

**IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA**

**STATE OF OKLAHOMA, *ex rel.*** )  
**OKLAHOMA STATE BOARD** )  
**OF MEDICAL LICENSURE** )  
**AND SUPERVISION,** )  
 )  
**Plaintiff,** )  
 )  
**v.** )  
 )  
**JANITA M. ARDIS, M.D.** )  
**LICENSE NO. MD 12250,** )  
 )  
**Defendant.** )

**FILED**

**DEC 31 2020**

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

**Case No. 19-12-5854**

**VERIFIED COMPLAINT**

The State of Oklahoma, *ex rel.* Oklahoma State Board of Medical Licensure and Supervision (“Board”), for its Verified Complaint against JANITA M. ARDIS, M.D. (“Defendant”), alleges and states as follows:

**I. JURISDICTION**

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. § 480, *et seq.* and Okla. Admin. Code 435:5-1-1 *et seq.*
2. In Oklahoma, Defendant holds medical license no. 12250.
3. The acts and omissions complained of herein were made while Defendant was licensed to practice medicine by the State of Oklahoma.

**II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT**

4. This action arises out of unprofessional conduct by the Defendant in regards to her treatment of patients and prescribing practices. The initial complaint was made by a family member of one of Defendant’s patients.
5. The initial complaint, received in December of 2019, alleged that the complainant’s son, a then-patient of Defendant, “almost died” and that Defendant failed to “spend time with patients to correctly diagnose issues or check for misuse of drugs or other drug interactions or illegal drug use to have patients dismissed or helped [in] a professional way. Over prescribes, and is known by other drug users as easy rx to misuse. She lets secretary have

to [sic] much control of renewing rx with no random drug testing [sic] for possible drug overdoses.”

6. An investigation was opened and, upon expert review of the records of several of Defendant’s patients, the following has been determined in regard to the patient records reviewed:
  - a. Despite prescribing benzodiazepines, there is a lack of screening, or inadequate screening, for patient substance abuse or history of substance use.
  - b. There is a lack of examination and diagnostic evaluations, or inadequate examination and diagnostic evaluation of patients claiming to have anxiety, depression, other mood disorders/conditions, insomnia, poor attention, or other disorders prior to diagnosis and/or prescribing to treat said disorders.
  - c. There is a lack of assessment, or inadequate assessment, of patients at an elevated suicide risk.
  - d. With regard to prescribing benzodiazepines, there appears to be a lack of warning or inadequate warning to patients of the risks/benefits of use and the risk of dependence on and withdrawal from the same. There appears to be a lack of counseling or inadequate counseling regarding the potential for serious interaction between benzodiazepines and opiates. There is a lack of documentation of controlled substance patient agreements or any monitoring plan for patient abuse or diversion of controlled substances.
  - e. There appears to be a lack of effort to determine whether patients to whom Defendant prescribes are also prescribed or otherwise are taking opioids or other medications which may have serious interactions with the medications prescribed by Defendant. There is a lack of counseling or inadequate counseling regarding the risk of serious interactions for patients prescribed benzodiazepines who also take opioids.
  - f. With regard to treatment and prescribing, Defendant failed to obtain records from previous prescribers of psychiatric medications of Defendant’s patients.
  - g. There is a lack of documentation that Defendant made efforts to rule out underlying medical conditions that could explain symptoms prior to diagnosis and prescribing psychiatric and other medications. There is a lack of encouragement of patients to seek adjunctive psychotherapy treatment for symptoms.
  - h. In many instances, Defendant’s charting/documentation of initial examination and follow-up visits is wholly inadequate and does not support diagnosis and ongoing treatment decisions.
  - i. There appears to be inadequate ongoing assessment of treatment provided at patient follow-up visits.



- j. There is lack of monitoring, or inadequate monitoring, of long-term patient use of benzodiazepines.
- k. Defendant's assessment, treatment, and prescribing fall below the standard of care.

### **III. VIOLATIONS**

7. Based on the foregoing, Defendant is guilty of unprofessional conduct as follows:
- a. Indiscriminate or excessive prescribing of Controlled drugs, in violation of OAC 435:10-7-4(1).
  - b. Prescribing of Controlled substances in excess of the amount considered good medical practice or prescribing controlled substances without medical need in accordance with published standard, in violation of OAC 435:10-7-4(2) and (6).
  - c. Conduct likely to harm the public, in violation of 59 O.S. § 509(8) and Okla. Admin. Code § 435:10-7-4(11).
  - d. Repeated negligence in the practice of medicine, in violation of OAC 435:10-7-4(15).
  - e. Improper management of medical records, in violation of OAC 435:10-7-4(36).
  - f. Failure to provide a proper setting and assistive personnel for medical act, including but not limited to examination or other treatment. Adequate medical records to support treatment or prescribed medications must be produced or maintained. OAC 435:10-7-4(41).
  - g. Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship and not prescribing in a safe, medically accepted manner, in violation of 59 O.S. § 509(12).
  - h. Prescribing, dispensing or administering of controlled substances in excess of the amount considered good medical practice, or without medical need in accordance with pertinent licensing board standards, in violation of 59 O.S. § 509(16)(a) and (b).
  - i. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient, in violation of 59 O.S. § 509(18).
  - j. Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of any action, stipulation, or agreement of the Board in violation of Okla. Admin. Code § 435:10-7-4(39).

### **V. CONCLUSION**

Given the foregoing, the undersigned respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,

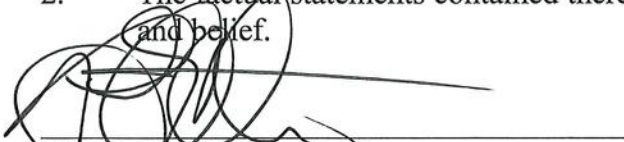


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**VERIFICATION**

I, Larry Carter, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding Janita M. Ardis, M.D.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



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Larry Carter, Investigator  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

Date: 30 Dec 2020

Oklahoma County, OK  
County, State of Execution