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of Medical Examiners

FILED

July 10, 2008

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

By: Carmen A. Rodriguez
Deputy Attorney General
Tel. (973)648-3696

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE LICENSE OF :
 :
 :
 HARJYOT DEOL, M.D. : Administrative Action
 License No. MA58663 :
 :
 : CONSENT ORDER
 TO PRACTICE MEDICINE AND SURGERY :
 IN THE STATE OF NEW JERSEY :
 :

This matter was opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt of information that on or about April 26, 2007, the New York State Board for Professional Medical Conduct ("New York Board"), entered into a Consent Agreement and Order with Harjyot Deol, M.D. ("Respondent") charging him with seven instances of professional misconduct as specified in the Statement of Charges marked Exhibit A and attached to the Consent Order. Respondent did not contest the first specification charging him with negligence on more than one occasion to the extent of

CERTIFIED TRUE COPY 2008

factual allegations B.1 and B.3 in full satisfaction of the charges against him. Respondent agreed to have his license to practice medicine in the State of New York suspended for a period of three years, but the suspension is stayed as long as he complies with the terms of probation, undergoes a clinical competency assessment within 60 days of entry of the Order, maintains an active registration with the New York State Education Department and a engages a practice monitor to be approved by the New York Board within thirty days of the effective date of the order. Respondent shall also complete a continuing education program in the areas of appropriate induction doses for anesthesiology, monitoring of respiratory status of patients under anesthesia and appropriate boundaries between physician and patients.

The above disciplinary action taken by the sister state of New York provides grounds to take disciplinary action against Respondent's license to practice medicine and surgery in New Jersey pursuant to N.J.S.A. 45:1-21(g), in that, Respondent had his authority to engage in the activity regulated by the Board suspended by another State for reasons which would be cause for discipline in New Jersey.

It appearing that Respondent wishes to resolve this matter without formal proceedings and for good cause shown,

ACCORDINGLY, IT IS on this 10th day of July , 2008,

ORDERED AND AGREED THAT:

1. A formal reprimand is placed on Respondent's license to practice medicine and surgery in the State of New Jersey for professional misconduct in violation of N.J.S.A. 45:1-21(e).

2. Respondent shall not engage in the practice of medicine and surgery in New Jersey until such time as he has demonstrated that he has an active, unrestricted license in the State of New York.

3. Prior to Respondent engaging in the active practice of medicine and surgery in the State of New Jersey, he shall appear before the Board of Medical Examiners or a committee thereof to demonstrate that he has completely satisfied the conditions placed on his license to practice medicine in New York and, that his New York license is active and unrestricted and that he is fit to practice medicine and surgery in New Jersey. Commencement of active practice may be subject to conditions the Board deems protective.

4. Respondent agrees that any violation of this Consent Order, or the Order of the New York Board, may serve as the basis for further disciplinary action pursuant to N.J.S.A. 45:1-21, including revocation or suspension of his New Jersey license to practice medicine and surgery.

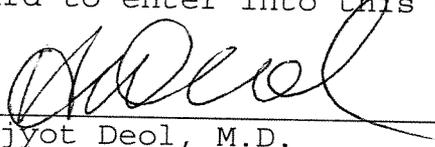
NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By:

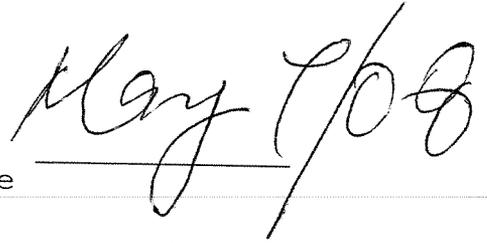


Mario Criscito, M.D.
Board President

I have read and understand the within Consent Order. I hereby agree to be bound by the terms of the within Consent Order. Consent is hereby given to the Board to enter into this Order.



Harjyot Deol, M.D.



Date

Consent as to form and entry:



Esq.



Date

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

IN THE MATTER
OF
HARJYOT DEOL, M.D.

CONSENT
ORDER

Upon the application of (Respondent) HARJYOT DEOL, 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: 4-25-07



KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

Exhibit A

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

IN THE MATTER
OF
HARJYOT DEOL, M.D.

CONSENT
AGREEMENT
AND
ORDER

HARJYOT DEOL, M.D., representing that all of the following statements are true, deposes and says:

That on or about February 7, 1995, I was licensed to practice as a physician in the State of New York, and issued License No. 198421 by the New York State Education Department.

My current address is 9 Sachem Drive, Skaneateles, New York 13152, 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 Seven specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I do not contest the First Specification [Negligence on more than one occasion], to the extent of Factual Allegations B. 1 and B.3, in full satisfaction of the charges against me, and agree to the following penalty:

That my license to practice medicine in New York State shall be suspended for a period of three (3) years, but that the suspension shall be stayed so long as I comply with the Terms of Probation set forth in Exhibit "B"; that I shall undergo a clinical competency assessment within 60 days of the effective

date of the Order herein; and that I shall otherwise comply with the Terms of Probation as set forth in Exhibit "B", attached hereto, for a period of three years after the effective date of the Order herein.

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

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 30 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 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 N.Y. Pub. Health Law.

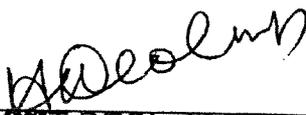
I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the 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.

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.

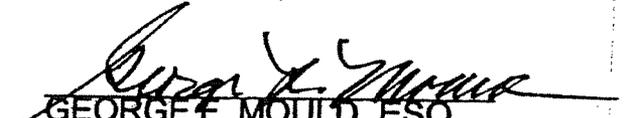
DATE 4/6/07



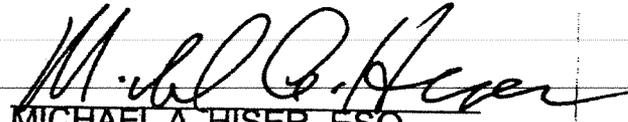
HARJOT DEOL, M.D.
RESPONDENT

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

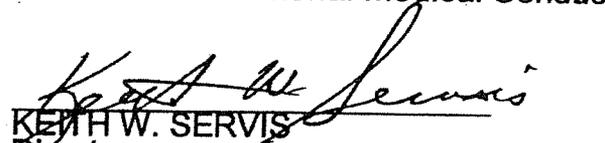
DATE: April 9, 2007


GEORGE F. MOULD, ESQ.
Attorney for Respondent

DATE: 4/11/07


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

DATE: 4/24/07


KEITH W. SERVIS
Director
Office of Professional Medical Conduct

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

IN THE MATTER
OF
HARJYOT DEOL, M.D.

STATEMENT
OF
CHARGES

HARJYOT DEOL, M.D., the Respondent, was authorized to practice medicine in New York State on or about February 7, 1995, by the issuance of license number 198421 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent provided medical care to Patient A [patients are identified only in the attached appendix, to protect patient confidentiality], an 87 year old female patient, on October 7, 2004, at the Auburn Memorial Hospital, 17 Lansing Street, Auburn, New York, 13021 ["Auburn Memorial Hospital"]. Patient A was admitted to the hospital to undergo an elective cholecystectomy, for which Respondent provided anesthesia care. Respondent's care of Patient A was contrary to accepted standards of medicine, in that:
1. Respondent provided a 100 mg induction dose of Propofol for the patient, which was excessive in light of all of the circumstances, including the patient's weight of 52 kilograms.
- B. Respondent provided medical care to Patient B, a 56 year old female patient, on November 16, 2004, at the Auburn Memorial Hospital. Patient B was admitted to the hospital as an outpatient on November 16, 2004, for the placement of a Medi-Port catheter to facilitate chemotherapy as treatment for breast cancer. Respondent provided anesthesia care. At the end of the Medi-Port placement procedure, Patient B developed bradycardia, and then asystole. Respondent's care of Patient B was contrary to accepted standards of medicine, in that:

EXHIBIT "A"

1. Respondent failed to provide adequate ventilation and oxygenation for Patient B after the patient was intubated.
 2. Respondent did not take steps to provide adequate oxygenation for the patient until he was advised by nursing staff present during the procedure that the patient had no breath sounds nor was there visual movement of the patient's chest.
 3. Respondent failed to properly sedate Patient B, and/or properly monitor the patient and/or provide timely correction of the patient's respiratory insufficiency.
- C. Respondent provided medical care to Patient C, a 36 year old female patient, on November 19, 2003, at the Auburn Memorial Hospital. Patient C was admitted to the hospital on November 18, 2003, at 41 weeks gestation, for elective induction of labor. Patient C underwent a primary Caesarean section on November 19, 2003, for which Respondent provided anesthesia care. Respondent's care of Patient C was contrary to accepted standards of medicine, in that:
1. Respondent, during the time that Patient C was unconscious while under the effect of anesthesia, touched and/or manipulated the breasts of Patient C without medical indication, and/or without documenting such 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 two or more of the following:

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

**SECOND 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:

2. The facts in Paragraphs B and B.1, B and B.2, and/or B and B.3.

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

**FOURTH SPECIFICATION
GROSS INCOMPETENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

4. The facts in Paragraphs B and B.1, B and B.2, and/or B and B.3.

**FIFTH 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:

5. The facts in Paragraphs C and C.1.

SIXTH SPECIFICATION
WILFUL PHYSICAL HARASSMENT OR ABUSE OF PATIENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(31) by wilfully harassing, abusing, or intimidating a patient either physically or verbally, as alleged in the facts of:

6. The facts in Paragraphs C and C.1.

SEVENTH SPECIFICATION
MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

7. The facts in Paragraphs C and C.1.

DATE: April 11, 2007
Albany, New York



Peter D. Van Buren
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 maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 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.
4. 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.
5. 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].
6. 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.

7. 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.

8. **CLINICAL COMPETENCY ASSESSMENT**

- A. Respondent shall obtain a clinical competency assessment performed by a program for such assessment as directed by the Director of OPMC. Respondent shall cause a written report of such assessment to be provided directly to the Director of OPMC within sixty (60) days of the effective date of this Order.
- 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 shall provide a basis for a Violation of Probation proceeding.
- B. At the direction of the Board and within 60 days following the completion of the clinical competency assessment (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, if any, identified in the CCA. Additionally, this proposal shall establish a time frame 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.
- C. 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

9.

PRACTICE MONITOR

Within thirty days of the effective date of the order, Respondent shall practice medicine 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.

- 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 Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by 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.
10. 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.
11. Respondent shall enroll in and complete a continuing education program in the area of appropriate induction doses for anesthesiology, monitoring of respiratory status of patients under anesthesia, and the appropriate boundaries between physicians and patients, for a minimum of 50 credit hours. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within the first two years of the probation period.
12. 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.

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
HAS BEEN ACCEPTED**

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the Addendum to these Directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)