

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-006

In the Matter of

Leonardo J. Velazquez, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Leonardo J. Velazquez, M.D. ("the Respondent") and the Board of Registration in Medicine (the "Board") (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned matter. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 15-033.

FINDINGS OF FACT

1. The Respondent was born on December 13, 1971. He graduated in June 2001 from the University of Puerto Rico School of Medicine. The Respondent is board-certified in Ophthalmology and has been licensed to practice medicine in Massachusetts since October 2004 under certificate number 223086. He is affiliated with the Cataract and Laser Center in West Springfield and Wing Memorial Hospital in Palmer.

2. In July 2014, the Greater New Bedford Surgicenter (Surgicenter), with which the Respondent maintained a practice, while not formally suspending his privileges, issued a Plan of Corrective Action (Plan) which prohibited him from having any patient interaction until its

completion, citing complications during his cataract surgery on four patients. The Surgicenter alleged that the Respondent had a higher rate of dropped nucleus incidents compared to that of his peers at the Surgicenter. Each of the patients experienced a complication which included a rupture or tear of the capsular bag. Respondent accepted the Plan and successfully completed all elements of the Plan on or before September 10, 2014, as required.

3. The capsular bag or capsule is where the cataract lens resides and is the preferred location for the implanted replacement lens. If the capsule is ruptured the replacement implanted lens may be placed in the sulcus or in the anterior chamber angle rather than inside the capsular bag.

4. For the reasons outlined below, the Respondent's cataract surgery and documentation of his cataract surgery complications for three of the patients, Patients A, B, and C, fell below the standard of care.

Patient A

5. On May 12, 2014, the Respondent performed cataract surgery on Patient A's left eye, during which there was a complication.

6. Patient A's lens capsule ruptured, causing the lens to fall into the vitreous.

7. The Respondent's documentation of the mechanism of the capsule rupture is unclear.

8. The Respondent placed the replacement lens into the ciliary sulcus and referred Patient A to a retinal specialist for a vitrectomy with removal of the dropped nuclear lens fragments.

9. The Respondent's documentation of the complication involving Patient A's left eye was below the standard of care.

Patient B

10. The Respondent performed cataract surgery on Patient B's right and left eyes and had a complication with each eye.

11. On August 1, 2013, the Respondent performed cataract surgery on Patient B's right eye. The Respondent's printed note states that there was no complication with this surgery.

12. However, handwritten notes for the right eye surgery state that the lens haptics were placed in the sulcus although there had been no vitreous prolapse. This would only occur if the posterior capsule had ruptured. The Respondent did not document such a tear in the record.

13. On August 26, 2013, the Respondent performed cataract surgery on Patient B's left eye and experienced a tear in the posterior capsule, resulting in the lens nucleus dropping to the vitreous cavity. The Respondent had to abort the procedure and referred Patient B to a retinal specialist, who successfully performed a lensectomy and vitrectomy two days later.

14. The Respondent's failure to document the complication of a tear in the posterior capsule of Patient B's right eye is below the standard of care.

Patient C

15. The Respondent performed cataract surgery on Patient C's left and right eyes and had a complication with the right eye.

16. On April 7, 2014, the Respondent performed cataract surgery on Patient C's left eye with no apparent complication.

17. On May 12, 2014, the Respondent performed cataract surgery on Patient C's right eye and experienced a complication, though his operative notes indicate no complication.

18. The Respondent's operative notes for the May 12, 2014 procedure state that the Respondent placed the implanted lens into the capsular bag. Respondent referred Patient C to a retinal specialist.

19. On May 21, 2014, two retinal specialists performed a vitrectomy and lensectomy on Patient C's right eye. The operative report for the May 21, 2014 surgery state that the lens implant had been placed in the ciliary sulcus, not in the capsular bag.

20. The Respondent's failure to document the May 12, 2014 complication of having to place the implanted lens into the sulcus and not in the capsular bag, was below the standard of care.

21. The Respondent failed to document two of five complications in seven cataract surgeries, which may be an indication that his complication rate is under-reported.

Conclusions of Law

A. The Respondent has violated G.L. c. 112, § 5, eighth para. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine.

B. The Respondent has violated G.L. c. 112, § 5, eighth para. (h) and 243 CMR 1.03(5)(a)11 by violating a Board regulation – to wit:

1. 243 CMR 2.07(13)(a) maintain a medical record for each patient that is complete, timely, legible, and adequate to enable the licensee or any other health care provider to provide proper diagnosis and treatment.

Sanction and Order

The Respondent's license is hereby SUSPENDED indefinitely. The Respondent is GRANTED leave to petition for a stay of the suspension immediately. Any stay will be

conditioned upon the Respondent's entry into a standard Probation Agreement that includes the following: (1) an audit by a Board-approved entity of a random sample of 25 of the Respondent's cataract surgery patient records to assess their accurate recording of complications, if any, and compliance with medical record-keeping standards; (2) compliance with any additional Board requirements based on the audit findings; (3) completion of a skills assessment by a Board-approved entity within 90 days of the Board's approval of the Consent Order; (4) a Board-approved worksite monitor who will report to the Board quarterly, (5) a Board-approved practice plan, (6) completion of ten continuing professional development (CPD) credits in medical record keeping within 60 days of issuance of the Consent Order, and (7) compliance with any other terms and conditions that the Board deems appropriate.

This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any of them.

Execution of this Consent Order

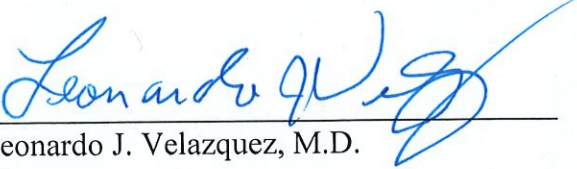
Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

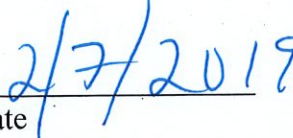
The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; and the Drug Enforcement Administration. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated for the duration of this stayed suspension and probation agreement. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

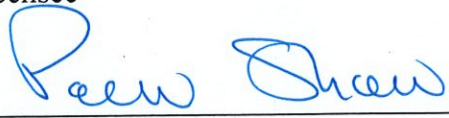
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



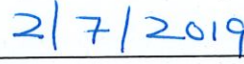
Leonardo J. Velazquez, M.D.
Licensee



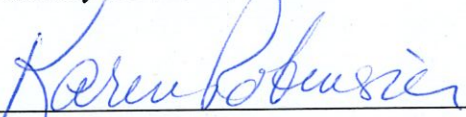
Date



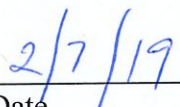
Paul Shaw, Esq.
Attorney for the Licensee



Date

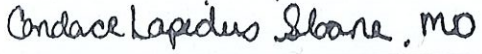


Karen Robinson, Esq.
Complaint Counsel



Date

So ORDERED by the Board of Registration in Medicine this 7 day of February, 2019.



Candace Lapidus Sloane, M.D.
Board Chair