

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

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JAN 13 2006

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff)
)
v.)
)
ADAM LEROY, M.D.,)
SPECIAL TRAINING LICENSE NO. 24160,)
)
Defendant.)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Case No. 05-08-2976

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, Adam Leroy, M.D., Oklahoma special training license no. 24160, 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, Adam Leroy, M.D., holds Oklahoma training license no. 24160, and is a second year resident in the Family Medicine Residency Program at the University of Oklahoma College of Medicine in Tulsa, Oklahoma.

3. During Defendant's medical school training in Florida, he failed the first year, then was asked to leave for one (1) additional year during which time he was required to consult with a psychiatrist.

4. Defendant began his residency at the Family Medicine Residency Program in Tulsa, Oklahoma in July 2004.

5. In late 2004 or early 2005, Defendant was dismissed by his attending physician for the OU Physicians Inpatient Pediatrics Department based upon an incident where he did not communicate information to the family of a pediatric patient in the manner that he had

specifically been instructed to do by the senior resident, then lied about it. Defendant later admitted that he did not communicate this information as he had been directed.

6. In early 2005, Defendant was dismissed by another attending physician for the OU Physicians Inpatient Pediatrics Department based upon the following incidents:

a. Despite being told that all orders needed to be reviewed by his senior resident, Defendant failed to do so on several occasions.

b. Defendant turned off the oxygen on a severely ill child, then left the room without informing anyone that he had done this, resulting in substantial desaturation and increased respiratory distress to the child. Other reported incidents include instances where he turned off IV pumps, CP monitors and oxygen without notifying nurses of his actions.

c. There were numerous complaints about Defendant's behavior around patients and other medical staff and physicians, including sexually inappropriate comments, profanity, sarcasm, abrasive and condescending attitude, irritability and insubordination.

7. Based upon these incidents, defendant failed two (2) one month rotations in Pediatrics during his first year of residency.

8. The Family Practice Residency Program directed that Defendant obtain a comprehensive assessment, which he did at Talbott from May 2-6, 2005. During his assessment, Defendant admitted a thirteen (13) year history of alcohol and drug abuse, including the use of marijuana, cocaine, LSD, psilocybin, Ritalin, Adderall, Oxycodone, Xanax, Valium, Rohophenol and alcohol.

9. At the completion of the assessment, Talbott recommended that Defendant complete treatment for professional disruptive behavior in a residential center geared towards healthcare providers and treating dual diagnosed patients. Defendant agreed that he would follow through with this recommendation. However, Defendant did not obtain residential treatment at that time and returned to the residency training program in Tulsa, Oklahoma.

10. In or around July 2005, both defendant and his residency chair asked John E. Doyle, III, M.D., Clinical Director at Talbott if Talbott would be willing to modify its recommendation that Defendant obtain residential treatment based upon his behavior and performance since his evaluation at Talbott.

11. On or about August 11, 2005, Dr. Doyle advised that he had met with the treatment team at Talbott and they would not change their recommendation that Defendant obtain extended treatment.

12. At this time, Defendant has not obtained the long-term residential treatment

recommended by Talbott.

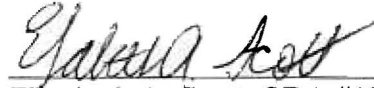
- 13 Defendant is guilty of unprofessional conduct in that he:
- A. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. § 509 (8) and OAC 435:10-7-4 (11).
 - B. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of OAC 435:10-7-4(39) and 59 O.S. §492.1.
 - C. Is unable to practice medicine with reasonable skill and safety to patientsas a result of any mental ...condition in violation of 59 O.S. §509 (15) and OAC 435:10-7-4(40).
 - D. Is physically or mentally unable to practice medicine and surgery with reasonable skill and safety in violation of OAC 435:10-7-4(17).
 - E. Has engaged in the habitual intemperance or the habitual use of habit-forming drugs in violation of 59 O.S. §509 (4).

Conclusion

WHEREFORE, plaintiff 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 the revocation or suspension of the Defendant's license to practice as a physician and surgeon in the State of Oklahoma, the assessment of costs and fees incurred in this action, and any other appropriate action with respect to Defendant's license to practice as a physician and surgeon in the State of Oklahoma.

Dated this 13th day of January, 2006 at 8:30 a.m.

Respectfully submitted,



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Oklahoma State Board of Medical
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