

## New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D.,M.P.H., Dr. P.H. Commissioner NYS Department of Health

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director Office of Professional Medical Conduct PUBLIC

Michael A. Gonzalez, R.P.A. Vice Chair

Ansel R. Marks, M.D., J.D. Executive Secretary

June 1, 2004

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Anukware Ketosugbo, M.D. 20 Plaza Street East Brooklyn, NY 11238

Re: License No. 147545

Dear Dr. Ketosugbo:

Enclosed please find Modification Order #BPMC 03-85 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect June 8, 2004.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D

**Executive Secretary** 

Board for Professional Medical Conduct

Enclosure

Cc: Denise L. Quarles, Esq.
Quarles & Associates, P.C.
405 Lexington Avenue, Suite 2600
New York, NY 10174

## IN THE MATTER

**OF** 

## ANUKWARE KETOSUGBO, M.D.

MODIFICATION ORDER

BPMC No. 03-85

Upon the proposed Application for a Modification Order of ANUKWARE KETOSUGBO, M.D. (Respondent), which is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted and SO ORDERED, and it is further

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

- by mailing of a copy of this Modification Order, either by first class to
   Respondent at the address in the attached Application or by certified mail to
   Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,
   Whichever is first.
   SO ORDERED.

DATED: 5/28/04

MICHAEL A. GONZALEZ, R.P.A.

Vice Chair

State Board for Professional Medical Conduct

#### IN THE MATTER

OF

ANUKWARE KETOSUGBO, M.D.

APPLICATION FOR MODIFICATION ORDER

STATE OF NEW YORK ) ss.:

ANUKWARE KETOSUGBO, M.D., (Respondent) being duly sworn, deposes and says:

That on or about September 4, 1981, I was licensed to practice as a physician in the State of New York, and issued License No. 147545 by the New York State Education Department.

My current address is 20 Plaza Street East, Brooklyn, N.Y. 11238, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC Order No. 03-85 (Attachment I) (henceforth "Original Order"), which was issued upon an Application For Consent Order signed by me on March 18, 2003, (henceforth 3/18/03 Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

Exhibit B, paragraph 8, currently requires Dr. Ketosugbo to obtain recertification by the American Board of Surgery. The requirement of Exhibit B, paragraph 8 shall be modified to read as follows:

Within one year of the effective date of the modification, Dr.

Ketosubgo will enroll in and complete an intensive Board
Review course in the area of General
Surgery/Cardiothoracic Surgery, subject to the written prior approval of the Director of OPMC.

and

Exhibit B, paragraph 9, currently sets forth CME requirements, which shall
 continue to apply but which shall be modified to add the following requirements:

In addition to completing medical education (CME) in the areas of medical recordkeeping and hemodynamic/fluid volume management and monitoring, Dr. Ketsugbo agrees to complete a minimum of twenty Category 1 CME hours in the areas of general and cardiothoracic surgery during his remaining year of probation. All CME is subject to the written prior approval of the Director of OPMC.

 All remaining Terms and Conditions will continue as written in BPMC Order No. 03-85.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

1 1

ANUKWARE KÉTOSUGBO, M.D. RESPONDENT

Sworn to before me on this 14 day of \_\_\_\_\_\_2004

DENISE L. QUARLES NOTARY PUBLIC, State of New York Registration No. 02QU6054590 Qualified and Certified
In New York County
Commission Expires 2/5/07

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The undersigned agree to the attached Application of Respondent and to the proposed penalty based on its terms and conditions.

DATE: May 14, 2004

DENISE L. QUARLÉS, ESQ. Attorney for Respondent

DATE: May 25, 2004

MARCIA E. KAPLAN

Associate Counsel

Bureau of Professional Medical Conduct

DATE: Mag 25 2000

DENNIS J. GRAZIANO

Director

Office of Professional Medical Conduct



## New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D.,M.P.H., Dr. P.H. Commissioner NYS Department of Health

Dennis P. Whalen

Executive Deputy Commissioner

NYS Department of Health

Dennis J. Graziano, Director Office of Professional Medical Conduct William P. Dillon, M.D. Chair

Michael A. Gonzalez, R.P.A. Vice Chair

Ansel R. Marks, M.D., J.D. Executive Secretary

April 3, 2003

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Anukware Ketosugbo, M.D. 20 Plaza Street, East Brooklyn, New York 11238

RE:

License No. 147545

Dear Dr. Ketosugbo:

Enclosed please find Order #BPMC 03-85 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect April 3, 2003.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely

Ansel R. Marks, M.D., J.D.

Executive Secretary

Board for Professional Medical Conduct

Enclosure

cc: Philip J. Onorato, Esq.

Wood, Rafalsky and Wood, LLP 62 Williams Street, 2nd Floor New York, NY 10005

## IN THE MATTER OF

ANUKWARE KETOSUGBO, M.D.

CONSENT **ORDER** 

BPMC No. 03-85

Upon the application of (Respondent) Anukware Ketosugbo, 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 SO ORDERED, and it is further

ORDERED, that this 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

State Board for Professional Medical Conduct

# IN THE MATTER OF ANUKWARE KETOSUGBO, M.D.

CONSENT
AGREEMENT
AND
ORDER

Anukware Ketosugbo, M.D., representing that all of the following statements are true, deposes and says:

That on or about September 4, 1981, I was licensed to practice as a physician in the State of New York, and issued License No.147545 by the New York State Education Department.

My current address is 20 Plaza Street East, Brooklyn, NY 11238, 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 has charged me with one specification of professional misconduct.

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

I do not contest the misconduct alleged, in full satisfaction of the charges against me, and agree to the following penalty:

My license to practice medicine in the State of New York shall be suspended for two years, with such suspension to be stayed. I shall be subject to a two year period of probation in accordance with the terms set forth in the appended Exhibit "B". I further agree that the Consent Order shall impose the

## following conditions:

That Respondent shall maintain current registration of licensure with the New York State Education
Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; and

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 for the period of probation or as otherwise required by law.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education 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.

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.

DATED\_3-18-93

Anukware Ketosugbo, M.D. RESPONDENT

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

Wood Rafalsky & Wood, LLP Attorney for Respondent

TERRENCE SHEEHAN
Associate Counsel
Bureau of Professional Medical Conduct

DENNIS J. GRAZIANO Director

Office of Professional Medical Conduct

#### IN THE MATTER

OF

ANUKWARE KETOSUGBO, M.D.

STATEMENT OF CHARGES

Anukware Ketosugbo, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 4, 1981, by the issuance of license number 147545 by the New York State Education Department.

## **FACTUAL ALLEGATIONS**

- A. In September 2001, Respondent treated Patient A at University Hospital of Brooklyn for coronary artery disease (The names of Patients are contained in the attached Appendix). Respondent's care departed from accepted standards in the following respects:
  - On September 25, 2000, Respondent performed triple bypass heart surgery on Patient A. Postoperatively, Respondent failed to properly monitor Patient A's serum potassium levels.
- B. In November, 2000, Respondent treated Patient B at Interfaith Medical Center for empyema in the right chest. Respondent's care departed from accepted standards in the following respects:
  - 1. On November 11, 2000, Respondent performed a left thoracotomy without having Patient B's x-rays in hand.
  - 2. The left thoracotomy was contraindicated, since the pathology existed in the right chest not in the left chest.

**EXHIBIT "A"** 

## **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 the following paragraphs:

1. A, A(1) and B, B(1), B(2)

DATED:

March 26, 2003 New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

### **EXHIBIT "B"**

### Terms of Probation

- 1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by New York State Education Law §6530 or §6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to New York State Public Health Law §230(19).
- 2. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that such information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action.
- Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of thirty (30) consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive thirty (30) day period. Respondent shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period will resume and Respondent shall fulfill any unfulfilled probation terms.
- The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records and/or hospital charts; and interviews with or periodic visits with Respondent and Respondent's staff at practice locations or OPMC offices.
- 6. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances. Respondent shall maintain complete and accurate records regarding the purchase and administration of all vaccines.

## PRACTICE MONITOR

- 7. Within thirty days of the effective date of the order, and for the period of probation, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.
  - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
  - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
  - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
  - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
- 8. Respondent shall, during his period of probation, apply for and obtain recertification by the American Board of Surgery (ABS).
- 9. In addition to completing the ABS requirement of 60 Category 1 CME's over the two year period, Respondent shall complete an additional 40 Category 1 CME's during the two year probationary period. Within six months of the effective date of this Order, Respondent shall complete CME's, if offered, in the areas of hemodynamics/fluid volume management and monitoring.
  - Respondent shall enroll in and complete a continuing education program in the area of medical record keeping for a minimum of 8 credit hours. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within the probation period, unless the Order specifies otherwise.
- 10. Respondent shall comply with this Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or violation of, these terms, the Director of OPMC and/or the Board

may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.