BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: YARON ZEDEK, M.D., Respondent.	Case No. 24-10652-2

FILED
FEB 12 2024
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: ______

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Yaron Zedek, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 7310). Respondent was originally licensed by the Board on December 15, 1994.

A. Respondent's Treatment of Patient A

2. Patient A[2] was a thirty-six (36) year-old female at the time of the events at issue.

3. On or about July 12, 2018, Patient A presented to Respondent for psychiatric care. Respondent diagnosed Patient A with bipolar disorder, and moderate depression. In the medical record, Respondent noted that Patient A met the criteria for his diagnosis but did not denote any history of mania or specific psychiatric signs to support the diagnosis of bipolar disorder, or

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Col. Eric D. Wade (USAF) Ret. (Public Member) and Carl N. Williams, Jr., M.D.

[2] Patient A's true identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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moderate depression. Respondent prescribed Patient A 2mg of Xanax once a day before bedtime without noting anxiety or insomnia in the medical record of Patient A.

4. On or about October 22, 2018, Respondent diagnosed Patient A with panic attacks, in addition to her depression, anxiety, and bipolar disorders.

5. On or about May 9, 2019, Respondent added attention deficit hyperactivity disorder (ADHD) to Patient A's list of diagnoses and prescribed Patient A Adderall.

6. On or about September 4, 2020, Patient A's prescription monitoring program (PMP) report demonstrated patient A was being prescribed narcotics. On September 15, 2020, Respondent continued to prescribe Patient A Xanax and Adderall, despite the PMP data showing Patient A was taking additional sedatives, and stimulants, and had a moderate overdose risk without noting any possibility of drug interactions between the different classes of medication. Respondent additionally failed to either document or discuss altering Patient A's medications or investigate alternative treatments.

7. Respondent saw Patient A from July 2018 through September 2020 on no less than thirty (30) follow-up visits. Respondent routinely failed to discuss the risks or benefits of alternative treatment for Patient A's psychiatric conditions and failed to regularly to screen Patient A for safety by discussing potential side effects of the medications prescribed by Respondent. On each visit, Respondent documented a templated generic mental status examination at each visit stating:

> "No suicidal or homicidal ideation. Patient is seen to have well-delineated futuristic thoughts and plans. The patient/or legal guardian gave informed consent for the proposed medical treatment after careful evaluation of the risk/benefit analysis involved, as well as alternative treatment options. The patient and/or legal guardian was informed of potential side effects and what to do should they arise. The patient and/or legal guardian is aware of developing TD[3] and understands that TD can be permanent, disfiguring disabling and rarely lethal."

Respondent's note regarding TD is indicative of his cloned medical records for Patient A.

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[3] Tardive Dyskinesia is a side effect caused by antipsychotic medication.

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B. Respondent's Treatment of Patient B

8. Patient B[4] was a thirty-three (34) year-old female at the time of the events at issue.

9. On or about May 29, 2020, Patient B presented to Respondent for psychiatric care. Respondent had previously diagnosed Patient A with ADHD, panic disorder, bipolar disorder, and depression. Patient B's PMP data demonstrated that Patient A was being prescribed opioid medication. Despite having a moderate overdose score and taking three (3) different controlled substances from differing therapeutic classes, Respondent failed to appropriately screen Patient B for safety, and failed to document or discuss alternatives including alternative treatments.

10. Respondent saw Patient B from April 2018 through December 2020 on no less than thirty (30) follow-up visits. Respondent routinely failed to discuss the risks and benefits of alternative treatment for her psychiatric conditions and failed to regularly to screen Patient B for safety and to discuss potential side effects of the medication prescribed by Respondent. On multiple visits, Respondent documented a templated generic mental status examination at each visit stating:

> "No suicidal or homicidal ideation. Patient Is seen to have well-delineated futuristic thoughts and plans. The patient/or legal guardian gave informed consent for the proposed medical treatment after careful evaluation of the risk/benefit analysis involved, as well as alternative treatment options. The patient and/or legal guardian was informed of potential side effects and what to do should they arise. The patient and/or legal guardian is aware of developing TD and understands that TD can be permanent, disfiguring disabling and rarely lethal."

Respondent's note regarding TD is indicative of his cloned medical records for Patient B.

COUNT I

NRS 630.301(4) - Malpractice

11. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

12. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

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[4] Patient B's true identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

13. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

14. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A and Patient B by routinely failing to screen for patient safety, and for prescribing drugs from multiple treatment classes despite PMP data showing both Patient A and B were taking opioid medications and had moderate overdose risks.

15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

16. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

17. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

18. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to correctly document his actions when he treated Patient A and Patient B, whose medical records were not timely, legible, accurate, and complete. Both Patient A and Patient B's records failed to include pertinent psychiatric signs and symptoms to support their diagnoses and justify treatment. Additionally, Respondent's records were highly templated which proliferated outdated and incorrect patient information for both Patient A and Patient B.

19. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 12th day of February, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: ______________________

IAN J. CUMINGS
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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 12th day of February, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

BRET W. FREY, M.D.
Chairman of the Investigative Committee

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