

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

FILED

APR 10 2009

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
KARIS ANN BERNHARDT STEELE, M.D.,)
LICENSE NO. 18198,)
)
Defendant.)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 08-10-3593

COMPLAINT

COMES NOW the Plaintiff, the State of Oklahoma ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), by and through its attorney, Elizabeth A. Scott, Assistant Attorney General, and for its Complaint against the Defendant, Karis Ann Bernhardt Steele, M.D., alleges and states as follows:

1. The Board 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 pursuant to 59 Okla. Stat. §480 *et seq.*
2. Defendant, Karis Ann Bernhardt Steele, M.D., holds Oklahoma license no. 18198 and practices internal medicine in Midwest City, Oklahoma.

SUBSTANCE ABUSE ALLEGATIONS

3. On or about September 18, 2008, Defendant's medical assistant, LML, found a clear envelope with white powder spilling out of it on Defendant's office chair. LML obtained a sample of the powder and provided it to the Midwest City Police Department. The sample subsequently tested positive for Cocaine.
4. After the September 18, 2008 incident at her office, Defendant went to The Passages in Malibu, California for treatment for substance abuse. Defendant left treatment after ten (10) days.
5. On or about October 28, 2008, Board Investigator Jana Lane, along with OBNDD Agent Brian Veazey, interviewed Defendant. At this time, Defendant admitted using Oxycontin

that had not been prescribed to her, but denied using Cocaine during the past twenty (20) years. Defendant stated that she obtained the Oxycontin from friends or that she purchased it for \$10-\$20 per pill.

6. On or about November 2, 2008, Defendant began treatment for substance abuse at Santé Center for Healing. While at Santé, Defendant admitted abusing Oxycontin and Crack Cocaine over the past year.

7. Defendant left Santé over Christmas to be with her family. While on leave, Defendant relapsed.

8. Defendant returned to Santé after Christmas, but relapsed while in treatment. Defendant admitted that she brought Crack Cocaine back with her to Santé after her therapeutic leave. She also admitted to using the Crack Cocaine with other patients at Santé while in treatment.

9. On or about February 25, 2009, Defendant left Santé before completing treatment. Santé contacted Defendant and asked her to return and complete treatment, but she refused. She was then discharged Against Medical Advice.

10. On or about April 3, 2009, Investigator Lane interviewed Defendant at her residence in Midwest City, Oklahoma. Investigator Lane asked Defendant for a urine specimen, but Defendant said she could not provide one at that time. Investigator Lane also asked Defendant if she had been attending weekly meetings of the Oklahoma Health Professionals Recovery Program (the "HPRP") and Defendant advised her that she had been attending these meetings. Defendant lied to Investigator Lane, in that she had previously confirmed that Defendant had not been attending the HPRP meetings.

PRESCRIBING VIOLATIONS

11. On or about June 20, 2008, Defendant wrote prescriptions for (ninety) 90 Alprazolam 2mg., a Schedule IV controlled dangerous substance, and ninety (90) Lorcet 10 mg., a Schedule III controlled dangerous substance, to Doug Steele, her ex-husband. On July 18, 2008, Defendant wrote another prescription for sixty (60) Lorcet 10 mg., a Schedule III controlled dangerous substance, to Doug Steele, her ex-husband. A review of Defendant's records reveals no indication that Defendant ever performed a physical examination on this patient, that she did not establish a legitimate medical need for the medical treatment, that she did not establish a valid physician patient relationship prior to prescribing the medications, and that she failed to maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant has no medical chart relating to this patient.

12. Defendant is guilty of unprofessional conduct in that she:
- A. Is habitually intemperate or habitually uses habit-forming drugs in violation 59 O.S. §509(4) and OAC 435:10-7-4(3).
 - B. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. §509(8) and OAC 435:10-7-4(11).
 - C. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(13) and OAC 435:10-7-4(39).
 - D. Is unable to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physician condition in violation of 59 O.S. §509(15) and OAC 435:10-7-4(40).
 - E. Confessed to a crime involving violation of the antinarcotics laws and regulation of the federal government or the laws of this state in violation of 59 O.S. §509(7).
 - F. Is physically or mentally unable to practice medicine and surgery with reasonable skill and safety in violation of OAC 435:10-7-4(17).
 - G. Committed any act which is a violation of the criminal laws of any state when such act is connected with the physician's practice of medicine in violation of 59 O.S. §509(9).
 - H. Dispensed, prescribed or administered a Controlled substance or Narcotic drug without medical need in violation of 59 O.S. §509(16) and OAC 435:10-7-4 (2) and (6).
 - I. Prescribed or administered a drug or treatment without sufficient examination and the establishment of a valid physician patient relationship in violation of 59 O.S. §509(12).
 - J. Failed 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) and OAC 435:10-7-4 (41).

K. Violating any state or federal law or regulation relating to controlled substances in violation of OAC 435:10-7-4(27).

L. Engaged in indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs in violation of OAC 435:10-7-4(1).

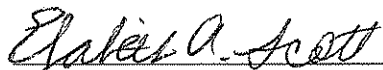
M. Engaged in practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18).

N. Failed to cooperate with a lawful investigation conducted by the Board in violation of OAC 435:10-7-4(38).

Conclusion

WHEREFORE, the Plaintiff respectfully requests that 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 medical license, and an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,



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