

IN THE MATTER OF * BEFORE THE
MINUS GEORGE VASILIADES, M.D. * MARYLAND STATE BOARD
Respondent * OF PHYSICIANS
License Number: D64755 * Case Number: 2012-0158

* * * * *

**ORDER FOR SUMMARY SUSPENSION
OF LICENSE TO PRACTICE MEDICINE**

The Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of Minus George Vasiliades, M.D. (the Respondent") (D.O.B. 04/10/1977), License Number D64755, to practice medicine in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Gov't Code Ann. § 10-226(c)(2)(i) (2009 Repl. vol.), concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board and the Office of the Attorney General, including the instances described below, the Board has reason to believe that the following facts are true:¹

¹ The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension and charges. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent with this matter.

PROCEDURAL BACKGROUND

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on June 19, 2006.
2. At the time of the incidents described herein, the Respondent practiced internal medicine at Facility A,² an ambulatory care center, in White Marsh Maryland. The Respondent is the owner of Facility A.
3. On or about September 2, 2011, the Board opened an investigation of the Respondent based on information received from the Baltimore County Police Department ("BCPD") alleging that on or about August 25, 2011, the Respondent was arrested for cocaine possession and related charges.
4. On or about August 25, 2011, the Respondent was criminally charged with 4 counts: 2 counts of CDS possession, not marijuana in violation of Md. Cr. Code Ann. ("Cr. Code") § 5-601(a)(1); 1 count of Possession of CDS paraphernalia in violation of Cr. Code § 5-619(c)(1); and 1 count of false statement to an officer in violation of Cr. Code § 9-501.
5. On or about September 29, 2011, the Board notified the Respondent of its investigation and requested a written response to the allegations.
6. On or about October 3, 2011, the Board issued a *Subpoena Ad Testificandum* to the Respondent for the purpose of interviewing him under oath on October 11, 2011, regarding the August 25, 2011 incident and related allegations.

² For purposes of confidentiality, patient and facility names will not be used in this document, but will be provided to the Respondent on request.

7. On or about October 11, 2011, the Board received a letter from the Respondent's attorney indicating that the Respondent was on an airplane to an out-of-State inpatient treatment program and would be unable to appear for the October 11, 2011 interview with the Board's staff.
8. On or about October 19, 2011, the Board received a letter from an out-of-State in-patient recovery program stating that the Respondent was currently a patient and that the treatment team felt it would be in his best interest to focus on his treatment and postpone any interactions with his legal/licensure issues.
9. On or about October 25, 2011, the Board received a written response from the Respondent. The Respondent did not dispute the material allegations involving his cocaine use and possession.
10. As a result of the Board's investigation relating to the Respondent's actions as set forth in pertinent part below, the Board voted to summarily suspend his license to practice medicine pursuant to Md. State Gov't Code Ann. § 10-226(c)(2)(i) (2009 Repl. Vol.), concluding that the public health, safety or welfare imperatively requires emergency action.

BCPD INVESTIGATION

11. On or about August 25, 2011, at approximately 7:44 a.m.,³ the Respondent telephoned "911" from Facility A to report two individuals illegally present in Facility A. The Respondent told the police dispatcher (hereinafter, "dispatcher") that he was present in Facility A with his "girlfriend."⁴ When

³ The clinic was scheduled to open at 8:00 a.m.

⁴ In the Respondent's written response to the Board he admitted that Patient A was a patient of his and that he had treated her on seven occasions. The Board subpoenaed Patient A's medical

questioned further by the dispatcher, the Respondent described one of the individuals including his race, height, build and clothing. The Respondent also informed the dispatcher that he (the Respondent) was armed with a handgun.⁵

12. Several police officers from the BCPD responded to the call and conducted a search of the interior and exterior of Facility A. According to the police officers, the search “proved negative for any suspicious subjects,” and the call had been a “false call.”

13. After the police search of Facility A, Officer G asked the Respondent if he had anything “on him” and the Respondent admitted that he had cocaine in his pocket. Officer C located a clear baggie containing white powder and Officer K, based on his training, knowledge and experience, identified the substance as cocaine, a schedule II CDS. The substance was subsequently tested by a laboratory and found to be 3.1 grams of cocaine.

14. Officer G searched the Respondent’s vehicle and seized a black pill case that had been attached to the Respondent’s key ring that contained 14 tablets of oxycodone, 30 mg, a Schedule II CDS.

15. Officer G also searched Patient A’s vehicle and seized a clear baggie containing 31 clear vials with a white powder substance in each vial, identified

record from the Respondent and confirmed that he had treated her. The Respondent stated in his response that Patient A had arranged to meet him early at Facility A for [personal] reasons.

⁵ Further police investigation revealed that the Respondent had borrowed the handgun from a Mr. H, while the Respondent was waiting for a “permit.”

by the police as cocaine.⁶ The baggie was labeled on the outside with "Mike" and a mathematical equation.

16. A search of Patient A's purse revealed prescription CDS including 2 tablets of oxycodone, 12 tablets of alprazolam⁷ and a partial tablet of Suboxone.⁸

17. Both the Respondent and Patient A were arrested and taken to the precinct in a patrol car. After arrival at the precinct, Officer K searched the rear seat of the patrol car and retrieved four blank prescription pads imprinted with Facility A's name and address.⁹

18. Later that day, at approximately 5:55 p.m., members of the BCPD's Narcotics Diversion Squad executed a search and seizure warrant for the location of Facility A and seized evidence including the following:

1. in the Respondent's rear medical office, a spoon with white powder residue attached to a set of keys found in the Respondent's male jean pants;¹⁰
2. in the Respondent's rear medical office, a silver pill container containing white powder residue found in a lunchbox container on a book shelf;¹¹
3. In the Respondent's rear medical office, an empty prescription bottle labeled with a patient name (Patient B) for 140 tablets of oxycodone, 30 mg.; and
4. in the Respondent's rear medical office, 4 handgun bullets (.380 caliber).

⁶ According to Officer K, through her knowledge, training and experience, the packaging of the cocaine was indicative of possession with an intent to distribute the drugs.

⁷ A Schedule IV benzodiazepine.

⁸ Used in the treatment of opiate addiction.

⁹ In a written statement provided to the BCPD, Patient A admitted that she took the prescription pads and stated that she did not think the Respondent was aware that she had taken them.

¹⁰ Testing revealed the white powder to be a trace amount of cocaine.

¹¹ Testing revealed the white powder to be a trace amount of cocaine.

PATIENT A

19. Patient A provided a written statement to the BCPD in which she described herself as a patient of the Respondent. Patient A stated that the Respondent had prescribed medications to her including Xanax,¹² Percocet,¹³ Naproxen¹⁴ and Paxil.¹⁵
20. According to Patient A's medical records subpoenaed from the Respondent, he treated her for back and neck pain and anxiety. Her dates of treatment were June 23, 2011 through August 22, 2011. The Respondent prescribed the medications set forth above in ¶ 19 to Patient A as well as oxycodone.
21. Patient A indicated in her statement that she planned to meet the Respondent at Facility A to "just hang out" during the early morning hours of August 25, 2011. Patient A referred to the Respondent as "Mike."¹⁶ The Respondent telephoned Patient A prior to his arrival at Facility A and stated that he had been "seeing things."
22. According to Patient A's written statement, when the Respondent arrived at Facility A, he began checking the rooms as, "he always thinks someone is in there." While sitting at the computer, Patient A stated that the Respondent "pulled out a bag of cocaine and started snorting it. He was using a little key with a little spoon attached to sniff the cocaine." Patient A stated that the Respondent sniffed the cocaine in her presence on three different occasions

¹² A Schedule IV CDS.

¹³ A Schedule II CDS; oxycodone and acetaminophen.

¹⁴ A nonsteroidal anti-inflammatory drug ("NSAID").

¹⁵ An antidepressant.

¹⁶ According to Patient A, she called the Respondent "Mike" because "his name was too hard to say."

and made sexually suggestive statements to her. She further stated that the Respondent kept getting up and “walking around acting very nervous and complaining he was seeing and hearing things that was [*sic*] not there.”

23. According to Patient A’s statement, the Respondent asked her to “grab his gun which was in a drawer...and hand him a clip.” During this time, the Respondent was looking through the hole of a door, “swearing someone was there.” After approximately one hour and yelling, “I know you are in here. Leave, I have a gun and I am calling the police,” the Respondent called 911. Patient A had not been aware anyone else was present at Facility A except for the Respondent and herself.

DRUG EVALUATIONS/TREATMENT

24. On or about August 30, 2011, the Respondent admitted himself to a 28 day in-patient rehabilitation program. The Respondent’s history reflected that he had been taking oxycodone and cocaine for more than one year. According to his history, he had last used the oxycodone and cocaine on August 30, 2011.

25. On or about September 27, 2011, after being discharged from the 28 day in-patient program, the Respondent presented to the Maryland Physician Health Program (“PHP”) for evaluation and consultation.

26. The Respondent signed a five-year contract with the PHP to remain in effect through September 27, 2016. The PHP advised the Respondent not to return to clinical practice pending a face-to-face interview with the full PHP Committee with the purpose of recommending safeguards to ensure the

public health and safety and to assess his ability to practice medicine in a safe and competent manner.

27. On October 3, 2011, the Respondent signed a voluntary practice cessation agreement with the PHP.

28. On October 6, 2011, the PHP received a positive urine toxicology screening result for opiates (oxymorphone) from a specimen that he had submitted on September 28, 2011. The Respondent acknowledged that he had used oxycodone on the evening of September 27, 2011. He also acknowledged to further oxycodone use, as well as to the use of several lines of cocaine on October 4, 2011.

29. The full PHP met with the Respondent on October 6, 2011, and recommended that he enter into a long-term residential treatment program immediately and that he immediately cease the practice of medicine. His case manager indicated that if the Respondent was unwilling to comply, he would be discharged from the PHP for cause.

30. On or about October 11, 2011, the Respondent was admitted to a 90 day out-of-State residential treatment program.

CONCLUSION OF LAW

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. State Gov't Code Ann. § 10-226 (c) (2) (i) (2009 Repl. vol.).

ORDER

Based on the foregoing, it is this 3rd day of November, 2011, by a majority of the quorum of the Board:

ORDERED that pursuant to the authority vested by Md. State Gov't Code Ann., § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that a post-deprivation hearing in accordance with Code Md. Regs. tit. 10, § 32.02.05.B (7) (c), D and E on the Summary Suspension has been scheduled for **November 16, 2011, at 5:00 p.m.**, at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

ORDERED that at the conclusion of the **SUMMARY SUSPENSION** hearing held before the Board, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

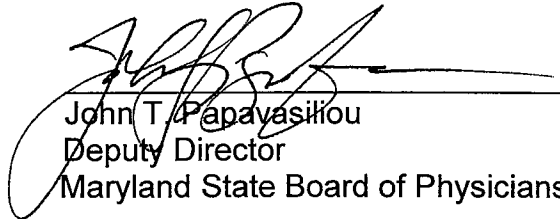
- (1) the Respondent's original Maryland License D64755;
- (2) the Respondent's current renewal certificate;
- (3) the Respondent's Maryland Controlled Dangerous Substance Registration;

- (4) all controlled dangerous substances in the Respondent's possession and/or practice;
- (5) all Medical Assistance prescription forms;
- (6) all prescription forms and pads in his possession and/or practice; and
- (7) Any and all prescription pads on which his name and DEA number are imprinted; and be it further

ORDERED that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Health Occ. Code Ann. § 14-407 (2009 Repl. vol.); and be it further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*

11/3/2011
Date



John T. Papavasiliou
Deputy Director
Maryland State Board of Physicians