



STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

April 22, 2008

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Raymond Joseph Nisi, M.D.

Redacted Address

Christine Radman, Esq.
NYS Department of Health
90 Church Street – 4th Fl.
New York, New York 10007

Anthony Z. Scher, Esq.
Wood & Scher – Attorneys at Law
222 Bloomingdale Road – Suite 311
White Plains, New York 10605

RE: In the Matter of Raymond Joseph Nisi, M.D.

Dear Parties:

Enclosed please find the **CORRECTED** Determination and Order (No. 08-58) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2007) and §230-c subdivisions 1 through 5, (McKinney Supp. 2007), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the Respondent or the Department may seek a review of a committee determination.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Hedley Park Place
433 River Street, Fifth Floor
Troy, New York 12180

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,

Redacted Signature

James F. Horan, Acting Director
Bureau of Adjudication

JFH:cah

Enclosure

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

**IN THE MATTER
OF
RAYMOND JOSEPH NISI, M.D.**

COPY

DETERMINATION

AND

ORDER

BPMC #08-58

A Notice of Hearing, and Statement of Charges both dated October 19, 2008 were served upon the Respondent **RAYMOND JOSEPH NISI M.D.** Chairperson **PASCAL J. IMPERATO M.D., STEVEN I. SHERMAN D.O.,** and **GARRY SCHWALL** duly designated members of the State Board of Professional Medical Conduct, served as the Hearing Committee in this matter pursuant to Section 230(10)(e) of the Public Health Law. Administrative Law Judge **KIMBERLY A. O'BRIEN ESQ.** served as the Administrative Officer.

The Department of Health appeared by **THOMAS CONWAY ESQ.,** General Counsel, by **CHRISTINE RADMAN** and **DANIEL GUENZBURGER,** of Counsel. The Respondent **RAYMOND JOSEPH NISI M.D.** appeared in person and by Counsel **ANTHONY Z. SCHER ESQ.**

Evidence was received and argument heard, and transcripts of these proceedings were made.

After consideration of the entire record, the Hearing Committee issues this Determination and Order.

PROCEDURAL HISTORY

Notice of Hearing & Statement of Charges	October 19, 2007
Respondent's Answer	November 6, 2007
Pre Hearing Conference	November 8, 2007
Hearing Dates	November 19, 2007, and December 19, 2007
Witnesses for Petitioner	Steven J. Katz MD, Paul Kim MD, Martin Mayers MD
Witnesses for Respondent	Raymond Joseph Nisi
Final Hearing Transcript Received	January 11, 2008
Parties Briefs	January 22, 2008
Parties Supplemental Briefs	January 29, 2008
Deliberations Date	February 22, 2008

STATEMENT OF THE CASE

The State Board of Professional Medical Conduct is a duly authorized professional disciplinary agency of the State of New York pursuant to Section 230 et seq. of the Public Health Law of New York. This case was brought by the New York State Department of Health, Office of Professional Medical Conduct (hereinafter "Petitioner" or "Department") pursuant to Section 230 of the Public Health Law. Raymond Joseph Nisi, M.D. (hereinafter "Respondent") is charged with seven specifications of misconduct as set forth in Section 6530 of the Education Law of the State of New York (hereinafter Education Law) and involve one patient. The Respondent denies all the factual allegations and seven specifications of misconduct set forth in the Notice of Hearing and Statement of Charges attached hereto and made part of this Decision and Order, and marked as Appendix 1.

FINDINGS OF FACT

The following Findings of Fact were made after a review of the entire record in this matter. Unless otherwise noted, all findings and conclusions set forth below are the unanimous determinations of the Hearing Committee. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. Numbers below in parentheses refer to exhibits (denoted by the prefix "Ex.") or transcript page numbers ("Tr."). These citations refer to evidence found persuasive by the Hearing Committee in arriving at a particular finding.

Having heard argument and considered the documentary evidence presented, the Hearing Committee hereby makes the following findings of fact:

1. Raymond Joseph Nisi M.D., the Respondent, was authorized to practice medicine in New York State on September 6, 1990, by the issuance of license number 183813, by the New York State Education Department (Ex. 2).
2. The Respondent treated Patient A from on or about January 22, 1992 through May 10, 2005, and on or about July 22, 2003, April 6, 2004, October 5, 2004, March 15, 2005 and May 10, 2005 the Respondent documented that Patient A had worsening degrees of nuclear sclerosis bilaterally (Ex. B).
3. Nuclear sclerosis is a common type of cataract which is characterized by the yellowing of the center of the lens of the eye and does not go away without treatment. To diagnose nuclear sclerosis a physician must dilate a patient's pupils (Tr. Pp. 28-29, 59-62). If a patient is diagnosed with 2+ nuclear sclerosis and cannot achieve better vision with a change in their prescription for eyeglasses, other causes for the drop in vision must be explored (Tr. Pp. 22-29).
4. Refraction is an eye test performed by physicians to obtain a patient's best corrected vision (Tr. Pp. 38 -40).

5. On or about July 22, 2003, the Respondent refracted Patient A's eyes to determine best visual acuity and documented 1+ nuclear sclerosis (Ex. B p.27).
6. On or about April 6, 2004, the Respondent refracted Patient A's eyes to determine best corrected visual acuity and documented 1+ nuclear sclerosis (Ex. B p.26).
7. On or about October 5, 2004, the Respondent noted a significant drop in Patient A's vision. The Respondent did not refract Patient A's eyes to determine if the patient's vision could have been improved by changing the prescription. The Respondent also documented 1- 2+ nuclear sclerosis without dilating Patient A's pupils. The Respondent did not determine the cause for the drop in vision and/ or obtain Patient A's best corrected vision (Ex. B p. 25).
8. On or about March 15, 2005, the Respondent noted that Patient A's vision had not changed since the last visit on October 5, 2004. The Respondent did not refract Patient A's eyes to determine best corrected visual acuity. The Respondent also did not dilate Patient A's pupils, documented 2+ nuclear sclerosis, and attributed the patient's poor vision to cataracts (Ex. B p. 24).
9. On or about May 10, 2005, the Respondent noted that Patient A's vision had not changed since the last visit on March 15, 2005. The Respondent performed a refraction and dilated examination of Patient A's eyes and documented 2+ nuclear sclerosis (Ex. B p. 24). The Respondent determined that Patient A's vision could not be corrected with a change in the patient 's prescription for eyeglasses and diagnosed the patient with cataracts, performed an A-Scan measurement for an ocular lens and recommended cataract surgery on the patient's left eye (Ex. B p. 22).
10. On or about May 13, 2005, Patient A saw Paul Kim M.D. for a preoperative physical examination. During the physical examination, Dr. Kim examined Patient A's eyes and did not

detect any yellowing of the lenses. Dr. Kim referred Patient A to ophthalmologist Steven J. Katz for a second opinion (Tr. Pp. 34-38).

11. On or about May 16, 2005, Dr. Katz examined Patient A and found that when the patient was wearing their eyeglasses the patient had 20/20 vision. His examination also included dilation of the patient's eyes and he saw no evidence of nuclear sclerosis (Ex. 4p.4, Tr. p. 98-101).

12. Dr. Katz continued to treat Patient A from May 16, 2005 through November 2007. On November 12, 2007, Dr. Katz examined Patient A and found that the patient had 20/20 vision when wearing their eyeglasses and had not had cataract surgery on either eye (See Ex. 4&4a, Tr. Pp. 102-103).

13. On or about June 1998, with benefit of Counsel the Respondent voluntarily entered into a Consent Order with the Department. The Respondent did not contest three of the fourteen specifications of misconduct including: negligence on more than one occasion and failing to maintain a medical record that accurately reflects the evaluation and treatment of two patients (ALJ Ex. 1).

CONCLUSIONS OF LAW

The Administrative Officer reviewed the parties' briefs and before the deliberations provided each member of the Hearing Committee with a copy of the briefs. The parties also submitted separate supplemental briefs (Supplemental Briefs). The Supplemental Briefs specifically address what weight if any should be given to a 1998 Consent Order that the Respondent entered into with the Department (Consent Order). Ultimately, the Hearing Committee was provided with the Supplemental Briefs and the Consent Order. The Hearing Officer provided this information to the Hearing Committee at the end of deliberations and only after the Hearing Committee made findings of misconduct. The Hearing Officer instructed the

Committee that the Respondent did not contest three of the eleven charges set forth in the Consent Order and completed the terms of probation that were set forth in the Consent Order. After considering the arguments in the Supplemental Briefs, the Hearing Committee was advised that they could consider the Consent Order in making a penalty determination in this case.

CONCLUSIONS

The Hearing Committee makes the following conclusions, pursuant to the foregoing Findings of Fact. All conclusions resulted from the unanimous vote of the Hearing Committee unless otherwise specified. The Hearing Committee partially sustained the factual allegations set forth in Paragraph A1 of the Statement of Charges in that the Respondent is guilty of failing to perform adequate ocular examinations including failing to determine Patient A's best corrected visual acuity on October 5, 2004 and March 15, 2005. The Hearing Committee has also sustained the factual allegations set forth in paragraph A2 of the Statement of Charges in that on May 10, 2005 the Respondent performed an A-Scan test on Patient A to measure the intra ocular lens and ordered cataract surgery for Patient A's left eye. The Hearing Committee has concluded from the preponderance of the evidence that the foregoing conduct constitutes negligence on more than one occasion pursuant to Education Law Section 6530(3) and ordering excessive tests and treatment not warranted by the condition of the patient pursuant to Education Law Section 6530(35) (Ex 1).

The Respondent is also charged with five other specifications of misconduct including: gross negligence, incompetence on more than one occasion, failure to maintain a medical record that accurately reflects the care and treatment of a patient, willfully making or filing a false report, and fraudulent practice. The Hearing Committee concluded that they cannot sustain these specifications of misconduct. While the Hearing Committee found that the Respondent was

negligent on more than one occasion, the multiple instances of negligent conduct either individually or combined did not rise to the level of gross negligence. The Hearing Committee has also concluded that the Respondent is not incompetent and is capable of adhering to established standards of care. The Respondent's medical record for Patient A was admitted into evidence, and each visit by Patient A was documented by the Respondent. The Hearing Committee found that there was nothing in the record to suggest that any portion of Patient A's medical record was falsified, and concluded that Respondent is not guilty of failing to maintain a record that accurately reflects his treatment of Patient A. Further, there is nothing in the record that the Hearing Committee can point to which suggests that the Respondent "knowingly" and with "intent to deceive" falsely reported that in May of 2005 Patient A's bilateral distance vision could not be improved with refraction beyond 20/60 or that the Respondent deliberately falsified the degree of Patient A's nuclear sclerosis or medical condition. Finally, this case involves only one patient and the Committee does not believe that the Respondent practiced fraudulently for the remuneration he would receive for the cataract surgery.

DISCUSSION

The Department presented three witnesses Dr. Paul Kim, Dr. Steven J. Katz and Dr. Martin Mayers. The Hearing Committee found that all three witnesses were credible. Dr. Kim, a primary care physician, examined Patient A in May 2005 to clear the patient for cataract surgery. Dr. Kim examined Patient A's eyes and did not observe any yellowing of the patient's lenses. The Hearing Committee found that Dr. Kim acted reasonably in recommending that Patient A obtain a second opinion from Dr. Katz. The Hearing Committee gave great weight to the testimony of Dr. Katz, an ophthalmologist who examined Patient A on May 16, 2005 and found that Patient A had 20/20 vision while wearing their eyeglasses and found no sign of nuclear sclerosis. Patient A has continued to be treated by Dr. Katz and at the time of the

hearing the patient had not had cataract surgery on either eye, maintained best corrected vision with the use of eyeglasses. The Department's expert ophthalmologist Dr. Mayers provided significant testimony regarding Respondent's deviations from the standards of care. On October 5, 2004 and March 15, 2005 the Respondent documented a significant drop in vision from Patient A's April 6, 2004 exam, and noted an increase of 1+ nuclear sclerosis to 1-2+ nuclear sclerosis. Dr. Mayers testified that the Respondent deviated from the standard of care when he failed to perform a refraction examination to determine if Patient A's vision could have been corrected with a new prescription for eyeglasses and/or dilate Patient A's pupils to definitively diagnose the change in the degree of nuclear sclerosis. Finally, Dr. Mayers testified that the Respondent deviated from the standard of care on May 10, 2005, when Respondent performed tests and made a recommendation for cataract surgery without exploring other reasons for the significant change in Patient A's vision that could not be corrected with a change to their prescription for eyeglasses.

The Respondent testified on his own behalf and provided information about his practice. The Respondent testified that he has a busy general ophthalmology practice in the Bronx, his patients' are generally fifty years old or older, and he specializes in performing many types of cataract surgery. The Hearing Committee believes that the Respondent is a confident cataract surgeon, and this "confidence" lead the Respondent to fail to perform adequate ocular examinations on Patient A, and perform the A-Scan and recommend unwarranted cataract surgery.

DETERMINATION AS TO PENALTY

The Hearing Committee must determine what penalty is appropriate to protect the public. The Hearing Committee had a difficult time determining what penalty to impose upon the Respondent. Upon learning Respondent entered into a 1998 Consent Agreement involving very

similar charges and that he successfully completed a two year probation which included extensive monitoring and oversight of his practice, the Hearing Committee believes that imposing further probation and monitoring would be futile. The Hearing Committee also believes that ordering medical education would not improve the Respondent's performance in that Respondent is an experienced ophthalmologist who regularly treats and performs eye surgery on a wide variety of patients. The Hearing Committee believes that the Respondent is capable of following established standards of care. However, in this case, the Respondent flouted the established standards of care in treating Patient A and set an unacceptably low threshold for recommending cataract surgery. The Hearing Committee believes that the Respondent does not fully appreciate his responsibility to continually follow the accepted standards of care.

After due and careful consideration of the penalties available pursuant to Public Health Law Section 230-a, the Hearing Committee has determined that the Respondent: shall pay a Twenty Thousand Dollar (\$20,000) civil penalty within Thirty (30) days of the effective date of this Determination and Order, and shall not perform cataract surgery for a period of one year from the effective date of this Determination and Order.

ORDER

Based on the foregoing, **IT IS HEREBY ORDERED THAT:**

1. The Second and Fourth Specifications set forth in the Statement of Charges (Appendix 1) are **SUSTAINED;**
2. The First, Third, Fifth, Sixth and Seventh Specifications set forth in the Statement of Charges (Appendix 1) are **NOT SUSTAINED;**

3. The Respondent shall pay a civil penalty of Twenty-Thousand Dollars (\$20,000) within thirty (30) days of the effective date of this Determination and Order;
4. The Respondent shall not perform cataract surgery for a period of one year from the effective date of this order;
5. This **ORDER** shall be effective upon service on the Respondent pursuant to Public Health Law Section 230(10)(h).

DATED: 15 April, New York 2008

Redacted Signature

BY: ~~_____~~
PASCAL J. IMPERATO M.D., Chairperson
STEVEN I. SHERMAN D.O.
GARRY J. SCHWALL

To: Raymond Joseph Nisi. M.D.

Redacted Address

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White Plains, NY 10605

Christine Radman, Esq.
Associate Counsel
Bureau of Professional Medical Conduct
New York State Department of Health
90 Church Street- 4th Fl.
New York, NY 10007

Appendix 1

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

IN THE MATTER
OF
RAYMOND NISI, M.D.

NOTICE
OF
HEARING

TO: RAYMOND NISI, M.D.

Redacted Address

PLEASE TAKE NOTICE:

A hearing will be held pursuant to the provisions of N.Y. Pub. Health Law §230 and N.Y. State Admin. Proc. Act §§301-307 and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on November 19, 2007, at 10:00 a.m., at the Offices of the New York State Department of Health, 90 Church Street, N.Y., N.Y. 10007, and at such other adjourned dates, times and places as the committee may direct.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. You shall appear in person at the hearing and may be represented by counsel. You have the right to produce witnesses and evidence on your behalf, to issue or have subpoenas issued on your behalf in order to require the production of witnesses and documents, and you may cross-examine witnesses and examine evidence produced against you. A summary of the Department of Health Hearing Rules is enclosed.

The hearing will proceed whether or not you appear at the hearing. Please note that requests for adjournments must be made in writing and by telephone to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Hedley Park Place, 433 River Street, Fifth Floor South, Troy, NY 12180, ATTENTION: HON. JAMES HORAN, DIRECTOR, BUREAU OF ADJUDICATION, (henceforth "Bureau of Adjudication"), (Telephone: (518-402-

0748), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date.

Adjournment requests are not routinely granted as scheduled dates are considered dates certain. Claims of court engagement will require detailed Affidavits of Actual Engagement. Claims of illness will require medical documentation.

Pursuant to the provisions of N.Y. Pub. Health Law §230(10)(c), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose name appears below. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of N.Y. State Admin. Proc. Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and in the event any of the charges are sustained, a determination of the penalty to be imposed or appropriate action to be taken. Such determination may be reviewed by the Administrative Review Board for Professional Medical Conduct.

THESE PROCEEDINGS MAY RESULT IN A
DETERMINATION THAT YOUR LICENSE TO PRACTICE

MEDICINE IN NEW YORK STATE BE REVOKED OR
SUSPENDED, AND/OR THAT YOU BE FINED OR
SUBJECT TO OTHER SANCTIONS SET OUT IN NEW
YORK PUBLIC HEALTH LAW §§230-a. YOU ARE URGED
TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS
MATTER.

DATED: New York, New York
October 19, 2007

Redacted Signature

Roy Nemerson
Deputy Counsel
Bureau of Professional
Medical Conduct

Inquiries should be directed to: Christine M. Radman
Associate Counsel
Bureau of Professional Medical Conduct
90 Church Street
N.Y., N.Y. 10007
(212) 417-4450

AUTHORIZATION.

I, RAYMOND NISI, M.D., hereby authorize OPMC to serve a Notice of Hearing and Statement of Charges on my attorneys, WOOD & SCHER with the same force and effect as if served personally on me.

August 3, 2007

Redacted Signature

Raymond Nisi, M.D.

IN THE MATTER
OF
RAYMOND JOSEPH NISI, M.D.

STATEMENT
OF
CHARGES

RAYMOND JOSEPH NISI, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 6, 1990, by the issuance of license number 183813 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent treated Patient A from January 22, 1992 through May 10, 2005 at his offices located at 1525 Blondell Avenue, Bronx, N.Y. 10461 and 1200 Waters Place, Bronx, N.Y. 10461. On or about between July 22, 2003 through on or about March 15, 2005 Respondent documented worsening degrees of nuclear sclerosis bilaterally in Patient A's medical chart. On or about May 10, 2005, Respondent performed an A-Scan measurement for an intra ocular lens on Patient A and scheduled her for left eye cataract surgery. After seeking a second opinion from ophthalmologist, Steven J. Katz, M.D., Patient A did not return to Respondent for the scheduled surgery.

Respondent deviated from medically acceptable standards in that he:

1. Failed to perform adequate ocular examinations at patient visits dated July 22, 2003, April 6, 2004, October 5, 2004, March 15, 2005 and May 10, 2005 including but not limited to:
 - a. Failing to accurately obtain Patient A's best corrected visual acuity.

- b. Inaccurately measuring the degree, if any, of nuclear sclerosis.
2. Inappropriately ordered cataract surgery for Patient A's left eye.
3. Knowingly and falsely represented in his May 10, 2005 office record that:
 - a. Patient A's bilateral distance vision could not be improved with refraction beyond 20/60+.
 - i. Respondent did so with intent to deceive.
 - b. Nuclear sclerosis was present bilaterally in Patient A's lenses to the degree of 2+, when in fact, he knew that the degree of such sclerosis, if any, was significantly less.
 - i. Respondent did so with intent to deceive.
4. Failed to maintain a record that adequately reflects the evaluation and treatment of Patient A.

SPECIFICATION OF CHARGES

FIRST 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:

1. Paragraphs A, A1 and each of its subparagraphs, A2, A3(a), A3(b) and A4.

SECOND SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined

in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

2. Paragraphs A, A1 and each of its subparagraphs, A2, A3(a), A3(b) and A4.

THIRD 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 two or more of the following:

3. Paragraphs A, A1 and each of its subparagraphs, A2, A3(a), A3(b) and A4.

FOURTH SPECIFICATION

UNWARRANTED TESTS/TREATMENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(35) by ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient, as alleged in the facts of:

4. Paragraphs A and A2

FIFTH SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession of medicine fraudulently

as alleged in the facts of the following:

5. Paragraphs A, A3 and each of its subparagraphs.

SIXTH SPECIFICATION

FALSE REPORT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(21) by 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, as alleged in the facts of:

6. Paragraphs A, A3(a) and A3(b).

SEVENTH 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 care and treatment of the patient, as alleged in the facts of:

7. Paragraphs A and A4.

DATE:

October ¹⁹16, 2007
New York, New York

Redacted Signature

Roy Nemerson
Deputy Counsel
Bureau of Professional Medical Conduct