



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

*Richard F. Daines, M.D.
Commissioner
NYS Department of Health
James W. Clyne, Jr.
Executive Deputy Commissioner
Keith W. Servis, Director
Office of Professional Medical Conduct*

*Kendrick A. Sears, M.D.
Chair
Carmela Torrelli
Vice Chair
Katherine A. Hawkins, M.D., J.D.
Executive Secretary*

May 14, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Emmanuel M. Guizano, M.D.

Re: License No. 212184

Dear Dr. Guizano:

Enclosed is a copy of BPMC #10-80 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect May 21, 2010.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order and return it to the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299

Sincerely,

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Charles O. Ingraham, Esq.
Aswad & Ingraham
46 Front Street
Binghamton, NY 13905

IN THE MATTER
OF
EMMANUEL GUIZANO, M.D.

CONSENT
ORDER

BPMC # 10-80

Upon the application of (Respondent) EMMANUEL GUIZANO, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 05/13/2010

KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

**IN THE MATTER
OF
EMMANUEL GUIZANO, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

EMMANUEL GUIZANO, M.D., represents that all of the following statements are true:

That on or about September 22, 1998, I was licensed to practice as a physician in the State of New York, and issued License No. 212184 by the New York State Education Department.

My current address is _____,
and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with two specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I do not contest the First Specification, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to Pursuant to N.Y. Pub. Health Law § 230-a(9), I shall be placed on probation for a period of One Year, subject to the terms set forth in attached Exhibit "B."

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Respondent shall meet with a person designated by the Director of OPMC, as directed.

Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this

Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the

Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE:

~~EMMANUEL GUIZANO, M.D.~~
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 4/29/10

CHARLES INGRAHAM, ESQ.
Attorney for Respondent

DATE: 5/3/10

JOEL ABELOVE, ESQ.
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 5/13/10

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
EMMANUEL GUIZANO, M.D.

STATEMENT
OF
CHARGES

EMMAUEL GUIZANO, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 22, 1998, by the issuance of license number 212184 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent provided care and treatment to Patient A (patients are identified in the Appendix) on or about 8/24/02 at the Emergency Department of The Hospital in Sydney, New York. Patient A presented with a chief complaint of multiple deep lacerations to the 4th and 5th digits of the left hand, caused by a garage door accident. Patient A returned to The Hospital on August 31, 2002, for suture removal. Patient A's hand was swollen and draining and Patient A was sent to United Health Services in Binghamton, New York. Patient A was admitted to UHS as an inpatient on 8/31/02. The discharge summary from that admission indicated Patient A was admitted with an infection of the left hand, absent function of flexion of the left 5th finger and left ring finger and numbness of both digits. The patient received IV antibiotics. Patient A was subsequently treated at UHS on 9/12/02, 10/9/02, and 3/12/03, relating to these conditions and injuries. Respondent's care and treatment of Patient A failed to meet accepted standards of medical care in the following respects:

1. Respondent failed to observe and/ or appreciate a flexor tendon injury during his examination of Patient A.
2. Respondent failed to observe and/ or appreciate digital nerve injuries during his examination of Patient A.
3. Respondent failed to document and/ or perform an adequate neuro-motor-vascular examination of Patient A's injured left hand and fingers.
4. Respondent failed to document and/ or appreciate the extensive loss of skin and the possible need for a skin graft for Patient A.
5. Respondent failed to adequately treat and/ or provide follow-up regarding the fracture of Patient A's finger.

B. Respondent provided medical care and treatment to Patient B, a 50-year-old male, on or about 5/1/04, at the Chenango Memorial Hospital Emergency Department. Patient B suffered a fall from a 14 foot ladder, he presented with complaints of, among other things, neck pain, pain in the left shoulder, left ankle, mid-back and lower back. X-Rays were taken. Patient B was discharged home. On 5/4/04, Patient B presented to Bassett Healthcare with an admission diagnosis of a fracture dislocated at C 5/6. Patient B underwent an open reduction and internal fixation. He was discharged home on 5/12/04. Respondent's care and treatment of Patient B failed to meet accepted standards of medical care, in that:

1. Respondent failed to obtain adequate radiographs or other diagnostic imaging studies to rule out significant injury to Patient B's cervical spine. The cervical spine films did not demonstrate the alignment of the lower cervical spine and/ or the relationship between the atlas and the axis at the superior aspect of the cervical spine.

2. Respondent failed to appreciate the significant injury to Patient B's cervical spine.
 3. Respondent, having failed to appreciate the significant injury to Patient B's cervical spine, failed to refer Patient B to an appropriate specialist.
 4. Respondent failed to adequately evaluate Patient B.
 5. Respondent failed to comment on, and/ or appreciate the significance of the nursing notes referencing Patient B's ongoing neck pain and/or numbness in his left thumb.
- C. Respondent provided medical care and treatment to Patient C, an 82-year-old female, on or about 12/17/03 through 12/24/03, at United Health Services Hospital, Johnson City, New York. Patient C was admitted with a displaced subcapital fracture of the right hip. Patient C's past medical history included angina, cataract procedures, tonsillectomy and appendectomy. The hospital work-up indicated aortic stenosis. Respondent provided Hospitalist care to Patient C during this admission. Respondent's medical care and treatment of Patient C failed to meet accepted standards of care in the following respects:
1. Respondent inappropriately transferred Patient C out of the Intensive Care Unit despite clinical signs of instability and unstable vital signs. Patient C's heart rate was noted as 128 and BP was 93/80. At the time of the transfer, Patient C had an episode of hypertension and agitation, a heart rate in the 140s-150s, with a BP of mid-90s, systolic.
 2. Respondent failed to adequately evaluate either cardiac and/or pulmonary causes for Patient C's physical signs and symptoms, including agitation, persistent tachycardia, hypoxemia, persistent

complaints of shortness of breath, air hunger, and persistent increased respiratory rate.

3. Respondent failed to give adequate consideration, based upon Patient C's age and history of coronary disease, to the possibility of a pulmonary embolus and/or coronary ischemia.
4. Respondent failed to obtain adequate diagnostic studies to evaluate Patient C for cardiac and/or pulmonary complications.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Education Law §6530(3) by practicing the profession of medicine with negligence on more than one occasion, as alleged in the facts of two or more of the following:

1. The Facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, C and C.1, C and C.2, C and C.3 and/or C and C.4.

SECOND SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined

in N.Y. Education Law §6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in two or more of the following:

2. The Facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, C and C.1, C and C.2, C and C.3 and/or C and C.4.

DATE: May 3, 2010
Albany, New York

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

Terms of Probation

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
2. Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
6. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.

7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
8. Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
9. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
10. Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine. A practice monitor shall be in place at each facility where Respondent practices emergency department medicine during the period of probation.
 - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. A practice monitor shall visit each of Respondent's emergency department medical practices at each and every location, on a random unannounced basis at least quarterly and shall examine a selection (no fewer than 20; or one-half if the total number of Respondent's charts for that quarter is fewer than 40) of the Respondent's emergency department charts, including patient records and prescribing information. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
11. Respondent shall enroll in and complete a continuing education program in the area of Emergency Medicine. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within the first 180 days of the probation period.
12. Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.