New York State Board for Professional Medical Conduct



Commissioner of Health

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

Charles J. Vacanti, M.D. Chair

July 25, 1996

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Prode P. Pascual, M.D. 11360 E. 183rd Street Cerritos, California 90701

RE: License No. 130850

Effective Date: 08/01/96

Dear Dr. Pascual:

Enclosed please find Order #BPMC 96-172 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 Vacconti

Charles Vacanti, M.D.

Chair

Board for Professional Medical Conduct

Enclosure

cc: Barry Gold, Esq.

Thuillez, Ford, Gold & Connolly 90 State Street, Suite 1500 Albany, New York 12207-1715

Timothy Mahar, Esq.

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

IN THE MATTER

OF

: ORDER

PRODE P. PASCUAL, M.D.

BPMC #96-172

____X

Upon the application of PRODE P. PASCUAL, M.D. (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: 24 July 1996

Charles J. Vacanti, M.D.

Chairperson

State Board for Professional

Medical Conduct

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

IN THE MATTER

: APPLICATION

FOR

OF

: CONSENT

PRODE P. PASCUAL, M.D.

ORDER

STATE OF CALIFORNIA) ss.: COUNTY OF LOS ANGELES)

PRODE P. PASCUAL, M.D., being duly sworn, deposes and says: I was licensed to practice as a physician in the State of New York, having been issued License No. 130850 by the New York State Education Department.

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 is annexed hereto, made a part hereof, and marked as Exhibit "A".

I plead no contest to the allegations and specifications contained in the Statement of Charges (Exhibit A).

I hereby agree to the following penalty:

- 1. A censure and reprimand.
- Two years probation in accordance with the terms set forth in Appendix B. The terms of probation are to be tolled until such time as I provide written notice to

the Director of the Office of Professional Medical Conduct that I am actively engaged in the practice of medicine in the State of New York. The terms of probation shall include, among other things, the requirement that I successfully complete an education course approved by the Director of the Office of Professional Medical Conduct on the subject of appropriate prescribing of controlled substances.

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.

Sworn to before me this, The day of July, 1996.

NOTARY PUBLIC

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

County of Los Angeles			
ounty 01 _ 2 & 5 / 4 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /			
before me, Prode Pascual M. D. Name and Title of Officer (erg., "Jane Doe, Notary Public") Name (e) of Signar(s)			
Name and Title Of Officer (arg., Jane Boe, Notary Fubic)			
Name(s) of Signer(s)			
personally known to me – OR – □ proved	d to me on the basis of satisfactory evidence to be the person(s)		
	whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by		
	his/her/their signature(s) on the instrument the person(s),		
PEGGY HASTINGS	or the entity upon behalf of which the person(s) acted,		
COMM. # 1047810 Z	executed the instrument.		
Notary Public — California LOS ANGELES COUNTY	WITNESS my hand and official seal.		
My Comm. Expires DEC 26, 1998			
, ,	the state of the s		
	1/1/2011 TTANVINO		
	Signature of Motary Public		
fraudulent removal and Description of Attached Docume	— OPTIONAL It may prove valuable to persons relying on the document and could prevent direattachment of this form to another document.		
Description of Attached Documer Title or Type of Document:	— OPTIONAL I, it may prove valuable to persons relying on the document and could prevent di reattachment of this form to another document. Int		
Description of Attached Documer Title or Type of Document:	— OPTIONAL It may prove valuable to persons relying on the document and could prevent direattachment of this form to another document.		
Description of Attached Documer Title or Type of Document: Document Date:	The control of this form to another document. Number of Pages:		
Title or Type of Document: Document Date: Signer(s) Other Than Named Above:	The composition of the document and could prevent a reattachment of this form to another document. Number of Pages:		
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(The composition of the document and could prevent a reattachment of this form to another document. Number of Pages:		
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name:	The composition of the document and could prevent a reattachment of this form to another document. Number of Pages:		
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name: Individual Corporate Officer	nit may prove valuable to persons relying on the document and could prevent direattachment of this form to another document. Number of Pages:		
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name: Individual Corporate Officer Title(s):			
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General			
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee			
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	OPTIONAL		
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	OPTIONAL		
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	OPTIONAL		
Description of Attached Documer Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	OPTIONAL		

STATE C	OF NEW YORK : DEPARTMENT OF HEALT	Н
STATE B	BOARD FOR PROFESSIONAL MEDICAL CONDUC	Т
		X
	IN THE MATTER	: APPLICATION
	OF	: FOR
	PRODE P. PASCUAL, M.D.	: CONSENT
		: ORDER
		X
Th	ne undersigned agree to the attached	application of the
Respond	dent and to the proposed penalty base	ed on the terms and
conditi	ions thereof.	
DATE:	7-5-96 PRODE PARESPONDE	PASCUAL, M.D.
DATE:	7-9-96 BARRY A. Attorney	GOLD, ESQ. for Respondent
DATE:		MAHAR T COUNSEL of Professional cal Conduct

DATE:

ANNE F. SAILE ACTING DIRECTOR Office of Professional Medical

Conduct

CHAIRPERSON

State Board for Professional Medical Conduct

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

21

IN THE MATTER

: STATEMENT

OF

OF

PRODE P. PASCUAL, M.D.

: CHARGES

_____X

PRODE P. PASCUAL, M.D., the Respondent, was authorized to practice medicine in New York State on June 10, 1977, by the issuance of license number 130850 by the New York State Education Department.

FACTUAL ALLEGATIONS

- 1. On or about October 30, 1995, the Medical Board of the State of California (California Board) approved a conditional agreement entered into by the Respondent <u>In The Matter of Prode P. Pascual, M.D.</u> (No. 5270; Medical Board of California), which imposed the following discipline upon Respondent's California Medical license:
 - a. required Respondent's attendance and completion within 90 days of a pain management course approved by the California Board;
 - b. required Respondent to pay a fine of \$2,500.
- 2. The October 30, 1995 order of the California Board further provided that upon Respondent's completion of the educational course and payment of the fine, the California charges would be dismissed and a letter of reprimand would be issued. The letter of reprimand was issued on October 30, 1995.

- 3. The conduct upon which the California Board imposed discipline on Respondent's California Medical license included the following:
 - a. During the period from November 11, 1979 through September 9, 1989, Respondent treated Patient Linda G. for pain and anxiety with excessive amounts of the following medications: Tylenol with Codeine #2 and #4 (schedule III), Valium (schedule IV), Restoril (schedule IV), Serax (schedule IV), and Soma. Linda G was taking 4 to 7 tablets a day of each of the above pain medications during the year 1989. Respondent was further aware that Linda G was taking excessive amounts of said medications with alcohol.
 - b. Respondent altered a written consultation report made by a Dr. Paul Ikuta concerning Linda G., by deleting Dr. Ikuta's recommendation that the patient's pain medication was to "decrease" and substituted the word "increase".
 - On November 1, 1983, Respondent submitted a preapplication for staff privileges at Woodruff Community Hospital and failed to respond to an inquiry as to whether his privileges at any hospital had ever been suspended, revoked or not renewed, when he knew that his privileges had not been renewed at that same hospital on or about March 21, 1983. In the same application Respondent falsely represented his membership in a medical society.
 - d. On or about July 29, 1987, Respondent submitted a further application for an appointment to the medical staff at Woodruff Community Hospital, and made several misstatements on the application including the following:
 - a. hospital affiliation;
 - b. hospital staff memberships;
 - c. hospital privileges;
 - d. medical malpractice coverage and claims;
 - e. medical malpractice lawsuits.

4. The conduct upon which the California Board imposed disciplinary action upon Respondent would, if committed in New York State, constitute Professional Misconduct under N.Y. Educ. New §6530(2) [practicing the profession fraudulently]; N.Y. Educ. Law §6530(3) [practicing the profession with negligence on more than one occasion]; N.Y. Educ. Law §6530(4) [practicing the profession with gross negligence on a particular occasion]; and/or N.Y. Educ. Law §6530(5) [practicing the profession with incompetence on more than one occasion]; and/or N.Y. Educ. Law §6530(6) [practicing the profession with gross incompetence]; and/or N.Y. Educ. Law §6530(20) [engaging in conduct in the practice of medicine which evidences moral unfitness to practice medicine]; and/or N.Y. Educ. Law §6530(21) [wilfully making or filing a false report or failing to file a report required by law or by the Department of Health or the Education Department].

SPECIFICATIONS

FIRST SPECIFICATION

Discipline by Other State

Respondent is charged with Professional Misconduct within the meaning of N.Y. Educ. Law §6530(9)(d)(McKinney Supp. 1996), by reason of having disciplinary action taken against his license to practice medicine by a duly authorized professional disciplinary agency of another state, where the conduct resulting in disciplinary action would, if committed in New York State,

would constitute professional misconduct under the laws of New York State, in that Petitioner charges:

> The facts in paragraphs 1 and/or 2, and/or 3, and/or 4.

DATED:

May 16 , 1996

Albany, New York

Deputy Counsel
Bureau of Professional
Medical Conduct

TERMS OF PROBATION

EXHIBIT B

- 1. Respondent will personally meet with a member of the Office of Professional Medical Conduct staff on a random basis at the discretion of the Director of the Office or designee.
- 2. Respondent will conform fully:
 - a. to the professional standards of conduct imposed by law and by his profession
 - b. with all civil and criminal laws, rules and regulations.
- 3. Respondent will notify the Office of Professional Medical Conduct of:
 - a. any and all investigations, charges, convictions or disciplinary actions taken by any local, state or federal agency, institution or facility, within thirty days of each action;
 - b. any and all changes in personal and professional addresses and telephone numbers and facility affiliations, within 30 days of such changes. This will include any change in practice location, within or outside of the State of New York. The date of departure from the State of New York, and the date of return, if any, must be reported in writing.

Failure to notify the Office of Professional Medical Conduct of any of the above will be considered a violation of probation.

- 4. Respondent will maintain legible and complete medical records which accurately reflect evaluation and treatment of patients. Records will contain a comprehensive history, physical examination findings, chief complaint, present illness, diagnosis and treatment. In cases of prescribing, dispensing, or administering of controlled substances, the medical record will contain all information required by state rules and regulations regarding controlled substances.
- 5. So long as there is full compliance with every term herein set forth, Respondent may continue to practice his profession in accordance with the terms of probation. 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 any such other proceeding against Respondent as may be authorized by law.

- a. Respondent shall assume and bear all costs related to compliance with the terms of probation.
- 6. Respondent's probation shall not commence until he provides written notification to the Director of the Office of Professional Conduct that he is engaged in the active practice of medicine in the State of New York. If the Respondent does not thereafter continuously practice medicine in the State of New York, the probation period may be tolled and the period will then be extended by the length of the period outside of New York. Any terms of probation which were not fulfilled while Respondent was in New York State, must be fulfilled upon return to New York State.
- 7. Respondent shall enroll in and complete a program of education in the area of appropriate prescribing of controlled substances in addition to any recommended minimum standards set by the American Medical Association. Said program of continuing education shall be subject to the prior approval of the Director of the Office of Professional Medical Conduct and shall be completed within the period of probation or as otherwise specified in the Order. If the program of education is not completed within the time period specified, and a waiver or time extension is not granted by the Director of the Office of Professional Medical Conduct, Respondent will be in violation of this term of probation and subject to a violation of probation proceeding.