

Public



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

September 1, 2009

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mohammed Soori, M.D.

Redacted Address

Jean Bresler, Esq.

NYS Department of Health

145 Huguenot Street

New Rochelle, New York 10801-5228

William L. Wood, Jr., Esq.

Wood & Scher

222 Bloomingdale Road – Suite 311

White Plains, New York 10605

Robert Bogan, Esq.

NYS Department of Health

Hedley Park Place

433 River Street – Suite 303

Troy, New York 12180-2299

RE: In the Matter of Mohammed Kanyori Boye Soori, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. 09-164) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine together with the registration certificate. Delivery shall be by either certified mail or in person to:

Office of Professional Medical Conduct
New York State Department of Health
Hedley Park Place
433 River Street - Fourth Floor
Troy, New York 12180

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2007) and §230-c subdivisions 1 through 5, (McKinney Supp. 2007), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays penalties other than suspension or revocation until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Hedley Park Place
433 River Street, Fifth Floor
Troy, New York 12180

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,

Redacted Signature

James F. Horan, Acting Director
Bureau of Adjudication

JFH:cah

Enclosure

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

IN THE MATTER
OF
MOHAMMED KANYORI BOYE SOORI, M.D.

DETERMINATION
AND
ORDER

BPMC #09-164

COPY

A hearing was held on July 23, 2009, at the offices of the New York State Department of Health ("the Petitioner"). A Notice of Referral Proceeding and a Statement of Charges, both dated July 9, 2009, were served, by consent, upon the Respondent, **Mohammed Kanyori Boye Soori, M.D.**

Pursuant to Section 230(10)(e) of the Public Health Law, **Ravinder Mamtani, M.D., Chair, James T. Adams, M.D.,** and, **Virginia R. Marty,** duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter. **David A. Lenihan, Esq.,** Administrative Law Judge, served as the Administrative Officer. The Petitioner appeared by **Thomas Conway, Esq.,** General Counsel, by **Jean Bresler, Esq.,** of Counsel and **Robert Bogan, Esq.,** of Counsel. The Respondent, **Mohammed Soori, M.D.,** did appear, with counsel, **William L. Wood, Jr., Esq.,** of Wood and Scher, White Plains, New York. Evidence was received and a transcript of these proceedings was made. After consideration of the entire record, the Hearing Committee issues this Determination and Order.

STATEMENT OF CASE

This case was brought pursuant to Public Health Law Section 230(10)(p). The statute provides for an expedited hearing when a licensee is charged solely with a violation of Education Law Section 6530(9). In such cases, a licensee is charged with misconduct based upon a prior criminal conviction in New York State or another jurisdiction, or upon a prior administrative adjudication regarding conduct that would amount to professional misconduct, if committed in New York. The scope of an expedited hearing is limited to a determination of the nature and severity of the penalty to be imposed upon the licensee.

In the instant case, the Respondent is charged with professional misconduct pursuant to Education Law §6530(9)(d) by having his license to practice medicine suspended and/or having other disciplinary action taken by a duly authorized professional disciplinary agency of the Commonwealth of Virginia, where the conduct resulting in the suspension would, if committed in New York State, constitute professional misconduct under the laws of New York State, in that the Consent Order from Virginia specified multiple instances of sexual relations with psychiatric patients under the care of Respondent and also multiple instances of Respondent having provided narcotics to individuals without medical examinations or medical justification. Copies of the New York Summary Suspension Order, the Notice of Referral Proceeding and the Statement of Charges are attached to this Determination and Order as Appendix 1.

WITNESSES

For the Petitioner:

None

For the Respondent:

Mohammed Soori, M.D.

FINDINGS OF FACT

The following Findings of Fact were made after a review of the entire record in this matter. Numbers below in parentheses refer to exhibits, denoted by the prefix "Ex." These citations refer to evidence found persuasive by the Hearing Committee in arriving at a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. All Hearing Committee findings were unanimous.

1. **Mohammed Soori, M.D.**, the Respondent, did appear at the hearing, with counsel and personal jurisdiction was had through personal service in this case, on March 5, 2009. (Petitioner's Ex. 2).
2. **Mohammed Soori, M.D.**, the Respondent, was authorized to practice medicine in New York State on July 11, 2003, by the issuance of license number 229215 by the New York State Education Department (Petitioner's Ex. 6).
3. On or about January 29, 2009, the Commonwealth of Virginia, Board of Medicine (hereinafter "Virginia Board"), by an Agreed Order (hereinafter "Virginia Order"), *inter alia*, INDEFINITELY SUSPENDED Respondent's license to practice medicine. (Petitioner's Ex. 7).
4. The Virginia Consent Order, Exhibit 7, specified and detailed numerous violations of Virginia law including, but not limited to, the following:
 - a. Dr. Soori, from January 14, 2008 through June 6, 2008, engaged in a personal and sexual relationship with Patient A concurrent with and by virtue of the practitioner/patient relationship. This contact occurred during the course of treatment sessions within the doctor's office and in settings outside of his office but while the patient was still undergoing treatment.

b. Dr. Soori violated Virginia Law in that, from May 8, 2007, through May 15, 2008, Dr. Soori wrote approximately 7 prescriptions for Patient A, each for 60 tablets of hydrocodone (Schedule III), without medical justification. The initial prescription was issued without a physical examination documented at the time of issuance or any diagnostic testing. By his own admission, Dr. Soori admitted that he never performed a physical examination or ordered any diagnostic testing related to her course treatment with narcotics.

c. From August 22, 2006 through December 24, 2007, Dr. Soori provided individual counseling to Patient B. During the course of treatment, Dr. Soori violated Virginia Law in that Dr. Soori engaged in sexual behavior with Patient B to include sexual comments, hugging and, on December 24, 2007, kissing. These acts were concurrent with and by virtue of the practitioner/patient relationship, and/or otherwise engaged in conduct of a sexual nature that was lewd and offensive.

d. From March 17, 2004 through June 25, 2005, Dr. Soori provided individual counseling to Patient C, a patient being treated in New York while Dr. Soori was actively licensed to practice in Virginia. During the course of treatment, Dr. Soori violated Virginia Law in that, from approximately June 2004 through June 25, 2005, Dr. Soori engaged in a personal and sexual relationship with Patient C concurrent with and by virtue of the practitioner/patient relationship.

e. From July 2006 through July 2008, Dr. Soori provided individual counseling to Patient D for issues related to mental health concerns and chronic pain. A review of Patient D's records disclosed that Dr. Soori violated Virginia Law in that he prescribed approximately 1260 Lorazepam tablets (Schedule IV), 180 Fentanyl transdermal patches (Schedule II), and 4320 oxycodone tablets (Schedule II) for Patient D without medical justification. Although Dr. Soori considers himself to be a pain management specialist, he

failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient. By his own admission, Dr. Soori failed to perform or document a physical examination of the patient during the course of pain management. Further, Dr. Soori failed to coordinate care with primary care physicians, obtain diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment.

f. From May 14, 2007 through June 30, 2008, Dr. Soori provided individual counseling to Patient E for mental health concerns and chronic pain. A review of Patient E's records disclosed that Dr. Soori violated Virginia law in that he prescribed approximately 990 oxycodone tablets, 10 Fentanyl transdermal patches, and 720 hydrocodone tablets for Patient E without medical justification. Although Dr. Soori considers himself to be a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient. By his own admission, Dr. Soori failed to perform or document a physical examination of the patient during the course of pain management. Further, Dr. Soori failed to coordinate care with primary care physicians, obtain diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment.

g. From January 11, 2007 through July 2008, Dr. Soori provided individual counseling to Patient F for issues related to mental health concerns and chronic pain. A review of Patient F's records disclosed that Dr. Soori violated Virginia law in that, he prescribed approximately 4040 oxycodone tablets, 140 Fentanyl transdermal patches, 340 dextroamphetamine sulfate sustained release tablets, 90 hydrocodone tablets, 90 Clonazepam tablets (Schedule IV), and 480 Lorazepam tablets (Schedule IV) for Patient F without medical justification. Although Dr. Soori considers himself to be a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce

signed copies of a contract for the patient. By his own admission, he failed to perform or document a physical examination of the patient during the course of pain management. Further, Dr. Soori failed to coordinate care with primary care physicians, obtain diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment.

h. From July 5, 2005 through July 10, 2008, Dr. Soori provided individual counseling to Patient G for issues related to mental health issues, polysubstance abuse and chronic pain. A review of Patient G's records disclosed that Dr. Soori violated Virginia law in that he prescribed approximately 3161 oxycodone tablets, 300 hydromorphone tablets, 1012 Adderall ER tablets, 294 Methadone tablets (all Schedule II), 506 Suboxone tablets (Schedule III), 90 Diazepam tablets and 480 Alprazolam tablets (both Schedule IV) for Patient G without medical justification. Although Dr. Soori considers himself to be a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient. By his own admission, he failed to perform or document a physical examination of the patient during the course of pain management. Further, Dr. Soori failed to coordinate care with primary care physicians, refer for diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment.

i. Dr. Soori violated Virginia law in that, when he was interviewed by a Virginia Department of Health Professions investigator on October 29, 2008, Dr. Soori denied any knowledge of an investigation by the Office of Professional Medical Conduct in New York, despite the fact that he had been interviewed by that office on or about August 4, 2008 regarding Patient C's complaint.

j. Dr. Soori violated Virginia law in that, on or about December 29, 2004, Dr. Soori submitted an Application for License to Practice Medicine and Surgery in Virginia

wherein he falsely responded "No" to the question "Have you ever been denied privileges or voluntarily surrendered your clinical privileges while under investigation, been censured or warned, or requested to withdraw from the staff of any medical school, residency or fellowship training, hospital, nursing home, or other health care facility, or health care provider?" In fact, by a letter dated December 13, 1992, Dr. Soori was excluded starting on December 14, 1992 from the Family Practice Medicine Internship Program of the University of Montreal, School of Medicine ("University") following complaints from four female patients concerning inappropriate contact and/or sexual contact. Subsequently, on or about September 1, 1993, the University revoked Dr. Soori's registration certificate.

k. Dr. Soori violated Virginia law in that, following a positive urine drug screen on December 8, 2008, for cannabinoids, Dr. Soori entered into a Participation Contract with the Virginia Health Practitioners' Intervention Program (HPIP) on December 26, 2008, due to admitted chemical abuse and/or dependence and/or mental illness and/or physical illness which may impair his ability to practice medicine safely. Despite the fact that the Participation Contract Dr. Soori signed required him to refrain from practicing as a medical professional, Dr. Soori continued to see patients. Specifically, staff from the HPIP attempted to contact Dr. Soori on December 30, 2008 and the individual answering the phone for the office indicated that Dr. Soori was seeing a patient at that time.

l. Dr. Soori violated Virginia law in that, between December 19, 2008, and January 29, 2009, Dr. Soori provided treatment to Patient H, an individual with a history of suicide attempts, prior mental health treatment and polysubstance abuse. The Virginia Consent Order states that, on Patient H's initial visit on December 19, 2008, Dr. Soori prescribed 30 Prozac 20mg (fluoxetine), 30 Haldol 2mg (haloperidol 2mg), and 90 clonazepam as a thirty-day supply. On December 29, 2008, Dr. Soori authorized refills of these medications, which the patient filled on January 10, 2009. On January 29, 2009, Dr.

Soori authorized refills of this patient's prescriptions without examining the patient or conducting a mental health status evaluation, and increased the number of tablets of clonazepam prescribed to a quantity of 120, despite his knowledge that the patient was taking more tablets than prescribed.

5. On June 19, 2009, the Respondent signed and swore to the Virginia Consent Order and Agreement, which contained the above charges, which indefinitely suspended his license to practice in Virginia. (Exhibit 7, page 11)

VOTE OF THE HEARING COMMITTEE

SPECIFICATION

Respondent violated New York Education Law Section 6530(9)(d) by having his license to practice medicine revoked and/or having other disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the license revocation and/or other disciplinary action would, if committed in New York State, constitute professional misconduct under the law of New York State.

VOTE: Sustained (3-0)

HEARING COMMITTEE DETERMINATION

The Respondent did appear at the hearing, in person, with counsel. The record in this case indicates that Respondent had signed the Virginia Consent Order directing that his Virginia Medical license be indefinitely suspended. This Consent Order is in the Record as Exhibit # 7. The record shows that the Respondent agreed to and signed this Order

which specified multiple instances of sexual relations with psychiatric patients under the care of Respondent and also multiple instances of Respondent having provided narcotics to individuals without medical examinations or medical justification.

The Respondent testified that, since his Virginia suspension, he has completed several courses of continuing education including courses on boundaries in which he has learned that it would be improper for him to give hugs and pats on the back during the treatment of his patients. In the course of cross examination, the Department's attorney asked the Respondent to admit that it was not just hugs and pats on the back that were at the root of the Virginia action but, rather, sexual relations and improper dispensation of drugs to patients. The Respondent acknowledged that this was true.

(T. 59)

When questioned by the panel about the Virginia charges, the Respondent denied that he had sexual relations with patients (T. 62) and claimed that he did not want to sign the Order (T. 63) and that, instead, he had wanted to go before the Virginia board and present his case. He stated that he did not want to sign the Order but did so on the advice of his lawyer. The Respondent went on to testify that he didn't want to sign the Order but felt that it was his "best option." (T. 65)

It appears that the logic of the Respondent was that if he signed this Order, he could reapply in three years for his license but that, if he went forward with the Virginia hearing, he would probably lose and have his license revoked and thus, down the road, have a more difficult time in regaining his license.

The panel did not believe this testimony about denial of the underlying facts and finds that, once again, the Respondent was not telling the truth.

The panel finds that the Respondent was less than truthful when he testified that he came to New York, in 1992, because he wanted to do a psychiatry residency. (T. 44) The

records from Canada, submitted at the hearing as Exhibits # 9 and #10, show that Dr. Soori left Canada because his license was being revoked due to sexual complaints brought against him by several patients.

The panel also observed that the Respondent was less than candid in discussing his DEA license to dispense Narcotics. The Virginia Order directs that he surrender his DEA certificate and DEA order forms within 5 days of signing the Order. It appears that he signed the Order on June 19, 2009 and that he has yet to comply with this directive. The panel questioned the Respondent about his current valid narcotic license and he stated (T. 65) that he still has one. When asked why he has not surrendered his DEA certificate, the Respondent stated that he could not find the original certificate. The Respondent went on to testify that he has a current valid DEA certificate because he has not surrendered it. The panel found this assertion to be disingenuous and violative of the clear intent of the Virginia agreement and indicative of a lack of respect for the truth.

The panel finds that the Respondent did sign the Virginia Consent Order and accepts the findings of fact as findings of fact herein. If the Respondent wishes to contest these findings of fact he will have to petition Virginia to reopen their proceeding. Absent such a reopening by Virginia, New York is bound by those facts and those facts are deemed conclusive and are thus made part and parcel of the findings of fact in this proceeding.

There is no doubt that the charges enumerated in the Consent Order would, if sustained at a hearing, result in a revocation of the Respondent's license. The Respondent testified that he was not properly represented in the Virginia proceeding and that he did not want to agree to the Virginia Consent Order. In his testimony he denied having sex with patients and stated that these were sexual fantasies of the patients and not actual fact.

However, the testimony at the hearing shows that the Respondent was represented by counsel in both New York and Virginia when he signed this Order and, by his own testimony, the Virginia attorney was well respected and competent in this field. (T. 74)

The Respondent did not deny the fact that he signed the Virginia Agreed Consent Order. This Order sets forth with great specificity grounds to have his license revoked in New York, had they occurred here. Accordingly, grounds sufficient to revoke his New York State license have been established by clear and convincing evidence and, accordingly, the panel finds that his New York State license should be revoked.

As to the penalty, therefore, the Hearing Committee unanimously determined that the people of New York State would be protected by a revocation of the Respondent's license.

ORDER

IT IS HEREBY ORDERED THAT:

1. The license of the Respondent to practice medicine in New York State is revoked.
2. This Order shall be effective upon service on the Respondent in accordance with the requirements of Public Health Law Section 230(10)(h).

DATED: Hopewell Junction, New York
August 29, 2009

Redacted Signature

Ravinder Mamtani, M.D., Chair,

James T. Adams, M.D.,
Virginia R. Marty

TO: Mohammed Soori, M.D.
Respondent

Redacted Address

William L. Wood, Jr., Esq.,
Attorney for Respondent
Wood and Scher,
222 Bloomingdale Road, Suite 311
White Plains, New York, 10605

Jean Bresler, Esq.
Attorney for Petitioner
Associate Counsel
NYS Department of Health
Bureau of Professional Medical Conduct
145 Huguenot Street
New Rochelle, NY 10801-5228

Robert Bogan, Esq.
Attorney for Petitioner
Associate Counsel
NYS Department of Health
Bureau of Professional Medical Conduct
433 River Street, Suite 303
Troy, New York 12180-2299

APPENDIX I



IN THE MATTER

OF

**MOHAMMED KANYORI BOYE SOORI, M.D.
CO-09-02-0627-A**

**COMMISSIONER'S
SUMMARY
ORDER**

TO: MOHAMMED KANYAORI BOYE SOORI, M.D.
Redacted Address

MOHAMMED KANYAORI BOYE SOORI, M.D.
Redacted Address

The undersigned, Richard F. Daines, M.D., Commissioner of Health, pursuant to New York Public Health Law §230, upon the recommendation of a Committee on Professional Medical Conduct of the State Board for Professional Medical Conduct, has determined that the duly authorized professional disciplinary agency of another jurisdiction, the State of Virginia, Board of Medicine (hereinafter "Virginia Board"), has made a finding substantially equivalent to a finding that the practice of medicine by **MOHAMMED KANYORI BOYE SOORI, M.D.**, Respondent, New York license number 229215, in that jurisdiction, constitutes an imminent danger to the health of its people, as is more fully set forth in the Order of Summary Suspension, dated January 29, 2009, and allied papers, attached, hereto, as Appendix "A," and made a part, hereof.

It is, therefore:

ORDERED, pursuant to New York Public Health Law §230(12)(b), that effective immediately, **MOHAMMED KANYORI BOYE SOORI, M.D.** shall not practice medicine

in the State of New York or in any other jurisdiction where that practice is predicated on a valid New York State license to practice medicine.

ANY PRACTICE OF MEDICINE IN THE STATE OF NEW YORK IN VIOLATION OF THIS ORDER SHALL CONSTITUTE PROFESSIONAL MISCONDUCT WITHIN THE MEANING OF NEW YORK EDUCATION LAW §6530(29) AND MAY CONSTITUTE UNAUTHORIZED MEDICAL PRACTICE, A FELONY DEFINED BY NEW YORK EDUCATION LAW §6512.

This Order shall remain in effect until the final conclusion of a hearing which shall commence within thirty (30) days after the final conclusion of the disciplinary proceeding in Virginia.

The hearing will be held pursuant to the provisions of New York Public Health Law §230, and New York State Administrative Procedure Act §§301-307 and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on a date and at a location to be set forth in a written Notice of Referral Proceeding to be provided to Respondent after the final conclusion of the Virginia proceeding. Said written Notice may be provided in person, by mail or by other means. If Respondent wishes to be provided said written notice at an address other than that set forth above, Respondent shall so notify, in writing, both the attorney whose name is set forth in this Order, and the Director of the Office of Professional Medical Conduct, at the addresses set forth below.

RESPONDENT SHALL NOTIFY THE DIRECTOR OF THE OFFICE OF PROFESSIONAL MEDICAL CONDUCT, NEW YORK STATE DEPARTMENT OF HEALTH, 433 RIVER STREET, SUITE 303, TROY, NY 12180-2299, VIA

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OF THE FINAL
CONCLUSION OF THE PROCEEDING IMMEDIATELY UPON SUCH
CONCLUSION.**

**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.
YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN
THIS MATTER.**

DATE: Albany, New York
2/28/2009

Redacted Signature

RICHARD F. DAINES, M.D.
Commissioner of Health
New York State Department of Health

Inquires should be directed to:

Robert Bogan
Associate Counsel
N.Y.S. Department of Health
Division of Legal Affairs
433 River Street
Suite 303
Troy, New York 12180
Telephone (518) 402-0828

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: MOHAMMED K. B. SOORI, M.D.
License No.: 0101-237535

ORDER OF SUMMARY SUSPENSION

Pursuant to § 54.1-110 of the Code of Virginia (1950), as amended ("Code"), a quorum of the Virginia Board of Medicine ("Board") met on January 29, 2009, by telephone conference call after a good faith effort to convene a regular meeting of the Board failed. The purpose of the meeting was to receive and act upon information indicating that Mohammed K. B. Soori, M.D., may have violated certain laws and regulations relating to the practice of medicine in the Commonwealth of Virginia, as more fully set forth in the Statement of Particulars, which is attached hereto and incorporated by reference herein.

WHEREUPON, pursuant to its authority under Section 54.1-2408.1 of the Code, the Board concludes that a substantial danger to the public health or safety warrants this action and ORDERS that the license of Mohammed K. B. Soori, M.D., to practice medicine in the Commonwealth of Virginia be, and hereby is, SUSPENDED.

It is further ORDERED that a hearing will be convened forthwith to receive and act upon evidence in this cause, and that the Executive Director of the Board shall be authorized to execute this Order and all other documents, notices, and Orders on behalf of the Board necessary to bring this matter to hearing.

Upon entry of this Order of Summary Suspension, the license of Mohammed K.B Soori, M.D., will be recorded as suspended and no longer current.

Pursuant to Section 54.1-2400.2 of the Code, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Redacted Signature

For William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

ENTERED: 1/29/2009

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: MOHAMMED K. B. SOORI, M.D.
License No.: 0101-237535

STATEMENT OF PARTICULARS

The Virginia Board of Medicine ("Board") alleges that:

1: From approximately September 2006 through February 22, 2008, Dr. Soori provided counseling to Patient A and her husband including counseling related to marital issues. From on or about October 30, 2006, through on or about June 23, 2008, Dr. Soori provided individual counseling to Patient A. During the course of treatment:

a. Dr. Soori may have violated Sections § 54.1-2915.A(3), (12), (13), (16), (18) and (19) of the Code of Virginia (1950), as amended ("Code"), and 18 VAC 85-20-100 of the Board of Medicine General Regulations in that, from on or about January 14, 2008, through on or about June 6, 2008, Dr. Soori engaged in a personal and sexual relationship with Patient A concurrent with and by virtue of the practitioner/patient relationship. This contact occurred during the course of treatment sessions within the doctor's office and in settings outside of his office but while the patient was still undergoing treatment.

b. Dr. Soori may have violated Sections 54.1-2915.A(3), (13), (16) and (17), 54.1-3303.A, and Section 54.1-3408 of the Code in that, from on or about May 8, 2007, through on or about May 15, 2008, Dr. Soori wrote approximately 7 prescriptions for Patient A, each for 60 tablets of hydrocodone (Schedule III), without medical justification. The initial prescription was issued without a physical examination

documented at the time of issuance or any diagnostic testing and the patient reports that no physical examinations occurred during the course of treatment. By his own admission, Dr. Soori admitted to having never performed a physical examination or ordering any diagnostic testing related to her course treatment with narcotics.

2. From on or about August 22, 2006 through on or about December 24, 2007, Dr. Soori provided individual counseling to Patient B. During the course of treatment, Dr. Soori may have violated Sections 54.1-2915.A(3), (12), (13), (16), (18) and (19) of the Code and 18 VAC 85-20-100 of the Board of Medicine General Regulations in that, Dr. Soori engaged in sexual behavior with this patient to include sexual comments, hugging and, on December 24, 2007, kissing, concurrent with and by virtue of the practitioner/patient relationship, and/or otherwise engaged in conduct of a sexual nature that was lewd and offensive.

3. From on or about March 17, 2004 through June 25, 2005, Dr. Soori provided individual counseling to Patient C, a patient being treated in New York while Dr. Soori was actively licensed to practice in Virginia. During the course of treatment, Dr. Soori may have violated Sections 54.1-2915.A(3), (13), (16), (18) and (19) of the Code and 18 VAC 85-20-100 of the Board of Medicine General Regulations in that, from approximately June 2004 through June 25, 2005, Dr. Soori engaged in a personal and sexual relationship with this patient concurrent with and by virtue of the practitioner/patient relationship. The patient continued to contact Dr. Soori via telephone after he relocated his primary practice to Virginia and he offered to continue prescribing for the patient while he was in Virginia.

4. From on or about July 2006 through July 2008, Dr. Soori provided individual counseling to Patient D for issues related to mental health concerns and chronic pain. A review

of this patient's records disclosed Dr. Soori may have violated Sections 54.1-2915.A(3), (12), (13), (16), (17), and (18), 54.1-3303.A and Section 54.1-3408 of the Code, and 18 VAC 85-20-26(C) of the Board of Medicine General Regulations in that, he prescribed approximately 1260 Lorazepam tablets (Schedule IV), 180 Fentanyl transdermal patches (Schedule II), and 4320 oxycodone tablets (Schedule II) for this patient without medical justification. Although Dr. Soori considers himself a pain management specialist, he failed to utilize pain management contracts and/or was unable to produced signed copies of a contract for the patient. By his own admission, he failed to perform or document a physical examination of the patient during the course of pain management. Further, Dr. Soori failed to coordinate care with primary care physicians, obtain diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment.

5. From on or about May 14, 2007 through June 30, 2008, Dr. Soori provided individual counseling to Patient E for mental health concerns and chronic pain. A review of this patient's records disclosed Dr. Soori may have violated Sections 54.1-2915.A(3), (13), (16) and (17), 54.1-3303.A and 54.1-3408 of the Code in that, he prescribed approximately 990 oxycodone tablets, 10 Fentanyl transdermal patches, and 720 hydrocodone tablets for this patient without medical justification. Although Dr. Soori considers himself a pain management specialist, he failed to utilize pain management contracts and/or was unable to produced signed copies of a contract for the patient. By his own admission, he failed to perform or document a physical examination of the patient during the course of pain management. Further, Dr. Soori failed to coordinate care with primary care physicians, obtain diagnostic

studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment.

6. From on or about January 11, 2007 through July 2008, Dr. Soori provided individual counseling to Patient F for issues related to mental health concerns and chronic pain. A review of this patient's records disclosed Dr. Soori may have violated Sections 54.1-2915.A(3), (12), (13), (16), (17) and (18), 54.1-3303.A, and Section 54.1-3408 of the Code and 18 VAC 85-20-26(C) of the Board of Medicine General Regulations in that, he prescribed approximately 4040 oxycodone tablets, 140 Fentanyl transdermal patches, 340 dextroamphetamine sulfate sustained release tablets, 90 hydrocodone tablets, 90 Clonazepam tablets (Schedule IV), and 480 Lorazepam tablets (Schedule IV) for this patient without medical justification. Although Dr. Soori considers himself a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient. By his own admission, he failed to perform or document a physical examination of the patient during the course of pain management. Further, Dr. Soori failed to coordinate care with primary care physicians, obtain diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment.

7. From on or about July 5, 2005 through July 10, 2008, Dr. Soori provided individual counseling to Patient G for issues related to mental health issues, polysubstance abuse and chronic pain. A review of this patient's records disclosed Dr. Soori may have violated Sections 54.1-2915.A(3), (12), (13), (16), (17) and (18), 54.1-3303.A and Section 54.1-3408 of the Code, and 18 VAC 85-20-26(C) of the Board of Medicine General Regulations in that, he prescribed approximately 3161 oxycodone tablets, 300 hydromorphone tablets, 1012 Adderall

ER tablets, 294 Methadone tablets (all Schedule II), 506 Suboxone tablets (Schedule III), 90 Diazepam tablets and 480 Alprazolam tablets (both Schedule IV) for this patient without medical justification. Although Dr. Soori considers himself to be a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient. By his own admission, he failed to perform or document a physical examination of the patient during the course of pain management. Further, Dr. Soori failed to coordinate care with primary care physicians, refer for diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment.

8. Dr. Soori may have violated Section 54.1-2915.A(1) and (16), in that when he was interviewed by a Virginia Department of Health Professions investigator on or about October 29, 2008, Dr. Soori denied any knowledge of an investigation by the Office of Professional Medical Conduct in New York despite the fact that he had been interviewed by that office on or about August 4, 2008 regarding Patient C's complaint.

9. Dr. Soori may have violated Sections 54.1-2915.A(1) and (16) of the Code in that, on or about December 29, 2004, Dr. Soori submitted an Application for License to Practice Medicine and Surgery in Virginia wherein he falsely responded "No" to the question "Have you ever been denied privileges or voluntarily surrendered your clinical privileges while under investigation, been censured or warned, or requested to withdraw from the staff of any medical school, residency or fellowship training, hospital, nursing home, or other health care facility, or health care provider?" In fact, by letter dated December 13, 1992, Dr. Soori was excluded starting on December 14, 1992 from the Family Practice Medicine Internship Program of the University of Montreal, School of Medicine ("University"), following complaints from 4 female

patients concerning inappropriate contact and/or sexual contact. Subsequently, on or about September 1, 1993, the University revoked Dr. Soori's registration certificate.

10. Dr. Soori may be in violation of Sections 54.1-2915.A(2), (4) and (14) of the Code in that, following a positive urine drug screen on December 8, 2008, for cannabinoids; on or about December 26, 2008, Dr. Soori entered into a Participation Contract with the Virginia Health Practitioners' Intervention Program due to admitted chemical abuse and/or dependence and/or mental illness and/or physical illness which may impair his ability to practice medicine safely. Despite the fact that the Participation Contract Dr. Soori signed required him to refrain from practicing as a medical professions, Dr. Soori continued to see patients. Specifically, staff from the HPIP attempted to contact Dr. Soori on or about December 30, 2008 and the individual answering the phone for the office indicated that Dr. Soori was seeing a patient at that time.

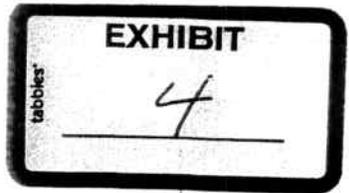
Please see Attachment I for the identity of the patients listed above.

FOR THE BOARD

Redacted Signature

W.L. William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

DATE: 1/29/2009



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

IN THE MATTER
OF
MOHAMMED KANYORI BOYE SOORI, M.D.
CO-09-02-0627-A

NOTICE OF
REFERRAL
PROCEEDING

TO: MOHAMMED KANYORI BOYE SOORI, M.D.
Redacted Address

PLEASE TAKE NOTICE THAT:

An adjudicatory proceeding will be held pursuant to the provisions of New York Public Health Law §§230(10)(p) and New York State Administrative Procedures Act §§301-307 and 401. The proceeding will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct (Committee) on the 22nd day of July, 2009, at 10:00 a.m., at the offices of the New York State Department of Health, Hedley Park Place, 433 River Street, 5th Floor, Troy, NY 12180.

At the proceeding, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the proceeding will be made and the witnesses at the proceeding will be sworn and examined.

You may appear in person at the proceeding and may be represented by counsel who shall be an attorney admitted to practice in New York state. You may produce evidence or sworn testimony on your behalf. Such evidence or sworn testimony shall be strictly limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. Where the charges are based on the conviction of state law crimes in other jurisdictions, evidence may be offered which would show that the conviction would not be a crime in New York State. The Committee also may limit the number of witnesses whose testimony will be received, as well as the length of time any witness will be permitted to testify.

If you intend to present sworn testimony, the number of witnesses and an estimate of the time necessary for their direct examination must be submitted 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. SEAN D. O'BRIEN, DIRECTOR, BUREAU OF ADJUDICATION (Telephone: (518-402-0748), (henceforth "Bureau of Adjudication") as well as the Department of Health attorney indicated below, no later than ten days prior to the scheduled date of the Referral Proceeding, as indicated above.

Pursuant to the provisions of New York Public Health Law §230(10)(p), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose name appears below. You may file a written brief and affidavits with the Committee. Six copies of all papers you submit must be filed with the Bureau of Adjudication at the address indicated above, no later than fourteen days prior to the scheduled date of the Referral Proceeding, and a copy of all papers must be served on the same date on the Department of Health attorney indicated below. 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. Pursuant to the terms of New York State Administrative Procedure Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

YOU ARE ADVISED, HEREBY, THAT THE ATTACHED CHARGES WILL BE MADE PUBLIC FIVE BUSINESS DAYS AFTER THEY ARE SERVED.

Department attorney: Initial here _____

The proceeding may be held whether or not you appear. Please note that requests for adjournments must be made in writing to the Bureau of Adjudication, at the address indicated above, with a copy of the request to the attorney for the Department of Health, whose name appears below, at least five days prior to the scheduled date of the proceeding. Adjournment requests are not routinely granted. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation. Failure to obtain an attorney within a reasonable period of time prior to the proceeding will not be grounds for an adjournment.

The Committee will make a written report of its findings, conclusions as to guilt, and a determination. Such determination may be reviewed by the administrative review board for professional medical conduct.

SINCE THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT SUSPENDS OR REVOKES YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE AND/OR IMPOSES A FINE FOR EACH OFFENSE CHARGED, YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York

7/9/09, 2009

Redacted Signature

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

Inquiries should be addressed to:

Robert Bogan
Associate Counsel
New York State Department of Health
Office of Professional Medical Conduct
433 River Street – Suite 303
Troy, New York 12180
(518) 402-0828

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

IN THE MATTER
OF
MOHAMMED KANYORI BOYE SOORI, M.D.
CO-09-02-0627-A

STATEMENT
OF
CHARGES

MOHAMMED KANYORI BOYE SOORI, M.D., the Respondent, was authorized to practice medicine in New York state on July 11, 2003, by the issuance of license number 229215 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about June 22, 2009, the Virginia Board of Medicine, (hereinafter "Virginia Board), by a Consent Order, (hereinafter "Virginia Order"), inter alia, INDEFINITELY SUSPENDED Respondent's license to practice medicine, based on from approximately September 2006 through February 22, 2008, Respondent, a psychiatrist, provided counseling to Patient A and her husband including counseling related to marital issues, from October 30, 2006, through June 23, 2008, he provided individual counseling to Patient A, during the course of treatment: from January 14, 2008, through June 6, 2008, he engaged in a personal and sexual relationship with Patient A concurrent with and by virtue of the practitioner/patient relationship, this contact occurred during the course of treatment sessions within his office and in settings outside of his office but while the patient was still undergoing treatment; from May 8, 2007, through May 15, 2008, Respondent wrote approximately seven (7) prescriptions for Patient A, each for 60 tablets of hydrocodone (Schedule III), without medical justification, the initial prescription was issued without a physical examination documented at the time of issuance or any diagnostic testing and the patient reports that not physical examinations occurred during the course of treatment, by his own admission, Respondent admitted that he never performed a physical examination or ordered any diagnostic testing related to her course treatment with narcotics; from August 22, 2006, through December 24, 2007, Respondent provided individual counseling to Patient B, during the course of treatment, he engaged in sexual behavior with Patient B to include sexual comments, hugging and, on December 24, 2007, kissing, these acts were concurrent with and by virtue of the practitioner/patient

relationship, and/or otherwise engaged in conduct of a sexual nature that was lewd and offensive; from March 17, 2004, through June 25, 2005, Respondent provided individual counseling to Patient C, a patient being treated in New York while Dr. Soori was actively licensed to practice in Virginia, from approximately June 2004 through June 25, 2005, he engaged in a personal and sexual relationship with Patient C concurrent with and by virtue of the practitioner/patient relationship; from July 2006 through July 2008, Respondent provided individual counseling to Patient D for issues related to mental health concerns and chronic pain, he prescribed approximately 1260 Lorazepam tablets (Schedule IV), 180 Fentanyl transdermal patches (Schedule II), and 4320 oxycodone tablets (Schedule II) for Patient D without medical justification, although Respondent considers himself to be a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient, by his own admission, he failed to perform or document a physical examination of the patient during the course of pain management, further, he failed to coordinate care with primary care physicians, obtain diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment; from May 14, 2007, through June 30, 2008, Respondent provided individual counseling to Patient E for mental health concerns and chronic pain, he prescribed approximately 990 oxycodone tablets, 10 Fentanyl transdermal patches, and 720 hydrocodone tablets for Patient E without medical justification, although Dr. Soori considers himself to be a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient, by his own admission, he failed to perform or document a physical examination of the patient during the course of pain management, further, he failed to coordinate care with primary care physicians, obtain diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment; from January 11, 2007, through July 2008, Respondent provided individual counseling to Patient F for issues related to mental health concerns and chronic pain, he prescribed approximately 4040 oxycodone tablets, 140 Fentanyl transdermal patches, 340 dextroamphetamine sulfate sustained release tablets, 90 hydrocodone tables, 90 Clonazepam tablets (Schedule IV), and 480 Lorazepam tablets (Schedule IV) for Patient F without medical justification, although he considers himself to be a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient, by his own admission, he failed to perform or document a physical examination of the patient during the course of pain management, further, he failed to coordinate care with primary care physicians, obtain diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management

treatment; from July 5, 2005, through July 10, 2008, Respondent provided individual counseling to Patient G for issues related to mental health issues, polysubstance abuse and chronic pain, he prescribed approximately 3161 oxycodone tablets, 300 hydromorphone tablets, 1012 Adderall ER tablets, 294 Methadone tablets (all Schedule II), 506 Suboxone tablets (Schedule III), 90 Diazepam tablets and 480 Alprazolam tablets (both Schedule IV) for Patient G without medical justification, although he considers himself to be a pain management specialist, he failed to utilize pain management contracts and/or was unable to produce signed copies of a contract for the patient, by his own admission, he failed to perform or document a physical examination of the patient during the course of pain management, further, he failed to coordinate care with primary care physicians, refer for diagnostic studies, review prior diagnostic studies or utilize urine drug screens related to the pain management treatment; when Respondent was interviewed by a Virginia Department of Health Professions investigator on October 29, 2008, he denied any knowledge of an investigation by the Office of Professional Medical Conduct in New York, despite the fact that he had been interviewed by that office on or about August 4, 2008, regarding Patient C's complaint; on or about December 29, 2004, Respondent submitted an Application for License to Practice Medicine and Surgery in Virginia wherein he falsely responded "No" to the question "Have you ever been denied privileges or voluntarily surrendered your clinical privileges while under investigation, been censured or warned, or requested to withdraw from the staff of any medical school, residency or fellowship training, hospital, nursing home, or other health care facility, or health care provider?" when in fact, by letter dated December 13, 1992, Dr. Soori was excluded starting on December 14, 1992, from the Family Practice Medicine Internship Program of the University of Montreal, School of Medicine ("University"), following complaints from four female patients concerning inappropriate contact and/or sexual contact. subsequently, on or about September 1, 1993, the University revoked his registration certificate; following a positive urine drug screen on December 8, 2008, for cannabinoids, Respondent entered into a Participation Contract with the Virginia Health Practitioners' Intervention Program on December 26, 2008, due to admitted chemical abuse and/or dependence and/or mental illness and/or physical illness which may impair his ability to practice medicine safely, despite the fact that the Participation Contract he signed required him to refrain from practicing as a medical professional, he continued to see patients, specifically, staff from the HPIP attempted to contact him on December 30, 2008, and the individual answering the phone for the office indicated that Respondent was seeing a patient at that time; Respondent provided treatment to Patient H, an individual with a history of suicide attempts, prior mental health treatment and polysubstance abuse, during the course of

treatment: on Patient H's initial visit on December 19, 2008, he prescribed 30 Prozac 20mg (fluoxetine), 30 Haldol 2mg (haloperidol 2 mg), and 90 clonazepam, as a thirty day supply, on December 29, 2008, he authorized refills on these medications which the patient filled on January 10, 2009, on January 29, 2009, he authorized refills of this patient's prescriptions without examining the patient or conducting a mental health status evaluation, and increased the number of tablets of clonazepam prescribed to a quantity of 120, despite his knowledge that the patient was taking more tablets than prescribed, Respondent failed to document in the patient's medical record information on how he addressed the patient's reported escalation and/or abuse of prescribed medications and illegal substances, despite his having information that the patient was taking more medication than prescribed and using marijuana, between on or about January 29, 2009 and February 3, 2009, Patient H repeatedly called and left messages for Respondent that he was in crisis; however, Respondent failed to respond and refer him to another practitioner for treatment; in approximately December 2008, Respondent wrote a prescription for Patient I with a note written at the top to not fill the prescription before February 3, 2009, however, Respondent failed to write on the prescription the date he actually wrote the prescription.

B. The conduct resulting in the Virginia Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. New York Education Law §6530(1) (obtaining the license fraudulently);
2. New York Education Law §6530(2) (practicing the profession fraudulently);
3. New York Education Law §6530(3) (negligence on more than one occasion);
4. New York Education Law §6530(4) (gross negligence);
5. New York Education Law §6530(5) (incompetence on more than one occasion);
6. New York Education Law §6530(6) (gross incompetence);
7. New York Education Law §6530(8) (being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects);
8. New York Education Law §6530(20) (moral unfitness);

