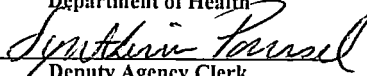


FILED DATE JUN 24 2022

Department of Health

By:   
Deputy Agency Clerk

STATE OF FLORIDA  
BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2018-17604

LICENSE NO.: ME0050472

WOMESH CHAND SAHADEO, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on June 3, 2022, in Orlando, Florida, for the purpose of considering a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in this cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED AND ADJUDGED that the Settlement Agreement as submitted be and is hereby approved and adopted in toto and incorporated herein by reference with the following clarification:

The costs set forth in Paragraph 3 of the Stipulated Disposition shall be set at \$8,433.51.

Accordingly, the parties shall adhere to and abide by all the terms and conditions of the Settlement Agreement as clarified above.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 20th day of June, 2022.

BOARD OF MEDICINE

**Paul A. Vazquez**

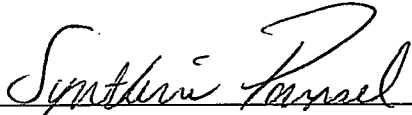
Paul A. Vazquez (Jun 20, 2022 15:54 EDT)

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Paul A. Vazquez, J.D., Executive Director  
For David A. Diamond, M.D., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to: Womesh Chand Sahadeo, M.D., 1115 45<sup>th</sup> Street, Suite 1, West Palm Beach, FL 33407 and Lawrence E. Brownstein, Esq., 2080 W. Indiantown Road, Suite 200, Jupiter, FL 33458; by email to: Chad Dunn, Deputy General Counsel, Department of Health, at [Chad.Dunn@flhealth.gov](mailto:Chad.Dunn@flhealth.gov); and Edward A. Tellechea, Chief Assistant Attorney General, at [Ed.Tellechea@myfloridalegal.com](mailto:Ed.Tellechea@myfloridalegal.com) this 24th day of June, 2022.

  
\_\_\_\_\_  
Deputy Agency Clerk

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2018-17604**

**WOMESH CHAND SAHADEO, M.D.,**

**Respondent.**

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

Petitioner, Department of Health ("Department"), and Respondent, Womesh Chand Sahadeo, pursuant to section 120.57(4), Florida Statutes, offer this Settlement Agreement ("Agreement") and agree to the entry of a Final Order of the Board of Medicine ("Board") incorporating this Agreement as disposition of this matter, in lieu of any other administrative proceedings.

**STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed physician in the State of Florida having been issued license number ME 50472.
2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent alleging violations of Chapter 456 and/or 458, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.
3. For purposes of these proceedings, Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint.

**STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in their capacity as a licensed physician, they are subject to the provisions of Chapters 456 and 458, Florida Statutes, and the jurisdiction of the Department and the Board.
2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of Chapter 456 and/or 458, Florida Statutes.
3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

**STIPULATED DISPOSITION**

1. **Reprimand** – The Board shall issue a Reprimand against Respondent’s license.
2. **Fine** – The Board shall impose an administrative fine of *Ten Thousand Dollars (\$10,000)* against Respondent’s license which Respondent shall pay to:

Payments – DOH Compliance Management Unit  
Bin C-76  
P.O. Box 6320  
Tallahassee, FL 32314-6320

**All fines shall be paid by cashier’s check or money order.** Payments must be made within one hundred eighty (180) days of the date of filing of the Final Order accepting this Agreement. Any change in the terms of payment of any fine imposed by the Board **must be approved in advance by the Probation Committee of the Board.**

3. **Reimbursement of Costs** – Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for the Department’s costs incurred in the investigation and prosecution of this case (“Department costs”). Such costs exclude

the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, any other costs Respondent incurs to comply with the Final Order, and the Board's administrative costs directly associated with Respondent's probation, if any. Respondent agrees that the amount of Department costs to be paid in this case is *Seven Thousand Seven Hundred Eighty-Six Dollars and Fifty-Four Cents (\$7,786.54), but shall not exceed Nine Thousand Seven Hundred Eighty-Six Dollars and Fifty-Four Cents (\$9,786.54)*. Respondent shall pay such Department costs to:

Payments – DOH Compliance Management Unit  
Bin C-76  
P.O. Box 6320  
Tallahassee, FL 32314-6320

**All costs shall be paid by cashier's check or money order.** Payments must be made within one hundred eighty (180) days of the date of filing of the Final Order accepting this Agreement. Any change in the terms of payment of any fine imposed by the Board **must be approved in advance by the Probation Committee of the Board.**

4. **Laws, Rules, and Ethics Course** – Respondent shall document completion of five (5) hours of Continuing Medical Education (CME) in laws, rules, and ethics within one (1) year from the date the Final Order is filed.

5. **Continuing Medical Education** – Respondent shall document completion of ten (10) hours of Continuing Medical Education (CME) in prescribing opioids and controlled substances, and ten (10) hours of CME in treating controlled substance addiction within one (1) year from the date the Final Order is filed.

6. **Risk Management CME** – Respondent shall document completion of five (5) hours of Continuing Medical Education (CME) in risk management within one (1) year from the date the Final Order is filed.

7. **Probation Language** – Effective on the date of the filing of the Final Order, Respondent shall be placed on probation for a period of one (1) year subject to the following terms and conditions:

(a) Respondent's Required Appearance Before Probation Committee – Respondent shall appear before the Probationer's Committee at the **first** meeting after said probation commences, at the **last** meeting of the Probationer's Committee preceding termination of probation, quarterly, and at such other times requested by the Committee. Respondent shall be noticed by Board staff of the date, time, and place of the Board's Probationer's Committee where at Respondent's appearance is required. **Failure of Respondent to appear as requested or directed shall be considered a violation of the terms of probation and shall subject Respondent to disciplinary action.**

(b) Indirect Supervision – Respondent shall not practice except under the indirect supervision of a BOARD-CERTIFIED physician (hereinafter "Monitor") fully licensed under Chapter 458 to be approved by the Board's Probation Committee. Indirect supervision does not require that the Monitor practice on the same premises as Respondent. However, the Monitor shall practice within a reasonable geographic proximity to Respondent, which shall be within 20 miles unless otherwise provided by the Board, and shall be readily available for consultation. The Monitor shall be Board Certified, and actively engaged, in Respondent's specialty area unless otherwise provided by the

Board. Respondent shall allow the Monitor access to Respondent's medical records, calendar, patient logs or other documents necessary for the Monitor to perform the duties set forth below.

(c) Temporary Approval of Monitor/Supervisor – The Board confers authority on the Chairman of the Probation Committee to temporarily approve Respondent's Monitor/Supervisor. To obtain temporary approval, Respondent shall submit to the Chairman of the Probation Committee the name and curriculum vitae of the proposed monitor/supervisor at the time this Agreement is considered by the Board. **Once a Final Order adopting the Agreement is filed, Respondent shall not practice medicine without an approved Monitor/Supervisor. Temporary approval shall only remain in effect until the next meeting of the Probation Committee.**

(d) Formal Approval of Monitor/Supervisor – Prior to the consideration of the Monitor/Supervisor by the Probation Committee, Respondent shall provide a copy of the Administrative Complaint and Final Order in this case to the Monitor/Supervisor. Respondent shall submit a copy of the proposed Monitor/Supervisor's current curriculum vita and a description of their current practice to the Board office no later than fourteen (14) days before Respondent's first scheduled probation appearance. Respondent shall ensure that the Monitor/Supervisor is present with Respondent at Respondent's first appearance before the Probation Committee, and at such other times as directed by the Committee. **It shall be Respondent's responsibility to ensure the appearance of the Monitor/Supervisor as directed. If the approved Monitor/Supervisor fails to appear as directed by the Probation Committee, Respondent shall**



**immediately cease practicing medicine until such time as the approved Monitor/Supervisor or alternate approved monitor appears before the Probation Committee.**

(e) Change in Monitor/Supervisor – In the event that the Monitor/Supervisor is unable or unwilling to fulfill the responsibilities of a Monitor/Supervisor as described above, Respondent shall immediately advise the Probation Committee of this fact and submit the name of a temporary Monitor/Supervisor for consideration. **Respondent shall not practice pending approval of the temporary Monitor/Supervisor by the Chairman of the Probation Committee.** Furthermore, Respondent shall make arrangements with their temporary Monitor/Supervisor to appear before the Probation Committee at its next regularly scheduled meeting. Respondent shall only practice under the auspices of the temporary Monitor/Supervisor (after approval by the Chairman) until the next regularly scheduled meeting of the Probation Committee at which the formal approval of Respondent's new Monitor/Supervisor shall be addressed.

(f) Alternate Monitor – In view of the need for ongoing and continuous monitoring or supervision, Respondent shall also submit the curriculum vitae and name of an alternate supervising/monitoring physician who shall be approved by Probation Committee. Such physician shall be licensed pursuant to Chapter 458, Florida Statutes, and shall have the same duties and responsibilities as specified for Respondent's monitoring/supervising physician during those periods of time which Respondent's monitoring/supervising physician is temporarily unable to provide supervision. Prior to practicing under the indirect supervision of the alternate monitoring physician or the

direct supervision of the alternate supervising physician, Respondent shall so advise the Board in writing. Respondent shall further advise the Board in writing of the period of time during which Respondent shall practice under the supervision of the alternate monitoring/supervising physician. Respondent shall not practice unless Respondent is under the supervision of either the approved supervising/monitoring physician or the approved alternate.

(g) Responsibilities of the Monitor/Supervisor – The Monitor/Supervisor shall:

- (1) Review 50 percent of Respondent's active patient records at least once every month for the purpose of ascertaining the appropriateness of Respondent's initial assessments and prescription dosages. The Monitor shall go to Respondent's office once every month and shall review Respondent's calendar or patient log and shall select the records to be reviewed.
- (2) Review **all** of Respondent's patient records for patients treated for with controlled substances. In this regard, Respondent shall maintain a log documenting all such patients.
- (3) Consult with Respondent on all cases involving controlled substances.
- (4) Maintain contact with Respondent on a frequency of at least once per month. In the event that Respondent does not timely contact the Monitor, the Monitor shall immediately report this fact in writing to the Probation Committee.

(5) Submit reports to the Probation Committee on a tri-annual basis, in affidavit form, which shall include:

- a. A brief statement of why Respondent is on probation;
- b. A description of Respondent's practice (type and composition);
- c. A statement addressing Respondent's compliance with the terms of probation;
- d. A brief description of the Monitor/Supervisor's relationship with Respondent;
- e. A statement advising the Probation Committee of any problems that have arisen; and
- f. A summary of the dates the Monitor/Supervisor went to Respondent's office, the number of records reviewed, the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor.

(6) Report immediately to the Board any violations by Respondent of Chapters 456 or 458, Florida Statutes, and the rules promulgated thereto.

(h) Reporting by Respondent – Respondent shall submit tri-annual reports, in affidavit form, the contents of which may be further specified by the Board, but which shall include:

- (1) A brief statement of why Respondent is on probation;
- (2) A description of practice location;
- (3) A description of current practice (type and composition);
- (4) A brief statement of compliance with probationary terms;
- (5) A description of the relationship with the Monitor/Supervisor;

(6) A statement advising the Board of any problems that have arisen;  
and

(7) A statement addressing compliance with any restrictions or requirements imposed.

(i) Tolling Provisions – In the event Respondent leaves the State of Florida for a period of 30 days or more or otherwise does not or may not engage in the active practice of medicine in the State of Florida, then certain provisions of the requirements in the Final Order adopting this Agreement shall be tolled and shall remain in a tolled status until Respondent returns to the active practice of medicine in the State of Florida.

**Respondent shall notify the Compliance Officer 10 days prior to his/her return to practice in the State of Florida.** Unless otherwise set forth in the Final Order, **the following requirements and only the following requirements** shall be tolled until Respondent returns to active practice:

(1) The time period of probation shall be tolled;

(2) The provisions regarding supervision whether direct or indirect by the monitor/supervisor, and required reports from the monitor/supervisor shall be tolled.

(j) Supervision of Physician Assistants and/or Anesthesiologist Assistants – Respondent is required to notify, in writing, any physician assistant and/or anesthesiologist assistant whom the Probationer supervises, of Respondent's probationary status. A copy of said written notification(s) shall be submitted to the Board's Compliance Officer within ten (10) days of the filing of the Final Order.

(k) Active Practice – In the event that Respondent leaves the active practice of medicine for a period of one year or more, Respondent may be required to appear before the Board and demonstrate the ability to practice medicine with reasonable skill and safety to patients prior to resuming the practice of medicine in the State of Florida.

### **STANDARD PROVISIONS**

1. Appearance – Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.

2. No Force or Effect until Final Order – It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

3. Continuing Medical Education – Unless otherwise provided in this Agreement Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said CME course(s). Respondent shall submit documentation to the Board's Probation Committee of having completed a CME course in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year of the filing of the Final Order in this matter. All such documentation shall be sent to the Board's Probation Committee, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. CME hours required by this Agreement shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the

Board's Probation Committee, such CME course(s) shall consist of a formal, live lecture format.

4. **Addresses** – Respondent must provide current residence and practice addresses to the Board. Respondent shall notify the Board in writing within fifteen (15) days of any changes of said addresses

5. **Future Conduct** – In the future, Respondent shall not violate Chapter 456, 458 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine to include, but not limited to, all statutory requirements related to practitioner profile and licensure renewal updates. Prior to presentation of this Agreement to the Board, Respondent shall read Chapters 456, 458 and 893 and the Rules of the Board of Medicine, at Chapter 64B8, Florida Administrative Code.

6. **Violation of Terms** – It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 458, Florida Statutes.

7. **Purpose of Agreement** – Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any

stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. **No Preclusion of Additional Proceedings** – Respondent and the Department fully understand that this Agreement and subsequent Final Order will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

9. **Waiver of Attorney's Fees And Costs** – Upon the Board's adoption of this Agreement, the parties hereby agree that with the exception of Department costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of Further Procedural Steps** – Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

*[Signatures appear on the following page.]*

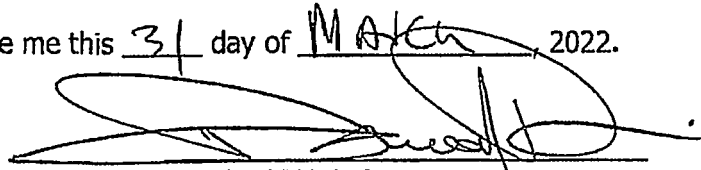
SIGNED this 31 day of MARCH, 2022.

  
Womesh Chand Sahadeo, M.D.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

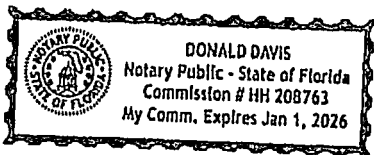
BEFORE ME personally appeared WOMESH CHAND SAHADEO MD whose identity is known to me or who produced FLDL (type of identification) and who, under oath, acknowledges that their signature appears above.

SWORN TO and subscribed before me this 31 day of MARCH, 2022.

  
NOTARY PUBLIC

My Commission Expires: 01/01/2026

APPROVED this 31 day of MARCH, 2022.



Joseph A. Ladapo, MD, PhD  
State Surgeon General

/s/ Hunter Pattison  
By: Hunter Pattison  
Assistant General Counsel  
Department of Health



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NUMBER: 2018-17604**

**WOMESH CHAND SAHADEO, MD,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

Petitioner, Department of Health, by and through its undersigned counsel, files this Administrative Complaint before the Board of Medicine against Respondent, Womesh Chand Sahadeo, MD, and alleges:

1. Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed physician within the State of Florida, having been issued license number 50472.

3. Respondent's address of record is 1115 45th Street, Suite #1, West Palm Beach, FL 33407.
4. Respondent started seeing Patient SC on or about January 25, 2017 and continued to treat him until January 2019. SC is a 38-year-old male with a history of substance abuse.
5. Respondent diagnosed SC with Panic Disorder, Attention Deficit Disorder, Bipolar Disorder, and Opioid Use Disorder.
6. There is no indication in SC's medical records that Respondent conducted a thorough initial evaluation of SC, or engaged in any substantive discussion of SC's medical history or history of substance abuse.
7. During the treatment period, Respondent prescribed Subutex<sup>1</sup>, Adderall<sup>2</sup>, and Xanax<sup>3</sup> to SC.
8. Respondent appropriately conducted urine screenings, but the records do not contain any discussion regarding the results of the screenings.

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<sup>1</sup> Subutex (buprenorphine) is a schedule III controlled substance used in the treatment of substance abuse disorders.

<sup>2</sup> Adderall (amphetamine and dextroamphetamine) is a schedule II controlled substance used to treat attention deficit hyperactivity disorder and narcolepsy.

<sup>3</sup> Xanax (alprazolam) is a schedule IV controlled substance used to treat anxiety disorders, panic disorders, and anxiety caused by depression.

9. The records do not contain an explanation of why Respondent prescribed Subutex when SC should have been started on Suboxone<sup>4</sup>. Unlike Subutex, Suboxone prevents intravenous use and lessens the risk of diversion. The indications for Subutex are either a known allergy to Suboxone or pregnancy, neither of which apply to SC.

10. There is no indication in the records that SC suffered from any symptoms of ADHD to such a degree that it would justify the prescription of Adderall.

11. Respondent diagnosed SC with bipolar disorder, however, the medical records do not adequately describe symptoms consistent with a bipolar disorder diagnosis.

12. Despite knowledge of his history of substance abuse, Respondent prescribed an inappropriate amount of controlled substances to SC, without providing any accompanying efforts at rehabilitation or treatment of SC's substance abuse disorders.

13. Respondent's medical records for SC are largely illegible, and do not provide the information necessary for a subsequent physician to continue SC's care.

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<sup>4</sup> Suboxone (buprenorphine and naloxone) is a schedule III controlled substance used in the treatment of substance abuse disorders.

14. At all times relevant to this Administrative Complaint, the prevailing professional standard of care required Respondent to:

- (a) Conduct an adequate initial assessment, including a discussion of the nature, extent, and specifics of SC's substance abuse, an analysis of ADHD symptoms dating back to childhood, and an adequate description of symptoms consistent with a Bipolar Disorder Diagnosis.
- (b) Use Suboxone rather than Subutex in treating SC;
- (c) Not prescribe Adderall or Xanax to SC because of his history of substance abuse; and
- (d) Not prescribe inappropriate drugs to SC.

#### COUNT I

15. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) as if fully set forth herein.

16. Section 458.331(1)(t), Florida Statutes (2016), provides that committing medical malpractice as defined in Section 456.50, Florida Statutes, is grounds for discipline.

17. Section 456.50(1)(g), Florida Statutes (2016), defines medical malpractice as the failure to practice medicine in accordance with the level

of care, skill, and treatment recognized in general law related to health care licensure.

18. Section 766.102, Florida Statutes (2016), provides that the prevailing standard of care for a given healthcare provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

19. Between January 2017 and January 2018, Respondent failed to meet the prevailing professional standard of care in his treatment of SC when he:

- (a) Failed to conduct an adequate initial assessment, including a discussion of the nature, extent, and specifics of SC's substance use, an analysis of ADHD symptoms dating back to childhood, and an adequate description of symptoms consistent with a Bipolar Disorder diagnosis;
- (b) Treated SC with Subutex rather than Suboxone; and
- (c) Prescribed Adderall and Xanax despite knowledge of SC's history of substance abuse.

20. Based on the foregoing, Respondent has violated Section 458.331(1)(t), Florida Statutes (2016-2018), by committing medical malpractice as defined in Section 456.50, Florida Statutes (2016-2018).

## COUNT II

21. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) as if fully set forth herein.

22. Section 458.331(1)(m), Florida Statutes (2018), subjects a licensee to discipline for failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

23. Section 458.331(1)(nn), Florida Statutes (2016), provides that violating any provision of Chapter 458 or 456, or any rules adopted

pursuant thereto constitutes grounds for disciplinary action by the Board of Medicine.

24. Chapter 64B8-9.003(d)(3), Florida Administrative Code (2018), provides that medical records shall contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately, by including, at a minimum, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; reports of consultations and hospitalizations; and copies of records or reports or other documentation obtained from other health care practitioners at the request of the physician and relied upon by the physician in determining the appropriate treatment of the patient.

25. Respondent failed to maintain records that justify the course of treatment of SC and/or satisfy the requirements of Chapter 64B8-9.003(d)(3), Florida Administrative Code in one or more of the following ways:

- a. By failing to create or keep legible medical records that document an appropriate and complete patient history of SC;
- b. By failing to create or keep legible medical records

that document a complete and comprehensive initial evaluation of SC;

- c. By failing to create or keep legible medical records that document discussion of the risks and benefits of the use of controlled substances with SC;
- d. By failing to create or keep legible medical records that document adequate justification for the quantities and/or combinations of controlled substances prescribed to SC;
- e. By failing to create or keep legible medical records that document creating or implementing a proper treatment plan for SC;
- f. By failing to create or keep legible medical records that document performing periodic re-evaluations of SC;
- g. By failing to create or keep legible medical records that document ordering urine drug screens for SC;
- h. By failing to create or keep legible medical records that document referring SC to a substance abuse clinic;
- i. By failing to create or keep legible medical records that document referring SC to outpatient rehabilitation;



- j. By failing to create or keep legible medical records that document an adequate justification for diagnosing SC with ADHD;
- k. By failing to create or keep legible medical records that document an adequate justification for diagnosing SC with Bipolar Disorder; and/or
- l. By failing to create or keep legible medical records that document an adequate justification for treating SC with Subutex rather than Suboxone.

26. Based on the foregoing, Respondent violated Section 458.331(1)(m), Florida Statutes (2016), and/or Section 458.331(1)(nn), Florida Statutes (2016) by failing to keep adequate medical records as outlined above.

### **COUNT III**

27. Petitioner re-alleges and incorporates paragraphs one (1) through fourteen (14) as if fully set forth herein.

28. Section 458.331(1)(q), Florida Statutes (2016), subjects a licensee to discipline for prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice. For the

purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the physician's professional practice, without regard to his or her intent.

29. Respondent prescribed legend drugs other than in the course of his professional practice by inappropriately prescribing Subutex, Adderall, and Xanax to SC.

30. Based on the foregoing, Respondent violated Section 458.331(1)(q), Florida Statutes (2016)

WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 2nd day of March, 2020

*William E Walker*

William E Walker

Florida Bar No.: 0123716

Assistant General Counsel

DOH Prosecution Services Unit

4052 Bald Cypress Way, Bin C-65

Tallahassee, FL 32399-3265

Telephone (850) 558-9876

E-mail: [william.walker@flhealth.gov](mailto:william.walker@flhealth.gov)

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Annelle Mullins*

DATE: MAR 02 2020

PCP Date: February 28, 2020

PCP Members: Georges El-Bahri, MD, David Diamond, MD, Don Mullins

### **NOTICE OF RIGHTS**

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

### **NOTICE REGARDING ASSESSMENT OF COSTS**

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.