

Nirav R. Shah, M.D., M.P.H.
Commissioner

NEW YORK
state department of
HEALTH

PUBLIC

Sue Kelly
Executive Deputy Commissioner

July 24, 2013

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Samson G. Adegbite, M.D.

ADDRESS REDACTED

Re: License No. 175350

Dear Dr. Adegbite:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 13-221. This order and any penalty provided therein goes into effect July 28, 2013 .

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

SIGNATURE REDACTED

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Mark Uba, Esq.
5500 Main Street, Ste. 204
Williamsville, New York 14221

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
SAMSON ADEGBITE, M.D.

CONSENT
ORDER
BPMC#: 13-221

Upon the application of (Respondent) **SAMSON ADEGBITE, M.D.** in the attached
Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and
it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board,
either

by mailing of a copy of this Consent Order, either by first class mail to Respondent at
the address in the attached Consent Agreement or by certified mail to Respondent's
attorney, OR

upon facsimile transmission to Respondent or Respondent's attorney,
whichever is first.

SO ORDERED.

DATE: 07/21/2013

SIGNATURE REDACTED

CARMELA TORRELLI
Vice Chair
State Board for Professional Medical Conduct

**IN THE MATTER
OF
SAMSON ADEGBITE**

**CONSENT
AGREEMENT**

SAMSON ADEGBITE, M.D., represents that all of the following statements are true:

That on or about July 22, 1988, I was licensed to practice as a physician in the State of New York, and issued License No. 175350 by the New York State Education Department.

My current address is ! **ADDRESS REDACTED** , and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with two (2) Specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I cannot successfully defend against at least one of the acts of misconduct alleged, and agree to the following penalty:

Effective **October 15, 2013**, my license to practice medicine shall be limited, pursuant to N.Y. Pub. Health Law § 230-a, to preclude patient contact and any practice of medicine, clinical or otherwise. I shall be precluded from diagnosing, treating, operating, or prescribing for any human disease, pain, injury, deformity, or physical condition. I shall be precluded from further reliance upon my license to practice medicine to exempt me from the licensure, certification or other requirements set forth in statute or regulation for the practice of any other profession licensed, regulated or certified by the Board of Regents, Department of Education, Department of Health or the Department of State.

I further agree that the Consent Order for which I apply shall impose the following conditions:

That Respondent shall, within 30 days after October 15, 2013, notify the New York State Education Department, Division of Professional Licensing Services, that Respondent's license status is "inactive," and shall provide proof of such notification to the Director of OPMC immediately upon having done so; and

Effective October 15, 2013, Respondent shall return any and all official New York State prescriptions to the Bureau of Narcotic Enforcement, and, in the event that Respondent holds a Drug Enforcement Administration (DEA) Certificate for New York State, Respondent shall surrender Respondent's Certificate to DEA within 15 days of October 15, 2013. All submissions to DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011. Further, within 30 days of returning these prescriptions and

surrendering the Certificate, respondent shall provide documentary proof of these transaction(s) to the Director of OPMC; and

The Director of OPMC may review Respondent's professional performance. This review may include but shall but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall comply with all conditions set forth in attached Exhibit "B" ("Requirements for Closing a Medical Practice").

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined in N.Y. Educ. Law § 6530(29).

I agree that if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board for Professional Medical Conduct and the Office

of Professional Medical Conduct have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

I am aware and agree that, regardless of prior communication, the attorney for the Department, the Director of the Office of Professional Medical Conduct, and the Chairperson of the State Board for Professional Medical Conduct each reserve full discretion to enter into the Consent Agreement that I propose in this application, or to decline to do so.

DATE 7/18/2013

SIGNATURE REDACTED

SAMSON ADEGBITE, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 7/10/2013

SIGNATURE REDACTED

MARK R. UBA, ESQ.
Attorney for Respondent

DATE: 7/11/13

SIGNATURE REDACTED

MICHAEL G. BASS
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 7/18/13

SIGNATURE REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT A

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
SAMSON ADEGBITE, M.D.

STATEMENT
OF
CHARGES

SAMSON ADEGBITE, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 22, 1988, by the issuance of license number 175350 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent provided medical care to Patient A (patients are identified in the attached appendix), a 10 year old male, at Batavia Community Care Center, 11 Batavia City Centre, Batavia NY 14020 [hereinafter "BCCC"] from on or about May 14, 2005, to on or about December of 2008. Patient A had been diagnosed with Attention Deficit Hyperactivity Disorder, Conduct Disorder, Dysthymic Disorder and Bipolar Disorder. Respondent's care and treatment of Patient A failed to meet accepted standards of medical practice in that:
1. On or about May 14, 2005, Respondent began treating Patient A with a dosage of Depakote ER at 750mg/day without following up by ordering the appropriate bloodwork, and/or failed to document that he had ordered such bloodwork.
 2. On or about May 14, 2005, Respondent initially treated Patient A with Risperidone, Depakote ER and Adderall without monitoring the health of Patient A's liver, and/or failed to document such monitoring.
 3. Respondent, from on or about May 14, 2005, to on or about April 18, 2008, failed to adequately monitor Patient A's depakote blood level, and/or failed to document such monitoring.
 4. On or about October 2, 2006, Respondent doubled Patient A's dosage of Depakote ER from 750mg/day to 1500mg/day with no knowledge of Patient A's depakote blood level, and/or failed to document such

knowledge.

5. Respondent failed to record the reasoning behind doubling Patient A's dosage of Depakote ER from 750mg/day to 1500mg/day on or about October 2, 2006.
6. On or about October 2, 2006, Respondent discontinued treating Patient A with Risperidone and replaced it with Seroquel without documenting the reasoning behind the changes.
7. On or about October 2, 2006, Respondent treated Patient A with Seroquel at 75mg/day and doubled Patient A's Depakote dosage with no knowledge of Patient A's blood levels, and/or failed to record such knowledge.
8. On or about April 18, 2008, seeing that Patient A had a lowered white blood count [hereinafter "WBC"], Respondent failed to request a hematologic consult and/or continue to monitor Patient A's WBC.

B. Respondent provided medical care to Patient B, a 38 year old male, as the consulting psychiatrist at the Dale Association, 33 Ontario Street, Lockport, NY 14094 [hereinafter "Dale Association"], from on or about January 2011 to February 2011. Patient B was attending the Dale Association for a chemical dependency problem. Respondent's care and treatment of Patient B failed to meet accepted standards of medical practice, in that:

1. On or about January 25, 2011, Respondent failed to assess the possibility of Patient B developing Serotonin Syndrome.
2. On or about February 8, 2011, Respondent, being aware of Patient B's history of addiction, prescribed Patient B a 30 day supply of Klonopin 0.5 mg (90 pills) with no safety pieces in place in the treatment plan at that moment.
3. Respondent failed to document why he prescribed Patient B Strattera 80mg daily on or about February 8, 2011.

C. Respondent provided medical care for Patient C, a 50 year old female, at the Dale Association from on or about October 2010 to December 2010. Patient C was a morbidly obese, hypertensive, diabetic and hypothyroid individual with psychosis, with a psychiatric history dating back more than 30 years. Respondent's care and treatment of Patient C failed to meet accepted

standards of medical practice, in that:

1. Respondent, in his initial assessment of Patient C on or about October 5, 2010, failed to assess Patient C's glucose level, weight, blood pressure, liver and renal health, levels of Cholesterol and Triglycerides/Lipids and Depakote Blood Level, and/or failed to document such assessment.
2. Respondent, after assessing Patient C on October 5, 2010, failed to recommend a comprehensive review of Patient C in a timely manner, whether it be performed by himself or another healthcare professional.
3. Respondent failed to schedule a follow up visit with Patient C in a timely manner after his initial assessment of Patient C on or about October 5, 2010.
4. Respondent, on or about December 28, 2010, failed to order any lab work to be performed on Patient C, and/or failed to document the ordering of such lab work.
5. Respondent, on or about December 28, 2010, failed to schedule a return visit with Patient C in a timely manner.

D. Respondent provided medical care to Patient D, a 7 year old female, at BCCC, at various times from on or about February 19, 2007 to on or about October 27, 2007. Patient D was diagnosed with ADHD. Respondent's care and treatment of Patient D failed to meet accepted standards of medical practice, in that:

1. Respondent, on or about March 19, 2007, prescribed Patient D Focalin XR 20mg/ day and continued her on Depakote ER at 750mg/day without knowing the state of Patient D's liver, kidney and complete blood count.
2. Respondent, on or about March 19, 2007, failed to document why he prescribed Patient D Depakote ER.
3. Respondent, throughout his treatment of Patient D, failed to document any lab data regarding Patient D's liver, kidney or complete blood count.
4. Respondent, on or about May 12, 2007, prescribed Patient D Metadate CD at 50-60mg a day.
5. Respondent, on or about June 15, 2007, doubled Patient D's dose of Depakote ER from 750mg/day to 1500mg/day with no clear reason.

6. Respondent, on or about July 16, 2007, chose to treat Patient D's insomnia by adding Clonidine 0.2mg at night as opposed to reducing Patient D's daily intake of Metadate.
7. Respondent, on or about September 28, 2007, was still treating Patient D with Depakote at 1500mg/day with no recorded blood level.
8. Respondent, on or about September 28, 2007, increased Patient D's dosage of Clonidine from 0.2mg daily to 0.3mg day without recording Patient D's weight or blood pressure and without performing an EKG.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, A and A.7, A and A.8, B and B.1, B and B.2, B and B.3, C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, D and D.1, D and D.2, D and D.3, D and D.4, D and D.5, D and D.6, D and D.7, and/or D and D.8.

SECOND SPECIFICATION

FAILURE TO MAINTAIN A RECORD

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient as alleged in the facts of any one or more of the following:

2. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, A and A.7, B and B.3, C and C.1, C and C.4, D and D.1, D and D.2, D and D.3, and/or D and D.6.

DATED: *July 11*, 2013

SIGNATURE REDACTED

Michael A. Hiser
Acting Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

**Requirements for Closing a Medical Practice Following a
Revocation, Surrender, Limitation or Suspension of a Medical License**

1. Effective October 15, 2013, Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within 5 days of October 15, 2013, Licensee shall deliver Licensee's current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. Within 15 days of October 15, 2013, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of October 15, 2013, of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of October 15, 2013, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact persons who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority,

whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.

5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within 15 days of October 15, 2013, advise the DEA, in writing, of the licensure action and shall surrender his/her DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
6. Within 15 days of October 15, 2013, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
7. Within 15 days of October 15, 2013, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from

engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to October 15, 2013.

9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days of October 15, 2013. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of October 15, 2013.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges of which the Licensee is found guilty, and may include revocation of a suspended license.