

BEFORE THE IOWA BOARD OF MEDICINE

\*\*\*\*\*

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

KEVIN P. LIPSCOMB, M.D., RESPONDENT

FILE No. 02-13-097

\*\*\*\*\*

STATEMENT OF CHARGES and SETTLEMENT AGREEMENT  
(Combined)

\*\*\*\*\*

COMES NOW the Iowa Board of Medicine (Board) and Kevin P. Lipscomb, M.D., (Respondent), on August 8, 2014, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) and 653 IAC 25.3, enter into this combined Statement of Charges and Settlement Agreement to resolve this matter.

STATEMENT OF CHARGES

1. Respondent was issued Iowa medical license no. 30855 on October 3, 1995.
2. Respondent's Iowa medical license is active and will next expire on October 1, 2015.
3. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.

## COUNT I

4. **Discipline by Another Licensing Authority:** Respondent is charged pursuant to Iowa Code section 148.6(2)(d) and 653 IAC 23.1(1) with having a license to practice medicine and surgery disciplined by a licensing authority of another state. A certified copy of the order of disciplinary action is prima facie evidence.

### STATEMENT OF THE MATTERS ASSERTED

5. **Practice Setting:** Respondent is an Iowa-licensed physician who practices family medicine in Palmetto, Florida.

6. **Florida Disciplinary Action:** On February 11, 2013, Respondent was disciplined by the Florida Board of Medicine (Florida Board) for failing to provide appropriate care to a 54-year-old male patient in Palmetto, Florida, in February 2011, resulting in the patient's death. The Florida Board alleged that Respondent: failed to obtain an adequate history; failed to adequately evaluate the patient's signs and symptoms; failed to obtain appropriate tests; failed to recognize a medical emergency; failed to refer the patient to an emergency department and failed to maintain adequate medical records. The Florida Board issued Respondent a Letter of Concern and ordered him to pay a \$10,000 fine plus costs. The Florida Board also ordered Respondent to complete a medical record keeping course and continuing medical education for the appropriate treatment of diabetes and risk management. See Attachment A. Respondent has successfully completed all of the requirements established by the Florida Board.

## SETTLEMENT AGREEMENT

7. **CITATION AND WARNING:** Respondent is hereby **CITED** for being disciplined by the Florida Board for failing to provide appropriate care to a teenage patient with diabetes in Palmetto, Florida, in February 2011. Respondent is hereby **WARNED** that being disciplined by another state licensing board and/or violating the laws and rules governing the practice of medicine in the future may result in further disciplinary action against his Iowa medical license.

8. Respondent voluntarily submits this Order to the Board for consideration.

9. Respondent agrees that the State's counsel may present this Order to the Board for consideration.

10. This Order constitutes the resolution of a contested case proceeding.

11. By entering into this Order, Respondent understands that he has a right to be represented by legal counsel in this matter, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges, and waives any objections to the terms of this Order.

12. Respondent understands that by entering into this combined Statement of Charges and Settlement Agreement, Respondent cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

13. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

14. Respondent understands that the Board is required by Federal law (45 C.F.R. 60.8) to report this Order to the National Practitioner Data Bank.

15. This Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.

16. This Order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

17. The Board's approval of this Order shall constitute a **Final Order** of the Board.

  
Kevin P. Lipscomb, M.D., Respondent

Subscribed and sworn to before me on July 2, 2014.

Notary Public, State of FLORIDA.



DEBRA L. RUSEK  
MY COMMISSION # FF 121168  
EXPIRES: May 27, 2018  
Bonded Thru Budget Notary Services

This Order is approved by the Board on August 8, 2014.

  
Hamed H. Tewfik, M.D., Chairman  
Iowa Board of Medicine  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686

Final Order No. DOH-13-0205-S - MOA  
FILED DATE - FEB 11 2013  
Department of Health  
By: Onaol Seidu  
Deputy Agency Clerk

STATE OF FLORIDA  
BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2011-09696  
LICENSE NO.: ME0074654

KEVIN PAUL LIPSCOMB, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on February 1, 2013, in Jacksonville, Florida, for the purpose of considering a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in this cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED AND ADJUDGED that the Settlement Agreement as submitted be and is hereby approved and adopted in toto and incorporated herein by reference with the following clarification:

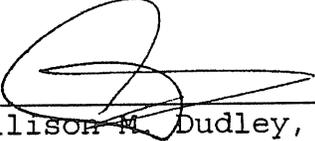
The costs set forth in Paragraph 3 of the Stipulated Disposition shall be set at \$5,163.63.

Accordingly, the parties shall adhere to and abide by all the terms and conditions of the Settlement Agreement as clarified above.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

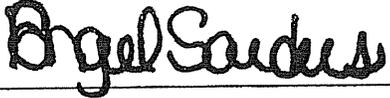
DONE AND ORDERED this 11<sup>th</sup> day of February, 2013.

BOARD OF MEDICINE

  
\_\_\_\_\_  
Allison M. Dudley, J.D., Executive Director  
For Zachariah P. Zachariah, M.D., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to KEVIN PAUL LIPSCOMB, M.D., 606 4<sup>th</sup> Avenue West, Palmetto, Florida 34221-5295; to Randolph Collette, Esquire, 1000 Riverside Avenue, Suite 700, Jacksonville, Florida 32204; and by interoffice delivery to Sharmin Hibbert, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3253 this 11<sup>th</sup> day of February, 2013.

  
\_\_\_\_\_  
**Deputy Agency Clerk**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**DOH Case No. 2011-09696**

**KEVIN PAUL LIPSCOMB, M.D.,**

**Respondent.**

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**SETTLEMENT AGREEMENT**

Kevin Paul Lipscomb, M.D., referred to as the "Respondent," and the Department of Health, referred to as "Department" stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 458, Florida Statutes.

**STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed physician in the State of Florida having been issued license number ME 74654.
2. The Department charged Respondent with an Amended Administrative Complaint that was filed and properly served upon Respondent with violations of

Kevin Paul Lipscomb, M.D., DOH Case No. 2011-09696

**3234**

Chapter 458, Florida Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.

3. Respondent neither admits nor denies the allegations of fact contained in the Amended Administrative Complaint for purposes of these proceedings only.

#### **STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his capacity as a licensed physician, he is subject to the provisions of Chapters 456 and 458, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Amended Administrative Complaint, if proven, would constitute violations of Chapter 458, Florida Statutes, as alleged in the Amended Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

#### **STIPULATED DISPOSITION**

1. **Letter Of Concern** - Respondent shall receive a Letter of Concern from the Board of Medicine.

2. **Fine** - The Board of Medicine shall impose an administrative fine of **\$10,000.00 (ten thousand dollars and no cents)** against the license of Respondent, to be paid by Respondent to Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, FL 32314-6320, within thirty-days (30) from the date of filing of the Final Order accepting this Agreement. **All fines shall be paid by**

cashiers check or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS/HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

3. **Reimbursement of Costs** - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, and the Board's administrative cost directly associated with Respondent's probation, if any. The agreed upon amount of Department costs to be paid in this case is currently **four thousand two hundred seventeen dollars and four cents (\$4,217.04)**, but shall not exceed **six thousand two hundred seventeen dollars and four cents (\$6,217.04)**. Respondent will pay costs to Payments, Department of Health, Compliance Management Unit, Bin C-76, P. O. Box 6320, Tallahassee, FL 32314-6320, within thirty-days (30) from the date of filing of

the Final Order in this cause. All costs shall be paid by cashiers check or money order. Any post-Board costs, such as the costs associated with probation, are not included in this agreement.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS/HER LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD.**

4. Records Course - Respondent shall complete the course, "Quality Medical Record Keeping for Health Care Professionals," sponsored by the Florida Medical Association, or a Board-approved equivalent, within one year of the date of filing of the Final Order.

5. Continuing Medical Education - Within one year of the date of the filing of a Final Order in this cause, Respondent shall attend ten (10) hours of Continuing Medical Education (CME) in diabetes.

6. Continuing Medical Education - "Risk Management" - Respondent may satisfy this requirement by completing five (5) hours of Continuing Medical Education in "Risk Management" within one (1) year of the date

of filing of the Final Order. If Respondent chooses to meet this requirement through Continuing Medical Education, Respondent shall first submit a written request to the Probation Committee for approval of the course prior to completion of said continuing medical education course(s).

Respondent may also satisfy the requirement for completing (5) five hours of continuing medical education in risk management by attending one full day or eight (8) hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine. In order to receive such credit, Respondent must sign in with the Executive Director of the Board before the meeting day begins, Respondent must remain in continuous attendance during the full day or eight (8) hours of disciplinary hearings, whichever is more, and Respondent must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. Respondent may not receive continuing medical education credit in risk management for attending the disciplinary hearings portion of a Board meeting unless, the Respondent is attending the disciplinary hearings portion for the sole purpose of obtaining the continuing medical education credit in risk management. The Respondent may not receive such credit if appearing at the Board meeting for any other purpose, such as pending action against Respondent's medical license.

#### **STANDARD PROVISIONS**

1. **Appearance:** Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.

2. **No force or effect until final order** - It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

3. **Continuing Medical Education** - Unless otherwise provided in this written agreement Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said continuing medical education course(s). Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year of the date of filing of the Final Order in this matter. All such documentation shall be sent to the Board of Medicine, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. These hours shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board, said continuing medical education course(s) shall consist of a formal, live lecture format.

4. **Addresses** - Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Board within ten (10) days of any changes of said addresses.

5. **Future Conduct** - In the future, Respondent shall not violate Chapter 456, 458 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine. Prior to signing this agreement, the Respondent shall read Chapters 456, 458 and 893 and the Rules of the Board of Medicine, at Chapter 64B8, Florida Administrative Code.

6. **Violation of terms considered** - It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 458, Florida Statutes.

7. **Purpose of Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. No preclusion of additional proceedings - Respondent and the Department fully understand that this Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

9. Waiver of attorney's fees and costs - Upon the Board's adoption of this Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. Waiver of further procedural steps - Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

RECEIVED  
DEC 07 2012  
TDC

SIGNED this 29<sup>th</sup> day of November, 2012

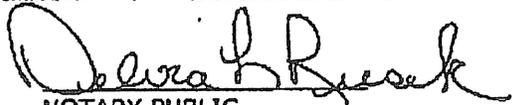
  
Kevin Paul Lipscomb, M.D.

STATE OF FLORIDA  
COUNTY OF MANATEE

Before me, personally appeared KEVIN P. LIPSCOMB, M.D., whose identity is known to me ~~or~~ by PERSONALLY (type of identification) and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 29<sup>TH</sup> day of NOVEMBER, 2012.

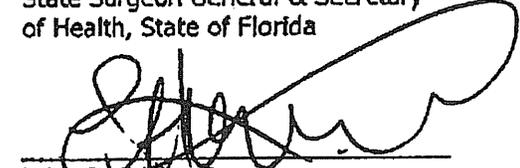


  
NOTARY PUBLIC

My Commission Expires: 5/27/2014

APPROVED this 2 day of December, 2012.

John H. Armstrong, MD, FACS, FCCP  
State Surgeon General & Secretary  
of Health, State of Florida

By:   
John B. Frieke, Jr.  
Assistant General Counsel  
Department of Health

NOTARY PUBLIC

Kevin Paul Lipscomb, M.D., DOH Case No. 2011-09696

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