



## **Board for Professional Medical Conduct**

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

**C. Maynard Guest, M.D.**  
Executive Secretary

October 24, 1991

### **CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Richard D. Salerno, M.D.  
404 North Cayuga Street  
Ithaca, New York 14850

RE: License No. 096356

Dear Dr. Salerno:

Effective Date: 10/28/91

Enclosed please find Order #BPMC 91-02 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 12237-0614

Sincerely,

C. Maynard Guest, M.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Walter J. Wiggins, Esq.  
308 North Tioga Street  
P.O. Box 399  
Ithaca, New York 14851

Kevin Roe, Esq.

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

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IN THE MATTER :

OF :

ORDER

RICHARD D. SALERNO, M.D.

: #BPMC 91-02

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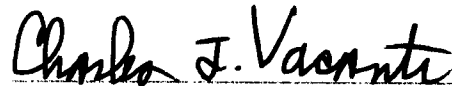
Upon the application of RICHARD D. SALERNO, M.D., which application is made a part hereof, it is

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 the respondent or seven days after mailing by certified mail.

SO ORDERED,

DATED: 14 October 1991



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

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IN THE MATTER : APPLICATION  
OF : FOR  
RICHARD D. SALERNO, M.D. : CONSENT  
: ORDER  
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STATE OF NEW YORK )  
COUNTY OF *Tompkins* ) ss.:

RICHARD D. SALERNO, M.D., being duly sworn, deposes and  
says:

That on or about April 14, 1966, I was licensed to practice  
as a physician in the State of New York, having been issued  
License No. 096356 by the New York State Education Department.

I am currently registered with the New York State Education  
Department to practice as a physician in the State of New York  
for the period January 1, 1989 through December 31, 1991 from  
from 404 North Cayuga Street, Ithaca, New York.

I understand that the New York State Board of Professional  
Medical Conduct has charged me with three 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 First, Second and Third Specifications.

I hereby agree to the penalty that my license be suspended for five years, and that said suspension be stayed to become a five-year period of probation under the terms of probation annexed hereto, made part hereof, and marked as Exhibit "B".

I hereby make this application to the New York State Board for Professional Medical Conduct and request that it be granted.

I understand that, in the event that this application is not granted, 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 shall be made without prejudice to the continuance of any disciplinary proceeding and a final determination by a committee on professional conduct pursuant to the provisions of the Public Health Law.

I agree that, in the event the State Board for Professional Medical Conduct grants my application, as set forth herein, an order will be issued in accordance with same.

No promises of any kind were made to me. I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.

  
RICHARD D. SALERNO, M. D.

Respondent

Sworn to before me this  
27<sup>th</sup> day of August, 1991.

  
NOTARY PUBLIC

WALTER J. WIGGINS  
Notary Public, State of New York  
No. 55-4264800  
Qualified in Tompkins County  
Cert. filed with Tioga Co. Clk.  
Term Expires March 30, 19

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

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IN THE MATTER

: APPLICATION

OF

: FOR

RICHARD D. SALERNO, M.D.


: CONSENT

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


Date:

8/27/91

  
RICHARD D. SALERNO, M.D.  
Respondent

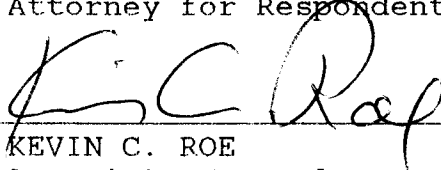
Date:

8/27/91

  
WALTER J. WIGGINS, ESQ.  
Attorney for Respondent

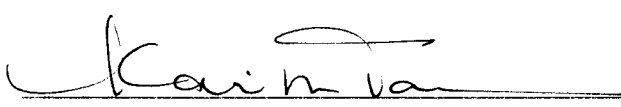
Date:

Sept 27, 1991

  
KEVIN C. ROE  
Associate Counsel  
Division of Legal Affairs


Date:

Sept. 27, 1991

  
KATHLEEN M. TANNER  
Director, Office of Professional  
Medical Conduct

Date:

Sept. 27, 1991

  
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

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IN THE MATTER	:	STATEMENT
OF	:	OF
RICHARD D. SALERNO, M.D.	:	CHARGES

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RICHARD D. SALERNO, M.D., the Respondent, was authorized to practice medicine in New York State on April 14, 1966 by the issuance of license number 096356 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1989 through December 31, 1991 from 404 North Cayuga Street, Ithaca, New York.

FACTUAL ALLEGATIONS

A. On or about February 5, 1990, Respondent examined Patient A (all patients are identified in Appendix A) at his office, 404 North Cayuga Street, Ithaca, New York, for possible treatment of a deviated septum. During a physical examination, Respondent inappropriately rubbed the patient's chest and abdomen and slid his hand under the patient's belt towards the groin area.

B. On or about February 5, 1990, Respondent treated Patient B at the Tompkins Community Hospital, 101 Dates Drive, Ithaca, New York for nasal polyps. Respondent inappropriately examined Patient B's groin area.

C. In 1983, Respondent inappropriately touched the penis of a teenage male patient whose identity is not known to Petitioner in the operating room at Tompkins Community Hospital.

#### SPECIFICATION OF CHARGES

#### FIRST THROUGH THIRD SPECIFICATIONS

##### UNPROFESSIONAL CONDUCT

Respondent is charged with committing unprofessional conduct under N.Y. Education Law §6509(9) (McKinney 1985) by reason of conduct in the practice of his profession which evidences a moral unfitness to practice the profession in violation of 8 NYCRR §29.1(b)(5) (1987), in that, Petitioner charges:

1. The facts in Paragraph A.
2. The facts in Paragraph B.
3. The facts in Paragraph C.



DATED: Albany, New York  
*Sept. 27, 1991*

*Peter D. Van Buren*

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PETER D. VAN BUREN  
Deputy Counsel  
Bureau of Professional Medical  
Conduct

## EXHIBIT B

### TERMS OF PROBATION

RICHARD D. SALERNO, M.D.

1. That Respondent, during the period of probation, shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to all Federal, State and local laws, rules and/or regulations regarding the practice of medicine.
2. That 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 Health Department, Empire State Plaza, Room 438, Tower Building, Albany, New York 12237 of any change in his employment, practice, residence, and/or telephone number within or without the State of New York.
3. Respondent shall submit written proof from the Division of Professional Licensing Service (DPLS), New York State Education Department (NYSED), that he has paid all registration fees due and owing to the NYSED and he 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 him to the NYSDOH, addressed as aforesaid, no later than the first three months of the period of probation.
4. Respondent shall submit written proof to the NYSDOH, addressed as aforesaid that, 1) he is currently registered with the NYSED, unless he submits written proof that he has advised DPLS, NYSED, that he is not engaging in the practice of his profession in the State of New York and does not desire to register, and that 2) he has paid any fines which may have previously been imposed upon him by the Board of Regents; said proof of the above to be submitted no later than the first three months of the period of probation.
5. Respondent shall cooperate with the regular monitoring of his practice of medicine by a health care professional licensed to practice in the State of New York chosen by Respondent and previously approved in writing by the NYSDOH. Such monitoring shall consist of the monitor's physical presence and observation during all patient contact. The person monitoring Respondent's practice shall initial or otherwise signify in writing in the patient's medical records that he or she was present. No person selected by Respondent and approved by NYSDOH shall serve as monitor for more than one year.
6. Respondent shall authorize in writing and cause the person monitoring his practice to submit to NYSDOH, addressed as aforesaid, quarterly written reports regarding Respondent's compliance with the monitoring provisions of these terms of

probation, and to report immediately any incidences of patient contact without the presence and observation of the monitor.

7. Respondent shall cooperate with a quarterly review of a random sample of his patient records by an employee of the NYSDOH.
8. Respondent shall continue psychiatric treatment with a physician selected by him and previously approved in writing by the NYSDOH for as long as the treating physician deems it necessary. If the treating physician determines that treatment is no longer necessary, he or she shall notify the NYSDOH in writing.
9. Respondent shall authorize in writing and cause the treating physician to submit to NYSDOH, addressed as aforesaid, quarterly written reports regarding his mental condition and progress in therapy and to report any adverse change in his mental condition or failure to continue treatment to NYSDOH immediately.
10. Respondent shall make quarterly visits upon reasonable notice to an employee of NYSDOH and cooperate in an interview regarding Respondent's compliance with the terms of probation.
11. The authorizations required by these terms of probation shall be submitted by Respondent to NYSDOH, addressed as aforesaid, within the first thirty days of the period of probation.
12. In the event Respondent fails to comply with any term or condition of probation, Respondent shall be subject to disciplinary action and/or a violation of probation proceeding. If a committee on professional conduct determines that Respondent has violated any term or condition of probation, they may impose any penalty authorized pursuant to N.Y. Public Health §230-a (L. 1991, c. 606).