

IN THE MATTER OF

KEVIN M. MEADOWCROFT, P.A.

Respondent

License Number: C04486

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BEFORE THE

MARYLAND STATE

BOARD OF PHYSICIANS

Case Number: 2013-0265

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CONSENT ORDER

On June 26, 2014, the Maryland State Board of Physicians (the "Board") charged **KEVIN M. MEADOWCROFT, P.A.** (the "Respondent"), License Number C04486, with violating the Maryland Physician Assistants Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 15-101 *et seq.* (2009 Repl. Vol. and 2013 Supp.).

Specifically, the Board charged the Respondent with violating the following provisions of the Act under Health Occ. § 15-314:

- (a) *Grounds.* -- Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a licensee if the physician assistant:
 - (22) Fails to meet appropriate standards for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; [and]
 - (40) Fails to keep adequate medical records.

On September 24, 2014, a conference was held before Disciplinary Panel B of the Board sitting as the Disciplinary Committee for Case Resolution. At the conclusion of the conference, the Respondent agreed to enter into this public Consent Order consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board makes the following Findings of Fact:

BACKGROUND

1. At all times relevant, the Respondent was and is licensed to practice as a physician assistant in the State of Maryland. The Respondent was originally licensed as a physician assistant in Maryland on June 20, 2011, under License Number C04486. The Respondent's license is current through June 30, 2015.

2. At all times relevant, the Respondent was employed as a physician assistant pursuant to a Board-approved delegation agreement with a physician ("Physician A")¹ who owned and operated three urgent care centers, one of which was located in Salisbury, Maryland ("Facility A").

3. The Board initiated an investigation of the Respondent after receiving a complaint on or about August 14, 2012, from a patient ("Patient A"), who saw the Respondent at Facility A on or about May 27, 2012, with complaints of sore throat and vaginal discharge. In the complaint, Patient A alleged that the Respondent did not perform a vaginal or pelvic examination during the visit but documented in her medical record that he did.

BOARD INVESTIGATION

Board Interview

4. Board investigators interviewed the Respondent at the Board's offices on or about May 7, 2013. After reviewing Patient A's medical record, the Respondent agreed that it contained errors. The Respondent stated that he erroneously

¹ To ensure confidentiality, the names of individuals, patients, hospitals and healthcare facilities involved in this case are not disclosed in this document.

documented in Patient A's record that he had performed a genital urinary examination on May 27, 2012. He acknowledged that he did not perform a genital urinary examination on Patient A. The Respondent explained that if he had done a genital urinary examination on Patient A, there would have been notations in her record for a pelvic setup and the presence of a chaperon. The Respondent attributed the error to computer software problems, which he stated Facility A had subsequently corrected.

5. During the interview, the Respondent agreed that the standard of care required that a vaginal or pelvic examination be performed on a patient before a diagnosis of candida vulvovaginitis could be made. He added, however, that patients often defer the vaginal or pelvic examination for various personal reasons.

Expert Review

6. In its investigation of the Respondent, the Board subpoenaed medical records of ten patients whom the Respondent treated at Facility A and submitted them to a certified physician assistant (the "Expert") for an expert review on the issues of quality medical and documentation standards. A summary of the Expert's findings with respect to Patients A, E, G and I is set forth below.²

Patient A

7. Patient A, a female born in the 1960s, presented to Facility A on or about May 27, 2012, with complaints of sore throat and vaginal irritation and discharge. The Respondent diagnosed Patient A with allergic rhinitis and candida vulvovaginitis, and prescribed Diflucan 150 mg and Lotrisone topical cream.

² Disciplinary Panel B does not adopt the allegations of fact from the charges for Patients B, C, D, F, H, and J nor the allegation of violation of Health Occ. § 15-314(a)(22) for Patient A.

8. During the visit, the Respondent did not perform a genital urinary examination of Patient A, despite documenting in her medical record the following: "GU Exam: Normal external genitalia. No inguinal rash or lymphadenopathy. Non-tender pelvic exam. Vaginal vault clear."

9. The Respondent also did not perform an abdominal examination of Patient A on this visit, despite documenting in her medical record: "Abdominal Exam: The abdominal is soft and non tender to palpation. Soft, non-tender abdomen. Normoactive bowel sound. No organomegaly or masses noted."

10. The Respondent failed to keep adequate medical records, in violation of Health Occ. § 15-314(a)(40), in that he documented in Patient A's medical record that he performed genital urinary and abdominal examinations on Patient A, when he did not perform these examinations.

Patient E

11. Patient E, a female born in the 1990s, presented to Facility A on or about January 8, 2013, for a sexually transmitted disease ("STD") evaluation and with complaints of vaginal itching and discharge. The Respondent diagnosed Patient E with candida vulvovaginitis and prescribed Diflucan 150 mg and Miconazole Nitrate topical cream.

12. During the visit, the Respondent performed a gynecological examination, noting "inflammatory vaginitis with a whitish cottage cheese discharge consistent with candida. The inguinal area is inflamed and irritated consistent with fungal infection." The Respondent, however, failed to document his observation of Patient E's vaginal

vault, cervix and vaginal canal in his evaluation of Patient E for sexually transmitted diseases.

13. The Respondent also obtained cultures for laboratory testing. The testing results confirmed heavy presence of yeast.

14. The Respondent failed to keep adequate medical records, in violation of Health Occ. § 15-314(a)(40), in that he failed to document his observation of vaginal vault, cervix and vaginal canal in his evaluation of Patient E for sexually transmitted diseases.

Patient G

15. Patient G, a female born in the 1970s, presented to Facility A on or about April 5, 2013, with complaints of vaginal discharge. The Respondent diagnosed Patient G with vaginitis and prescribed azithromycin 250 mg and Diflucan 150 mg.

16. Patient G's medical record stated that she refused a pelvic examination but showed that she underwent molecular testing with a SureSwab. Patient G's test results were supportive of yeast infection and not bacterial vaginosis.

17. The Respondent failed to meet quality medical and documentation standards, in violation of Health Occ. § 15-314(a)(22) and (40), for reasons including:

- a. Prescribing azithromycin for the treatment of vaginitis; and
- b. Failing to document how the Respondent was able to obtain a specimen using a SureSwab when Patient G refused a pelvic examination.

Patient I

18. Patient I, a female born in the 1980s, presented to Facility A on or about November 30, 2012, for STD evaluation and testing. The Respondent diagnosed Patient I with tobacco use, sore throat, pharyngitis and exposure to STD, and prescribed azithromycin 250 mg and Diflucan 150 mg.

19. During the visit, the Respondent failed to perform or document a vaginal or pelvic examination. Patient I's medical record indicated that cultures were collected and sent for testing, the results of which were positive for strep A but negative for Chlamydia/Gonorrhoeae.

20. The Respondent failed to meet quality medical standards, in violation of Health Occ. § 15-314(a)(22), for reasons including:

- a. Prescribing azithromycin for the treatment of strep pharyngitis; and
- b. Prescribing Diflucan without any medical indication.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent failed to meet appropriate standards for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital or any other location in this State, in violation of Health Occ. § 15-314(a)(22); and failed to keep adequate medical records, in violation of § 15-314(a)(40).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, by a majority of the quorum of Disciplinary Panel B of the Board considering this case, it is hereby:

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

ORDERED that the Respondent is placed on **PROBATION** until he has fully and successfully complied with the following terms and conditions:

1. Within **SIX (6) MONTHS** of the date Disciplinary Panel B executes this Consent Order, the Respondent shall enroll in and successfully complete Board-approved courses in 1) medical recordkeeping and 2) treatment of sexually transmitted diseases. The Respondent shall be responsible for all costs incurred in fulfilling the course requirements and shall be responsible for submitting written documentations to Disciplinary Panel B showing that he has successfully completed the courses. The courses shall not apply toward, and shall be in addition to, the Continuing Medical Education requirements for continued licensure as a physician assistant in Maryland;
2. The Respondent shall practice in accordance with the Maryland Physician Assistants Act and all applicable laws, statutes, and regulations pertaining to the practice of medicine.

AND IT IS FURTHER ORDERED that upon the Respondent presenting satisfactory evidence of his successful completion of the above probationary terms and conditions, the Respondent's probation will be administratively terminated; and it is further

ORDERED that after **SIX (6) MONTHS** of the date Disciplinary Panel B executes this Consent Order, the Respondent's practice shall be subject to a chart and record review by a designee of Disciplinary Panel B; and

ORDERED that if the Respondent violates any of the terms and conditions of probation or this Consent Order, including an unsatisfactory chart and record review, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing before the Office of Administrative Hearings if there is a genuine dispute as to the underlying facts, or an opportunity for a show cause hearing before the Board otherwise, may impose any sanction which the Board may have imposed in this case,

including probationary terms and conditions, a reprimand, suspension, revocation and/or a monetary penalty; 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 this Consent Order is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. §§ 10-611 *et seq.* (2009 Repl. Vol. and 2013 Supp.).

10/23/2014
Date

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

CONSENT

I, **KEVIN M. MEADOWCROFT, P.A.**, acknowledge that I am represented by counsel and have consulted with counsel before entering into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into 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 own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed after any such hearing.

I sign this Consent Order, voluntarily and without reservation, after having an opportunity to consult with counsel, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

10/17/2014
Date

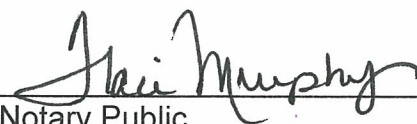

Kevin M. Meadowcroft, P.A.

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Dorchester

I HEREBY CERTIFY that on this 17th day of October, 2014, before me, a Notary Public of the foregoing State and City/County personally appear Kevin M. Meadowcroft, P.A., License Number C04486, 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 notary seal.


Notary Public

My commission expires: April 22, 2017

