

**These charges are only allegations which
may be contested by the licensee in an
administrative hearing.**

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

IN THE MATTER
OF
JACOB WILLIAM SMITH, M.D.

NOTICE
OF
HEARING

TO: JACOB WILLIAM SMITH, M.D.
C/O Andrew M. Knoll, Esq.
Cohen Compagni Beckman Appler & Knoll, PLLC
507 Plum Street, Third Floor
Syracuse, NY 13204
(Attorney for Respondent)

PLEASE TAKE NOTICE:

A hearing will be held pursuant to the provisions of N.Y. Pub. Health Law §230 and N.Y. State Admin. Proc. Act §§301-307 and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on October 7, at 10:00 a.m., at the Offices of the New York State Department of Health, Central New York Regional Office, 217 South Salina Street, Syracuse, New York, 13202, and at such other adjourned dates, times and places as the committee may direct.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. You shall appear in person at the hearing and may be represented by counsel who shall be an attorney admitted to practice in New York state. You have the right to produce witnesses and evidence on your behalf, to issue or have subpoenas issued on your behalf in order to require the production of witnesses and documents, and you may cross-examine witnesses

and examine evidence produced against you. A summary of the Department of Health Hearing Rules is enclosed.

YOU ARE HEREBY ADVISED THAT THE ATTACHED CHARGES WILL BE MADE PUBLIC FIVE BUSINESS DAYS AFTER THEY ARE SERVED.

Department attorney: Initial here 

The hearing will proceed whether or not you appear at the hearing. Please note that requests for adjournments must be made in writing and by telephone to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Riverview Center, 150 Broadway - Suite 510, Albany, NY 12204-2719, ATTENTION: HON. JAMES HORAN, DIRECTOR, BUREAU OF ADJUDICATION, (henceforth "Bureau of Adjudication"), (Telephone: (518-402-0748), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date. Adjournment requests are not routinely granted as scheduled dates are considered dates certain. Claims of court engagement will require detailed Affidavits of Actual Engagement. Claims of illness will require medical documentation.

Pursuant to the provisions of N.Y. Pub. Health Law §230(10)(c), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose name appears below. Pursuant to §301(5) of the State Administrative Procedure Act, the

Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of N.Y. State Admin. Proc. Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and in the event any of the charges are sustained, a determination of the penalty to be imposed or appropriate action to be taken. Such determination may be reviewed by the Administrative Review Board for Professional Medical Conduct.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET OUT IN NEW YORK PUBLIC HEALTH LAW §§230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATE Albany, NY
September 6, 2019


TIMOTHY J. MAHAR
Deputy Counsel
Bureau of Professional Medical Conduct

Inquiries should be directed to:
David W. Quist, Associate Attorney
NYS Department of Health
Division of Legal Affairs
Bureau of Professional Medical Conduct
Room 2512, Corning Tower, ESP
Albany, New York 12237
518.473.4282

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

IN THE MATTER
OF
JACOB WILLIAM SMITH, M.D.

STATEMENT
OF
CHARGES

JACOB WILLIAM SMITH, M.D., the Respondent, was authorized to practice medicine in New York State on or about November 8, 2010, by the issuance of license number 259377 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about April 14, 2017, Respondent provided medical care to Patient A (all patients are identified in the Appendix), a 36-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient A failed to meet accepted standards of medical practice in that:

1. Respondent administered inappropriate anesthetic medications and/or other medications to Patient A.
2. Respondent diverted to himself for his own use some all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient A.

B. From on or about April 21, 2017 through on or about April 23, 2017, Respondent provided medical care to Patient B, a 96-year-old male at the time of treatment, at

Cayuga Medical Center. Respondent's care and treatment of Patient B failed to meet accepted standards of medical practice in that:

1. Respondent documented administration of excessive anesthesia to and/or other medications to Patient B.
2. Respondent administered inappropriate anesthetic medications and/or other medications to Patient B.
3. Respondent diverted to himself for his own use all or some some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient B.

C. From on or about March 28, 2017, Respondent provided medical care to Patient C, a 69-old male at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient C failed to meet accepted standards of medical practice in that:

1. Respondent administered inappropriate anesthetic medications and/or other medications to Patient C.
2. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient C.
3. Respondent failed to maintain a complete, legible record of Respondent's care of Patient C.

D. On or about April 6, 2017, Respondent provided medical care to Patient D, a 59-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's

care and treatment of Patient D failed to meet accepted standards of medical practice in that:

1. Respondent administered inappropriate anesthetic medications and/or other medications to Patient D.
2. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient D.
3. Respondent failed to maintain a complete, legible record of Respondent's care of Patient D.

E. On or about April 19, 2017, Respondent provided medical care to Patient E, a 32-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient E failed to meet accepted standards of medical practice in that:

1. Respondent administered inappropriate anesthetic medications and/or other medications to Patient E.
2. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient E.
3. Respondent failed to maintain a complete, legible record of Respondent's care of Patient E.

F. On or about May 2, 2017, Respondent provided medical care to Patient F, an 89-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient F failed to meet accepted standards of medical practice in that:

1. Respondent documented administration of excessive anesthesia to and/or other medications to Patient F.
2. Respondent administered inappropriate anesthetic medications and/or other medications to Patient F.
3. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient F.
4. Respondent failed to maintain a complete, legible record of Respondent's care of Patient F.

G. On or about March 30, 2017, Respondent provided medical care to Patient G, a 55-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient G failed to meet accepted standards of medical practice in that:

1. Respondent administered inappropriate anesthetic medications and/or other medications to Patient G.
2. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient G.
3. Respondent failed to maintain a complete, legible record of Respondent's care of Patient G.

H. On or about May 16, 2017, Respondent provided medical care to Patient H, a 65-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient H failed to meet accepted standards of medical care in that:

1. Respondent documented administration of excessive anesthesia to and/or other medications to Patient H.
2. Respondent administered inappropriate anesthetic medications and/or other medications to Patient H.
3. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient H.
4. Respondent failed to maintain a complete, legible record of Respondent's care of Patient H.

I. On or about April 22, 2017, Respondent provided medical care to Patient I, a 69-year-old male at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient I failed to meet accepted standards of medical care in that:

1. Respondent documented administration of excessive anesthesia to and/or other medications to Patient I.
2. Respondent administered inappropriate anesthetic medications and/or other medications to Patient I.
3. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient I.

J. On or about March 23, 2017, Respondent provided medical care to Patient J, a 71-year-old male at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient J failed to meet accepted standards of medical care in that:

1. Respondent documented administration of excessive anesthesia to and/or other medications to Patient J.

2. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient J.
3. Respondent failed to maintain a complete, legible record of Respondent's care of Patient J.

K. On or about March 28, 2017, Respondent provided medical care to Patient K, a 74-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient K failed to meet accepted standards of medical care in that:

1. Respondent administered inappropriate anesthetic medications and/or other medications to Patient K.
2. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient K.
3. Respondent failed to maintain a complete, legible record of Respondent's care of Patient K.

L. On or about May 2, 2017, Respondent provided medical care to Patient L, a 66-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient L failed to meet accepted standards of medical care in that:

1. Respondent documented administration of excessive anesthesia to and/or other medications to Patient L.
2. Respondent administered inappropriate anesthetic medications and/or other medications to Patient L.

3. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient L.
4. Respondent failed to maintain a complete, legible record of Respondent's care of Patient L.

M. On or about April 13, 2017, Respondent provided medical care to Patient M, a 64-year-old female at the time of treatment, at Cayuga Medical Center. Respondent's care and treatment of Patient M failed to meet accepted standards of medical care in that:

1. Respondent documented administration of excessive anesthesia to and/or other medications to Patient M.
2. Respondent administered inappropriate anesthetic medications and/or other medications to Patient M.
3. Respondent diverted to himself for his own use all or some portion of the anesthetic medications and/or other medications which he had documented in the medical record as being administered to Patient M.
4. Respondent failed to maintain a complete, legible record of Respondent's care of Patient M.

N. Respondent, on one or more occasions after May 2007, has been a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, a/or other drugs having similar effects.

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. A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, C and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, E and E.1, E and E.2, E and E.3, F and F.1, F and F.2, F and F.3, F and F.4, G and G.1, G and G.2, G and G.3, H and H.1, H and H.2, H and H.3, H and H.4, I and I.1, I and I.2, I and I.3, J and J.1, J and J.2, J and J.3, K and K.1, K and K.2, K and K.3, L and L.1, L and L.2, L and L.3, L and L.4, M and M.1, M and M.2, M and M.3, M and M.4, and/or N.

SECOND SPECIFICATION
INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y.

Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

2. A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, C and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, E and E.1, E and E.2, E and E.3, F and F.1, F and F.2, F and F.3, F and F.4, G and G.1, G and G.2, G and G.3, H and H.1, H and H.2, H and H.3, H and H.4, I and I.1, I and I.2, I and I.3, J and J.1, J and J.2, J and J.3, K and K.1, K and K.2, K and K.3, L and L.1, L and L.2, L and L.3, L and L.4, M and M.1, M and M.2, M and M.3, M and M.4, and/or N.

THIRD SPECIFICATION
GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

3. A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, C. and C.1, C and C.2, D and D.1, D and D.2, E and E.1, E and E.2, F and F.1, F and F.2, F and F.3, G and G.1, G and G.2, H and H.1, H and H.2, H and H.3, I and I.1, I and I.2, I and I.3, J and J.1, J and J.2, K and K.1, K and K.2, L and L.1, L and L.2, L and L.3, M and M.1, M and M.2, and/or M and M.3..

FOURTH SPECIFICATION
FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

4. A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, C. and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, E and E.1, E and E.2, E and E.3, F and F.1, F and F.2, F and F.3, F and F.4, G and G.1, G and G.2, G and G.3, H and H.1, H and H.2, H and H.3, H and H.4, I and I.1, I and I.2, I and I.3, J and J.1, J and J.2, J and J.3, K and K.1, K and K.2, K and K.3, L and L.1, L and L.2, L and L.3, L and L.4, M and M.1, M and M.2, M and M.3, and/or M and M.4.

FIFTH SPECIFICATION
BEING AN HABITUAL USER OR HAVING A
PSYCHIATRIC CONDITION WHICH IMPAIRS
THE ABILITY TO PRACTICE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(8) by being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, or having a psychiatric condition which impairs the licensee's ability to practice as alleged in the facts of the following:

5. A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, C. and C.1, C and C.2, D and D.1, D and D.2, E and E.1, E and E.2, F and F.1, F and F.2, F and F.3, G and G.1, G and G.2, H and H.1, H and H.2, H and H.3, I and I.1, I and I.2, I and I.3, J and J.1, J and J.2, K and K.1, K and K.2, L and L.1, L and L.2, L and L.3, M and M1, M and M.2, M and M.3, and/or N.

SIXTH SPECIFICATION
FAILURE TO MAINTAIN RECORDS

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:

6. A and A.2, B and B.1, B and B.3, C and C.2 and C and C.3, D and D.2, D and D.3, E and E.2, E and E.3, F and F.1, F and F.3, F and F.4, G and G.2, G and G.3, H and H.1, H and H.3, H and H.4, I and I.1, I and I.3, J and J.1, J and J.2,

J and J.3, K and K.2, K and K.3, L and L.1, L and L.3, L and L.4, M and M.1, M and M.3, and/or M and M.4.

DATE: September 6, 2019
Albany, New York

A large black rectangular redaction box covers the signature area. A small, faint circular mark is visible to the left of the box.

Timothy J. Mahar Esq.
Deputy Counsel
Bureau of Professional Medical Conduct