

**Maine Board of Licensure in Medicine  
Minutes Index  
June 10, 2025**

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I.	Call to Order .....	1
A.	Amendments to Agenda.....	1
B.	Scheduled Agenda Items (none)	
II.	Licensing	
A.	Applications for Individual Consideration	
1.	Initial Applications	
a.	Pushpak Gupta, MD (amended off agenda)	
b.	Jason Todd Wade, MD .....	2
c.	Joseph W. Desiato, MD .....	2
2.	Reinstatement Applications (none)	
3.	Renewal Applications	
a.	Alexander Henry Slocum, MD .....	2
b.	Michael J. Bushey, MD .....	2
4.	Requests to Convert to Active Status	
a.	Colleen Stephanie Surlyn, MD .....	2
5.	Requests to Withdraw License/License Application (none)	
6.	Requests for Collaborative/Practice Agreements	
a.	Kathryn Ruth Zagel, PA .....	3
b.	Samantha Larelle Williamson, PA.....	3
c.	Corinne Louise Weis, PA .....	3
d.	Kenneth James Duge, PA .....	3
e.	Terry Francis Gruchow, PA.....	3
B.	Other Items for Discussion (none)	
C.	Citations and Administrative Fines (none)	
D.	Licensing Status Report .....	3
E.	Licensing Feedback .....	3
F.	Complaint Status Report .....	3
III.	Election of Officers.....	4
IV.	Board Orders/Consent Agreements/Resolution Documents for Review	
A.	CR21-72 & CR24-170 Ian G. Reight, M.D. – Decision and Order.....	4
B.	CR25-85 Albert W. Adams, MD.....	4
V.	Complaints	
1.	CR25-24 .....	4
2.	CR25-77 .....	4-5
3.	CR23-267 .....	5
4.	CR24-91 .....	5
5.	CR24-93 .....	5
6.	CR24-167 .....	5-6
7.	CR24-278 .....	6
8.	CR25-6 .....	6
9.	CR25-11 .....	6
10.	CR25-14 .....	7
11.	CR25-18 .....	7
12.	CR25-25 .....	7

13. CR25-26	7
14. CR25-27	7
15. CR25-37	8
16. CR25-39	8
17. CR25-42	8
18. CR25-43	8
19. CR25-53	8-9
20. CR25-55	9
21. CR25-64	9-10
22. CR25-51	10
23. CR25-52	10
24. CR25-54	10-11
25. CR25-57	11
26. CR25-66	11
27. CR25-69	11
28. Intentionally left blank	
29. Intentionally left blank	
VI. Assessment and Direction	
30. AD25-68	12
31. AD25-74	12
32. AD25-87	12
33. AD25-89	12
34. AD25-99	12
35. Intentionally left blank	
36. Intentionally left blank	
37. Pending Adjudicatory Hearings and Informal Conferences report	12
38. Consumer Assistance Specialist Feedback	12
VII. Informal Conference (none)	
VIII. Minutes for Approval	
A. May 13, 2025	13
IX. Consent Agreement Monitoring	
A. Monitoring Reports	
1. Ramon E. Cheleuitte, MD	13
2. Michael V. Delahunt, MD	13
3. Susan Paul, MD	13
4. Stacey Anderson, MD	13
5. Cameron Bonney, MD	13
6. Scott Davis, MD	13-14
7. Kathleen M.H. Dosiek, PA	14
8. Liam Funte, MD	14
9. Dashiell Jordan, MD	14
10. Ryan J. Mountjoy, MD	14
11. Cristel L. Palma-Vargas, PA	14
12. Charles E. Reimers, PA	14
13. Farhaad Riyaz, MD	14
14. G. Paul Savidge, MD	14
15. Justin M.B. Taylor, MD	15

X.	Adjudicatory Hearing (none)	
XI.	Remarks of Chair (none)	
XII.	Executive Director's Monthly Report (Verbal) .....	15
	A. Ohio Statement.....	15
XIII.	Assistant Executive Director's Monthly Report .....	15
	A. IMLCC Rulemaking (FYI)	
XIV.	Medical Director's Report (none)	
XV.	Remarks of Assistant Attorney General .....	15
XVI.	Rulemaking (none)	
XVII.	Policy Review (none)	
XVIII.	FSMB Material (none)	
XIX.	FYI .....	16
XX.	Other Business (none)	
XXI.	Adjournment .....	16

**Maine Board of Licensure in Medicine  
Minutes of June 10, 2025  
8:01 a.m. – 11:48 a.m.**

**Board Members Present:** Secretary Christopher R. Ross, PA; Holly Fanjoy, MD; Renée M. Fay-LeBlanc, MD; David H. Flaherty, PA; Public Member Gregory Jamison, RPh; Noah Nesin, MD; and Public Member Lynne M. Weinstein

**Board Members Absent:** Chair Maroulla S. Gleaton, MD; Anthony T. Ng, MD; Public Member Jonathan Sahrbeck; Brad Waddell, MD

**Board Staff Present:** Executive Director Timothy E. Terranova; Assistant Executive Director Valerie Hunt; Complaint Coordinator Kelly McLaughlin; Consumer Assistance Specialist Faith McLaughlin; Investigative Secretary Danielle Magioncalda; Administrative Assistant Maureen S. Lathrop; Licensing Supervisor Tracy Morrison; Licensing Specialist Savannah Okoronkwo and Licensing Specialist Nathan Fitts

**Attorney General's Office Staff Present:** Assistant Attorney General Jennifer Willis

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The Board met in public session except during the times listed below which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (*e.g.*, 1 M.R.S. § 405; 10 M.R.S. § 8003-B; 22 M.R.S. § 1711-C; 24 M.R.S. § 2510; 32 M.R.S. § 3282-A). During the public session of the meeting, actions were taken on all matters discussed during executive session. In addition, though not required by law, the meeting was made virtually available to the public not attending the meeting in person using the platform Zoom. A link for the public to access the Board meeting virtually was included on the Board's agenda and posted on its website.

**EXECUTIVE SESSIONS**

**PURPOSE**

None

**RECESSES**

9:17 a.m. – 9:26 a.m.

Recess

**I. Call to Order**

Mr. Ross called the meeting to order at 8:01 a.m.

**A. Amendments to Agenda**

Mr. Flaherty moved to amend the initial license application of Pushpak Gupta, MD off the agenda and to amend the Decision and Order in the matter of CR25-85 onto the agenda. Dr. Fanjoy seconded the motion, which passed unanimously.

**B. Scheduled Agenda Items (none)**

**II. Licensing**

**A. Applications for Individual Consideration**

**1. Initial Applications**

**a. Pushpak Gupta, MD (amended off)**

**b. Jason Todd Wade, MD**

Dr. Fanjoy moved to grant the license. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**c. Joseph W. Desiato, MD**

Dr. Fanjoy moved to request that Dr. Desiato propose the name of a physician to perform chart reviews. Ms. Weinstein seconded the motion, which passed unanimously.

**2. Reinstatement Applications (none)**

**3. Renewal Applications**

**a. Alexander Henry Slocum, MD**

Dr. Nesin moved to grant the license. Dr. Fanjoy seconded the motion, which passed unanimously.

**b. Michael J. Bushey, MD**

Mr. Flaherty moved to allow Dr. Bushey 30 days to submit the required CME and to preliminarily deny the renewal application if the CME is not received. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**4. Requests to Convert to Active Status**

**a. Colleen Stephanie Surlyn, MD**

Dr. Fay-LeBlanc moved to offer a consent agreement with a reprimand and \$1,000 civil penalty and to grant the renewal upon execution of the consent agreement and payment of the fine. Dr. Fanjoy seconded the motion, which passed unanimously.

**5. Requests to Withdraw License/License Application (none)**

**6. Requests for Collaborative/Practice Agreements**

**a. Kathryn Ruth Zagel, PA**

Dr. Fanjoy moved to approve PA Zagel's practice agreement. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**b. Samantha Larelle Williamson, PA**

Dr. Nesin moved to approve PA Williamson's practice agreement. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**c. Corinne Louise Weis, PA**

Dr. Fanjoy moved to approve PA Weis's practice agreement. Mr. Flaherty seconded the motion, which passed unanimously.

**d. Kenneth James Duge, PA**

Dr. Nesin moved to approve PA Duge's practice agreement. Mr. Flaherty seconded the motion, which passed unanimously.

**e. Terry Francis Gruchow, PA**

Dr. Fanjoy moved to approve PA Gruchow's practice agreement. Mr. Flaherty seconded the motion, which passed unanimously.

**B. Other Items for Discussion (none)**

**C. Citations and Administrative Fines (none)**

**D. Licensing Status Report**

This material was presented for informational purposes. No Board action was required.

**E. Licensing Feedback**

This material was presented for informational purposes. No Board action was required.

**F. Complaint Status Report**

This material was presented for informational purposes. No Board action was required.

### III. Election of Officers

Ms. Weinstein moved to elect Dr. Fay-LeBlanc Board Chair. Mr. Flaherty seconded the motion, which passed unanimously.

Ms. Weinstein moved to elect Mr. Ross Board Secretary. Mr. Flaherty seconded the motion, which passed unanimously.

### IV. Board Orders/Consent Agreements/Resolution Documents for Review

#### A. CR21-72 & CR24-170 Ian G. Reight, MD

Mr. Jamison moved to approve the Board Order as written. Dr. Fanjoy seconded the motion which passed 4-0-2-1 with Dr. Nesin and Mr. Flaherty abstaining. Mr. Ross was recused from the matter and left the room.

#### B. CR 25-85 Albert W. Adams, MD

The Board reviewed the Decision and Order and did not identify any changes. Execution of the Decision and Order was previously delegated to the Chair.

### V. Complaints

#### 1. CR25-24

Mr. Ross moved to dismiss the complaint. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**MOTION:** A patient complained about the care he received from a physician assistant in a primary care setting. The patient presented with a two week history of muscle pain, rash and headaches as well as a tick bite prior to the symptoms. The physician assistant, after examining the patient, diagnosed and was concerned about Lyme disease and ordered a tick panel explaining possible tick borne illnesses including Lyme disease. Appropriate, standard of care testing was ordered and results were given to the patient as well as reasonable contact and follow-up after appropriate treatment.

#### 2. CR 25-77

Mr. Jamison moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

**MOTION:** The patient was scheduled for breast-reduction surgery on 3/24/25 due to chronic pain and presented the morning of the procedure with a new lesion on her right breast. The patient complains that the surgeon failed to examine her on 3/11/25 which would have revealed the lesion and avoided the last-minute cancellation of the procedure. The surgeon indicated that he had examined the patient on 3/11/25 and that the morning of surgery a new lesion of the right medial

breast was present. The surgeon indicated that the presence of a new lesion in combination with the patient's immunocompromised status led him to conclude it was inadvisable to proceed with surgery until the lesion had resolved. The medical records confirm that the morning of surgery the patient indicated changes had occurred since she was last seen and that the patient had a lesion on the right medial breast at that time. The surgeon documented this as the reason for rescheduling the surgery. The records support the surgeon's day-of discovery of the lesion and decision to postpone the surgery until the lesion resolved.

**3. CR23-267**

Dr. Fay-LeBlanc moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

**MOTION:** The patient complains that the licensee was not available, had poor bedside manner, and provided incompetent care during her long and difficult delivery. The patient's biggest concern was regarding the care provided after the delivery and the length of time before the retained placenta was addressed. The licensee acknowledged it was a difficult clinical situation and that she was without back-up on a busy weekend. The Board asked the licensee to respond to some questions and take some additional CME. She has now completed the recommended CME and provided a thoughtful response. She also provided a letter from her organization in which the institution explained why they are unable to develop a back-up call schedule at this time. Finally, the licensee has resigned her position and is no longer working at the same institution.

**4. CR24-91**

Dr. Fanjoy moved to amend a previously offered consent agreement to incorporate recommendations from the licensee's recent evaluation. Mr. Flaherty seconded the motion, which passed unanimously.

**5. CR24-93**

Dr. Nesin moved to request that the licensee have a clinical competency assessment within ninety days at CPEP or an equivalent program approved by the case reporter or Chair or alternatively agree to provide performance evaluations and her FPPE for the first six months with her new employer and within ninety days complete at least 6 hours of CME regarding professional communication approved by the case reporter or Chair and report to the Board the insights gained from the course. If the licensee does not agree to either option, offer a consent agreement incorporating requirements. Dr. Fay-LeBlanc seconded the motion, which passed 6-0-0-1. Dr. Fanjoy was recused from the matter and left the room.

**6. CR24-167**

Dr. Fay-LeBlanc moved to dismiss the complaint. Dr. Nesin seconded the motion, which passed unanimously.

**MOTION:** The licensee was terminated from a Maine Hospital after a patient complained that the licensee was aggressive during Botox injections; asking the patient about the reason for the injections, noting that “the hospital doesn’t pay enough for this” and causing pain during the injections (when all of her prior injections by the same provider had been “virtually painless”). The patient reported that they would never go back to this licensee. The licensee has a very different memory of the appointment and denies the patient’s allegations. The provider noted that the patient seemed distressed that day – was there with her young grandson and noted that the patient asked for different areas to be injected – areas which are known to be more painful to inject. The licensee thought the visit went well and was quite surprised by the patient’s complaint. The information received includes some background regarding changes that were taking place in the hospital system, namely regulatory and administrative changes that took away the licensee’s autonomy. In the licensee’s fifteen years at the organization, this is the only complaint the Board is aware of and the results of the § 3286 evaluation were reassuring. It is difficult to know what occurred in this patient interaction, but it does not rise to the level of discipline.

**7. CR24-278**

Dr. Fanjoy moved to investigate further and obtain an outside expert review. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**8. CR25-6**

Dr. Nesin moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed unanimously.

At 10:29 a.m. the Board revisited the matter. Following discussion, Dr. Nesin moved to issue a citation and dismiss the complaint upon payment of the fine. Mr. Flaherty seconded the motion, which passed unanimously.

**9. CR25-11**

Mr. Ross moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

**MOTION:** The Board initiated this complaint based on a report that the physician assistant interacted with a patient inappropriately and was terminated from employment for interacting with a patient on social media and a dating app. In addition, he failed to report the termination to the Board in a timely manner. The physician assistant responded that he didn’t realize that he had seen this patient before and when he did, he discontinued the conversation. The physician assistant states that he went into her chart to confirm if he was really seeing her later in the week. He also states that he had a lot going on in his family life and did not realize he was supposed to notify the Board of his termination. The Board required additional continuing medical education on professional boundaries including the use of social media which the physician assistant completed and reported what he gained from the continuing medical education.

**10. CR25-14**

Dr. Fay-LeBlanc moved to investigate further. Ms. Weinstein seconded the motion, which passed 6-0-0-1. Mr. Flaherty was recused from the matter and left the room.

**11. CR25-18**

Dr. Fanjoy moved to offer the licensee a consent agreement with a reprimand and a citation. Dr. Nesin seconded the motion, which passed unanimously.

**12. CR25-25**

Dr. Fay-LeBlanc moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

The Acting Chair will make a mandated report.

**MOTION:** The patient alleges the provider forcefully pulled back his foreskin without warning during a well child visit in 2007. The patient reports that due to this interaction, the patient has avoided medical providers for many years and is unable to properly clean himself due to pain and a tight foreskin. The patient reports this has negatively affected his mental health and relationships. The licensee responds that given the amount of time since this allegedly took place, he does not remember the encounter or the patient. He does describe what he usually does at a well child visit. The records are unrevealing.

**13. CR25-26**

Mr. Ross moved to dismiss the complaint and investigate the prescribing practices of another provider involved in the patient's care. Dr. Nesin seconded the motion which passed 6-0-0-1. Dr. Fanjoy was recused from the matter and left the room.

**MOTION:** A patient complains that the physician was unprofessional, inappropriate and insensitive. The patient states that she made him afraid to argue or defend himself, creating a power imbalance. The physician responded to the complaint by stating people with autism have difficulty in social interactions and he took her comments literally. The patient decided he would rather suffer in pain than be treated like an addict, so he has tapered himself off the medications. The physician responded that she was concerned about the 180 MME of pain medications he was on along with benzodiazepines and that they talked about a taper which she started, and he was to follow up with his primary care provider. She also states that she is sorry that the patient felt that she was uncaring or unprofessional, but she was very concerned about his well-being. Review of the records revealed that the patient received reasonable care.

**14. CR25-27**

Dr. Nesin moved to investigate further and request that the physician respond to questions from the Board. Dr. Fanjoy seconded the motion, which passed unanimously.

**15. CR25-37**

Dr. Fay-LeBlanc moved to investigate further and request that the physician provide additional information. Mr. Flaherty seconded the motion, which passed unanimously.

**16. CR25-39**

Dr. Fanjoy moved to investigate further, interview the chaperone and request that the physician respond to questions from the Board. Dr. Nesin seconded the motion, which passed unanimously.

**17. CR25-42**

Dr. Fanjoy moved to dismiss the complaint. Dr. Nesin seconded the motion, which passed unanimously.

**MOTION:** The patient alleges that the licensee was dismissive and unprofessional when he was seen in the emergency department for a rash. The patient indicates he requested testing for sexually transmitted diseases and that the licensee was rude and condescending. The licensee responds that he diagnosed the patient with a fungal infection and that the patient got upset when he was told he did not require further testing. The patient made verbal threats of assaulting the licensee, and nursing staff had to call security and police. The licensee provides an insightful and empathetic response and indicates that he has learned from this encounter in regards to his communication.

**18. CR25-43**

Mr. Flaherty moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed 6-0-0-1. Mr. Ross was recused from the matter and left the room.

**MOTION:** On June 10, 2025, the Board of Licensure in Medicine reviewed a complaint filed by the complainant against the licensee. The complainant alleged that the licensee inadequately evaluated her toe condition, failed to address her antibiotics, and that she was a victim of malpractice, negligence, and retaliation. The licensee responded, noting the complainant's history of multiple personality disorders, including oppositional behavioral disorder, her resistance to medical interventions, and her refusal of closer examination and podiatry consultations. No rebuttal was received from the complainant. Based on the review of the records, the care provided by the licensee meets the standard of care. There is no evidence to support the complainant's allegations of malpractice, negligence, or retaliation, nor is there indication of inappropriate denial of care.

**19. CR25-53**

Mr. Flaherty moved to dismiss the complaint. Dr. Fay-LeBlanc seconded the motion, which passed 6-0-0-1. Mr. Ross was recused from the matter and left the room.

**MOTION:** On June 10, 2025, the Board of Licensure in Medicine reviewed a complaint filed by the complainant against the licensee. The complainant alleged that the licensee practiced outside

the scope of his license by addressing her childhood trauma, failed to prescribe needed medications for headaches, provided recommendations for an infected toe without examination, and violated her patient rights. The licensee responded, noting that the complainant was admitted to a psychiatric center on February 19, 2025, and refuted all allegations but was unable to provide specific details due to the complainant's refusal to sign an authorization for release of protected health information. No rebuttal was received from the complainant as the response to the complaint was returned to sender. Based on the review of the available information, there is insufficient evidence to substantiate the complainant's allegations that the licensee practiced outside the scope of his license, failed to prescribe necessary medications, provided inappropriate recommendations, or violated her patient rights. The absence of medical records and the complainant's lack of rebuttal limit the Board's ability to verify the claims.

## 20. CR25-55

Mr. Flaherty moved to dismiss the complaint. Dr. Nesin seconded the motion, which passed 6-0-0-1. Mr. Ross was recused from the matter and left the room.

**MOTION:** On June 10, 2025, the Board of Licensure in Medicine reviewed a complaint filed by the complainant against the licensee. The complainant alleged that the licensee lied, refused to provide appropriate care, would not increase her Claritin dose beyond 10mg, and prescribed unsafe vitamins containing nickel instead of safe medications. The licensee responded, noting that she could not disclose protected health information due to the complainant's refusal to sign a release of information, confirmed that 10mg is the maximum recommended daily dose for Claritin, and stated that the complainant had not raised other complaints directly to her. No rebuttal or response to the release of information was received from the complainant. Based on the review of the available information, there is insufficient evidence to substantiate the complainant's allegations that the licensee lied, refused to provide appropriate care, inappropriately limited Claritin dosage, or prescribed unsafe vitamins. The absence of medical records and the complainant's lack of rebuttal limit the Board's ability to verify the claims.

## 21. CR25-64

Mr. Flaherty moved to dismiss the complaint. Mr. Jamison seconded the motion, which passed 6-0-0-1. Mr. Ross was recused from the matter and left the room.

**MOTION:** On June 10, 2025, the Board of Licensure in Medicine reviewed a complaint filed by the complainant against the licensee. The complainant alleged that the licensee denied her medications, refused a Kosher diet, confined her to the Special Care Unit (SCU), withheld personal and religious items, exposed her to violent patients, and failed to advocate for her religious practices and dietary needs. The licensee responded, explaining that all patients, including those from incarcerated settings, are admitted to the SCU for intensive supervision, have access to a comprehensive treatment team, and that he denies all allegations but could not disclose specific details due to the complainant's refusal to sign a release of information. The complainant's rebuttal reiterated her claims, alleging that the licensee attributed her SCU confinement to hospital administration, shared her information inappropriately, and violated her rights. Based on the review of the available information, there is insufficient evidence to substantiate the complainant's

allegations that the licensee denied her medications, refused a Kosher diet, inappropriately confined her to the SCU, withheld items, exposed her to violent patients, failed to advocate for her religious practices, or violated her rights. The absence of medical records and lack of corroborating evidence limit the Board's ability to verify the claims.

**22. CR25-51**

Dr. Fanjoy moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed unanimously.

**MOTION:** The patient alleges that the licensee ordered inappropriate testing when she was seen in an emergency department for back pain. She states that a CT scan was ordered to rule out a kidney stone despite her opinion that it was not medically necessary. The licensee responds that her presenting symptoms were concerning for a potential stone and that his customary practice is to communicate the tests he orders as well as rationale. The licensee denies that he made comments to nursing that would indicate that he knew the test was not necessary, and he believes that his conversation was misunderstood or misconstrued. The licensee provides an appropriate response and states that he has never ordered a test that he did not believe was medically necessary, and in the patient's best interest. He understands that the patient felt that his communication did not meet expectations, and he indicates that this experience has prompted him to improve his communication with patients throughout the course of their care. The medical record supports that the patient received appropriate treatment.

**23. CR25-52**

Mr. Jamison moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

**MOTION:** This case involves a complaint made by a group home manager of patient neglect by the licensee of a resident of the group home. The alleged neglect references a delay in refilling a prescription medication for the group home resident. There is some question about when the renewal was actually requested, but the records supplied reveal only one request. That request was processed on the day received but apparently not transmitted appropriately due to a computer "glitch". This error resulted in a delay of the refill by a few days. This computer error was immediately corrected by the licensee when they became aware of it. The record reflects otherwise good patient care and good patient rapport with the licensee and staff who appear to go to great lengths to care for and support the patient. There do appear to be some communication issues and difficulties between the licensee's practice and the group home manager but no evidence of willful neglect.

**24. CR25-54**

Dr. Nesin moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed unanimously.

**MOTION:** The complainant was hospitalized with multiple significant and potentially life-threatening conditions. The licensee assumed hospitalist responsibilities for the complainant on day five of the hospitalization. The complaint asserts that the licensee:

- Had a terrible bedside manner, was arrogant and conceited and spoke to the complainant's family with his back to the complainant
- Improperly diagnosed the complainant with dementia
- Oversaw ongoing treatment of the complainant with a benzodiazepine, which the complainant feels is inappropriate, due to her age

The licensee responds with a detailed description of the complainant's diagnoses and condition, of his rationale for making a recommendation for transfer to a higher level of care, of his support for her decision and of his concern for her ability to properly assess the risks of her decision at that time, of his interventions to mitigate that concern, and of his rationale for recommending an evaluation for dementia after discharge if hospital delirium was ruled out. The licensee honored the complainant's desire to remain at the admitting hospital, and did not diagnose her with dementia. Concurrent medical record documentation is thorough and supports the licensee's response.

## 25. CR25-57

Dr. Fay-LeBlanc moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed unanimously.

**MOTION:** A patient complains that she was to have hip surgery. The day after the office informed her that the surgery would be scheduled, she received a letter stating that the physician had left the practice. The patient reports their care has been delayed due to the abrupt departure of the licensee. The licensee agrees with the patient's concerns. He responds that he did resign his position but gave 180 days' notice and planned to work out his notice. If this had occurred, he would have been able to perform the patient's surgery. He reports the hospital administration asked him to leave his position immediately. The licensee provides documentation which illustrates he tried to ensure a smooth handoff of patient information. The hospital attorney's email states that the licensee was not under any investigation for his clinical care at the time of his resignation.

## 26. CR25-66

Dr. Fanjoy moved to request that the physician complete the CPEP course regarding interprofessional communication or propose an alternate course for approval by the case reporter and report to the Board what she gained from the course. The direction for the licensee to have a § 3286 evaluation is withdrawn at this time. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

## 27. CR25-69

Ms. Weinstein moved to issue a citation and investigate further and issue a letter of guidance. Dr. Nesin seconded the motion, which passed unanimously.

**28. Intentionally left blank**

**29. Intentionally left blank**

**VI. Assessment and Direction**

**30. AD25-68**

Dr. Nesin moved to issue a complaint (**CR25-122**) and obtain an outside expert review. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**31. AD25-74**

Dr. Nesin moved to issue a complaint (**CR25-123**) and obtain an outside expert review. Dr. Fanjoy seconded the motion, which passed unanimously.

**32. AD25-87**

Dr. Fay-LeBlanc moved to issue a complaint (**CR25-124**) and direct that the licensee have a § 3286 evaluation. If he has already had an evaluation he may provide a copy to the Board. Dr. Fanjoy seconded the motion, which passed unanimously.

**33. AD25-89**

Dr. Fanjoy moved to close the matter with no further action. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**34. AD25-99**

Dr. Fanjoy moved to issue a complaint (**CR25-125**) and obtain an outside expert review. Ms. Weinstein seconded the motion, which passed unanimously.

**35. Intentionally left blank**

**36. Intentionally left blank**

**37. Pending Adjudicatory Hearings and Informal Conferences report**

This material was presented for informational purposes. No Board action was required.

**38. Consumer Assistance Specialist Feedback**

This material was presented for informational purposes. No Board action was required.

**VII. Informal Conference (none)**

**VIII. Minutes for Approval**

**A. May 13, 2025**

Dr. Fay-LeBlanc moved to approve the May 13<sup>th</sup> meeting minutes. Mr. Flaherty seconded the motion, which passed 4-0-3-0 with Dr. Fanjoy, Mr. Ross and Ms. Weinstein abstaining.

**IX. Consent Agreement Monitoring**

**A. Monitoring Reports**

**1. Ramon E. Cheleuitte, MD**

Dr. Fanjoy moved to terminate the condition for a physician practice monitor. Dr. Fay-LeBlanc seconded the motion, which passed 6-0-0-1. Dr. Nesin was recused from the matter and left the room.

**2. Michael V. Delahunt, MD**

The Board reviewed the monitoring report and took no action. Dr. Nesin was recused from the matter and left the room.

**3. Susan Paul, MD**

Dr. Fay-LeBlanc moved to request that the physician complete CME courses approved by the Board Chair or Secretary regarding medical record documentation and appropriate tapering of medications. Dr. Fanjoy seconded the motion, which passed 6-0-0-1. Dr. Nesin was recused from the matter and left the room.

**4. Stacey Anderson, MD**

Dr. Fanjoy moved to terminate the consent agreement. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**5. Cameron Bonney MD**

The Board reviewed the monitoring report and took no action.

**6. Scott Davis, MD**

Dr. Nesin moved to request that Dr. Davis complete the following within ninety days: have a physical exam and cognitive assessment; submit for approval the name and CV of an experienced preceptor in addiction medicine; submit for approval a plan and timeline to address concerns about his prescribing buprenorphine monoprodukt to his patients; create and submit for approval a list of self-study resources to address knowledge deficiencies identified in the CPEP Clinical Competency Assessment Report; and complete a Board approved medical

record documentation course. In addition, focus sessions with his practice monitor on reviewing patients to whom he has prescribed buprenorphine monoprodukt and work to reduce these prescriptions. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**7. Kathleen M. H. Dosiek, PA**

The Board reviewed the monitoring report and took no action.

**8. Liam Funte, MD**

The Board reviewed the monitoring report and took no action.

**9. Dashiell Jordan, MD**

The Board reviewed the monitoring report and took no action.

**10. Ryan J. Mountjoy, MD**

Dr. Nesin moved to preliminarily approve Step II treatment contingent upon the physician's successful discharge from Step I treatment and compliance with recommendations for the interim transition period. Ms. Weinstein seconded the motion, which passed unanimously.

**11. Cristel L. Palma-Vargas, PA**

Dr. Nesin moved to amend the consent agreement to incorporate PA Palma-Vargas's new reentry plan. Mr. Flaherty seconded the motion, which passed unanimously.

**12. Charles E. Reimers, PA**

Dr. Fay-LeBlanc moved to terminate the requirement for MPHP behavioral health monitoring and to request that Mr. Reimers submit justification for terminating the restriction on supervising female employees and have a follow-up evaluation related to this restriction. Ms. Weinstein seconded the motion, which passed 6-0-0-1. Dr. Nesin was recused from the matter and left the room.

**13. Farhaad Riyaz, MD**

The Board reviewed the monitoring report and took no action.

**14. G. Paul Savidge, MD**

Dr. Fay-LeBlanc moved to accept completed CME. Dr. Fanjoy seconded the motion, which passed unanimously.

**15. Justin M.B. Taylor, MD**

Dr. Nesin moved to terminate the consent agreement. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**X. Adjudicatory Hearing (none)**

**XI. Remarks of Chair (none)**

**XII. Executive Director's Monthly Report**

Mr. Terranova updated the Board regarding the May BOLIM-BOL Workgroup meeting.

Mr. Terranova noted that the Legislature remains in session and updated the Board regarding pending legislation.

**A. Ohio Statement**

The State Medical Board of Ohio, Ohio Board of Pharmacy, and the Ohio Board of Nursing recently issued a joint regulatory statement regarding IV Therapy Clinics. It was provided to the Board for informational purposes.

**XIII. Assistant Executive Director's Monthly Report**

Ms. Hunt reported that the IMLCC launched an API update for renewals that shut down the API that was being utilized for processing renewals for both Maine and Nevada. This resulted in renewal applications being marked as "ineligible" on the IMLC portal and notifications being sent to IMLC licensees that they were not eligible to renew through the Maine Board of Licensure in Medicine. This prompted staff to manually address renewals while also responding to concerned and frustrated licensees regarding the concerns of ineligibility. Maine IT has been working with the IMLCC IT team to resolve this issue.

The Board directed Mr. Terranova to send a letter to the IMLCC regarding technical issues that BOLIM is experiencing.

**XIV. Medical Director's Report (none)**

**XV. Remarks of Assistant Attorney General**

AAG Willis updated the Board on the status of pending litigation.

**XVI. Rulemaking (none)**

**XVII. Policy Review (none)**

**XVIII. FSMB Material (none)**

**XIX. FYI**

This material was presented for informational purposes. No Board action was required.

**XX. Other Business (none)**

**XXI. Adjournment 11:48 a.m.**

Dr. Fay-LeBlanc moved to adjourn the meeting. Dr. Fanjoy seconded the motion, which passed unanimously.

Respectfully Submitted,



Maureen S. Lathrop  
Administrative Assistant