

**BEFORE THE
BOARD OF REGISTRATION FOR THE HEALING ARTS
STATE OF MISSOURI**

**MISSOURI STATE BOARD OF
REGISTRATION FOR THE HEALING ARTS**)
)
)
Petitioner,)
)
)
v.)
)
Zinia Sue Thomas, M.D.)
)
)
Respondent.)

Case Number: 2021-000493

**FINDINGS OF FACT, CONCLUSIONS OF LAW
AND ORDER OF REVOCATION IN DEFAULT**

The Missouri State Board of Registration for the Healing Arts (“the Board”), in accordance with law and pursuant to proper notice, took up this matter against Zinia Sue Thomas, M.D. (“Respondent”) during its meeting on Thursday, January 25, 2024, via WebEx videoconference and at the Special Olympics Training Center, 305 Special Olympics Drive, Jefferson City, Missouri 65101, for the purpose of determining the appropriate level of discipline to enter against Respondent’s physician and surgeon license, pursuant to section 334.100.4, RSMo.¹

The members of the Board present for the hearing constituted a quorum under the law; only those members of the Board, who were present, participated in the hearing, the deliberations, and any votes concerning this matter. The Board was represented by Adam Grayson, Contract Counsel. David A. Dykas, General Counsel, served as the Board’s legal advisor in this proceeding.

Respondent was not present at the hearing, nor was Respondent represented by legal counsel at the hearing. Respondent did not respond to the Notice of Disciplinary Hearing with the attached Default Decision by the Administrative Hearing Commission,

¹ All references to Missouri statute are to the Revised Statutes of Missouri (RSMo) (Cum. Supp. 2020), unless otherwise stated.

mailed on October 6, 2023, via certified U.S. Postal Service to the last two known addresses of the Respondent.

During the hearing, the Board admitted into the record the decision of the Administrative Hearing Commission (“AHC”) and took official notice of the statutes and regulations referenced therein. In reaching the decision stated in this Order, each member of the Board present at the hearing read and considered the decision of the Administrative Hearing Commission and any attachments thereto, received by the Board on September 12, 2023. The following exhibits were offered by Petitioner and admitted into evidence: Exhibit 1, Notice of Intent to Use Affidavit with attached Affidavit of Kayci Hollingsworth, with a certificate of service showing the Notice was mailed to the Respondent on January 12, 2024; Exhibit 2, Notice of Intent to Use Business Records Pursuant to Affidavit, with a certificate of service showing the Notice was mailed to the Respondent on January 12, 2024, with attached Business Records Affidavit and containing eight (8) pages of business records; and Exhibit 3, Notice of Intent to Use Certified Records, with a certificate of service showing the Notice was mailed to the Respondent on January 12, 2024, with attached sixty-five (65) pages of certified records from the Administrative Hearing Commission.

Being fully advised, the Board now enters its findings of fact, conclusions of law and disciplinary order as set forth below.

FINDINGS OF FACT

1. The Board is an agency of the State of Missouri; created and established pursuant to section 334.120, RSMo for the purpose of executing and enforcing the provisions of Chapter 334, RSMo.
2. Respondent is licensed by the Board as a Physician and Surgeon, License Number 2009001634, which was first issued on February 1, 2009. Respondent’s license was current and active on the day of the hearing and was active at the time of the underlying incidents that formed the basis for the Administrative Hearing Commission’s Default Decision.

3. On February 1, 2023, the Board filed a properly pled Complaint and Motion for Emergency Restriction with the AHC alleging cause existed to discipline the Respondent; the matter was assigned AHC Case No. 23-0071. The Respondent was served with the Complaint on February 2, 2023. On February 22, 2023, the Board filed a First Amended Complaint with the AHC alleging cause existed to discipline the Respondent, with a certificate of service to the Respondent.
4. A service return was filed with the AHC on February 3, 2023, showing that on February 2, 2023, personal service upon the Respondent was obtained in accordance with the provisions of section 334.102.2 RSMo., by leaving a copy of the complaint, motion, and notice of complaint/notice of hearing, at the last home or business address of the Respondent on file with the Board.
5. The First Amended Complaint was called for hearing by the AHC on March 16, 2023; the Respondent did not appear at the hearing in person or by attorney; the Respondent did not file pleadings or a responsive brief following the hearing. The Board moved for default judgment and presented evidence in support of the relief requested.
6. In its Default Decision of August 3, 2023, the AHC found that more than thirty days had elapsed since the Respondent was served; and that the Respondent did not appear at the hearing or file an answer or otherwise respond to the Complaint or the First Amended Complaint.
7. In its Default Decision, the AHC determined and ordered that the Board is entitled to the relief as requested in the First Amended Complaint.
8. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(13) RSMo. as the Respondent violated section 195.030.2, RSMo and rule 19 CSR 30-1.017(2), to wit: the Respondent's BNDD registration lapsed between August 1, 2020 and December 15, 2020; and that during said period, the Respondent was not allowed to conduct any controlled substance activity within

the state of Missouri; however, the Respondent continued prescribing, dispensing and administering ketamine, a schedule III non-narcotic substance under the Controlled Substance Act, section 195.017.6(2)(g) RSMo., between August 1, 2020 and December 15, 2020.

9. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(h), RSMo., in that the Respondent did not perform sufficient examination prior to prescribing and administering ketamine treatment, to wit: in the treatment of Patient 1, the Respondent did not obtain a reliable medical history, perform a physical examination adequate to establish the diagnosis for ketamine treatment; and the Respondent did not identify the underlying history of substance abuse or potential benzodiazepine use as they are contraindications to the treatment provided; the Respondent did not have sufficient dialogue with Patient 1 regarding treatment options or the actual risks and benefits associated with the treatment.
10. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(l), RSMo., in that Respondent did not maintain a contemporaneous or complete medical records that met the requirement of section 334.097, RSMo., to wit: the Respondent's records on Patient 1 did not include the patient address, telephone number, the dates IV or IM ketamine were administered, the current abstinence status of Patient 1, the specific assessment and clinical impression of Patient 1, the weight of Patient 1, the dosage/quantity of medication administered, or an informed consent for the procedures.
11. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(h), RSMo., to wit: the Respondent did not perform sufficient examination prior to prescribing and administering ketamine treatment to Patient 2; in that in treating Patient 2, Respondent did not obtain a reliable medical history, perform a physical examination adequate to establish the diagnosis for

ketamine treatment; the Respondent did not identify Patient 2's history of heroine abuse, a contraindication to the treatment provided, until after the 1st administration of ketamine had already started; the Respondent did not have sufficient dialogue with Patient 2 regarding treatment options or the actual risks and benefits associated with the treatment.

12. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(l), RSMo., in that Respondent did not maintain a contemporaneous or complete medical records that met the requirement of section 334.097, RSMo., to wit: the Respondent's records on Patient 2 did not include the patient's real date of birth, actual address, telephone number, the dates IV ketamine were administered, the current abstinence status of Patient 2, the specific assessment and clinical impression of Patient 2, the weight of Patient 2, the dosage/quantity of medication administered, or an informed consent for off-label use of ketamine.
13. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(5), RSMo., in that the Respondent's treatment and action in regard to Patient 1 and Patient 2 constituted repeated negligence.
14. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 195.030.2, RSMo and rule 19 CSR 30-1.017(2), in that the Respondent ordered ketamine treatment for Patient 2 on August 17, 2020, was without the Respondent having proper controlled substance prescriptive authority, as between 8/1/2020 and 12/15/2020, Respondent did not have an active BNDD registration allowing for the prescribing, dispensing or administering of ketamine.
15. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(h), RSMo., in that the Respondent did not perform sufficient examination of Patient 3 prior to prescribing and administering ketamine treatment to Patient 3. Specifically, in treating Patient 3, the Respondent did

not obtain a reliable medical history, perform a physical examination adequate to establish the diagnosis for ketamine treatment; the Respondent did not identify the history of opioid abuse prior to the administration of ketamine. Nor did the Respondent address Patient 3's high blood pressure, vein collapse and tolerance of ketamine. Respondent did not have sufficient dialogue with Patient 3 regarding treatment options or the actual risks and benefits associated with the treatment.

16. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to sections 334.100.2(4)(1) and 334.097 RSMo., in that the Respondent did not maintain a contemporaneous or complete medical records for Patient 3, to wit: Respondent's records on Patient 3 did not include the patient telephone number, the current abstinence status of Patient 3, the specific assessment and clinical impression of Patient 3, and the weight of Patient 3.
17. Respondent's conduct and actions in treating Patient 3 constitutes conduct or practices which are or might be harmful or dangerous to the mental or physical health of a patient, and constitute a serious danger to the health, safety, or welfare of the patient.
18. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(5), RSMo., in that Respondent's actions in regard to Patient 3 constitute repeated negligence, to wit: Respondent's assessment and treatment of Patient 3 (and the lack of thereof) constitute failure to use the degree of skill and learning ordinary used under the same or similar circumstances by members of her profession and caused injury.
19. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(14), RSMo., in that the Respondent knowingly made a false statement in Patient 4's medical record, a document executed in connection with Respondent's profession, to wit: the Respondent documented in Patient 5's records that Patient 4 "has symptoms of anxiety and depression based on

GuideRight scores," despite there being no documentation to reflect that Respondent actually went through Patient 4's GuideRight assessment score with Patient 5, and that had Respondent reviewed the score, she would have noticed Patient 5 did not complain of depression and only reported mild anxiety.

20. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(h), RSMo., in that the Respondent did not perform sufficient examination of Patient 4 prior to prescribing and administering ketamine treatment to Patient 4. Specifically, in treating Patient 4, Respondent did not obtain a reliable medical history, perform a physical examination adequate to establish the diagnosis for ketamine treatment. The Respondent did not correctly identify the underlying indication for ketamine. Respondent did not have sufficient dialogue with Patient 4. Neither did the Respondent adequately monitor Patient 4's status during the administration of ketamine.
21. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to sections 334.100.2(4)(1) and 334.097 RSMo., in that the Respondent did not maintain a contemporaneous or complete medical records for Patient 4, to wit: Respondent's records on Patient 4 did not include the patient address, correct date of birth, telephone number, the date IV ketamine was administered, the indication for treatment, the specific assessment and clinical impression of Patient 4, the weight of Patient 4 or the dosage/quantity of medication administered, or an informed consent for the procedures.
22. Respondent's conduct and actions in treating Patient 4 constitutes conduct or practices which are or might be harmful or dangerous to the mental or physical health of a patient, and constitute a serious danger to the health, safety, or welfare of the patient.
23. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(5), RSMo., in that Respondent's actions in regard to Patient 4 constitute repeated negligence, to wit: Respondent's assessment

and treatment of Patient 4 (and the lack of thereof) constitute failure to use the degree of skill and learning ordinary used under the same or similar circumstances by members of her profession and caused injury.

24. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(14), RSMo., in that the Respondent knowingly made a false statement in Patient 5's medical record, a document executed in connection with Respondent's profession, to wit: the Respondent documented in Patient 5's records that Patient 5 "has symptoms of anxiety and *depression* based on GuideRight scores," despite there being no documentation to reflect that Respondent actually went through Patient 5's GuideRight assessment score with Patient 5, and that had Respondent reviewed the score, she would have noticed Patient 5 did not complain of depression and only reported mild anxiety.
25. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(h), RSMo., in that the Respondent did not perform sufficient examination of Patient 5 prior to prescribing and administering ketamine treatment to Patient 5. Specifically, in treating Patient 5, Respondent did not obtain a reliable medical history, perform a physical examination adequate to establish the diagnosis for ketamine treatment. The Respondent did not correctly identify the underlying indication for ketamine was ADHD. Respondent did not have sufficient dialogue with Patient 5 prior to the ketamine treatment. Neither did the Respondent adequately monitor Patient 5's status following the administration of ketamine.
26. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to sections 334.100.2(4)(1) and 334.097 RSMo., in that the Respondent did not maintain a contemporaneous or complete medical records for Patient 5, to wit: Respondent's records on Patient 5 did not include the patient address, telephone number, the date IV ketamine was administered, the correct indication for treatment, the

specific assessment and clinical impression of Patient 5, the weight of Patient 5 or an informed consent for the procedures.

27. Respondent's conduct and actions in treating Patient 5 constitutes conduct or practices which are or might be harmful or dangerous to the mental or physical health of a patient, and constitute a serious danger to the health, safety, or welfare of the patient.
28. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(5), RSMo., in that Respondent's actions in regard to Patient 5 constitute repeated negligence, to wit: Respondent's assessment and treatment of Patient 5 (and the lack of thereof) constitute failure to use the degree of skill and learning ordinary used under the same or similar circumstances by members of her profession and caused injury.
29. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(h), RSMo., in that the Respondent did not perform sufficient examination prior to prescribing and administering ketamine treatment to Patient 6, to wit: in treating Patient 6, Respondent did not obtain a reliable medical history, perform a physical examination adequate to establish the diagnosis for ketamine treatment. The Respondent did not identify the possible history of uncontrolled hypertension. Nor did the Respondent properly recognize and treat Patient 6's hypertensive crisis.
30. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to sections 334.100.2(4)(l) and 334.097 RSMo., in that the Respondent did not maintain a contemporaneous or complete medical records, to wit: the Respondent's records on Patient 6 did not include the patient actual date of birth, telephone number, the cardiovascular status of Patient 6, the specific assessment and clinical impression of Patient 6, or the weight of Patient 6.

31. Respondent's conduct and actions in treating Patient 6 constitutes conduct or practices which are or might be harmful or dangerous to the mental or physical health of a patient, and constitute a serious danger to the health, safety, or welfare of the patient.
32. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(5), RSMo., in that Respondent's actions in regard to Patient 6 constitute repeated negligence, to wit: Respondent's assessment and treatment of Patient 6 (and the lack of thereof) constitute failure to use the degree of skill and learning ordinary used under the same or similar circumstances by members of her profession and caused injury.
33. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 195.030.2, RSMo and rule 19 CSR 30-1.017(2), RSMo., in that the December 3, 2020, treatment Respondent ordered for Patient 6 was without proper controlled substance prescriptive authority, to wit: between August 1, 2020, and December 15, 2020, the Respondent did not have an active BNDD registration for her to prescribe, dispense or administer ketamine.
34. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(h), RSMo., in that the Respondent did not perform sufficient examination prior to prescribing and administering ketamine treatment to Patient 7, to wit: in treating Patient 7, the Respondent did not obtain a reliable medical history, perform a physical examination adequate to establish the diagnosis for ketamine treatment. The Respondent did not identify the possible history of uncontrolled hypertension. Nor did the Respondent properly recognize and treat Patient 7's hypertensive crisis.
35. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to sections 334.100.2(4)(l) and 334.097 RSMo., in that Respondent did not maintain a contemporaneous or complete medical records on Patient 7,

to wit: the Respondent's records on Patient 7 did not include the patient's telephone number, the cardiovascular status of Patient 7, the specific assessment and clinical impression of Patient 7, the weight of Patient 7, or the informed consent for IV ketamine treatment.

36. Respondent's conduct and actions in treating Patient 7 constitutes conduct or practices which are or might be harmful or dangerous to the mental or physical health of a patient, and constitute a serious danger to the health, safety, or welfare of the patient.
37. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant section sections 334.100.2(6), 334.100.2(13), 334.125 RSMo., in that the Respondent violated the Board's rule 20 CSR 2150-5.020(2)(B) and the BNDD rule 19 CSR 30-1.066(1), in that the Respondent allowed a nurse to independently dispense and administer ketamine, a controlled substance without her being present or providing direct supervision, to wit: on December 18, 2020, Respondent either directed or permitted a nurse named "Teena S." to independently administer the ketamine IV infusion while Respondent was not physically present; the Respondent did not directly supervise Nurse Teena S. during the administration of IV ketamine infusion; the Respondent and Nurse Teena S. were not in a collaborative practice agreement pursuant to Chapter 334, RSMo.
38. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 195.030.2, RSMo and rule 19 CSR 30-1.017(2), RSMo., in that the December 14, 2020, treatment Respondent ordered for Patient 7 was without proper controlled substance prescriptive authority, to wit: between August 1, 2020, and December 15, 2020, the Respondent did not have an active BNDD registration for her to prescribe, dispense or administer ketamine.
39. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(4)(h), RSMo., in that Respondent did not perform sufficient examination or obtain a reliable history regarding her history of hypertension prior to prescribing and administering ketamine treatment to Patient 8.

40. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to sections 334.100.2(4)(l) and 334.097 RSMo., in that Respondent's records on Patient 8 did not include the patient's telephone number, the hypertension and medical history of Patient 8, the specific assessment and clinical impression of Patient 8 or the informed consent for IV ketamine treatment.
41. Respondent's conduct and actions in treating Patient 8 constitutes conduct or practices which are or might be harmful or dangerous to the mental or physical health of a patient, and constitute a serious danger to the health, safety, or welfare of the patient.
42. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 334.100.2(5), RSMo., in that Respondent's actions in regard to Patient 8 constitute repeated negligence, to wit: Respondent's assessment and treatment of Patient 8 (and the lack of thereof) constitute failure to use the degree of skill and learning ordinary used under the same or similar circumstances by members of her profession and caused injury.
43. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to section 195.030.2, RSMo and rule 19 CSR 30-1.017(2), RSMo., in that the December 14, 2020, treatment Respondent ordered for Patient 7 was without proper controlled substance prescriptive authority, to wit: between August 1, 2020, and December 15, 2020, the Respondent did not have an active BNDD registration for her to prescribe, dispense or administer ketamine.
44. The Board requested in the First Amended Complaint that cause existed to discipline the Respondent's license pursuant to sections 334.100.2(6), 334.100.2(13), and 334.125 RSMo. and Missouri regulations 20 CSR 2150- 5.020(2)(B) and 19 CSR 30-1.066(1), in that on 7/3/2020, 7/10/2020, 7/17/2020, 7/18/2020, 7/25/2020, 7/26/2020, 8/29/2020, 12/18/2020, 12/19/2020, 12/30/2020, 1/9/2021, 1/22/2021, 2/19/2021, 3/5/2021, and 3/6/2021, the Respondent permitted multiple nurses who did not enter collaborative practice agreement

- with the Respondent to independently dispense and administer ketamine, a controlled substance, when the Respondent was not physically present or providing direct supervision.
45. The First Amended Complaint requested the AHC to make a finding that cause exists to discipline the Respondent's License, such that the Board may take disciplinary action against the physician and surgeon license of the Respondent for violations of Chapter 334.
 46. On September 12, 2023, the Board received the certified records from the Administrative Hearing Commission, including the Default Decision.
 47. The Board finds the Notice of Disciplinary Hearing was properly mailed on October 6, 2023, to the Respondent, pursuant to sections 536.063 and 536.067, RSMo, to initiate the disciplinary hearing.
 48. The Board finds that a Notice of Intent to Use Affidavit was filed in this matter on January 12, 2024, and mailed to Respondent's last address on file with the Board on January 12, 2024.
 49. The Board finds that a Notice of Intent to Use Business Records, containing the Certified Records of the Proceeding by the AHC, as required by section 536.070, RSMo., was filed in this matter on January 12, 2024, and mailed to Respondent's last address on file with the Board on January 12, 2024.
 50. The Board finds Respondent has submitted no response and has stated no defense in the hearing pending before the Board. The Board finds no evidence has been offered constituting good cause for Respondent's failure to plead.
 51. The Board finds that the Respondent has not appeared at this proceeding and is in default.
 52. The Board finds the discipline imposed is necessary to protect the public.

CONCLUSIONS OF LAW

53. Based on the Administrative Hearing Commission's Decision, the Board has cause to discipline Respondent's physician and surgeon license, pursuant to 334.100.2(4)(h), 334.100.2(4)(l), 334.100.2(5), 334.100.2(6) (for violations of section 334.097, RSMo. and

Rule 20 CSR 2150-5.020(2)), 334.100.2(13) (for violations of section 195.030.2, and rules 19 CSR 30-1.017 and 19 CSR 30-1.066) and 334.100.2(14), RSMo, which states:

334.100.2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes:

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:

(h) Signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination including failing to establish a valid physician-patient relationship pursuant to section 334.108, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, except as authorized in section 334.104;

(l) Failing to furnish details of a patient's medical records to other treating physicians or hospitals upon proper request; or failing to comply with any other law relating to medical records;

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "**repeated negligence**" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

(6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter or chapter

324, or of any lawful rule or regulation adopted pursuant to this chapter or chapter 324;

(13) Violation of the drug laws or rules and regulations of this state, including but not limited to any provision of chapter 195, any other state, or the federal government;

(14) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any birth, death or other certificate or document executed in connection with the practice of the person's profession;

334.097.1. Physicians shall maintain an adequate and complete patient record for each patient and may maintain electronic records provided the record-keeping format is capable of being printed for review by the state board of registration for the healing arts. An adequate and complete patient record shall include documentation of the following information:

- (1) Identification of the patient, including name, birthdate, address and telephone number;
- (2) The date or dates the patient was seen;
- (3) The current status of the patient, including the reason for the visit;
- (4) Observation of pertinent physical findings;
- (5) Assessment and clinical impression of diagnosis;
- (6) Plan for care and treatment, or additional consultations or diagnostic testing, if necessary. If treatment includes medication, the physician shall include in the patient record the medication and dosage of any medication prescribed, dispensed or administered;
- (7) Any informed consent for office procedures.

195.030.2. No person shall manufacture, compound, mix, cultivate, grow, or by any other process produce or prepare, distribute, dispense or prescribe any controlled substance and no person as a wholesaler shall supply the same, without having first obtained a registration issued by the department of health and senior services in accordance with rules and regulations promulgated by it. No registration shall be granted for a term exceeding three years.

20 Mo. Code of State Regulations 2150-5.020(2) Physicians must provide appropriate supervision to personnel employed to assist in the dispensing of drugs and devices from the physician's office.

(A) When the dispensing personnel is either a licensed physician assistant acting within the scope of a supervision agreement or licensed nurse acting within the scope of a collaborative practice arrangement, the physician is not required to be present.

(B) In all other instances, it shall be a violation of this rule for any physician to permit the dispensing of medication from his/her clinic or office when that physician is not present unless another physician duly licensed under the provisions of Chapter 334, RSMo, is present.

19 Mo. Code of State Regulations 30-1.017(2) Period of Registration.

(A) Any registration shall be current and effective for twelve (12) months from the date issued or until the expiration date assigned at the time the registration is issued. No person who is required to be registered shall conduct any activity for which registration is required without a current registration. No controlled substance activities shall take place after a registration expires until a new registration has been issued.

19 Mo. Code of State Regulations 30-1.066(1) An individual practitioner who dispenses controlled substances shall—

(A) Provide direct supervision to employees or agents who assist in the administering or dispensing of controlled substances. Controlled substances shall not be dispensed from an individual practitioner's inventory unless a practitioner is physically in the registered location except pursuant to the provisions of section (2) of this rule;

(2) Mid-level practitioners shall not independently purchase, stock, administer, and dispense controlled substances. Controlled substances may be administered or dispensed from an individual practitioner's inventory by a mid-level practitioner with whom he or she has entered into an agreement pursuant to Chapter 334, RSMo, when the practitioner is not present at the registered location.

54. The Board has jurisdiction to take disciplinary action against Respondent's license pursuant to section 334.100.4 RSMo., which states:

334.100.4. After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, warn, censure or place the person named

in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years, or may suspend the person's license, certificate or permit for a period not to exceed three years, or restrict or limit the person's license, certificate or permit for an indefinite period of time, or revoke the person's license, certificate, or permit, or administer a public or private reprimand, or deny the person's application for a license, or permanently withhold issuance of a license or require the person to submit to the care, counseling or treatment of physicians designated by the board at the expense of the individual to be examined, or require the person to attend such continuing educational courses and pass such examinations as the board may direct.

55. Respondent's failure to plead or otherwise defend against the properly filed Notice of Disciplinary Hearing with the attached Default Decision by the Administrative Hearing Commission requires the Board to issue a default order without further proceedings, pursuant to sections 324.045 and 536.067, RSMo:

324.045.1 Notwithstanding any provision of chapter 536, in any proceeding initiated by the division of professional registration or any board, committee, commission, or office within the division of professional registration to determine the appropriate level of discipline or additional discipline, if any, against a licensee of the board, committee, commission, or office within the division, if the licensee against whom the proceeding has been initiated upon a properly pled writing filed to initiate the contested case and upon proper notice fails to plead or otherwise defend against the proceeding, the board, commission, committee, or office within the division shall enter a default decision against the licensee without further proceedings. The terms of the default decision shall not exceed the terms of discipline authorized by law for the division, board, commission, or committee. The division, office, board, commission, or committee shall provide the licensee notice of the default decision in writing.

536.067. (5) When a holder of a license, registration, permit, or certificate of authority issued by the division of professional registration or a board, commission, or committee of the division of professional registration against whom an affirmative decision is sought has failed to plead or otherwise respond in the contested case and adequate notice has been given under this section upon a properly pled writing filed to initiate the contested case under this chapter, a default decision shall be entered against the holder of a license, registration, permit, or certificate of authority without further proceedings. The default decision shall grant such relief as requested by the division of professional registration, board, committee, commission, or office in the writing initiating the contested case as allowed by law. Upon motion stating facts constituting a meritorious defense and for good cause shown, a default decision may be set aside. The motion shall be made within a reasonable time, not to exceed thirty days after entry of the default

decision. "Good cause" includes a mistake or conduct that is not intentionally or recklessly designed to impede the administrative process.

56. The Board finds a default decision pursuant to sections 324.045 and 536.067, RSMo is required in this matter because a contested case was correctly commenced, pursuant to section 536.063, RSMo, with the filing of the Certified Records of Proceedings of the AHC; notices were provided to Respondent pursuant to sections 536.067 and 536.070, RSMo; and Respondent failed to plead or otherwise respond to the allegations set forth in the Complaint and the AHC Default Decision.
57. In its deliberations regarding the period of time that the Respondent may not apply for reinstatement, the Board considered section 334.100.5 RSMo., which states:

334.100.5 In any order of revocation, the board may provide that the person may not apply for reinstatement of the person's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.
58. The Board finds Respondent is in default and no good cause exists why the Board should not proceed to issue an Order.

ORDER OF REVOCATION

59. Upon the foregoing findings of fact and conclusions of law, it is the Order of the Missouri State Board of Registration for the Healing Arts that the physician and surgeon license issued to Respondent, Zinia Sue Thomas, M.D., license number 2009001634, is hereby **REVOKED**.
60. Respondent shall not apply for reinstatement of a physician and surgeon license for a period of seven (7) years from the effective date of this Order.
61. Respondent shall immediately cease practicing in the state of Missouri; and within fifteen (15) days of the effective date of this Order, the Respondent shall return the physician and surgeon license and pocket card to the Board.
62. If Respondent is licensed in other jurisdictions, the Respondent shall forward written notice

of this disciplinary action to the licensing authorities of those jurisdictions within thirty (30) days of the effective date of this Order. Respondent shall submit a copy of the written notice to the Board contemporaneously with sending it to the relevant licensing authority. If Respondent is not licensed in other jurisdictions, the Respondent shall notify the Board of that fact, in writing, within thirty (30) days of the date of this Order.

63. Respondent shall, within thirty (30) days of the effective date of this Order, forward written notice of this disciplinary action to all employers, hospitals, nursing homes, out-patient centers, clinics and any other facility where Respondent practices or has privileges. Respondent shall, contemporaneously with the giving of such notice, submit a copy of the notice to the Board for verification by the Board or its designated representative. If Respondent does not have an employer, staff privileges or practice at any facility, the Respondent shall notify the Board of that fact, in writing, within thirty (30) days of the date of this Order.
64. Respondent shall, within thirty (30) days of the effective date of this Order, forward written notice of this disciplinary action to any allied health care professionals that Respondent supervises. Respondent shall, contemporaneously with the giving of such notice, submit a copy of the notice to the Board for verification by the Board or its designated representative. If Respondent does not supervise any allied health professionals, the Respondent shall notify the Board of that fact, in writing, within thirty (30) days of the date of this Order.
65. For purposes of this Order and unless otherwise specified herein, all reports, documentation, evaluations, notices or other materials that Respondent is required to submit to the Board shall be forwarded to the Missouri State Board of Registration for the Healing Arts, Attention: Enforcement, P.O. Box 4, Jefferson City, Missouri 65102.
66. Respondent is advised that compliance with the terms of this Order and the discharge of the professional obligations to transfer of the Respondent's patients' care and records to other providers will be assessed by the Board for compliance with section 324.042, RSMo.

67. This document shall be maintained by the Board as an open and public record as provided in Chapters 324, 334 and 610, RSMo, and the Board will report this action to the National Practitioner Data Bank and the Federation of State Medical Boards.

SO ORDERED, EFFECTIVE THIS 25th DAY OF MARCH, 2024.



James Leggett, Executive Director
Missouri State Board of Registration for the Healing Arts