



Department
of Health

Public

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Acting Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 7, 2015

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Natalie C. Jones, M.D.



Re: License No. 235171

Dear Dr. Jones:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 15-088. This order and any penalty provided therein goes into effect April 14, 2015.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,



Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Laura L. Spring, Esq.
Cohen Compagni Beckman Appler & Knoll, PLLC
507 Plum Street, Suite 310
Syracuse, NY 13204

IN THE MATTER
OF
NATALIE JONES, M.D.

CONSENT
ORDER

Upon the application of (Respondent) NATALIE JONES, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and
it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board,

either

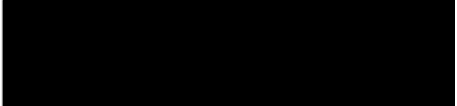
by mailing of a copy of this Consent Order, either by first class mail to Respondent at
the address in the attached Consent Agreement or by certified mail to Respondent's
attorney, OR

upon facsimile transmission to Respondent or Respondent's attorney,

whichever is first.

SO ORDERED.

DATE: 4/6/2015


ARTHUR S. HENGERER, 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
NATALIE JONES, M.D.

CONSENT
AGREEMENT

NATALIE JONES, M.D., represents that all of the following statements are true:

That on or about February 7, 2005, I was licensed to practice as a physician in the State of New York, and issued License No. 235171 by the New York State Education Department.

My current address is [REDACTED] and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I do not contest the First Specification (negligence on more than one occasion), in full satisfaction of the charges against me, and agree to the following penalty:

- Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be temporarily limited, to prohibit the performance of forceps deliveries or the use of vacuum extraction as operative delivery techniques unless performed in the presence of and supervised by a board certified obstetrician, until such time as Respondent has successfully completed the Clinical Competency Assessment set out in Exhibit "C", attached hereto.

Respondent shall attest to compliance with the prescribed practice restriction(s) by signing and submitting to the Director of OPMC a Practice Restriction Declaration, as directed by the Director.

Respondent shall cause the administrator(s) of all hospitals and other health care facilities or practices with which Respondent is affiliated to submit a letter to the Director of OPMC attesting to Respondent's compliance with the specified restriction(s) at each location.

- Pursuant to N.Y. Public Health Law § 230-a(8), in order to assess such proficiency, I shall undergo a Clinical Competency Assessment in the area of the indications for and use of operative delivery treatments, with particular

reference to the use of vacuum extraction and the use of forceps, as set out in Exhibit "C";

- Pursuant to N.Y. Pub. Health Law § 230-a(9), within thirty days after I am deemed proficient in the indications for and use of operative delivery treatments (with particular reference to the use of vacuum extraction and the use of forceps) by the issuance of written notice by the Director such that I may be allowed to re-commence the use of such techniques in New York, I shall be placed on probation for a period of three years, in accordance with and subject to the terms of probation, including monitoring, set forth in attached Exhibit "B."

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall enroll in and successfully complete a continuing education program in the area of medical record documentation. This continuing education program is subject to the Director of OPMC's prior written approval and shall be successfully completed within the first 90 days after the effective date of the Order.

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ. Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5, including but not limited to the requirements that a licensee shall : report to the department all information required by the Department to develop a public physician profile for the licensee; continue to notify the department of any change in profile information within 30 days of any change (or in the case of optional information, within 365 days of such change); and, in addition to such periodic reports and notification of any changes, update his or her profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to his or her physician profile information either electronically using the department's secure web site or on forms prescribed by the department, and licensee shall attest to the truthfulness, completeness and correctness of any changes

licensee submits to the department. This condition shall take effect 30 days after the Order's effective date and shall continue so long as Respondent remains a licensee in New York State. Respondent's failure to comply with this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health Law § 230, shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for failure to comply with this condition may include all penalties for professional misconduct set forth in N.Y. Pub. Health Law §230-a, including but not limited to: revocation or suspension of license, Censure and Reprimand, probation, public service and/or fines of up to \$10,000 per specification of misconduct found; and

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective

date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order.

Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE 3/30/15


NATALIE JONES, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 3/30/2015



LAYRA L. SPRING, ESQ.
Attorney for Respondent

DATE: 4/1/15



MICHAEL A. HISER, ESQ.
Deputy Counsel
Bureau of Professional Medical Conduct

DATE: 4/1/15



KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT A

IN THE MATTER
OF
NATALIE JONES, M.D.

STATEMENT
OF
CHARGES

NATALIE JONES, M.D., the Respondent, was authorized to practice medicine in New York State on or about February 7, 2005, by the issuance of license number 235171 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent provided care to Patient A (Patients are identified in the attached Appendix), a 17 year old woman, at Faxton-St. Lukes Healthcare, Utica, New York ["Faxton-St. Lukes Hospital"] between November 12 and 16, 2013. Patient A had presented to the hospital in labor at 40 plus weeks pregnant. Respondent's care of Patient A deviated from accepted standards of practice, in that:

1. Respondent, between approximately 8:54 p.m. and 9:00 p.m. on November 12, 2013, attempted vacuum extraction of Patient A's fetus on three occasions, but failed to take the patient for cesarean section delivery until approximately 10:05 p.m., which was an inappropriate delay.
2. Respondent performed an episiotomy on Patient A at approximately 9:02 p.m. on November 13, 2013, following three unsuccessful attempts with vacuum extraction of Patient A's fetus, without adequate medical indication and/or without documenting adequate medical condition.

B. Respondent provided care to Patient B, an approximately 27 year old woman, at Faxton-St. Lukes Hospital between November 5 and 7, 2013. Patient B had presented to the hospital in labor at 40 plus weeks pregnant with an estimated day of confinement of November 1, 2013. Respondent's care of Patient B deviated from accepted standards of practice, in that:

1. Respondent, at approximately 9:30 p.m. on November 5, 2013, attempted vacuum extraction of Patient B's fetus, without adequate medical indication.
2. Respondent, at approximately 9:30 p.m. on November 5, 2013, attempted vacuum extraction of Patient B's fetus, without documentation of the position of the fetus, the station, or the reasoning for the application of the vacuum.

C. Respondent provided care to Patient C, a 34 year old woman, at Faxton-St. Lukes Hospital between November 12 and 16, 2013. Patient C had presented to the hospital in labor at 39 plus weeks pregnant with an estimated day of confinement of November 13, 2013. Respondent's care of Patient C deviated from accepted standards of practice, in that:

1. Respondent, between 0315 and 0340 on November 13, 2013, attempted vacuum extraction of Patient C's fetus on three occasions, without adequate medical indication.
2. Respondent, between 0315 and 0340 on November 13, 2013, attempted vacuum extraction of Patient C's fetus on three occasions, without documentation of the position of the fetus, the station, or the reasoning for the application of the vacuum over a 25 minute period of time.
3. Respondent, after the last of the vacuum attempts was completed on or about 0340 on 11/13/13, allowed the patient to continue with labor for approximately 34 more minutes, without adequate medical indication, and/or without documenting such adequate medical indication.

SPECIFICATION OF CHARGES

FIRST 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:

1. The facts in paragraphs A and A.1, A and A.2, B and B.1, B and B.2, C and C.1, C and C.2, and/or C and C.3.

SECOND 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 evaluation and treatment of the patient, as alleged in the facts of:

2. The facts in paragraphs A and A.2, B and B.2, C and C.2 and/or C and C.3.

DATE: ~~March~~ ^{April 1}, 2015
Albany, New York



Michael A. Hiser
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

Terms of Probation

- 1) Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
- 2) Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- 3) Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but 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].
- 4) The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.
- 5) The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
- 6) Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.

- 7) Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
- 8) Within thirty days after Respondent is deemed proficient to perform operative deliveries, including forceps deliveries and vacuum extractions, by issuance of written notice by the Director that she is allowed to re-commence the use of such techniques in New York, for a period of three years Respondent shall practice obstetrics only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.
 - a) Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit each and every location that Respondent has privileges to perform obstetrics, on a random unannounced basis at least monthly and shall examine a selection (10 to 20) of records maintained by the facility and/or Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b) Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c) Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d) Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
- 9) Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a

violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.

EXHIBIT C

CLINICAL COMPETENCY ASSESSMENT

1. Respondent may only demonstrate proficiency in the indications for and use of operative delivery treatments (with particular reference to the use of vacuum extraction and the use of forceps) to the Director of OPMC by obtaining a clinical competency assessment performed by a program for such assessment as directed by the Director of OPMC. Respondent shall complete the assessment to the satisfaction of the Director of OPMC, and shall cause a written report of such assessment to be provided directly to the Director of OPMC.
 - a. Respondent shall be responsible for all expenses related to the clinical competency assessment and shall provide to the Director of OPMC proof of full payment of all costs that may be charged. This term of probation shall not be satisfied in the absence of actual receipt, by the Director, of such documentation, and any failure to satisfy this request shall provide a basis for a Violation of Probation proceeding.
2. If the clinical competency assessment (CCA) identifies any deficiencies/retraining recommendations, then at the direction of the Director and within 60 days following the completion of the CCA the Respondent shall identify a Preceptor, preferably a physician who is board certified in the same specialty, to be approved in writing, by the Director of OPMC. The Respondent shall cause the Preceptor to:
 - a. Develop and submit to the Director of OPMC for written approval a remediation plan, which addresses the deficiencies /retraining recommendations identified in the CCA. Additionally, this proposal shall establish a timeframe for completion of the remediation program.
 - b. Submit progress reports at periods identified by OPMC certifying whether the Respondent is fully participating in the personalized continuing medical education program and is making satisfactory progress towards the completion of the approved remediation plan.
 - c. Report immediately to the Director of OPMC if the Respondent withdraws from the program and report promptly to OPMC any significant pattern of non-compliance by the Respondent.
 - d. At the conclusion of the program, submit to the Director of OPMC a detailed assessment of the progress made by the Respondent toward remediation of all identified deficiencies.

3. Respondent shall be subject to any further terms of probation as may be imposed by Director, as the Director deems necessary based upon the outcome of the Clinical Competency Assessment. Respondent, by making this Application, stipulates that the Director shall be so authorized.
4. Respondent shall be solely responsible for all expenses associated with these terms, including fees, if any, for the clinical competency assessment, the personalized continuing medical education program, or to the monitoring physician.