State Board of Medical Examiners
Open Disciplinary Minutes
February 11, 2004

A meeting of the New Jersey State Board of Medical Examiners was held on Wednesday, February 11, 2004 at the Richard J. Hughes Justice Complex, 25 Market Street, 4th Floor, Conference Center, Trenton, New Jersey for Disciplinary Matters Pending Conclusion, open to the public. The meeting was called to order by Mr. Glenn Farrell, Chairperson for Open Disciplinary Matters.

PRESENT

Board Members Chen, Criss, Haddad, Huston, Moussa, Paul, Patel, Perry, Robins, Rokosz, Trayner, Wallace, and Walsh.

EXCUSED

Board Members Desmond, Farrell, Harrer, Lucas, Ricketti and Weiss.

ALSO PRESENT

Assistant Attorney General Joyce, Deputy Attorneys General Dick, Ehrenkrantz, Flanzman, Gelber, Johnston, Kenny, Levine, Warhaftig and Executive Director Roeder and Medical Director Gluck.

RATIFICATION OF BOARD MINUTES

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE JANUARY 14, 2004 OPEN DISCIPLINARY BOARD MINUTES AS SUBMITTED.

HEARINGS, PLEAS, RETURN DATES, APPEARANCES

10:00 a.m. - DAITER, Eric, M.D. (License #MA 60374)
(DICK, Sandra Y., Counseling D.A.G.)

KERN, Steven I., Esq. for Respondent
JOHNSTON, Carol D.A.G. for Complainant

Dr. Wallace, Dr. Rokosz and D.A.G. Warhaftig were recused from this matter.

The Board office had received the Initial Decision of Administrative Law Judge John R. Tassini dated December 10, 2003 in this matter. Preliminary motions, however, had been filed by Respondent which needed to be decided prior to hearing oral argument on the exceptions. Attached for the Board's consideration were Respondent's Notice of Motion to Reopen and Remand, Letter Brief in Support of the Motion to Reopen and Remand and Certification of Counsel in Support of the Motion, the Medical Society's request to appear as an amicus curiae, Respondent's request that the matter be bifurcated and the Attorney General's responses thereto (sent under separate cover). The parties were informed that oral argument was limited to ten minutes per side on the Motion to Reopen and Remand. In the event that the Motion to Reopen and Remand was denied, the Board, would then hear argument on the Motion made by the Medical Society to appear in this matter as an amicus curiae. Again, oral argument would be limited to ten minutes per side on this issue. Finally, the Board was also requested to ratify, modify or amend Vice President's Farrell's decision to deny Respondent's request to bifurcate this matter.

Dr. Robins opened the Open Disciplinary Meeting with a motion to go into closed session for advice of counsel. Deputies, other than counseling staff, left the room, along with all other members of the public present.

The Board returned to open session.

Dr. Robins reminded the parties that this was a hearing in the matter of Eric Daiter, M.D. concerning preliminary motions filed by the Respondent. These issues included whether the Medical Society should be permitted to file as Amicus in this case and whether this case should be remanded to the OAL based on the ALJ's exclusion of Dr. Fred Jacob's certification.

After the attorneys placed their appearance on the record, Mr. Maressa addressed the Board requesting that the Medical Society of New Jersey (the "Society") be permitted to file an Amicus position in this particular case. The Society, according to Mr. Maressa, had the material reviewed by Dr. Fred Jacobs, and after further discussions with the President of the Society, the consensus was that there were grave concerns as to the manner in which the ALJ approached this case and issued his findings and conclusions to the Board. Mr. Maressa agreed that the ALJ had not established a legally based predicate in referencing the expert testimony on the deviation of accepted standards of practice and the conclusion that those deviations, if they existed, produced an injury to the patient. Secondly, there is reference in the material that indicates that the physician was being held accountable because he did not note in the operative report that the nurse produced sterile water as opposed to D5W or Sorpitol as was listed on his preference card. The Society's review of whether it is the custom and practice in New Jersey indicated it is not customary for physicians to note in their operative reports or in any record when things like that occur. Instead, if there was a difference of opinion, it is simply noted what material was actually used. Mr. Maressa also expressed concern over the fact that while the ALJ stated that he did not accept the "Captain of the Ship" doctrine, the conclusion made by him in effect reflect that he did "accept" the "Captain of the Ship" doctrine. There is no indication, he went on to state, that Dr. Daiter was ever advised that anything other than what he had ordered was used and as a matter of fact, the Society noted that there is evidence in the record that it is customary in the medical community to refer to D5W as "water." Above and beyond that, Mr. Maressa proffered that the Medical Society believed that what occurred in this case was not physician error, but rather a system error within the hospital. He concluded by urging the Board to permit the Society to file an amicus brief as this issue has a far reaching effect for the Physician Community of New Jersey and the patients they serve.

Mr. Kern opened his argument by stating that when he first read the ALJ's decision, he was struck by the fact that the ALJ's assumption, which was the basis for his decision, was clearly incorrect as a matter of practice, clearly incorrect as a matter of law, and clearly incorrect as a matter of policy, at least as it exists in medicine today. While Mr. Kern acknowledged that there is certainly a debate concerning how to report medical errors, he also pointed but that there has not been any consensus on that process, and most certainly, no agreement that the medical error ought to be reported in the confines of an operating report. He went on to mention a book called "Internal Bleeding" by Dr. Blocter, which reports that in a 1999 report, there were between 50,000 and 100,000 deaths each year in hospitals that were attributed to medical errors. Mr. Kern continued by stating that there are systems errors routinely, for example, on average every hospital in America experiences three medically related patient deaths each month. He believed that the ALJ incorrectly reached the conclusion that this death was an intentional act of a physician and did not result from "system errors." The ALJ then went further, according to Mr. Kern, to reject the "Captain of the Ship" doctrine, but in reality applied it in his decision. Mr. Kern believed it was illogical to conclude that because a doctor did not "point a finger" in an operating room record that it formed a basis to decide that the doctor intentionally committed an error. He stated that this was not only wrong as a matter of law, it was wrong as a matter of fact, and certainly creates a policy and a precedent that could potentially wreak havoc within the medical community in this state. He went so far as to posit that it would make the current tort reform crisis pale in comparison to the crisis that would be effectuated. Mr. Kern urged the Board to consider the Medical Society's position in this case, because were this Board to accept the ALJ's recommendation, it would set in motion a requirement which would virtually incapacitate every licensee and hospital in the state. He closed by reminding the Board that the State's own expert, Dr. Corson, conceded it was a communications error which resulted in the substitution of the wrong fluid, not a physician error.

D.A.G. Johnston addressed the Board reminding it that the question presently before it was whether the New Jersey Medical Society should participate in this matter as an Amicus Curiae. She explained that the standard for participation as an Amicus Curiae by court rule is whether the applicant's participation will assist in the resolution of an issue of public importance. She argued that what the Medical Society presented to Board in its brief and presentation, and what the Attorney for Dr. Daiter has also indicated in his presentation, are the same issues. It is the same argument made in the Exceptions filed by Dr. Daiter and they're very similar to the motion to reopen

and remand. D.A.G. Johnston noted that she did not hear anything new or different from the Medical Society in its presentation or in its brief. She argued that there is simply nothing before the Board that demonstrates that the Medical Society's participation in this case at this level will assist the Board in the resolution of an important public issue. Certainly their arguments that the resolution of this issue was important to every doctor could be correct, but she pointed out that it does not assist the Board in the resolution of this matter. Basically, she continued, the parties are arguing that the credibility determinations made by the Administrative Law Judge were inaccurate or were unsupported. She posited that the strength of the ALJ is to make the credibility determinations by watching the witnesses, hearing the testimony, and evaluating the evidence before him. She concluded by informing the Board that the Attorney General's position on the Motion of the Medical Society to participate as Amicus at this level in this matter is that the Medical Society does not bring to this Board any arguments that would assist the Board in resolution of this matter. In not meeting the standard in determining the appropriateness to file an Amicus at this late stage, she urged the Board to deny the Medical Society's Petition.

Mr. Kern countered by trying to distinguish an issue of credibility from a public policy issue. He argued that the Medical Society isn't here to tell the Board that it ought to believe one witness and not believe another witness. The Medical Society's request was based on a review of the ALJ's decision, which does not delineate why he decided as he did and as a matter of public policy, the Medical Society believed that for the Judge to make a reasoned decision, the Board needs to know why he accepted and rejected different facts and issues. He continued by arguing that because of the public policy issue involving the most critical basis for the ALJ's decision which is the failure of Dr. Daiter to include in his operative note the fact that a nurse made a mistake. Mr. Kern did not believe that these were credibility issues. To the contrary, he posited that these were public policy issues and that the Medical Society was in the best position to address them and the far reaching impact such a policy decision would have on the regulated community.

Mr. Maressa again addressed the Board and stated that it was not his custom to be argumentative, particularly on a motion such as this one. He continued by articulating that he believed the Attorney General has misrepresented his prior reasons. The premise for the Society's motion was not based on credibility issues. Rather, he stated that he has read hundreds of operative reports and he has never seen a physician comment in the operative report on anything more that what he did. He has never seen in an operative report any notations relating to the lack of performance or an error or omission made by anyone else. This argument, according to Mr. Maressa had nothing to do with a judgment or attack against the credibility of the witnesses.

The Board, upon motion made and seconded, voted to go into closed session for deliberations and advice of counsel. Deputies, other than counseling staff, left the room, along with all other members of the public present.

The Board returned to open session.

THE BOARD UPON MOTION MADE AND SECONDED, MOVED TO DENY THE MEDICAL SOCIETY'S APPLICATION TO APPEAR AS AMICUS CURIAE IN THE MATTER OF DR. DAITER. ALTHOUGH THE MEDICAL SOCIETY MAY HAVE A LEGITIMATE INTEREST IN THIS CASE, BECAUSE OF THE POTENTIAL POLICY ISSUES, THE BOARD IS CAPABLE OF DETERMINING ANY ISSUES OF POLICY WHICH MAY BE PRESENTED IN THIS MATTER. THE BOARD NOTES THAT THERE HAS BEEN NO SHOWING MADE THAT THE INTEREST OF THE MEDICAL SOCIETY WOULD NOT BE ADEQUATELY ADVANCED AND REPRESENTED BY DR. DAITER.

The Board then heard oral argument on the Motion to Remand this matter to the Office of Administrative Law.

Mr. Kern began by pointing out that the Board was being asked to make a decision on Dr. Daiter's career and he could not imagine that the Board would not want to have as much information as possible to assist it in that decision -making process. He reminded the Board that in his papers he had listed twenty-one questions which he believed were left unanswered. He acknowledged that the ALJ's decision is approximately 100 pages, but he noted that there was virtually no insight into the ALJ's thought process.

Mr. Kern argued that there is nothing in the record that substantiates that Dr. Daiter had an affirmative duty to write in an operative report of the nurse's error. He further argued that this is not the standard and it was error for

the ALJ to make that assumption without any basis in the record. Mr. Kern urged the Board to grant his motion and to remand the matter informing the ALJ that this is not the standard of care, and in light of that error, the ALJ should review the case.

The ALJ also relied on the fact that on April 10th, Dr. Daiter changed his preference card back to D5W, after the nurse changed it to sterile water on April 5th. According to Mr. Kern, it was illogical for the ALJ that Dr. Daiter intentionally wanted to use sterile water in light of the fact that he changed his card back to D5W. The ALJ, according to Mr. Kern, should be instructed by the Board on remand to review this conclusion, or at the very least, to articulate his reasoning for reaching his conclusion. Similarly, the evidence demonstrated that when asked what medium he wanted, Dr. Daiter answered "water." Mr. Kern pointed out that if Dr. Daiter wished to change the medium that was listed on his preference card (namely, D5W or Sorbitol), he would have said, "Nurse, I want sterile water, not D5W." The nurse admitted he never asked for sterile water. Yet, in spite of this testimony, the ALJ concluded that Dr. Daiter intentionally wanted to use sterile water. On remand, the Board should direct the ALJ to review this issue and explain his reasoning for such a conclusion.

Mr. Kern then turned his attention to the issue of Dr. Jacob's certification. Mr. Kern argued that the issue of whether a physician is responsible for entering into the operative note the nurse's error was never before the ALJ. Mr. Kern noted that there was never a suggestion by any of the State's experts that there should have been such a note or that it was usual or customary to write such notes. This was an assumption made sua sponte by the ALJ. Mr. Kern assured the Board that had the issue been raised, he would have responded to it by introducing someone like Dr. Jacobs. Since the issue was not before the ALJ and in light of the Board's decision not to remand the matter, Mr. Kern argued that the Board needed the information contained in the Certification because it was a critical aspect of the case. Without the issue being raised at this juncture, Mr. Kern posited that the Board would be deciding this case about an issue that was not raised below. Mr. Kern further suggested that if the certification were excluded, he believed it was reversible error.

In rebuttal, D.A.G. Johnston argued that there will always be a number of questions after a case is concluded. She continued by pointing out that there will always be questions of why something was or was not done. D.A.G. Johnston argued that the issue before the Board is very simple. According to D.A.G. Johnston, the Board needs to determine whether it has a complete record before it in order to make an informed decision. If not, she continued, then the Board would remand it to the ALJ seeking clarification of the decision under review. She posited that the issue is whether the statement by the ALJ, that, if indeed, in four operations, at two different hospitals, within a span of simply two months, nurses made mistakes. The ALJ indicated, if indeed, it was a mistake, wouldn't somebody had said something, somewhere, such as in the operative report. Taking the evidence in its totality, D.A.G. Johnston argued that the ALJ did not believe Dr. Daiter's version of events. She continued by positing that the ALJ did not believe that it was a mistake using a dangerous distending medium in four separate operations on four patients at two different hospitals, with different nursing staff. If that was a mistake, she argued that logic dictated that Dr. Daiter would have called it to someone's attention, in some way, somewhere. She stated that there was plenty of other evidence before the ALJ that supported his credibility determination that Dr. Daiter's version of events that four different operations, at two different hospitals, he was mistakenly provided sterile water when he really wanted D5W. D.A.G. Johnston cited for example, the testimony of Rosemary Lee where the ALJ determined that she was credible in her testimony that she always checked what distending medium a doctor preferred. She also pointed out the testimony of nurse Berardesco in which she stated that Dr. Daiter said, "Water gives me a clearer picture." In fact, she argued that Dr. Daiter's own expert, Dr. March, indicated the reasons why sterile water gives a clearer picture because it bursts red blood cells, which in turn gives a clear picture in the area in which you are cutting. She also pointed out that other testimony supported the ALJ's finding that the request for "water" meaning sterile water was intended and was not a nurse's mistake, such as Dr. Damien, Kathleen Johnson and Joanne O'Connell. D.A.G. Johnston urged the Board to conclude that there was no need to reopen the record for further fact finding on the common sense expressed by the ALJ that if you use a medium four times, in four operations, at two different hospitals, with two different sets of nursing staff, and it was all a mistake and what was mistakenly provided to you was dangerous, one would ordinarily try to correct that mistake or at least note it in some way, somehow that it was, in fact, a mistake.

Mr. Kern responded and believed that the Attorney General was taking testimony out of context. He argued that

there were not four mistakes, by four nurses, but rather there were four mistakes by two nurses. One in April when a nurse trainee which was supposed to be supervised and was not used sterile water and when Dr. Daiter found out about it, he made sure his preference card was correct. Mr. Kern continued and argued that the next event was two months later at a different hospital and during that event Dr. Daiter believed that D5W was used as he indicated in dictating his operative report. In was not until an investigation into the death occurred, Mr. Kern continued, that Dr. Daiter became aware that sterile water, rather that his preferred D5W, was used. The reason that the decision is flawed, according to Mr. Kern, is because the ALJ made the assumption that the mistake should have been recorded in the operative report. The ALJ did not have anything in the record to support that assumption and therefore, there is no basis for the remainder of his conclusion. Mr. Kern urged the Board to remand the case and have the ALJ provide an explanation.

Finally, D.A.G. Johnston argued that the Board was sophisticated and experienced enough to notice that in the ALJ's 105 page decision, there were many, many findings based on many items in the record that were noted and the ALJ took it all in and made this determination of credibility based on the totality of the evidence.

The Board, upon motion made and seconded, to go into closed session for advice of counsel. Deputies, other than counseling staff, left the room, along with all other members of the public present.

The Board returned to open session and announced the following motion.

THE BOARD, UPON MOTION MADE AND SECONDED, MOVED TO DENY THE MOTION TO REOPEN AND REMAND THIS MATTER TO THE ADMINISTRATIVE LAW JUDGE AND FOUND INSUFFICIENT CAUSE TO ADMIT OR CONSIDER THE CERTIFICATION OF DR. JACOBS. THE BOARD DETERMINED THAT THE EXHAUSTIVE ALJ DECISION AND MORE THAN AMPLE RECORD PROVIDED AN ADEQUATE BASIS FOR THE BOARD, UTILIZING ITS EXPERTISE, TO MAKE A DETERMINATION ON EXCEPTIONS AND THEREFORE, FINDS IT UNNECESSARY TO REOPEN AND REMAND THE DECISION TO THE ALJ.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO RATIFY THE DETERMINATION OF VICE PRESIDENT FARRELL TO HEAR THE EXCEPTIONS, AND IF NECESSARY MITIGATION, AT NEXT MONTH'S BOARD MEETING.

11:00 a.m. CALDERON, GUSTAVO, M.D. (License #MA 40601)
(FLANZMAN, Steven N., Counseling D.A.G.)

TAMBORLANE, Theodosia A., Esq. for Respondent
MATTHEWS, Megan K., D.A.G. for Complainant

The Board at its December 10, 2003 meeting approved Ms. Tamborlane's request for adjournment and rescheduling of the hearing.

Matter was set down based on an Order to Show Cause, Notice of Hearing and Notice to File Answer, Verified Complaint as well as Certification of D.A.G. Adriana E. Baudry. All were filed on November 20, 2003. The Attorney General sought the Temporary Suspension of License of the Respondent Gustavo Calderon, M.D. to practice medicine and surgery. This matter was predicated on Respondent allegedly suffering from cognitive deficits which impair his ability to safely practice medicine and surgery, pending final disposition of the Verified Complaint.

D.A.G. Warhaftig informed the Board that a Settlement Agreement had been reached in the matter and with the authorization of Ms. Tamborlane, counsel to Dr. Calderon, presented the settlement terms to the Board. The Consent Order was captioned "A Consent Order of Voluntary Retirement" and pursuant to that order Dr. Calderon immediately surrendered his license without prejudice to future reapplication and the surrender constituted his voluntary retirement. The doctor had represented that he is not practicing, but the order requires that he would cease and desist from practice and of course, requires that he return his license and surrender his drug registrations. Finally, in the event that the Doctor wished to seek reinstatement, the Board retained the right

and ability to impose a series of requirements, which included but was not limited to, requiring him to appear before a committee to discuss the charges of the complaint and to provide the Board with proof that he is capable of discharging the functions of a licensee in a manner consistent with the Board's statutes. He would also have to provide a report from the Physicians' Health Program to substantiate his fitness to practice at that time. The directives are attached to the Consent Order.

THE BOARD, UPON MOTION MADE AND SECONDED, APPROVED THE TERMS OF THE CONSENT ORDER AS A RESOLUTION TO THIS MATTER.

THE BOARD, UPON MOTION MADE AND SECONDED, MOVED TO HAVE THE BRIEF AND ATTACHMENTS REMAIN UNDER SEAL IN THE MATTER OF DR. GUSTAVO CALDERON.

OLD BUSINESS

1. SISTER-STATE MATTER - RESPONSE TO ORDER OF SUMMARY SUSPENSION.
GRIFFITHS, Cadvan, M.D. (License # MA 15346)
BROWN, Joyce/PEREZ, Mileidy D.A.G. s

An Order of Summary Suspension was filed in the matter of Dr. Griffiths on October 17, 2003 automatically suspending Dr. Griffiths' license to practice medicine and surgery in the State of New Jersey due to his failure to submit his biennial renewal resulting in a lapsed license.

Enclosed for Board consideration was Dr. Griffith's November 11, 2003 response to the Order with attachments concerning the actions taken in the State of New York and California. Also enclosed was D.A.G. Perez's January 23, 2004 memo to the Board recommending modification of the Order of Summary Suspension as noted in her memo.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE D.A.G. PEREZ'S PROPOSED MODIFICATION TO THE ORDER OF SUMMARY SUSPENSION AS NOTED.

NEW BUSINESS

1. MIRDA, George M., M.D., (License #MA 45026)
(Counseling DAG: STEVE FLANZMAN)

MATTHEWS, Megan, D.A.G., for Complainant

Respondent was pro se.

On January 21, 2004, a hearing was held on the application for the temporary suspension of Dr. Mirda's license before a duly authorized Hearing Committee of the Board. Board Members Bernard Robins, M.D., and Edwin Trayner, M.D., served on the Hearing Committee. The Hearing Committee was constituted to conduct the hearing in this matter, and to enter an Order, to be effective from the date of the hearing adjudging the application for the temporary suspension of Dr. Mirda's license.

Enclosed for Board review were the Hearing Committee's Order of Temporary Suspension of Licensure filed in the matter of Dr. Mirda on January 23, 2004, effective January 21, 2004; a copy of the January 21, 2004 transcript of the Hearing Committee; the Order to Show Cause, Notice of Hearing and Notice to File Answer filed January 16, 2004; Certification of Megan K. Matthews, D.A.G. filed January 16, 2004; the Verified Complaint with Exhibits A - D (entered at the hearing as S-1 - S-4); and D.A.G. Megan K. Matthews' letter brief filed January 20, 2004. Upon the Board's review of these documents, the Board was requested to vote to adopt, reject or modify the Order of the Hearing Committee.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO ADOPT THE ORDER OF THE HEARING COMMITTEE FILED ON JANUARY 23, 2004 WHICH WAS EFFECTIVE JANUARY 21, 2004.

2. SISTER-STATE MATTERS - FINALIZATION OF PROVISIONAL ORDERS OF DISCIPLINE
CHOI, Tae Sik, M.D. (License# MA 26921)
PEREZ, Mileidy, D.A.G.

D.A.G. Perez submitted the enclosed January 27, 2004 letter to the Board concerning Provisional Order of Discipline (POD) filed with respect to Dr. Choi, M.D. The POD was issued on November 14, 2003. This was subject to finalization 30 days after issuance and no response had been received. Enclosed was Executive Director Roeder's Affidavit of Service with respect to Dr. Choi. The Attorney General was seeking the entry of Final Orders of Discipline Without Modification for the above physician.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE ENTRY OF A FINAL ORDER OF DISCIPLINE WITHOUT MODIFICATION IN THE MATTER OF DR. CHOI.

3. SISTER-STATE MATTERS - FINALIZATION OF PROVISIONAL ORDERS OF DISCIPLINE
DEBBI, Shaul, M.D. (License# MA 54261)
PEREZ, Mileidy, D.A.G.

D.A.G. Perez submitted the enclosed January 27, 2004 letter to the Board concerning Provisional Order of Discipline (POD) filed with respect to Dr.Debbi, M.D. The POD was issued on November 14, 2003. The POD was subject to finalization 30 days after issuance and no response has been received. Enclosed was Executive Director Roeder's Affidavit of Service with respect to Dr. Debbi. The Attorney General was seeking the entry of Final Orders of Discipline Without Modification for the above physician.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE ENTRY OF THE FINAL ORDER OF DISCIPLINE WITHOUT MODIFICATION IN THE MATTER OF DR. DEBBI.

4. SISTER-STATE MATTERS - FINALIZATION OF PROVISIONAL ORDER OF DISCIPLINE
SMITH, Milton M., M.D. (License # MA 39196)
FARBER, Zulima V. Esq. for Respondent
WEINER, Michelle D.A.G. For Complainant

The enclosed POD was filed January 14, 2004 which would suspend Dr. Milton Smith's license until such time as his license to practice medicine is fully reinstated in the State of New York without restrictions. Enclosed was Ms. Farber's January 30, 2004 response on behalf of Dr. Smith with attached exhibits A through C. Also enclosed was D.A.G. Weiner's February 5, 2004 response in this matter.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO DENY RESPONDENT'S REQUEST FOR A HEARING AND TO FINALIZE THE POD WITH NO MODIFICATIONS. A DETAILED ORDER WITH RATIONALE SHALL FOLLOW. RESPONDENT SHALL HAVE TWO WEEKS TO WIND DOWN HIS PRACTICE AND SHALL NOT ACCEPT NEW PATIENTS DURING THAT TIME PERIOD.

The meeting ended at 5:15 p.m.

Respectfully Submitted,

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Glenn Farrell Esq.,
Vice President
Chairperson for Open
Disciplinary Matters

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