

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
ABRAHAM SOLOMON, M.D.

COMMISSIONER'S
ORDER AND
NOTICE OF
HEARING

TO: ABRAHAM SOLOMON, M.D.

29-27 41st Ave., Suite 509
Long Island City, N.Y. 11101-3301

The undersigned, ANTONIA C. NOVELLO, M.D., M.P.H., Dr.P.H.,
Commissioner of Health, after an investigation, upon the recommendation of a
Committee on Professional Medical Conduct of the State Board for Professional
Medical Conduct, and upon the Statement of Charges attached hereto and made a
part hereof, has determined that the continued practice of medicine in the State of
New York by ABRAHAM SOLOMON, M.D., the Respondent, constitutes an
imminent danger to the health of the people of this state.

It is therefore:

ORDERED, pursuant to N.Y. Pub. Health Law §230(12) (McKinney Supp.
2000), that effective immediately ABRAHAM SOLOMON, M.D., Respondent, shall
not practice medicine in the State of New York. This Order shall remain in effect
unless modified or vacated by the Commissioner of Health pursuant to N.Y. Pub.
Health Law §230(12) (McKinney Supp. 2000).

PLEASE TAKE NOTICE that a hearing will be held pursuant to the provisions
of N.Y. Pub. Health Law §230 (McKinney 1990 and Supp. 2000), and N.Y. State
Admin. Proc. Act §§301-307 and 401 (McKinney 1984 and Supp. 2000). The
hearing will be conducted before a committee on professional conduct of the State
Board for Professional Medical Conduct on December 7, 2000, at 10:00 a.m., at the
offices of the New York State Health Department, 5 Penn Plaza, Sixth Floor, New
York, NY 10001, and at such other adjourned dates, times and places as the

committee may direct. The Respondent may file an answer to the Statement of Charges with the below-named attorney for the Department of Health.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. The Respondent shall appear in person at the hearing and may be represented by counsel. The Respondent has the right to produce witnesses and evidence on his behalf, to issue or have subpoenas issued on his behalf for the production of witnesses and documents and to cross-examine witnesses and examine evidence produced against him. A summary of the Department of Health Hearing Rules is enclosed. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person.

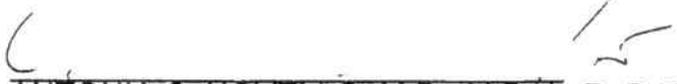
The hearing will proceed whether or not the Respondent appears at the hearing. Scheduled hearing dates are considered dates certain and, therefore, adjournment requests are not routinely granted. Requests for adjournments must be made in writing to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Hedley Park Place, 433 River Street, Fifth Floor South, Troy, NY 12180, ATTENTION: HON. TYRONE BUTLER, DIRECTOR, BUREAU OF ADJUDICATION, and by telephone (518-402-0748), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and, in the event any of the charges are sustained, a determination of the penalty or sanction to be imposed or appropriate action to be taken. Such determination may be reviewed by the

administrative review board for professional medical conduct.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET FORTH IN NEW YORK PUBLIC HEALTH LAW §230-a (McKinney Supp. 2000). YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York
November 29, 2000


ANTONIA C. NOVELLO, M.D., M.P.H., Dr.P.H.
Commissioner
New York State Health Department

Inquiries should be directed to:

Dianne Abeloff
Associate Counsel
N.Y.S. Department of Health
Division of Legal Affairs
5 Penn Plaza
Suite 601
New York, New York 10001
(212) - 613-2606

SECURITY NOTICE TO THE LICENSEE

The proceeding will be held in a secure building with restricted access. Only individuals whose names are on a list of authorized visitors for the day will be admitted to the building

No individual's name will be placed on the list of authorized visitors unless written notice of that individual's name is provided by the licensee or the licensee's attorney to one of the Department offices listed below.

The written notice may be sent via facsimile transmission, or any form of mail, but must be received by the Department **no less than two days prior to the date** of the proceeding. The notice must be on the letterhead of the licensee or the licensee's attorney, must be signed by the licensee or the licensee's attorney, and must include the following information:

Licensee's Name _____ Date of Proceeding _____

Name of person to be admitted _____

Status of person to be admitted _____
(Licensee, Attorney, Member of Law Firm, Witness, etc.)

Signature (of licensee or licensee's attorney) _____

This written notice must be sent to either:

New York State Health Department
Bureau of Adjudication
Hedley Park Place
433 River Street, Fifth Floor South
Troy, NY 12180
Fax: 518-402-0751

New York State Health Department
Bureau of Professional Medical Conduct
5 Penn Plaza
New York, NY 10001
Fax: 212-613-2611

IN THE MATTER
OF
ABRAHAM SOLOMON, M.D.

STATEMENT
OF
CHARGES

ABRAHAM SOLOMON, M.D., the Respondent, was authorized to practice medicine in New York State on or about January 10, 1997, by the issuance of license number 205496 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about April 8, 1999, Patient A (the identity of the other patients is contained in the attached appendix) after being in a motor vehicle accident was taken by EMS to Maimonides Medical Center's Emergency Room, Brooklyn, N.Y. Respondent, an emergency room physician at Maimonides, recorded the patient's chief complaint as "diaphoresis, near-syncope." Respondent admitted Patient A to the MICU (medical intensive care unit) with a diagnosis of hypotension and left pleural effusion. Patient A expired early April 9, 1999 while on the operating table for a repair of a leaking abdominal aortic aneurysm.

Respondent's care deviated from accepted medical standards, in that:

1. Respondent failed to perform and/or document an adequate history of Patient A.
2. Respondent failed to perform and/or document an adequate physical examination of Patient A.

3. Respondent treated hypotension with a history of trauma without addressing the cause of the hypotension.
4. Respondent failed to appropriately assess the patient's condition.
5. On or about April, 16, 1999, Respondent submitted an interoffice memo concerning his care of Patient A to the chair of the Emergency Department at Maimonides. In this document Respondent knowingly and intentionally made incorrect statements concerning his communications with the CCU (cardiac care unit) and the MICU at Maimonides.

B. On or about April 27, 1999, at or about 10:00 p.m., Patient B was brought by EMS to the Maimonides emergency room with abdominal pain, vomiting, tachycardia and a low blood pressure. Respondent, an emergency room physician at Maimonides saw Patient B approximately 3 hours later. The patient expired at 5:20 a.m. while awaiting a CT scan.

Respondent's care deviated from accepted medical standards, in that:

1. Respondent failed to perform and /or document an adequate history.
2. Respondent failed to perform and/or document an adequate physical exam.
3. Respondent failed to recognize and document in the patient's record a pneumoperitoneum on plain abdominal x-ray.
4. Respondent failed to secure appropriate surgical consultation when there was evidence of a pneumoperitoneum on plain abdominal x-ray.

5. Respondent failed to place Patient B on a cardiac monitor and arrange for the review of the cardiac information by appropriate personnel.
 6. Respondent's notes in Patient B's chart are inadequate.
- C. On or about March 10, 1999, at or about 1:50 a.m., Patient C was brought by EMS to the emergency room at Maimonides with complaints of palpitations. EMS had given Patient C oxygen and Adenosine IV first 6 mg, then 12mg and then another 12 mg. Patient C, a 27 year old male, had a past medical history of supraventricular tachycardia. He was on Cardizem, but had not been compliant with his medication. In the E.R., Respondent gave Patient C Cardiazem x 2 doses, Verapamil x 1 dose, Adenosine x 2 doses, and Versed. Patient C then went into ventricular arrhythmia from which he was defibrillated and converted into normal sinus rhythm. Patient C was admitted to the Cardiac Intensive Care Unit with the diagnosis of Wolf Parkinson White Syndrome.
- Respondent's care deviated from accepted medical standards, in that:
1. Respondent failed to perform and/or document an adequate history.
 2. The cardiac medications administered by Respondent were contra-indicated given the patient's clinical condition.
- D. On or about March 10, 1999, at or about 1:10 a.m. Patient D arrived at the

emergency room at Maimonides acutely short of breath. Respondent ordered continuous Proventil, blood tests and 40 mg. of Lasix intravenously. Patient D continued to be in distress and at or about 2:00 a.m. was intubated by Respondent and put on a ventilator.

Respondent's care deviated from accepted medical standards, in that:

1. Respondent failed to perform and/or document an adequate history.
2. Respondent failed to perform and/or document an adequate physical examination.
3. Respondent failed to treat Patient D's pulmonary edema appropriately.
4. Respondent failed to appropriately assess Patient D's condition.

E. On or about March 1, 1999, at or about 11:45 a.m., Patient E was brought by EMS to Maimonides emergency room. Respondent saw Patient E at or about 12:55 p.m. Patient E was brought to Maimonides by ambulance after being found on the floor, disoriented, incontinent of urine and with evidence of trauma.

Respondent's care deviated from accepted medical standards, in that:

1. Respondent failed to obtain and/ or document an adequate history of Patient E's pain.
2. Respondent failed to obtain and/or document an adequate neurologic examination of Patient E.

F. On or about March 4, 1999, at or about 9:54 p.m., Patient F went to Maimonides emergency room with complaints of lower abdominal pain and frequency of urination. Respondent evaluated and treated Patient F. Respondent's care deviated from accepted medical standards, in that:

1. Respondent failed to perform and/or document an adequate history.
2. Respondent failed to perform and/or document an adequate physical examination.
3. Respondent failed to order appropriate laboratory tests.
4. Respondent failed to appropriately assess the patient's condition.

G. On or about September 26, 1997 at or about 2:55 a.m., Patient G went to the emergency room at Nathan Littauer Hospital, Gloversville, N.Y. with complaints of right arm pain which was getting progressively worse. Patient G had a cardiac history and was on Lanoxin and Calan. Respondent diagnosed the patient with shoulder bursitis and sent the patient home. Respondent's care deviated from accepted medical standards, in that:

1. Respondent failed to perform and/or document an adequate history of Patient G.
2. Respondent failed to perform and/or document any physical examination of Patient G.
3. Respondent failed to appropriately assess Patient G's condition.

H. On or about September 26, 1997 at or about 3:22 a.m., Patient H went to the emergency room at the Nathan Littauer Hospital with abdominal pain. Respondent diagnosed constipation. Before she left the hospital she was seen by another physician on the next shift. He correctly diagnosed Patient H as having a small bowel obstruction.

Respondent's care deviated from accepted medical standards, in that:

1. Respondent failed to perform and/or document an adequate history.
2. Respondent failed to perform and/or document an adequate physical examination.
3. Respondent failed to appropriately assess Patient H's condition.

I. On or about September 24, 1997, at or about 12:15 p.m., Patient I went to Nathan Littauer emergency room with complaints of lower quadrant pains in her abdomen for approximately 12 hours. Respondent diagnosed Patient I with constipation.

Respondent's care deviated from accepted medical standards, in that:

1. Respondent failed to perform and/or document an adequate history of Patient I.
2. Respondent failed to perform and/or document an adequate physical examination of Patient I.
3. Respondent's treatment of magnesium citrate is not appropriate treatment for constipation.
4. Respondent failed to appropriately assess Patient I's condition.

- J. Respondent, in his 1998 appointment application to Southside Hospital, in response to the question: "[H]ave any of the following ever been, or are any currently in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished?...membership on any hospital medical staff,.. clinical privileges ...other institutional affiliation or status thereat," knowingly and with intent to deceive failed to disclose the termination of his privileges at Nathan Littauer Hospital on or about October 1, 1997, and the termination without credit from his residency in emergency medicine, at Beth Israel Hospital, on or about December 22, 1994.
- K. Respondent, in his 1998 appointment application to University Hospital of Brooklyn, in response to the question: "[H]ave your privileges at any hospital ever been suspended, diminished, revoked or not renewed, or has disciplinary or corrective action ever been instituted?", knowingly and with intent to deceive failed to disclose the termination of his privileges at Nathan Littauer Hospital on or about October 1, 1997, and the termination without credit from his residency in emergency medicine, at Beth Israel Hospital, on or about December 22, 1994.
- L. Respondent, in his 1999 appointment application to Maimonides Medical Center, in response to the question: "[H]ave your privileges, association, employment, practice or training in any hospital or facility in NYS or elsewhere ever been denied, suspended, diminished, restricted, revoked, terminated, not renewed, or otherwise discontinued (including voluntary resignation)?", knowingly and with intent to deceive failed to disclose the termination of his privileges at Nathan Littauer Hospital on or about October

1, 1997.

- M. On the same 1999 appointment application to Maimonides Medical Center, in response to the directive to list all hospitals at which applicant was affiliated for the past ten years, Respondent knowingly and with intent to deceive failed to list his 1997 affiliation with Nathan Littauer Hospital.

SPECIFICATION OF CHARGES

FIRST THROUGH NINTH SPECIFICATIONS

GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(4)(McKinney Supp. 2000) by practicing the profession of medicine with gross negligence as alleged in the facts of the following:

1. Paragraph A and its subparagraphs
2. Paragraph B and its subparagraphs
3. Paragraph C and its subparagraphs
4. Paragraph D and its subparagraphs
5. Paragraph E and its subparagraphs
6. Paragraph F and its subparagraphs
7. Paragraph G and its subparagraphs
8. Paragraph H and its subparagraphs
9. Paragraph I and its subparagraphs

TENTH SPECIFICATION

NEGLECT ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3)(McKinney Supp. 2000) 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:

10. Paragraph A and its subparagraphs; Paragraph B and its subparagraphs; Paragraph C and its subparagraphs; Paragraph D and its subparagraphs; Paragraph E and its subparagraphs; Paragraph F and its subparagraphs; Paragraph G and its subparagraphs; Paragraph H and its subparagraphs; and/or Paragraph I and its subparagraphs.

ELEVENTH SPECIFICATION

GROSS INCOMPETENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(6)(McKinney Supp. 2000) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

11. Paragraph A and its subparagraphs; Paragraph B and its subparagraphs; Paragraph C and its subparagraphs; Paragraph D and its subparagraphs; Paragraph E and its subparagraphs; Paragraph F and its subparagraphs; Paragraph G and its subparagraphs; Paragraph H and its subparagraphs; and/or Paragraph I and its subparagraphs.

TWELFTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(5)(McKinney Supp. 2000) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the

following:

12. Paragraph A and its subparagraphs; Paragraph B and its subparagraphs; Paragraph C and its subparagraphs; Paragraph D and its subparagraphs; Paragraph E and its subparagraphs; Paragraph F and its subparagraphs; Paragraph G and its subparagraphs; Paragraph H and its subparagraphs; and/or Paragraph I and its subparagraphs.

THIRTEENTH THROUGH SEVENTEENTH SPECIFICATIONS
FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(2)(McKinney Supp. 2000) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

13. Paragraph A 5.
14. Paragraph J
15. Paragraph K
16. Paragraph L
17. Paragraph M.

EIGHTEENTH THROUGH TWENTY FIRST SPECIFICATION
VIOLATION OF §2805-k of the PUBLIC HEALTH LAW

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(14)(McKinney Supp. 2000) by violating section twenty-eight hundred five-k of the public health law, as alleged in the facts of:

18. Paragraph J
19. Paragraph K
20. Paragraph L
21. Paragraph M.

DATED: November **27**, 2000
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct