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

IN THE MATTER OF LEONARD ANGELO PACE, M.D.

NONDISCIPLINARY
ORDER
OF CONDITIONS
PURSUANT TO
\$230 OF THE
PUBLIC HEALTH LAW

Upon the proposed agreement of LEONARD ANGELO PACE, M.D. (LICENSEE) for a Nondisciplinary Order of Conditions Pursuant to §230 Of The Public Health Law, and the attached Stipulation and Application that is made a part of that Order, it is agreed to and

ORDERED, that the Stipulation and Application and its provisions are adopted and so ORDERED, and it is further

ORDERED, that this Order shall take effect upon issuance by the Board, either by first class mailing of a copy of this Order to LICENSEE at the address set forth in this agreement or to LICENSEE's attorney by certified mail, OR upon transmission via facsimile to LICENSEE or LICENSEE's attorney, whichever is earliest.

SO ORDERED.

DATED: 1/5/02

WILLIAM P. DILLON, M.D. Chair

State Board for Professional Medical Conduct

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

IN THE MATTER

OF

LEONARD ANGELO PACE, M.D.

STIPULATION AND APPLICATION FOR A NONDISCIPLINARY ORDER OF CONDITIONS PURSUANT TO \$230 OF THE PUBLIC HEALTH I AW

LEONARD ANGELO PACE, M.D., representing that all the following statements are true, deposes and says:

That on or about October 29, 1987, I was licensed to practice as a physician in the State of New York, having been issued License No. 172870 by the New York State Education Department.

My current residence address is 365 8th Street, Staten Island, N.Y. 10306-2859 and my current office address is 1721 86th Street, Brooklyn, N.Y. 11214. I am affiliated with the following hospital and/or facilities: Victory Memorial Hospital, New York Community Hospital of Brooklyn, and Beth Israel Medical Center-Kings Highway Division. I will notify the Director of the Office of Professional Medical Conduct ("the Director") of any change in my residence, employment, or medical practice addresses or hospital affiliations.

I understand that the New York State Board for Professional Medical Conduct has investigated allegations of professional misconduct on my part with regard to my medical practice, including allegations that I employed an unauthorized person to perform physical therapy.

I request that the State Board for Professional Medical Conduct ("the Board") and the Director, relying upon the results of its investigation to date and upon my representation through my attorneys that, other than with respect to the allegations under investigation, I have practiced medicine without incident in at least the year preceding this application, conclude the investigation of these allegations, provided I successfully, and without incident, comply with the Conditions set forth

below. In consideration of the Board and the Director granting this Application, and upon the State Board's election not to bring disciplinary charges against me, I agree that the State Board for Professional Medical Conduct and the Director of the Office of Professional Medical Conduct, shall issue a *Nondisciplinary* Order of Conditions Pursuant to New York Public Health Law §230. This Order, once issued, shall remain in effect so long as I am licensed in New York and shall set the following *Conditions* upon my practice:

- Licensee 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 and obligations imposed by law and by his profession. Licensee acknowledges that if he commits professional misconduct as enumerated in New York State Education Law §6530 or §6531, those acts shall be deemed to be a violation of this Order and that an action may be taken against Licensee 's license pursuant to New York State Public Health Law.
- Licensee shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; this notice shall include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
- Licensee shall cooperate fully in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of Licensee.
 Licensee shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Licensee's compliance with the terms of this Order. Licensee shall meet with a person designated by the Director of OPMC, as directed. Licensee shall respond promptly and provide any and all documents and information within Licensee's control, upon the direction of OPMC.

- Licensee shall maintain legible and complete medical records that accurately reflect the evaluation and treatment of patients.
- Licensee's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, and interviews with or periodic visits with Licensee and his staff at practice locations or an OPMC office.
- Licensee shall cease and desist from the use of any unauthorized personnel to perform physical therapy.
- Licensee shall be solely responsible for at costs of compliance with this Order.
- Licensee shall provide access for DOH personnel to Licensee's office(s) to verify Licensee's compliance with this Order. This access shall include, but not be limited to, on-site inspections, observation and interviews.
- Licensee shall maintain current registration of his license with the New York
 State Education Department Division of Professional Licensing Services, and pay all registration fees.

I stipulate that my failure to comply with these conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

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

I understand that nothing in this Application shall be construed as an admission by me of any act of alleged misconduct or a finding of misconduct. I hereby deny any acts of misconduct and reserve my right to assert any and all defenses on my behalf in any later or other proceeding.

I understand and agree that any failure by me to comply with, successfully complete, and satisfy any or all of the material conditions set forth here shall vest the Director of OPMC, in the exercise of reasonable discretion, to vacate this agreement and permit the

Director to pursue further investigation and/or prosecution of misconduct charges against me as to the issues under investigation set forth above to the full extent authorized by the Public Health Law and Education Law.

I understand that an Order issued upon this Application does not bar prosecution for professional misconduct based upon allegations of violations of Educ. Law Sec. 6530 unrelated to the issues under investigation set forth above, whether those alleged violations occurred before or after the date of this Application.

I agree that if the Board grants this Application, an Order of the Chairperson of the Board shall issue in accordance with its terms. I understand that this Nondisciplinary Order shall be disclosed to the Federal National Practitioner Data Bank, the Federation of State Medical Boards, to hospitals and other health care facilities where I have privileges, and on the DOH website.

I make this Application of my own free will and accord and not under duress, compulsion or restraint of any kind. In consideration of the value to me of the Board's acceptance of this Application, I hereby waive any right I may have to contest the Order for which I apply, whether administratively or judicially, I agree to be bound by the Order, and ask that the Board grant this Application.

Junus Maelo face, m.D. LEONARD ANGELO PACE, M.D.

Licensee

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

IN THE MATTER

OF

LEONARD ANGELO PACE, M.D.

STIPULATION AND APPLICATION FOR A NONDISCIPLINARY ORDER OF CONDITIONS PURSUANT TO §230 OF THE PUBLIC HEALTH LAW

The undersigned agree to the attached Application of the Licensee and to the issuance of the proposed Order of Conditions Pursuant to §230 of the Public Health Law.

DATE: 1/6/0

MICHAEL BARONE, ÉSQ.

Attorney for Licensee

DATE: December 172001

MARCIA E. KAPLAN

Associate Counsel

Bureau of Professional Medical Conduct

DENNIS J. GRAZIANO

Director

Medical Conduct