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 CHINWE OFFOR, M.D.	STATEMENT OF CHARGES

CHINWE OFFOR, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 2, 1996, by the issuance of license number 203584 by the New York State Education Department (NYED). Respondent is not currently registered with NYED for the practice of medicine.

FACTUAL ALLEGATIONS

A. Respondent undertook the care and treatment of Patient A (the identity of all patients herein charged is set forth in Appendix "A") in the Neonatal Intensive Care Unit ("NICU") at Mercy Medical Center ("Mercy"), Rockville Center, N.Y. from on or about the date of birth, September 15, 2013, through on or about September 18, 2013. Patient A was born at 38 weeks gestational age via induced vaginal delivery secondary to Intrauterine Growth Restriction ("IUGR"). Patient A was transferred to the NICU for IUGR, and for presumed sepsis, in light of premature rupture of membranes ("PROM"). On arrival in the NICU, Patient A's weight was 1997g. On or about September 18, 2013, Patient A was transferred to NY-Presbyterian – Columbia, Children's Hospital for Neonatal Diabetes Mellitus. Respondent's care and treatment of Patient A deviated from accepted standards of care in that Respondent:

1. Inappropriately diagnosed the patient as having hypernatremia and dehydration and started the patient on an aggressive hydration protocol.

2. Included sodium in the initiated aggressive hydration protocol, which was contraindicated.
3. Failed to timely treat the patient with the administration of insulin.
4. Failed to appropriately order an endocrine consult and/or to timely transfer the infant patient to another hospital center.
5. Failed to maintain a record that accurately reflects the care and treatment rendered the patient.

B. Respondent undertook the care and treatment of Patient B in the NICU at Mercy from on or about the date of birth, June 25, 2014, through on or about June 28, 2014. Patient B was identified as at risk for hypoglycemia based upon a maternal history of Gestational Diabetes. The infant patient was started on IV dextrose and, within approximately 3 hours from birth, Respondent ordered the addition of Calcium supplementation in the IV fluids. Thereafter, the IV site infiltrated, causing an IV burn, for which Respondent ordered the application of EMLA cream. Respondent's care and treatment of Patient B deviated from accepted standards of care in that Respondent:

1. Inappropriately ordered intravenous Calcium supplementation.
2. Inappropriately ordered the application of EMLA, which is contraindicated for an IV burn on an infant.
3. Failed to maintain a record that accurately reflects the care and treatment rendered the patient.

C. Respondent undertook the care and treatment of Patient C in the NICU at Mercy from on or about the date of birth, August 11, 2012 through on or about August 12, 2012 when the infant patient was transferred to Long Island Jewish Medical Center ("LIJ"). Patient C was transferred to the NICU for respiratory distress and a diagnosis of sepsis. A chest x-ray showed a small pneumothorax and an ECHO performed showed normal cardiac anatomy and a large Patent Ductus Arteriosum ("PDA"), which was small by day 2. The patient was given Indomethacin. The presenting respiratory distress progressed to Persistent Pulmonary Hypertension and the infant patient was transferred to LIJ in critical condition. Respondent's care and treatment of Patient C deviate from accepted standards of care in that Respondent:

1. Inappropriately ordered the administration of Indomethacin to close a PDA.
2. Inappropriately ordered the administration Fentanyl, causing decompensation, followed by ordering the administration of Naloxone (Narcan) and then Phenobarbital.
3. Inappropriately ordered the administration of Prostaglandin.
4. Inappropriately ordered frequent respiratory ventilator changes.
5. Failed to maintain a record that accurately reflects the care and treatment rendered the patient.

D. Respondent undertook the care and treatment of Patient D in the NICU at Mercy from on or about the date of birth, May 27, 2014 through on or about June 2, 2014. Patient D was transferred to the NICU for respiratory distress. Initial chest x-ray confirmed a right pneumothorax and the patient was placed on 100% oxygen via nasal cannula. A later chest x-ray showed a large right pneumothorax, consistent with a tension pneumothorax. Respondent inserted a chest tube, which remained in place for 3 days with the infant also remaining on NC 2L 100% Oxygen. Respondent's care and treatment of Patient D deviate from accepted standards of care in that Respondent:

1. Failed to wean the patient off 100% oxygen once the chest tube was placed and the pneumothorax evacuated.
2. Failed to maintain a record that accurately reflects the care and treatment rendered the patient.

SPECIFICATION OF CHARGES

FIRST 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:

1. Paragraphs A, A.1 – A.5, B, B.1 – B.3, C, C.1 – C.5, D, D.1, D.2

SECOND SPECIFICATION

NEGLIGENCE 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 negligence on more than one occasion as alleged in the facts of:

2. Paragraphs A, A.1 – A.5, B, B.1 – B.3, C, C.1 – C.5, D, D.1, D.2

THIRD SPECIFICATON

GROSS INCOMPETENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

3. Paragraphs A, A.1 – A.5, B, B.1 – B.3, C, C.1 – C.5, D, D.1, D.2

FOURTH THROUGH SEVENTH 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:

4. Paragraphs A, A.1 – A.5

5. Paragraphs B, B.1 – B.3

6. Paragraphs C, C.1 – C.5

7. Paragraphs D, D.1, D.2

EIGHTH THROUGH ELEVENTH 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:

8. Paragraphs A.5

9. Paragraphs B.3

10. Paragraphs C.5

11. Paragraphs D.2

DATE: November 27, 2017
New York, New York

[redacted]

ROY NEMERSON
Deputy Counsel
Bureau of Professional Medical Conduct