



Barbara A. DeBuono, M.D., M.P.H.  
Commissioner

**Board for Professional Medical Conduct**

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

C. Maynard Guest, M.D.  
Executive Secretary

September 13, 1995

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Francis Narcisse, P.A.  
105-18 Avenue L  
Brooklyn, New York 11236

RE: License No. 003555

Dear Mr. Narcisse:

Effective Date: 09/20/95

Enclosed please find Order #BPMC 95-218 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

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.

Board for Professional Medical Conduct  
New York State Department of Health  
Empire State Plaza  
Tower Building-Room 438  
Albany, New York 12237-0756

Sincerely,

Charles Vacanti, M.D.  
Chairman  
Board for Professional Medical Conduct

Enclosure

cc: Greg Naclerio, Esq.  
Ruskin, Moscou, Evans & Faltischek  
170 Old Country Road  
Mineola, New York 11501-4366

Claudia Bloch, Esq.

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

IN THE MATTER  
OF  
FRANCIS NARCISSE, P.A.

CONSENT  
ORDER  
BPMC #95-218

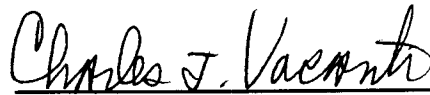
Upon the application of FRANCIS NARCISSE, P.A.. (Respondent) for Consent Order, which application is made a part hereof, it is

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

SO ORDERED.

DATED: 8 September 1995



CHARLES J. VACANTI, M.D.  
Chairperson  
State Board for Professional  
Medical Conduct

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

IN THE MATTER  
OF  
FRANCIS NARCISSE, P.A.

APPLICATION  
FOR  
CONSENT ORDER

STATE OF NEW YORK )  
COUNTY OF KINGS ) ss.:

FRANCIS NARCISSE, P.A., being duly sworn, deposes and says:

That on or about July 20, 1988, I was licensed to practice as a physician's assistant in the State of New York, having been issued License No. 003555 by the New York State Education Department.

My current address is 105-18 Avenue L, Brooklyn, N.Y. 11236, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with forty three (43) specifications of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I admit guilt to the Third through Twelfth Specifications, in full satisfaction of the charges against me. I hereby agree to the penalty that my license to practice as a physician's assistant in the State of New York be suspended for two years and that said suspension is stayed. I further hereby agree to be placed on probation for said two year period, in accordance with the terms set forth in the attached Exhibit "B", and that, during said two year period of probation, my practice as a physician's assistant shall be restricted to practicing only in a facility approved pursuant to either Article 28 or Article 44 of the N.Y. Public Health Law,

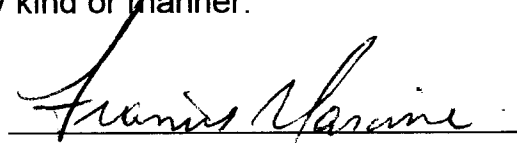
or, if outside said approved facility, I shall only do so with the written prior approval and consent of the Director of the Office of Professional Medical Conduct.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.



FRANCIS NARCISSE, P.A.  
RESPONDENT

Sworn to before me this

22 day of August, 1995.

  
NOTARY PUBLIC

ELLEN F. KESSLER  
NOTARY PUBLIC, State of New York  
Qualified in Nassau County  
No. 4910390  
Commission Expires October 5, 1995

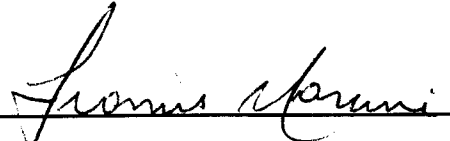
NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER  
OF  
FRANCIS NARCISSE, P.A.

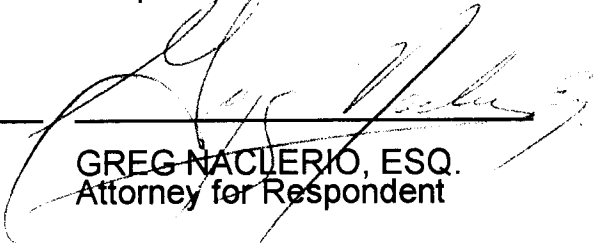
APPLICATION  
FOR  
CONSENT ORDER

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

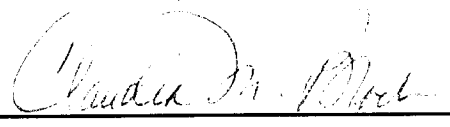
DATE: August 22, 1995

  
FRANCIS NARCISSE, P.A.  
Respondent

DATE: August 22, 1995

  
GREG NACIERIO, ESQ.  
Attorney for Respondent

DATE: August 30, 1995

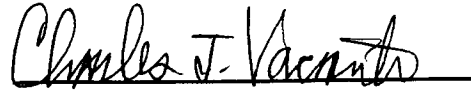
  
CLAUDIA MORALES BLOCH  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: Sept. 6, 1995



KATHLEEN M. TANNER  
Director  
Office of Professional Medical  
Conduct

DATE: 8 September 1995



CHARLES J. VACANTI, M.D.  
Chairperson  
State Board for Professional  
Medical Conduct

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

IN THE MATTER  
OF  
FRANCIS NARCISSE, P.A.

STATEMENT  
OF  
CHARGES

FRANCIS NARCISSE, P.A., the Respondent, was authorized to practice as a Physician's Assistant in New York State on or about July 20, 1988, by the issuance of license number 003555 by the New York State Education Department. At all times herein mentioned, Respondent was employed by LOUIS ROLAND TIMOTHEE, M.D. Patients A through J were recipients enrolled in the New York State Medical Assistance Program. (Patients A through J are identified in the attached Appendix along with their respective medicaid identification numbers).

**FACTUAL ALLEGATIONS**

- A. On or about November 6, 1989 and on or about December 18, 1989, Respondent treated Patient A at the medical offices of LOUIS ROLAND TIMOTHEE, M.D., located at 1939 Madison Avenue, New York, N.Y. 10035 (hereinafter referred to as "the Madison Avenue offices").
1. On each visit by Patient A, Respondent failed to:
    - a. Obtain and note an adequate history.
    - b. Perform and note an adequate physical examination.
  2. On each visit, Respondent inappropriately prescribed:

- a. Flexeril
  - b. Zantac
  - c. Proventil Inhaler
3. On the first visit of November 6, 1989, Respondent inappropriately performed an electrocardiogram on Patient A.
  4. Respondent failed to interpret and/or note in the chart an interpretation of the electrocardiogram he performed.
  5. On each visit, Respondent failed to adequately follow-up on and evaluate Patient A's complaints and/or Respondent's diagnoses of peptic ulcer disease and asthma.
  6. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Medical Assistance Program(hereinafter referred to as "the Program") and received reimbursement from the program for performing "Muscle Testing, total body including hands" on Patient A. In fact, Respondent did not perform this test. The bill submitted by Respondent and/or LOUIS ROLAND TIMOTHEE, M.D. was knowingly false.
  7. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program, and LOUIS ROLAND TIMOTHEE, M.D. received



reimbursement from the Program, for a Comprehensive Office Visit with Patient A on March 12, 1990. In fact, Respondent did not see nor treat Patient A on that date. The bill submitted by Respondent and/or LOUIS ROLAND TIMOTHEE, M.D. was knowingly false.

8. Respondent failed to maintain a record for Patient A which accurately reflects the patient's history, examination, diagnosis, test, and treatment rendered.
9. Respondent created a record for Patient A which is false and inaccurate and does not reflect legitimate patient care and treatment.

B. On or about January 12, 1990, Respondent treated Patient B at the Madison Avenue Office.

1. Respondent failed to:
  - a. Obtain and note an adequate history.
  - b. Perform and note an adequate physical examination.
2. Respondent inappropriately prescribed:
  - a. Prozac
  - b. Pepcid

c. Tetracycline

d. Flexeril

3. Respondent failed to perform an adequate work-up and evaluation to support a diagnosis of urinary tract infection.

4. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and was reimbursed for performing a "Muscle Testing, total body, including hands." In fact, Respondent did not perform this test. The bill submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.

5. Respondent failed to maintain a record for Patient B which accurately reflects the patient's history, examination, diagnosis, tests, and treatment rendered.

6. Respondent created a record for Patient B which is false and inaccurate and does not reflect legitimate patient care and treatment.

C. On or about November 3, 1989, Respondent treated Patient C at the Madison Avenue Office.

1. Respondent failed to:

a. Obtain and note an adequate history.

- b. Perform and note an adequate physical examination.
2. Respondent inappropriately prescribed:
  - a. Proventil Inhaler
  - b. Flexeril
  - c. Lotrisone cream
  - d. Zantac
3. Respondent inappropriately performed an electrocardiogram on Patient C.
4. Respondent failed to interpret and/or note in the chart an interpretation of the electrocardiogram and pulmonary function test he performed.
5. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and was reimbursed for performing a "Muscle Testing, total body, including hands." In fact, Respondent did not perform this test. The bill submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.
6. Respondent failed to maintain a record for Patient C which accurately reflects the patient's history, examination, diagnosis, tests, and

treatment rendered.

7. Respondent created a record for Patient C which is false and inaccurate and does not reflect legitimate patient care and treatment.

D. On or about September 12, 1989, February 7, 1990 and March 14, 1990, Respondent treated Patient D at the Madison Avenue office.

1. On each visit by Patient D, Respondent failed to:
  - a. Obtain and note an adequate history.
  - b. Perform and note an adequate physical examination.
2. Respondent inappropriately prescribed:
  - a. Naprosyn on two occasions.
  - b. Prozac on one occasion.
  - c. Proventil Inhaler on one occasion.
  - d. Seldene on one occasion.
  - e. Pepcid on one occasion.
  - f. Keflex on one occasion.

g. Voltaren on one occasion.

3. Respondent inappropriately performed an electrocardiogram on Patient D.
4. Respondent failed to interpret and/or note in the chart an interpretation of the electrocardiogram he performed.
5. Respondent failed to adequately follow-up on and evaluate Patient D's complaints and/or diagnoses of depression, peptic ulcer disease, asthma, and back pain.
6. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and was reimbursed for performing a "Muscle Testing, total body, including hands." In fact, Respondent did not perform this test. The bill submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.
7. Respondent failed to maintain a record for Patient D which accurately reflects the patient's history, examination, diagnosis, tests, and treatment rendered.
8. Respondent created a record for Patient D which is false and inaccurate and does not reflect legitimate patient care and treatment.

E. On or about October 13, 1989, January 5, 1990, and March 16, 1990, Respondent

treated Patient E at the Madison Avenue office.

1. On each visit by Patient E, Respondent failed to:
  - a. Obtain and note an adequate history.
  - b. Perform and note an adequate physical examination.
2. Respondent inappropriately prescribed:
  - a. Pepcid on two occasions.
  - b. Keflex on two occasions.
  - c. Proventil Inhaler on two occasions.
3. Respondent failed to provide any care and/or treatment with regard to Patient E's "feet fungus."
4. Respondent inappropriately performed an electrocardiogram on Patient E.
5. Respondent failed to interpret and/or note in the chart an interpretation of the electrocardiogram he performed.
6. On two occasions, Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and was reimbursed for performing a

"Muscle Testing, total body, including hands." In fact, Respondent did not perform this test on either occasion. The bills submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., were knowingly false.

7. Respondent failed to maintain a record for Patient E which accurately reflects the patient's history, examination, diagnosis, tests, and treatment rendered.
8. Respondent created a record for Patient E which is false and inaccurate and does not reflect legitimate patient care and treatment.

F. On or about November 13, 1989, Respondent treated Patient F at the Madison Avenue office.

1. Respondent failed to:
  - a. Obtain and note an adequate history.
  - b. Perform and note an adequate physical examination.
2. Respondent inappropriately prescribed:
  - a. Ceclor
  - b. Proventil Inhaler

c. Lotrisone Cream

3. Respondent inappropriately performed an electrocardiogram on Patient F.
4. Respondent failed to interpret and/or note in the chart an interpretation of the electrocardiogram he performed.
5. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and was reimbursed for performing a "Muscle Testing, total body, including hands." In fact, Respondent did not perform this test. The bill submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.
6. Respondent failed to maintain a record for Patient F which accurately reflects the patient's history, examination, diagnosis, tests, and treatment rendered.
7. Respondent created a record for Patient F which is false and inaccurate and does not reflect legitimate patient care and treatment.

G. On or about February 8, 1990, Respondent treated Patient G at the Madison Avenue Office.

1. Respondent failed to:



- a. Obtain and note an adequate history.
  - b. Perform and note an adequate physical examination.
2. Respondent inappropriately prescribed:
    - a. Proventil Inhaler
    - b. Lotrisone
  3. Respondent failed to perform an adequate work-up and evaluation to support a diagnosis of urinary tract infection.
  4. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and was reimbursed for performing a "Muscle Testing, total body, including hands." In fact, Respondent did not perform this test. The bill submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.
  5. Respondent failed to maintain a record for Patient G which accurately reflects the patient's history, examination, diagnosis, tests, and treatment rendered.
  6. Respondent created a record for Patient G which is false and inaccurate and does not reflect legitimate patient care and treatment.
- H. Between on or about July 24, 1989 and April 30, 1990, Respondent treated Patient

H on approximately 5 occasions at the medical offices of LOUIS ROLAND TIMOTHEE, M.D., located at 104-07 Glenwood Road, Brooklyn, N.Y. 11236 (hereinafter referred to as "the Brooklyn office").

1. On each visit by Patient H, Respondent failed to:
  - a. Obtain and note an adequate history.
  - b. Perform and note an adequate physical examination.
2. Respondent inappropriately prescribed Sinequan to Patient H on August 30, 1989.
3. Respondent failed to note in the chart the medications prescribed to Patient H on the visits of August 15, 1989 and March 14, 1990.
4. On July 24, 1989, Respondent inappropriately performed the following tests :
  - a. Electrocardiogram
  - b. Pulmonary Function Test
  - c. Range of Motion Test
5. Respondent failed to interpret and/or note in the chart an interpretation of the electrocardiogram and pulmonary function test he performed.

6. Respondent, and/ or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and received reimbursed from the Program for performing a "Muscle Testing, total body, including hands." In fact, Respondent did not perform this test. The bill submitted by Respondent and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.
  7. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and received reimbursement from the Program for an Intermediate Office Visit with Patient H on August 21, 1989. In fact, Respondent did not see nor treat Patient H on that date. The bill submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.
  8. Respondent failed to maintain a record for Patient H which accurately reflects the patient's history, examination, diagnosis, tests, and treatment rendered.
  9. Respondent created a record for Patient H which is false and inaccurate and does not reflect legitimate patient care and treatment.
- I. On or about March 14, 1990, Respondent treated Patient I at the Brooklyn office.
1. Respondent failed to:
    - a. Obtain and note an adequate history.

- b. Perform and note an adequate physical examination.
2. Patient I presented with a complaint of burning on urination. Respondent failed to do any urine testing to appropriately evaluate for urinary infection.
3. Respondent inappropriately performed the following tests:
  - a. Electrocardiogram
  - b. Pulmonary Function Test
  - c. Range of Motion Test
4. Respondent failed to interpret and/or note in the chart an interpretation of the electrocardiogram and pulmonary function test he performed.
5. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and received reimbursement from the Program for performing a "Muscle Testing, total body, including hands." In fact, Respondent did not perform this test. The bill submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.
6. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and received reimbursement from the Program for an Intermediate Office Visit with Patient I on April 17, 1990. In fact,

Respondent did not see nor treat Patient I on that date. The bill submitted by Respondent and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.

7. Respondent failed to maintain a record for Patient I which accurately reflects the patient's history, examination, diagnosis, tests, and treatment rendered.
8. Respondent created a record for Patient I which is false and inaccurate and does not reflect legitimate patient care and treatment.

J. On or about August 21, 1989 and September 13, 1989, Respondent treated Patient J at the Brooklyn office.

1. On each visit by Patient J, Respondent failed to:
  - a. Obtain and note an adequate history.
  - b. Perform and note an adequate physical examination.
2. Respondent inappropriately prescribed:
  - a. Velosef on August 21, 1989.
  - b. Vitamins on September 13, 1989

3. Respondent failed to appropriately evaluate and/or manage an abnormal CBC.
  4. Respondent failed to appropriately diagnosis and/or manage an axillary lymph node which Respondent incorrectly noted as a sebaceous cyst and inappropriately prescribed an antibiotic for.
  5. Respondent inappropriately performed a range of motion examination on Patient J.
  6. Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., billed the Program and received reimbursement from the Program for a Comprehensive Office Visit with Patient J on September 12, 1989. In fact, Respondent did not see nor treat Patient J on that date. The bill submitted by Respondent, and/or LOUIS ROLAND TIMOTHEE, M.D., was knowingly false.
  7. Respondent failed to maintain a record for Patient J which accurately reflects the patient's history, examination, diagnosis, tests, and treatment rendered.
  8. Respondent created a record for Patient J which is false and inaccurate and does not reflect legitimate patient care and treatment.
- K. Respondent treated Patients A through J, above, without adequate supervision by LOUIS ROLAND TIMOTHEE, M.D., and/or another licensed professional.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct within the meaning of N.Y. Educ. Law Section 6530(3) (McKinney Supp. 1995) by practicing the profession with negligence on more than one occasion in that Petitioner charges two or more of the following:

1. The facts in paragraphs A, A(1)(a), A(1)(b), A(2)(a) through A(2)(c), A(3), A(4), A(5), A(8), A(9), B, B(1)(a), B(1)(b), B(2)(a) through B(2)(d), B(3), B(5), B(6), C, C(1)(a), C(1)(b), C(2)(a) through C(2)(d), C(3), C(4), C(6), C(7), D, D(1)(a), D(1)(b), D(2)(a) through D(2)(g), D(3), D(4), D(5), D(7), D(8), E, E(1)(a), E(1)(b), E(2)(a) through E(2)(c), E(3), E(4), E(5), E(7), E(8), F, F(1)(a), F(1)(b), F(2)(a) through F(2)(c), F(3), F(4), F(6), F(7), G, G(1)(a), G(1)(b), G(2)(a), G(2)(b), G(3), G(5), G(6) H, H(1)(a), H(1)(b), H(2), H(3), H(4)(a) through H(4)(c), H(5), H(8), H(9), I, I(1)(a), I(1)(b), I(2), I(3)(a) through I(3)(c), I(4), I(7), I(8), J,

J(1)(a), J(1)(b), J(2)(a), J(2)(b), and  
J(3), J(4), J(5), J(7), J(8) and K.

SECOND SPECIFICATION  
INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct within the meaning of N.Y. Educ. Law Section 6530(5) (McKinney Supp. 1995) by practicing the profession with incompetence on more than one occasion in that Petitioner charges two or more of the following:

2. The facts in paragraphs A, A(1)(a), A(1)(b), A(2)(a) through A(2)(c), A(3), A(4), A(5), A(8), A(9), B, B(1)(a), B(1)(b), B(2)(a) through B(2)(d), B(3), B(5), B(6), C, C(1)(a), C(1)(b), C(2)(a) through C(2)(d), C(3), C(4), C(6), C(7), D, D(1)(a), D(1)(b), D(2)(a) through D(2)(g), D(3), D(4), D(5), D(7), D(8), E, E(1)(a), E(1)(b), E(2)(a) through E(2)(c), E(3), E(4), E(5), E(7), E(8), F, F(1)(a), F(1)(b), F(2)(a) through F(2)(c), F(3), F(4), F(6), F(7), G, G(1)(a), G(1)(b), G(2)(a), G(2)(b), G(3), G(5), G(6) H, H(1)(a), H(1)(b), H(2), H(3), H(4)(a) through H(4)(c), H(5), H(8), H(9), I, I(1)(a), I(1)(b), I(2), I(3)(a) through I(3)(c), I(4), I(7), I(8), J,



J(1)(a), J(1)(b), J(2)(a), J(2)(b), and  
J(3), J(4), J(5), J(7), J(8) and K.

**THIRD THROUGH TWELFTH SPECIFICATIONS**  
**UNNECESSARY TESTS AND/OR TREATMENT**

Respondent is charged with committing professional misconduct within the meaning of N.Y. Educ. Law Section 6530(35) (McKinney Supp. 1995) by ordering excessive tests and/or treatments not warranted by the condition of the patient, in that Petitioner charges:

3. The facts in paragraphs A(2)(a) through A(2)(c), and A(3).
4. The facts in paragraphs B(2)(a) through B(2)(d).
5. The facts in paragraphs C(2)(a) through C(2)(d), and C(3).
6. The facts in paragraphs D(2)(a) through D(2)(g), and D(3).
7. The facts in paragraphs E(2)(a) through E(2)(c), and E(4).
8. The facts in paragraphs F(2)(a) through

F(2)(c), and F(3).

9. The facts in paragraphs G(2)(a) and G(2)(b).
10. The facts in paragraphs H(4)(a) through H(4)(c).
11. The facts in paragraphs I(3)(a) through I(3)(c).
12. The facts in paragraphs J(2)(a), J(2)(b), and J(5).

**THIRTEENTH THROUGH TWENTY-SECOND SPECIFICATIONS**

**PRACTICING FRAUDULENTLY**

The Respondent is charged with committing professional misconduct within the meaning of N.Y. Educ. Law Section 6530(2) (McKinney Supp. 1995) by practicing the profession fraudulently in that, Petitioner charges:

13. The facts in paragraphs A, A(1)(a), A(1)(b), A(2)(a) through A(2)(c), and A(3) through

A(9).

14. The facts in paragraphs B , B(1)(a), B(1)(b), B(2)(a) through B(2)(d), and B(3) through B(6).
15. The facts in paragraphs C, C(1)(a), C(1)(b), C(2)(a) through C(2)(d), and C(3) through C(7).
16. The facts in paragraphs D, D(1)(a), D(1)(b), D(2)(a) through D(2)(g), and D(3) through D(8).
17. The facts in paragraphs E, E(1)(a), E(1)(b), E(2)(a) through E(2)(c), and E(3) through E(8).
18. The facts in paragraphs F, F(1)(a), F(1)(b), F(2)(a) through F(2)(c), and F(3) through F(7).
19. The facts in paragraphs G, G(1)(a), G(1)(b), G(2)(a), G(2)(b), and G(3) through G(6).
20. The facts in paragraphs H, H(1)(a), H(1)(b), H(2), H(3), H(4)(a) through H(4)(c), and

H(5) through H(9).

21. The facts in paragraphs I, I(1)(a), I(1)(b), and I(2), I(3)(a) through I(3)(c), and I(4) through I(8).
22. The facts in paragraphs J, J(1)(a), J(1)(b), J(2)(a), J(2)(b), and J(3) through J(8).

**TWENTY-THIRD THROUGH THIRTY-SECOND SPECIFICATIONS**  
**FILING FALSE REPORTS**

Respondent is charged with committing professional misconduct within the meaning of N.Y. Educ. Law Section 6530(21) (McKinney Supp. 1995) by willfully making and/or filing a false report in that, Petitioner charges:

23. The facts in paragraphs A(6), A(7) and A(9).
24. The facts in paragraph B(4) and B(6).
25. The facts in paragraph C(5) and C(7).
26. The facts in paragraph D(6) and D(8).
27. The facts in paragraph E(6) and E(8).

28. The facts in paragraph F(5) and F(7).
29. The facts in paragraph G(4) and G(6).
30. The facts in paragraphs H(6), H(7), and H(9).
31. The facts in paragraphs I(5), I(6), and I(8).
32. The facts in paragraph J(6) and J(8).

**THIRTY-THIRD THROUGH FORTY-SECOND SPECIFICATIONS**

**FAILURE TO MAINTAIN RECORDS**

The Respondent is charged with committing professional misconduct within the meaning of N.Y. Educ. Law Section 6530(32) (McKinney Supp. 1995) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, in that Petitioner charges:

33. The facts in paragraphs A(1)(a), A(1)(b), A(4), A(8), and A(9).
34. The facts in paragraphs B(1)(a), B(1)(b), B(5), and B(6).
35. The facts in paragraphs C(1)(a), C(1)(b),

C(4), C(6), and C(7).

36. The facts in paragraphs D(1)(a), D(1)(b), D(4), D(7), and D(8).
37. The facts in paragraphs E(1)(a), E(1)(b), E(5), E(7), and E(8).
38. The facts in paragraphs F(1)(a), F(1)(b), F(4), F(6), and F(7).
39. The facts in paragraphs G(1)(a), G(1)(b), G(5), and G(6).
40. The facts in paragraphs H(1)(a), H(1)(b), H(3), H(5), H(8), and H(9).
41. The facts in paragraphs I(1)(a), I(1)(b), I(4), I(7) and I(8).
42. The facts in paragraphs J(1)(a), J(1)(b), J(7) and J(8).

**FORTY-THIRD SPECIFICATION**

**INADEQUATE SUPERVISION**

The Respondent is charged with committing professional misconduct within the

meaning of N.Y. Educ. Law Section 6530(24) (McKinney Supp. 1995) by performing without adequate supervision professional services which the licensee is authorized to perform only under the supervision of a licensed professional, in that, Petitioner charges:

43. The facts in paragraph K.

DATED: July , 1995  
New York, New York

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ROY NEMERSON  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

## EXHIBIT "B"

### TERMS OF PROBATION

1. FRANCIS NARCISSE, P.A., during the period of probation, shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct imposed by law and by his/her profession;
2. Respondent shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct, New York State Department of Health, Corning Tower Building, 4th Floor, Empire State Plaza, Albany, New York 12237 of any employment and practice, of Respondent's residence and telephone number, and of any change in Respondent's employment, practice, residence, or telephone number within or without the State of New York;
3. Respondent shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that Respondent has paid all registration fees due and owing to the NYSED and Respondent shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by Respondent to the New York State Department of Health, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, within the first three months of the period of probation;
4. Respondent shall submit written proof to the NYSDOH, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, that 1) Respondent is currently registered with the NYSED, unless Respondent submits written proof that Respondent has advised DPLS, NYSED, that Respondent is not engaging in the practice of Respondent's profession in the State of New York and does not desire to register, and that 2) Respondent has paid any fines which may have previously been imposed upon Respondent by the Board or by the Board of Regents; said proof of the above to be submitted no later than the first two months of the period of probation;
5. Respondent shall comply with all terms, conditions, restrictions, and penalties to which he is subject pursuant to the order of the Board;
6. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non renewal of permits or licenses (Tax Law §171(27); State Finance Law §18; CPLR §5001; Executive Law §32);
7. So long as there is full compliance with every term herein set forth, Respondent may continue to practice his or her aforementioned profession in accordance with the terms of probation; provided, however, that upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of the Office of Professional Medical Conduct and/or the Board may initiate a violation of probation proceeding and/or such other



proceeding against Respondent as may be authorized pursuant to the Public Health Law.

8. The period of probation shall be tolled until and unless Respondent engages in the active practice of medicine in the State of New York. Respondent shall, within 30 days of the effective date of this Consent Order, notify the Director of the Office of Professional Medical Conduct, in writing, as to whether or not he/she is so engaged. Furthermore, until completion of the term of probation, he/she shall notify the Director, in writing, prior to any change in that status.
9. During the period of probation, Respondent shall be restricted to practicing only in a facility approved pursuant to either Article 28 or Article 44 of the N.Y. Public Health Law, or, if he should seek to practice outside said approved facility, he shall only do so after having sought and obtained the written prior approval and consent of the Director of the Office of Professional Medical Conduct.