

IN THE MATTER OF	*	BEFORE THE
CECILIA NWANKWO, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D37545	*	Case Number: 2218-0258 B

CONSENT ORDER

On July 30, 2018, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board"), charged Cecilia Nwankwo, M.D., (the "Respondent"), License Number D37545, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 14-401 *et seq.* (2014 Repl. Vol. & 2017 Supp.).

The pertinent provisions of the Act provide:

- (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:

...

- (3) Is guilty of:

...

- (ii) Unprofessional conduct in the practice of medicine;¹

...

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

Section 5-704(a) of the Family Law Article states as follows:

¹ As a result of settlement negotiations, Panel B agreed to dismiss this ground.

- (a) 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.

As used in § 5-704, “abuse” means, *inter alia*, sexual abuse of a child, whether physical injuries are sustained or not. *See* Family Law Article § 5-701(b).

As used in § 5-704, “law enforcement agency” means a State, county, or municipal police department, bureau, or agency. *See* Family Law Article § 5-701(n)(1).

As used in § 5-704, “local department” means a local department of social services that has jurisdiction in the county either where the allegedly abused child lives, or where the abuse is alleged to have taken place. In Montgomery County, “local department” means the Montgomery County Department of Health and Human Services. *See* Family Law Article §§ 1-101, 5-701(o).

As used in § 5-704, “law enforcement agency” includes a state, county, or municipal police department or agency, a sheriff’s office, a State’s Attorney’s office, or the Attorney General’s office.

On November 28, 2018, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of

this DCCR, the Applicant agreed to enter this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

Panel B makes the following findings of fact:

I. Background

1. At all times relevant to these charges, Respondent was and is a physician licensed to practice medicine in the State of Maryland. Respondent was originally issued a license to practice medicine in the State of Maryland on October 19, 1988.

2. On or about September 26, 2017, Respondent renewed her Maryland license. Respondent's current Maryland license will expire on September 30, 2019.

3. At all times relevant to these charges, Respondent maintained a private pediatric practice as a sole practitioner in Gaithersburg, Maryland. Respondent is board certified in pediatrics and was most recently recertified on January 1, 2014.

4. Respondent is also licensed to practice medicine in the District of Columbia. Respondent's current District of Columbia license will expire on December 31, 2018.

II. Unprofessional conduct in the practice of medicine and failure to report child abuse.

5. On or about March 6, 2018, Complainant, a Clinical Licensed Certified Social Worker with the Montgomery County Department of Health and Human Services

(the “Department”),² filed a complaint with the Board alleging that Respondent failed to report suspected child abuse of Patient A, a minor female child and detailed many of the facts of the Department’s investigation. The Complainant wrote, “[Respondent] stated she regrets not calling Child Protective Services to report this initially.”

6. On March 12, 2018, the Board notified Respondent of the investigation, requested a written response, and issued a subpoena for all her medical records for Patient A. On April 6, 2018, Respondent provided to the Board, Patient A’s medical records from October 31, 2012 through July 21, 2017.

7. According to Respondent’s documentation, Patient A and Patient A’s mother presented for an appointment with Respondent on October 5, 2016.³ Respondent documented in the “reason for appointment” section of the record, “Patient is here with mother. She complains of pain in her private area.” Respondent also documented that the pain occurred “every time mother gives her a bath for 1 week . . . [Patient A’s] older sister told mother that [Patient A’s] older [step]-brother put his finger in [Patient A’s] vagina.”⁴

8. Respondent listed “alleged sexual abuse” under the Assessments section and noted under the Treatment section that Respondent referred Patient A’s mother to the forensic medical unit of Hospital A for a forensic evaluation of Patient A. Under the

² The identity of certain individuals and patient names are confidential and are not included in the Consent Order. Respondent was provided a Confidential Identification List, enumerating each of the individuals and facilities and the corresponding descriptive.

³ Respondent had seen Patient A regularly since October 31, 2012, when she was a newborn. Respondent did not sign any of the electronic records until March 24, 2018, in response to the Board’s subpoena.

⁴ At the time of the alleged abuse, Patient A was approximately 4 years old and Patient A’s step-brother was 15 years old.

Treatment section Respondent again listed “alleged child sexual abuse” and added a note that said, “Spoke to [individual]. Refer [Hospital A] forensic medical unit via emergency room. Will be examined by [Forensic Nurse A].”

9. Respondent had three subsequent appointments with Patient A, accompanied by Patient A’s mother, on February 15, 2017, July 19, 2017, and July 21, 2017. Respondent did not document at any of these appointments that she followed up with Patient A’s mother regarding the allegations of child abuse of Patient A or whether Patient A’s mother took Patient A to Hospital A and/or whether Hospital A referred Patient A’s mother to the Department.

10. On April 6, 2018, Respondent’s attorney, pursuant to the Board’s request, sent a response to the complaint on behalf of Respondent. Both Respondent and her attorney signed the response. The response states that:

- a. On October 5, 2016, Respondent scheduled a forensic examination, to determine if the description of abuse was credible;
- b. Respondent discovered at a follow up appointment that Patient A was never taken to the forensic examination appointment because Patient A’s father did not believe his son would abuse Patient A⁵;
- c. Patient A’s father visited Respondent to inform her that he did not believe Patient A was abused, but instead that Patient A’s mother fabricated the story⁶;
- d. On February 26, 2018, Patient A’s mother again advised Respondent that Patient A had been abused during the week of February 17, 2018; Patient A’s mother informed Respondent that this February

⁵ Respondent did not document in the medical record this information which she allegedly obtained from Patient A’s mother.

⁶ Respondent did not document in the medical record this information which she allegedly received from Patient A’s father.

2018 incident of abuse was reported to the police and a social worker was assigned to the case.⁷;

- e. Respondent spoke with the Complainant who asked Respondent why she did not report the alleged 2016 incident of child abuse. Respondent replied that she did not make a report because she scheduled a forensic medical evaluation and because of Patient A's father's reasons for denying the allegations of abuse; and
- f. The Complainant told Respondent that her role was not to investigate allegations of abuse; it was to report them to Child Welfare Services.

11. Respondent attached to her response documentation from a child advocacy center (the "Child Advocacy Center"). A pediatrician, (the "Child Abuse Pediatrician") at the Child Advocacy Center conducted an interview and physical examination of Patient A on or about March 6, 2018, concluding that sexual abuse could not be confirmed or ruled out. During this interview, Patient A pointed to her genitalia saying it was hurt before. When the pediatrician asked how the pain happened, Patient A replied "[Patient A's step-brother] touched me". According to the document, Patient A's medical record from this visit at the Child Advocacy Center was sent to Respondent on March 7, 2018.

12. As part of the Board's investigation, the Board's investigative file was forwarded to an expert in pediatrics for independent review (the State's Expert"). The State's Expert's findings, in pertinent part, are as follows:

- a. Respondent had reason to believe the allegations of child sexual abuse because she listed it as her "diagnosis" (Assessment) of Patient A on October 5, 2016, and made an appointment for Patient A to have a forensic evaluation at Hospital A;

⁷ The Board does not have the medical record of the visit of February 26, 2018.

- b. Respondent had three subsequent visits with Patient A and Patient A's Mother, spanning nine months after the initial allegation of child abuse, where Respondent failed to inquire about whether there had been any subsequent reports of pain in the genital area;
- c. Respondent admits that at one of Patient A's subsequent appointments Patient A's mother told Respondent that she did not take Patient A to the forensic examination that Respondent had scheduled for October 2016. Respondent failed to take any further action including reporting suspected child abuse of Patient A to the Department or law enforcement;
- d. Respondent's template in Patient A's electronic medical records for well child visits at her 6 month, 9 month, 12 month, 19 month, 2 year, 2-1/2 year and 3 year old visits included a question under the heading "Key Family Checks" about "concerns for abuse or neglect." On each of those visits, Respondent documented "none." However, Respondent did not ask, nor did she document asking about abuse or neglect at Patient A's well child visit on July 19, 2017;
- e. Respondent failed to protect a four-year-old child from potential sexual abuse;
- f. A reasonable physician would have had reason to suspect sexual abuse of Patient A because the allegations were specific, including a description of the abusive act, the place on Patient A's body, and the person involved; and
- g. Respondent committed unprofessional conduct in the practice of medicine by failing to report suspected child abuse of Patient A.

CONCLUSION OF LAW

Disciplinary Panel B of the Board concludes as a matter of law that Respondent violated Health Occ. §14-404(a)(25) (knowingly fails to report suspected child abuse in violation of § 5-704 of the Family Law Article). Disciplinary Panel B dismisses the charge against Respondent under Health Occ. § 14-404(a)(3)(ii).

ORDER

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

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

ORDERED that Respondent is required to take a course in child abuse recognition and reporting for mandated reporters. The following terms apply:

- a. Respondent shall locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;
- b. Respondent shall enroll in and successfully complete a panel-approved course within three months;
- c. Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
- d. The course may not be used to fulfill the continuing medical education credits required for license renewal; and
- e. Respondent is responsible for the cost of the course; and it is further

ORDERED that Respondent shall comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§ 14-401 *et seq.*, and all laws and regulations governing the practice of medicine in Maryland; and it is further;

ORDERED that if the Board or Panel B determines, after notice and an opportunity for a hearing before an Administrative Law Judge of the Office of Administrative Hearings if there is a genuine dispute as to a material fact, or a show cause hearing before the Board or Panel B if there is no genuine dispute as to a material fact, that the Respondent has failed to comply with any term or condition of this Consent Order, the Board or Panel B may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The Board or Panel B may, in addition to one

or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; and it is further;

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by Board's Executive Director, or her designee. The Executive Director 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 this Consent Order is a public document. See Md. Code Ann., Health Occ. §§ 1-607, 14-4111.1(b)(2) and Md. Code Ann., Gen. Prov. § 4-333(b)(6).

01/02/2019
Date

Christine A. Farrelly
Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

CONSENT

I, Cecilia Nwankwo, M.D., acknowledge that I have consulted with counsel before signing this document.

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 these rights 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 their 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 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.

12/22/2018
Date

Signature on File

Cecilia Nwankwo, M.D., Respondent

NOTARY

STATE OF MARYLAND

CITY/COUNTY OF MONTGOMERY

I HEREBY CERTIFY that on this 22nd day of December, 2018 before me, a Notary Public of the State and County aforesaid, personally appeared Cecilia Nwankwo, M.D., License Number D37545, and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Karina M. Andrianarisandy
Notary Public

My commission expires 04-19-2021

12/22/2018
Date

