

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2024-022

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In the Matter of )

Antonio C. Mendes, M.D. )

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**CONSENT ORDER**

Pursuant to G.L. c. 30A, § 10, Antonio C. Mendes, M.D. (“Respondent”) and the Board of Registration in Medicine (“Board”) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 C.M.R 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 number 21-234.

**Findings of Fact**

1. The Respondent graduated from the University of Massachusetts Medical School in 1991. The Respondent has been licensed to practice medicine in Massachusetts under license number 80176 since 1994.

2. After a review of a sample Respondent’s records covering a period of time between March 1, 2015 – February 28, 2016, the Massachusetts Office of Medicaid informed the Board that it had suspended and terminated Respondent’s contract with MassHealth, effective as of the close of business on March 29, 2021.

### Patient B

3. Patient B was a <sup>G.L. c. 4, § 7(26)(c)</sup> woman in her <sup>G.L. c. 4, § 7(26)(c)</sup> who had chief complaints of <sup>G.L. c. 4, § 7(26)(c)</sup> pain who was treated by Respondent between 2015 and 2016. Respondent had already been treating this patient regularly for chronic pain conditions during the previous 3 years.

4. Respondent's recordkeeping for his treatment of Patient B for <sup>G.L. c. 4, § 7(26)(c)</sup> encounters with her between March 1, 2015 – February 28, 2016, was deficient in the following ways:

- a. On some occasions, notes of patient encounters were contradicted by other parts of the note;
- b. On some occasions, history of symptoms were not adequately documented;
- c. On some occasions, the bases for diagnoses were not documented;
- d. On some occasions, physical examinations were not completely documented;
- e. On some occasions, the rationale for prescribing a medication was not reflected in the medical record;
- f. On some occasions, medication lists were not up to date; and
- g. Notes were not closed in a timely manner.

### Patient C

5. Patient C was a <sup>G.L. c. 4, § 7(26)(c)</sup> woman with a history of <sup>G.L. c. 4, § 7(26)(c)</sup> <sup>G.L. c. 4, § 7(26)(c)</sup> pain, and <sup>G.L. c. 4, § 7(26)(c)</sup> who was treated by Respondent between 2015 and 2016. Respondent had already been treating this patient regularly for chronic pain conditions during the previous three years.

6. Respondent's recordkeeping for his treatment of Patient C for <sup>G.L. c. 4, § 7(26)(c)</sup> encounters with her between <sup>G.L. c. 4, § 7(26)(c)</sup> 2015 – <sup>G.L. c. 4, § 7(26)(c)</sup>, 2016, was deficient in the following ways:

- a. On some occasions, notes of patient encounters were contradicted by other parts of the medical record;
- b. On some occasions, history of symptoms were not adequately documented;
- c. On some occasions, the bases for diagnoses were not documented;
- d. On some occasions, physical examinations were not completely documented;
- e. On some occasions, the rationale for prescribing medications was not reflected in the medical record;
- f. On some occasions, medication lists were not up to date; and
- g. Notes were not closed in a timely manner.

#### Mitigation

7. Respondent has taken measures to minimize the risk of the above-detailed issues from recurring. Specifically, he has:

- a. Reduced time pressures by eliminating daily rounds at hospitals, and ending his position as Medical Director at six nursing homes and hospice care facilities;
- b. Resolved his EMR system issues which affected the accuracy of his recordkeeping; and
- c. Taken CMEs related to the deficiencies in his recordkeeping.

8. Furthermore, Respondent voluntarily provided the Board with additional records covering his G.L. c. 4, § 7(26)(c) encounters with Patient B and G.L. c. 4, § 7(26)(c) encounters with Patient C during the previous three-year time period. These records showed that between G.L. c. 4, § 7(26)(c) r 2012 through G.L. c. 4, § 7(26)(c) 2014, he personally treated both patients on a regular basis for chronic conditions causing pain in various parts of their bodies, and that he was also aware of the prior diagnoses and treatment of those conditions by previous treating physicians.

#### Conclusions of Law

- A. Respondent violated G.L. c. 112, § 5, eighth par. (h) and 243 C.M.R. 1.03(5)(a)(11) by violating any rule or regulation of the Board governing the practice of medicine. More specifically, Respondent violated 243 C.M.R. 2.07(13) by not maintaining a medical record for Patient B and Patient C that was complete, timely, legible, and adequate to enable the licensee or any other health care provider to provide proper diagnosis and treatment.

#### Order

The Respondent's medical license is hereby admonished.

#### Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel and the Respondent 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.

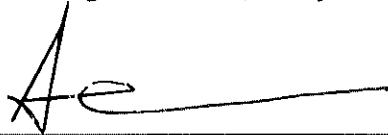
As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

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

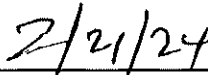
The Respondent shall provide a complete copy of this Consent Order within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal 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

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; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated in the year following the date of imposition of this admonishment. 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.



Antonio C. Mendes, M.D.  
Licensee



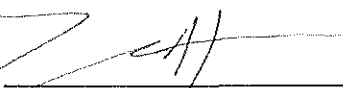
Date



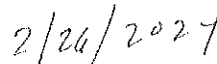
David Michelman, Esq.  
Counsel for Licensee



Date



Erik R. Bennett, Esq.  
Complaint Counsel



Date

So ORDERED by the Board of Registration in Medicine this 25th day of April, 2024.



Frank O'Donnell, JD MPA  
Acting Board Chair