

FILED

JANUARY 19, 2012

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

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

In the Matter of:

CLEVE R. DAWSON, M.D.

CONSENT ORDER

This matter was opened before the New Jersey State Board of Medical Examiners (the "Board") upon receipt of a report from the Medical Practitioner Review Panel (the "Panel") detailing findings and recommendations made by the Panel at the conclusion of an investigation of care provided by respondent Cleve Dawson, M.D., to patient J.W. Specifically, the Panel commenced its investigation upon receiving notice from respondent's medical malpractice insurance carrier that a payment of \$275,000 had been made on respondent's behalf to settle a civil malpractice action, wherein the estate of patient J.W. alleged that respondent failed to timely diagnose and properly treat diabetes, resulting in J.W.'s death.

The Panel has considered available information regarding this matter, to include reports from the underlying civil malpractice action, respondent's medical records for patient J.W., and testimony that was offered by respondent when he appeared before the Panel on February 18, 2011, represented by Michael J. Keating, Esq.

Upon review of available information, the Panel found that Dr. Dawson cared for patient J.W. between February 12, 2004 and April 15,

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2004. J.W. was a 27 year old, 232 pound male patient who presented to Dr. Dawson on February 12, 2004, with a history of "gaining weight," and with a prior medical history of mental retardation with inability to communicate. He was accompanied to the office visit by his mother, through whom communications regarding J.W.'s care were made. Dr. Dawson noted in his chart that J.W.'s father had a history of diabetes, and Dr. Dawson's recorded assessment on J.W.'s initial visit was "obesity" and "mental retardation." When appearing before the Panel, Dr. Dawson testified that J.W. refused to consent to having his blood drawn for testing on the initial visit.

J.W. returned to Dr. Dawson's office on March 4, 2004, with a chief complaint of "lumps on right forearm." Blood work was drawn on that visit, and those tests revealed an elevated glucose (146) and cholesterol (257). On a return office visit on March 8, 2004, Dr. Dawson made an assessment of "hyperlipidemia" and started J.W. on medication to control cholesterol, but failed to address or treat the elevated glucose.

J.W.'s final office visit occurred on April 15, 2004. The history of present illness recorded in J.W.'s chart was "blood work showed increased glucose, father is diabetic, [and] eating habits of increased candy and sweets." There is no documentation in J.W.'s chart of any examination(s) that may have been performed on that visit, although blood work was drawn. There is also nothing documented in respondent's medical record that would memorialize or suggest that Dr. Dawson discussed (with J.W.'s mother) J.W.'s diet, the blood glucose

findings, or the possibility of J.W. having diabetes, on any of the four visits.

The blood work drawn on April 15, 2004 revealed a glucose level of 814. Dr. Dawson maintains that he never received the results of that blood test, and that he had no further contact with J.W. or J.W.'s mother. On April 25, 2004, J.W. was reported to be acting slow and weak, and he was transferred to the hospital by ambulance on April 26, 2004. J.W. was then found to have evidence of diabetic ketoacidosis, with a glucose of 996. J.W. died on 4/29/04, at which time the primary diagnosis recorded was diabetes mellitus with ketoacidosis.

Based on the above findings, the Panel concluded that Dr. Dawson engaged in repeated acts of negligence during the course of his treatment of J.W, to include a failure to have regularly or appropriately monitored J.W.'s elevated glucose and a failure to have diagnosed diabetes in the presence of obvious symptoms. Additionally, even accepting Dr. Dawson's testimony that he never received a copy of the lab results for blood drawn on April 15, 2004, the Panel found that Dr. Dawson was negligent by failing to have conducted follow-up to ensure that he in fact received and reviewed those lab results. Finally, the Panel found that respondent's medical records were kept in a manner inconsistent with the minimum standards required by N.J.A.C. 13:35-6.5(b), for reasons including his failure to have recorded significant conversations that he claimed to have had with J.W.'s mother, and his failure to have recorded the performance and/or the results of

examinations that he claimed to have conducted.

The Board has reviewed the report made by the Panel and has ratified and adopted all findings made by the Panel. The Board therefore concludes that grounds for disciplinary action against respondent exist pursuant to N.J.S.A. 45:1-21 (d) and 45:1-21 (h).

The parties desiring to resolve this matter without need for the filing of an administrative complaint and additional administrative proceedings, and the Board being satisfied that need for such proceedings is obviated by the entry of this Order, and finding that good cause exists to support the entry of this Order:

IT IS on this 11th day of January, 2012

ORDERED and AGREED:

1. Respondent Cleve Dawson, M.D., is hereby formally reprimanded for having engaged in repeated acts of negligence, and for having maintained substandard and inadequate medical records, as more fully detailed above.

2. Respondent shall, within six months of the date of entry of this Order, attend and successfully complete:

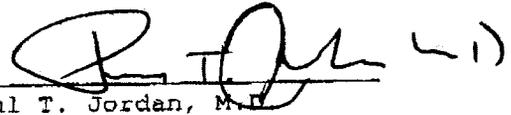
- a) a course in the diagnosis and management of diabetic patients; and
- b) a course in medical record keeping.

Respondent shall be required to secure pre-approval from the Board for any courses that he may propose taking to satisfy the requirements of this paragraph, and shall be further required, upon his

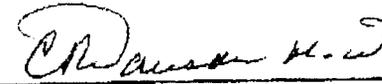
completion of the courses, to ensure that proof of his attendance at, and successful completion of, the courses is provided to the Board by the course providers.

3. Respondent is hereby assessed an administrative penalty in the amount of \$5,000, which penalty shall be payable in full upon entry of this Order.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

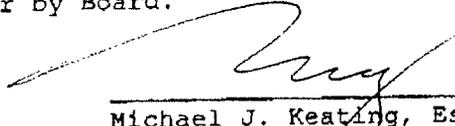
By: 
Paul T. Jordan, M.D.
Board President

I represent that I have carefully read and considered this Order, and consent to the entry of the Order by the Board.


Cleve R. Dawson, M.D.

Dated: 4/14/12

Consent to form of Order and entry of Order by Board.


Michael J. Keating, Esq.

Dated: 1/18/12

**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.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.