

IN THE MATTER OF	*	BEFORE THE
PATRICIA L. SALDANA, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D26872	*	Case Number: 2219-0121A

* * * * *

CONSENT ORDER

On April 30, 2019, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged **PATRICIA L. SALDANA, M.D.** (the “Respondent”), License Number D26872, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 14-101 *et seq.* (2014 Repl. Vol. and 2018 Supp.).

The pertinent provisions of the Act provide:

Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations –Grounds.

(a) *In general.* -- Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(25) Knowingly fails to report suspected child abuse in violation of § 5-704 of the Family Law Article[.]

The pertinent provisions of the Family Law Article provide:

§ 5-704. Reporting of abuse or neglect – By health practitioner, police officer, educator, or human service worker.

(a) *In general.* – Notwithstanding any other provision of law, including any law on privileged communications, each health practitioner . . . acting in a professional capacity in this State:

- (1) who has reason to believe that a child has been subjected to abuse or neglect, shall notify the local department or the appropriate law enforcement agency; and
 - (2) if acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, shall immediately notify and give all information required by this section to the head of the institution or the designee of the head.
- (b) *Oral and written reports; cooperation among departments and agencies.* – (1) An individual who notifies the appropriate authorities under subsection (a) of this section shall make:
- (i) an oral report, by telephone or direct communication, as soon as possible to the local department or appropriate law enforcement agency; and
 - (ii) a written report:
 1. to the local department not later than 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse or neglect; and
 2. with a copy to the local State's Attorney.
- ...
- (c) *Contents of report.* – Insofar as is reasonably possible, an individual who makes a report under this section shall include in the report the following information:
- (1) the name, age, and home address of the child;
 - (2) the name and home address of the child's parent or other person who is responsible for the child's care;
 - (3) the whereabouts of the child;
 - (4) the nature and extent of the abuse or neglect of the child, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect; and

- (5) any other information that would help to determine:
 - (i) the cause of the suspected abuse or neglect; and
 - (ii) the identity of any individual responsible for the abuse or neglect.

On August 14, 2019, Panel A was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of the DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

Panel A finds:

I. Background & Licensing Information

1. At all times relevant, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in Maryland on August 20, 1981, under License Number D26872. Her license is active through September 30, 2019.

2. The Respondent practices as a pediatrician in Pasadena, Maryland. She has not reported any board certifications or self-designated practice areas to the Board.

II. Complaint

3. On or about December 28, 2018, the Board received a letter from a detective in New Castle County, Delaware (the “Detective”)¹ who reported that he had

¹ To maintain confidentiality, the names of all witnesses, facilities, employees, and patients will not be used in this document but will be provided to the Respondent on request.

investigated a case of possible sexual abuse of a three-year-old patient of the Respondent (the "Patient"). According to the Detective, his investigation began on May 14, 2018, when one of the Patient's family members reported to police that the Patient's grandfather touched her inappropriately while she was visiting him in Delaware. The Detective learned during his investigation that the Patient's father had recently taken her to see the Respondent.

4. The Detective explained in his letter to the Board that he reviewed the Patient's medical records from the Respondent's office. The records showed, among other things, that on or about May 16, 2018, the Respondent saw the Patient, who presented with a chief complaint of painful urination. According to the Detective, the diagnosis code listed in the Patient's medical record is "sexual abuse, suspected, initial encounter," and a note under the treatment plan section read, "Asked father to report situation to Social Service."

5. The Detective further explained that he determined during his investigation that the only report Maryland Child Protective Services received about the Patient was from the police department where the family member first reported the suspected abuse.

III. Board Investigation

6. The Board initiated an investigation into the Detective's complaint.

7. By letter dated January 14, 2019, Board staff notified the Respondent of its investigation and requested her written response to the allegations in the complaint. The Board also subpoenaed the Respondent's medical records for the Patient.

8. On or about January 25, 2019, the Board received the Patient's records from the Respondent as well as her written response to the complaint.

9. The Respondent stated the following in her written response:
- a. On May 16, 2018, the Patient's father brought her to the Respondent's office for "mild discomfort during urination."
 - b. The Patient's father told the Respondent at the time that several weeks prior, the Patient complained that her maternal grandmother's boyfriend or husband "hurt her 'hiney.'"
 - c. The Respondent "was made to understand that family members were aware and somebody made a report to the police."
 - d. The Respondent contacted the Patient's mother during the May 16 office visit, and she told the Respondent that the case was already being investigated.
 - e. The Respondent "suggested to the father that he also call Social Service [*sic*] to report and follow up."
 - f. The Patient returned to the Respondent's office on May 30, 2018, for a follow up visit. The Respondent stated, "Her physical findings were normal during this visit, and her urine culture was negative."
 - g. During the May 30 visit, the Patient's mother told the Respondent that the police investigation was ongoing.
 - h. The Respondent provided the Patient's medical records to the "State of Delaware Department of Justice Special Victims Unit."

10. The Respondent also stated in her written response that she has "encountered several cases of child abuse including sexual abuse [and] followed the standard procedures and protocol including proper reporting."

11. The Respondent did not assert in her written response that she reported the suspected child abuse of the Patient to a local department of social services or any law enforcement agency.

12. The Patient's medical records obtained by the Board show that the Respondent treated the Patient on or about May 16, 2018, and May 30, 2018, among other times.²

13. On or about May 16, 2018, the Patient presented at the Respondent's office for follow-up from an ear infection two weeks prior. Among the chief complaints listed for this visit was "pain during urination." The record of this visit further notes, "Father stated that 2 weeks ago, child complained that her MGM's [maternal grandmother's] boyfriend/husband 'hurt her hiney.' Child was not seen in any medical facility at that time."

14. Following the Respondent's examination of the Patient during the May 16, 2018 office visit, the Respondent noted "Mild vaginal irritation[.] Rectal [*sic*] area looks 'open,' not tight, no bleeding, no laceration." The Respondent diagnosed the Patient with "Child sexual abuse, suspected, initial encounter."

15. As part of the Patient's treatment plan following the May 16, 2018 office visit, the Respondent wrote: "Asked father to report situation to social service."

16. The records from the Patient's May 16, 2018 office visit do not document that the Patient's father told the Respondent that someone had already reported the suspected child abuse to the police.

² Patient A's medical records show that the Respondent has been Patient A's pediatrician since Patient A's birth in 2014. This document only discusses two office visits most relevant to the charges.

17. The records from the Patient's May 16, 2018 office visit do not document that the Respondent contacted the Patient's mother at some point during that visit to discuss the suspected child abuse.

18. On or about May 30, 2018, the Patient presented at the Respondent's office for "follow up on sex abuse." The record of this visit notes that "Mother has called police and investigation has started, in Delaware where the perpetrator lives."

19. During the May 30, 2018 office visit, the Patient's mother completed a form for the Patient titled "Mental Health Questionnaire." In response to the question, "Is there any history of maltreatment or abuse?" the Patient's mother answered "No."

20. The Respondent's physical examination of the Patient during the May 30, 2018 office visit was unremarkable, with no abnormal findings noted. The Respondent diagnosed the Patient with, among other things, "Child sexual abuse, suspected, subsequent encounter." The Respondent's treatment plan for the Patient did not reference the suspected child abuse.

21. The Respondent's records for the Patient do not show that the Respondent ever notified a local department of social services or a law enforcement agency to report the suspected child abuse of the Patient.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent knowingly failed to report suspected child abuse, in violation of Health Occ. § 14-404(a) (25).

ORDER

It is thus by Disciplinary Panel A of the Board, hereby:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that within **NINETY (90) DAYS**, the Respondent is required to take and successfully complete the course in mandatory reporting of child abuse for health care providers offered by the Baltimore Child Abuse Center. The Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course. The course may not be used to fulfill the continuing medical education credits required for license renewal. The Respondent is responsible for the cost of the course; and it is further

ORDERED that within **SIX (6) MONTHS**, the Respondent shall pay a civil fine of \$1,000.00. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

09/04/2019
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Patricia L. Saldana, M.D. assert that I am aware of my right to consult with and be represented by counsel in considering this Consent Order and in any proceedings that would otherwise result from the charges currently pending. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 et seq. concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the

Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

08-30-2019
Date

Signature on File

/ Patricia L. Saldana, M.D.
Respondent

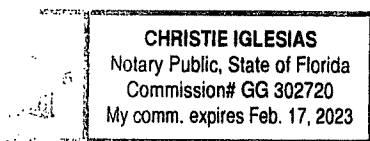
NOTARY

STATE OF Florida

CITY/COUNTY OF OSCEOLA

I HEREBY CERTIFY that on this 30 day of August 2019, before me, a Notary Public of the foregoing State and City/County, personally appeared Patricia L. Saldana, M.D. and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal.



Christie Iglesias
Notary Public

My Commission expires: 2/17/2023