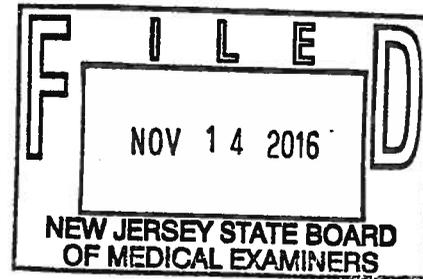


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**ATTORNEY GENERAL OF NEW JERSEY**  
Division of Law  
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**STATE OF NEW JERSEY**  
**DEPARTMENT OF LAW AND PUBLIC SAFETY**  
**DIVISION OF LAW**  
**STATE BOARD OF MEDICAL EXAMINERS**

**IN THE MATTER OF THE SUSPENSION  
OR REVOCATION OF THE LICENSE OF**

**SANTUSHT A. PERERA, M.D.**  
**LICENSE NO. 25MA06664200**

**TO PRACTICE MEDICINE AND SURGERY  
IN THE STATE OF NEW JERSEY**

**Administrative Action**

**CONSENT ORDER OF  
VOLUNTARY RETIREMENT**

This matter was opened to the New Jersey State Board of Medical Examiners ("Board") by Christopher S. Porrino, Attorney General of New Jersey, upon receipt of information indicating that Santusht A. Perera, M.D. ("Respondent") resigned from the Medical Staff of Palisades Medical Center in July, 2013 while under investigation for his care and management of patient R.N. R.N. was a 68 year old male with hypertension, Type 2 diabetes mellitus, chronic obstructive pulmonary disease and peripheral arterial disease (PAD) who presented for an outpatient vascular procedure which led to multiple procedures, sepsis and death.

R.N. underwent a diagnostic peripheral angiogram. Thereafter, Respondent recommended that nothing be done at that point due to borderline kidney function, but that the

**CERTIFIED TRUE COPY**

patient consider scheduling an elective procedure. The patient ultimately opted to undergo an endovascular angioplasty atherectomy.

R.N. went to the hospital on January 14, 2013 for an out-patient arteriogram of the left lower extremity ("LLE"). The arteriogram identified diffuse atherosclerotic involvement of the vessels of the LLE, but also occlusion of the proximal anterior tibial artery and a tight stenosis of the tibio-peroneal trunk ("TPT"). Respondent endeavored to open the TPT stenosis with endovascular devices - both balloon angioplasty and atherectomy. Despite several attempts with multiple wires, he was unsuccessful and noted a clot in the TPT, which prompted treatment with thrombolysis and admission as an in-patient. Respondent placed a long sheath infusion catheter and inserted tissue plasminogen activator ("TPA") into the clot area overnight. Respondent did not utilize Heparin infusion during the thrombolysis to prevent clot formation.

On January 15, 2013, Respondent performed another arteriogram that revealed extensive new clot formation in the left superficial femoral artery. An intravenous Heparin infusion was instituted after R.N. was returned to the ICU.

On January 16, 2013, Respondent took R.N. to the operating room wherein he performed an endarterectomy of the TPT and a bypass from the left CFA to the left TPT to re-vascularize the LLE. Over the next few days, the bypass graft occluded. R.N. developed respiratory failure the following day and required endotracheal intubation. He subsequently developed signs of hepatic and renal failure and passed away on January 27, 2013.

It is alleged that Respondent pursued tibial artery intervention when the results of the arteriogram indicated that R.N.'s pain was not caused by vascular occlusion and inappropriately used TPA and performed the intra-arterial thrombolytic infusion without giving Heparin

notwithstanding the stasis and thrombotic potential of the catheter in the obstructed superficial femoral-popliteal artery segment.

If such allegations were to be proven, Respondent's conduct would constitute multiple acts of gross negligence and repeated acts of negligence in violation of N.J.S.A. 45:1-21(c) and 45:1-21(d).

Respondent denies all wrongdoing and maintains that no violations of any Board statutes and/or regulations were committed in his care and treatment of R.N. Specifically, Respondent contends that while the arteriogram did not show vascular occlusion, it did exhibit evidence of there being a high grade stenosis of the femoral artery that was nearing the point of an occlusion and a full blockage of the artery. In addition, Respondent notes that he did fully heparinize R.N. prior to administering TPA.

Respondent now seeks leave to voluntarily retire from the practice of medicine to fully resolve all outstanding inquiries, and the Board finding the within disposition to be adequately protective of the health, safety, and welfare of the people of the State of New Jersey, and other good cause having been shown,

IT IS, therefore, on this 14<sup>th</sup> day of ~~September~~ <sup>November</sup>, 2016,

**ORDERED** that:

1. Respondent is hereby granted leave to and shall immediately surrender his license to practice medicine and surgery in the State of New Jersey, with such surrender to be deemed a permanent retirement.

2. With the Consent of the Director of the Division of Consumer Affairs (the "Director"), and pursuant to his authority under N.J.S.A. 24:21-9 et. seq., Respondent is hereby

granted leave to and shall immediately surrender his New Jersey CDS Registration, with such surrender to be deemed a permanent retirement.

3. Respondent agrees not to reapply for a New Jersey medical license or to seek a CDS registration in New Jersey in the future.

4. Respondent shall immediately return his original New Jersey medical license, current biennial registration and New Jersey CDS registration to William Roeder, Executive Director, New Jersey State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625-0183.

5. Respondent shall immediately advise the United States Drug Enforcement Administration of this Order and provide proof of such notice to the Board.

6. Respondent shall immediately send all of his remaining prescription blanks, along with a cover memorandum indicating that he longer will be issuing prescriptions and asking that his prescription blanks be destroyed pursuant to standard operating procedures, to Cathy Collins, Executive Officer, Enforcement Bureau Drug Control Unit, P.O. Box 45022, Newark, New Jersey 07101.

7. Respondent hereby agrees to reimburse the State costs and fees in the amount of one thousand six hundred dollars (\$1,600) pursuant to N.J.S.A. 45:1-25.

8. Payment of costs totaling \$1,600 shall be made within thirty (30) days of the filing of this Order by wire transfer, bank check, money order, or certified check made payable to the "State of New Jersey" and sent to William Roeder, Executive Director, New Jersey State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625. Any payment in a form other than those noted in this paragraph will be rejected.

9. Failure to make timely payment shall result in the filing of a Certificate of Debt pursuant to N.J.S.A. 45:1-24 for the total amount due and owing at the time the Certificate of Debt is filed.

10. Respondent shall comply with the "Directives Applicable to Any Medical Board Licensee who is Disciplined or Whose Surrender of Licensure or Cessation of Practice has been Ordered or Agreed Upon", which is attached hereto as "Exhibit 1" and made a part hereof.

11. Respondent shall comply with the guidelines set forth in N.J.A.C. 13:35-6.5(h) in closing his practice.

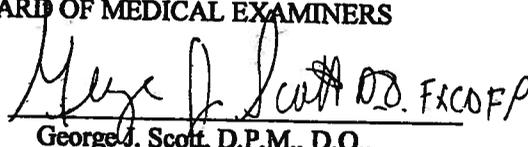
12. Respondent hereby represents and shall ensure that as of the effective date of this Consent Order there shall be no medical services offered by him at any location at which he presently engages in the practice of medicine, including, but not limited to, any offices he maintains or is affiliated with in the States of New Jersey.

13. This Consent Order shall be a full and final disposition of the present investigation of Respondent. The Board shall retain jurisdiction to enforce the terms of this Order.

14. The parties hereby stipulate that entry of this Order is without prejudice to further action or investigation by this Board, the Attorney General, the Drug Control Unit, the Director of the Division of Consumer Affairs or other law enforcement resulting from Respondent's conduct not addressed by the terms of this Order.

NEW JERSEY STATE  
BOARD OF MEDICAL EXAMINERS

By:

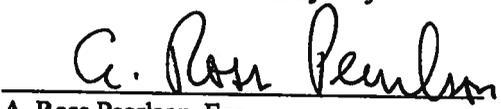
  
George J. Scott, D.P.M., D.O.,  
President

I have read and understood the within  
Consent Order and hereby agree to comply  
with the terms.

  
\_\_\_\_\_  
Santusht A. Perera, M.D.

Dated: 10/06/16

Consent as to form and entry only:

  
\_\_\_\_\_  
A. Ross Pearlson, Esq.  
Chiesa, Shahinian & Giantomasi, P.C.  
Attorney for Respondent

Dated: 10/6/16

**EXHIBIT 1**

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE  
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE  
OR CESSATION OF PRACTICE HAS BEEN ORDERED OR AGREED UPON**

**APPROVED BY THE BOARD ON AUGUST 12, 2015**

All licensees who are the subject of a disciplinary order or surrender or cessation order (herein after, "Order") of the Board shall provide the information required on the addendum to these directives. 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 licensee is suspended, revoked, has surrendered his or her license, or entered into an agreement to cease practice, with or without prejudice, whether on an interim or final basis. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains probationary terms 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. Prior to the resumption of any prescribing of controlled dangerous substances, the licensee shall petition the Director of Consumer Affairs for a return of the CDS registration if the basis for discipline involved CDS misconduct. 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, surrender or cessation, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The licensee subject to the order

is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The licensee subject to the order may contract for, accept payment from another licensee for rent at fair market value for office premises and/or equipment. In no case may the licensee subject to the order 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 subject to the order 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), subject to the order for the payment of salaries for office staff employed at the time of the Board action.

A licensee whose license has been revoked, suspended or subject to a surrender or cessation order for one (1) year or more must immediately take steps to 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 subject to the order 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.<sup>1</sup> 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 order.

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<sup>1</sup>This bar on the receipt of any fee for professional services is not applicable to cease and desist orders where there are no findings that would be a basis for Board action, such as those entered adjourning a hearing.

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 or who is ordered to cease practice 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 disqualified licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall also divest him/herself of all financial interest. Such divestiture of the licensee's interest in the limited liability company or professional service corporation shall occur within 90 days following 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 Division of Revenue and Enterprise Services demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation or sole member of the limited liability company, the corporation must be dissolved within 90 days of the licensee's disqualification unless it is lawfully transferred to another licensee and documentation of the valuation process and consideration paid is also provided to the Board.

#### 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) immediately 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. If the licensee has a website, a notice shall be posted on the website as well.

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.

## 6. Payment of Civil and Criminal Penalties and Costs.

With respect to any licensee who is the subject of any order imposing a civil penalty and/or costs, the licensee shall satisfy the payment obligations within the time period ordered by the Board or be subject to collection efforts or the filing of a certificate of debt. The Board shall not consider any application for reinstatement nor shall any appearance before a committee of the Board seeking reinstatement be scheduled until such time as the Board ordered payments are satisfied in full. (The Board at its discretion may grant installment payments for not more than a 24 months period.)

As to the satisfaction of criminal penalties and civil forfeitures, the Board will consider a reinstatement application so long as the licensee is current in his or her payment plans.

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

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website. See <http://www.njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A.45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required 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 entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

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