. So obviously, they did give out free lenses to someone who simply FORGOT their lenses in another state but will NOT give a temporary lens to a PATIENT.

COMPLAINT 19-06

RECEIVED

AUG 13 2019

[REDACTED]

When I came to your office the first thing you did was to verify my insurance information. At that time I was assured that everything was good.

You then put me through a waiting room hell. 3 hrs of clo this test, wait, do this test, wait.

At the end you set up my appointment. The day before my appointment you called me to tell me oh we don't take your insurance.

I'm a senior citizen on medicare. I have a limited income. You took advantage of me!

As far as I'm concerned, you are greedy scam artists that lie to people just to get them in the door.

I am sending a copy of this to the medical board and anyone else who maybe interested.

Thank you for the screening.

[REDACTED]

COMPLAINT No. 19-07

From: Angelina Moore
To: [Admin](#)
Subject: Complaint
Date: Tuesday, August 14, 2018 2:01:28 PM
Attachments: [REDACTED]

Good afternoon,

I am forwarding this complaint as it is not within our jurisdiction.

Regards,



DPBH Complaint Intake

Nevada Department of Health and Human Services | Health Care Quality and Compliance
Division of Public and Behavioral Health
727 Fairview Drive, Suite E | Carson City, NV 89701
T: (775) 684-1030 | F: (775) 684-1073 | E: hcqccomplaint@health.nv.gov
www.dhhs.nv.gov | <http://dpbh.nv.gov>

It is the mission of the Division of Public and Behavioral Health to protect, promote and improve the physical and behavioral health of the people of Nevada

Find help 24/7 by dialing 2-1-1; texting 898-211; or visiting www.nevada211.org

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From: [REDACTED]
Sent: Monday, August 13, 2018 3:10 PM
To: PBH HCQC Complaints <HCQCComplaint@health.nv.gov>
Subject: eyecare services

My name is [REDACTED], medicaid ID [REDACTED], DOB 02/23/1957 Medicare ID # [REDACTED]
[REDACTED]

Complaint regarding prescription eyeglasses
[REDACTED]

In february , I went there to get a new prescription exam and my 5 year new eyeglasses,*note* Those working there have been very courteous and helpful with the exception of the optometrist during my

initial visit in february who was very disconcerting and seemed to really rush me thru the exam. However my complaint is about the glasses themselves that i received .

. After waiting 2+ and immediately trying them on I told them these werent right , that I cant se the cars in the paarking lot as to which was my car etc ,They were making me sick at my stomach instantly when putting them on .

I got the usual "you'll get used to them " routine ,for which I replied "do you think this is my first pair of glasses ? (Ive been wearing the same prism type lense/ with correction for farsightedness since 1986) more recently with some magnification added. With much disagreement I did AS SUGGESTED ,took them home and tried to wear them, resulting in me falling down ssssthe stairs , with many close calls to tripping over steps ,curbs and even stepping on my poor aging dogs rear leg. After much aggravation I went back to [REDACTED] stating these were not right and impossible to wear them , I came back with a new appointment to be examined by another Dr after I specifically said that i didnt want to see the original , hyper active doctor .This 2nd doctor .who after examining me a 2nd time then testing my lenses that were initially given to me ,determined that the prescription wasnt even put into my lenses only the magnification which was way more than I had asked for to begin with , no prisms , no corrective for farsightedness (My prisms are for severe double vision ,) Itthey took my glasses aaand while I was waiting for them to be remade ,they referred me to an opthamologist because of some issues unforeseen to me ,nor was i told of by the optometrist .

The opthamologist located off [REDACTED] , I forget his name at this moment also seemed to rush me thru as if an assembly line product , who determined that I had macular degeneration disease (old folks eyesight with glaucoma in my right eye.. No discussion with me to any possible treatments or anything , instead he gave me some info on my problem to read and sent me on my way .and again they aren't correct , in fact they were no different than the first paar , again I was told to go home ,try them out ,if they still didnt work to bring them back , again I told the guy from the lab that these werent right and that I should know I been wearing these type of lenses long before he was even born.In my frustration I had wasted enough of my time and energy dealing with these people i took my no good new glasses home and never wore them .The more I thought about it the madder I got , 1st even if I personally wasnt out any money out of pocket per se , I only get one pair of glasses every 5 and these were worthless and I wanted them ([REDACTED]) to have on record that I was not satisfied and that these worthless glasses aare still ubnder a warranty of sorts . I called pearle and made another appointment and that I had a dispute with my exam and the prescription

I returned to not only debate the care given to me , I wanted to go on record with complaint as well as those they contacted to make the glasses ., again they gave me a third exam and Im not sure if they just wanted me out of their office and out of their hair because I did threaten to report them to medicaid over this matter, instead of trying to make good this 2nd prescription lenses given me ,they referred me to another opthamologist, ([REDACTED]) aft er I told them about the first one aalso adding , "Why couldn't they ([REDACTED]) had seen the Macular degeneration and glaucoma (too instead of stringing me along with all the other BS(sucking money from my medicaid is what I think)Still with no useable glasses I make my appointment to [REDACTED] who informed me the 1st opthamologists was wrong , I DID NOT HAVE GLAUCOMA but instead I HAD CATARACTS of the right eyes, well there was some good news..... if you want to call it that ,

I want to express my sincere gratitude in whatever help you can render me in this situation and to go on record that after multible exams and wrong prescriptions etc . ,Ive yet still to have a pair of useable corrective eyeglasses i can wear without fear of personal injury .and to have this on record so there's no conflict with my medicaid coverage of vision care every 5 years . hopefully after tomorrow at [REDACTED] this can all be finsally sorted out . Please contact me thru email or call me at [REDACTED]

████ especially if you need more info from regarding these visits
again . █████

I sincerely thank you once

COMPLAINT No. 19-08

From: [Admin](#)
To: [Caren Jenkins](#)
Subject: FW: New submission from Complaints Form
Date: Friday, June 15, 2018 9:01:38 AM

From: [REDACTED]
Sent: Thursday, June 14, 2018 2:51 PM
To: nvoptometryorg@gmail.com
Subject: New submission from Complaints Form

Complainant(s)

Dear Staff,

I was living in [REDACTED] CA and had to get my eyes checked so I went to the Walmart and saw Dr.

Dr. [REDACTED], OD Graduated in [REDACTED] from [REDACTED] University, College of Optometry.
[REDACTED] Doctor for 17 years in [REDACTED], Nevada.

He did not listen to me during the exam when I was telling him that I was unable to see through his equipment. It was a very rushed exam and I left feeling anxious and very stressed that he was not giving me the time and the exam was invalid as I was not even able to see through the black machine to read the screen,

He then ordered me glasses and they of course were the incorrect prescription. Me being alone in [REDACTED] and trying to give this doctor the benefit of the doubt I went back to him for the 2nd exam and the same thing. I told him something was wrong with the machine he is using and of course he said that he would just lower the prescription but did nothing about the equipment nor did he listen to me that the machine was not working as you cannot see out of it.

Again a wrong prescription and so I told the girls at the front desk that I do not want to take the glasses as they are not even able to be used and they told me to take them for a week and I told them that I was leaving the area as I cannot handle the constant ignorance in the [REDACTED] area and they said it was fine just take the glasses and that they would be happy to take them back via mail.

Well none of this was done. He is still charging me after I attempted to dispute the charge with my Bank of the west and the doctor did NOTHING but waste 4 plus hours of my time as it is about an hour commute each way and he is beyond incompetent and ignorant. His equipment does not work right and he gave me the wrong prescription twice.

WHO regulates this type of malpractice?????

[REDACTED]

Mailing Address

[REDACTED]

Daytime Phone

[REDACTED]

Email

[REDACTED]

Optometrist/Subject of Investigation/ Respondent

[REDACTED]

Address

[REDACTED]

City

[REDACTED]

Phone

[REDACTED]

D/B/A

[REDACTED]

Date(s) of Incident

02/01/2018

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

Not doing the job of his profession. Malpractice by giving me the WRONG prescription 2 times and not listening to me say they are not working but letting me leave and drive with them on.

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

I have the glasses and the prescription and so does the office so you can get them from the office.

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

Yes numerous times and tried to dispute the charges with my bank as the office did not want to resolve the incorrect prescription and treated me like I was a rat.

Did the Optometrist or the office they practice at respond?

They do not care if I cannot see with the glasses. They got their money that is all they care about

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

Yes the entire [REDACTED] staff.

What would you consider a satisfactory resolution to this Complaint?

Refunding the entire purchase as they are useless to me. Also the time and stress this has caused.

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

not applicable

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,

[REDACTED]

- 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

[REDACTED]

Date

06/14/2018

Comments

I want this resolved amicably or I want to file this under his malpractice.

- 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.

Go to <https://www.optometry.org/> to take the NV Optometry Exam. You must score 75% to pass the exam.