

April 2022 Public Board Actions List

Georgia Composite Medical Board
Attn: **Ms. Latisha Bias**, Public Records Unit
2 Peachtree Street, N.W., 6th Floor
Atlanta, Georgia 30303-3465
PH: (404) 657-3194
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The Board issued **two** public orders in **April 2022**. To view each Board order, click on the licensee's name below.

1. Daniel Golightly, MD

12470

Physician

Public Consent Order

2. Dwayne L. Watkins, MD

53054

Physician

Public Consent Order

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA

IN THE MATTER OF:

DANIEL GOLIGHTLY, M.D.,
License No. 12470,

Respondent.

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DOCKET NO.:

GEORGIA COMPOSITE
MEDICAL BOARD

APR 13 2022

DOCKET NUMBER:

2022 0075

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Board") and DANIEL GOLIGHTLY, M.D. ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A § 50-13-13 as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was so licensed at all times relevant to the facts stated herein.

2.

Patient C.D.

On or about October 20, 2018, the Board received a complaint regarding Respondent's prescribing of controlled substances. Specifically, the concern expressed was that Respondent continued to prescribe patient "C.D." Xanax (alprazolam) despite knowledge that the patient had a history of prescription drug abuse. From in or about September of 2015, through January of 2019, patient C.D. was treated by Respondent opiate dependency and anxiety disorder. Respondent's treatment included, inter alia, prescribing Suboxone 8mg or Alprazolam 1mg thirty (30) times from on or about February 20, 2017 to January 14, 2019. Respondent's medical care

of C.D. was evaluated by a Board-approved peer reviewer who concluded that Respondent's diagnosis, treatment and/or records departed from and failed to conform to the minimal standards of acceptable and prevailing medical practice in the following ways:

- Failure to document a comprehensive initial psychiatric assessment prior to initiating and maintaining treatment;
- No documented diagnosis that correlates with the prescription of Xanax;
- Continued prescription of buprenorphine with benzodiazepines without a documented plan to reduce the dose and/or frequency of the benzodiazepine, or an attempt to use non-addictive medications first;
- Failure to obtain a corroborative history from a friend or family member to confirm that the patient is using medications appropriately.

3.

Patient J.N.

Patient J.N. was seen by Respondent between 2014 and 2019 for anxiety disorder, depression, and pain. Respondent's treatment included, inter alia, the use of opioid medications to high doses of benzodiazepines, along with other psychotropic medications. Respondent's medical care of J.N. was evaluated by a Board-approved peer reviewer who concluded that treatment departed from and failed to conform to the minimal standards of acceptable and prevailing medical practice in the following ways:

- Little, if any, mention of recommendations for psychotherapy for treatment of anxiety;
- Regarding the choice, dosing and combination of medications, the treatment does not meet minimal standards of care;
- No records of Respondent attempting to wean or reduce or minimize the use of benzodiazepines;
- Prescription of 6mg of Xanax a day, with concurrent opioid medication, is an unusually high dose and beyond the maximum dosage for anxiety disorders;
- Failure to routinely and regularly check urine drug screens and/or review outside records to corroborate patient's report of back pain.

4.

Patient H.K.

From in or about June of 2017, through August of 2018, patient H.K. was treated by Respondent for opiate dependency, anxiety disorder, and insomnia. Respondent's treatment included, inter alia, prescribing buprenorphine-naloxone and benzodiazepines. Respondent's medical care of H.K. was evaluated by a Board-approved peer reviewer who concluded that Respondent's diagnosis, treatment and/or records departed from and failed to conform to the minimal standards of acceptable and prevailing medical practice in the following ways:

- The dosage and continued prescribing of scheduled/controlled medications to treat addiction, anxiety, and insomnia after inconsistent confirmatory urine drug testing;
- Continued prescription of Suboxone after confirmatory urine drug screen results showed a relapse of heroin, morphine, and hydromorphone without a documented discussion with the patient regarding the drug screen results;
- Increased frequency of Xanax after a documented failure by patient to follow the treatment plan;
- Prescription of a benzodiazepine with Suboxone without documented attempts to minimize usage or outline a plan for cessation, or attempt other non-addictive medication first;
- Failure to address concurrent use of oxycodone interspersed with Suboxone use with patient.

5.

Respondent admits the above findings of fact and waives further findings and agrees to the entry of this Order in order to resolve the pending allegations.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the Board to exercise disciplinary authority under O.C.G.A. Chs. 1 and 34, T. 43, as amended, and the Rules of the Georgia Composite Medical Board. Respondent waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Board, having considered the particular facts and circumstances of this case, hereby ordered, and Respondent hereby agrees to the following:

1.

Within six (6) months of the effective date of this Consent Order, Respondent shall provide to the Board evidence that he has completed the following continuing medical education (CME):

- a. A mini-residency program entitled "Appropriate Prescribing of Controlled Substances" sponsored by the Mercer University Southern School of Pharmacy, or a similar course pre-approved by the Board; and said (CME) shall be in addition to the CME required license renewal. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.
- b. A Board approved course on medical record documentation. This requirement shall be deemed satisfied upon the Board's receipt of evidence of successful completion of the course; and said (CME) shall be in addition to the CME required license renewal. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

2.

This Consent Order and the dissemination thereof shall constitute a public reprimand to the Respondent for his conduct.

3.

Respondent understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Board to update the Physician's Profile reflecting this Consent Order.

4.

Approval of this Order by the Board shall in no way be construed as condoning Respondent's conduct and, except as provided herein, shall not be construed as a waiver of any of the lawful rights of the Board.

5.

Respondent acknowledges that he has read and understands the contents of this Consent Order. Respondent understands that he has the right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved and docketed, shall constitute a public record and may be disseminated as such. However, if the Consent Order is not approved, it shall not constitute an admission against interest in the proceeding, or prejudice the right of the Board to adjudicate the matter. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia Composite Medical Board. Respondent consents to the terms contained herein.

(signatures on following page)

Approved, this 13th day of April, 2022.



GEORGIA COMPOSITE MEDICAL BOARD

BY:

DESPINA DALTON, M.D.
Chairperson

ATTEST:

DANIEL R. DORSEY
Executive Director

CONSENTED TO:

DANIEL GOLIGHTLY, M.D.
Respondent

AS TO THE SIGNATURE OF
DANIEL GOLIGHTLY, M.D.:

Sworn to and subscribed before me
this, 18 day of MARCH, 2022.

NOTARY PUBLIC

My Commission Expires.
ARLENE J KISH
Notary Public - State of Georgia
Fulton County
My Commission Expires Jan 14, 2024

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA**

IN THE MATTER OF:)
)
DWAYNE L. WATKINS, MD,)
License No. 53054,)
Respondent.)

DOCKET NO:

GEORGIA COMPOSITE
MEDICAL BOARD

APR 13 2022

DOCKET NUMBER:

20220074

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Board") and Dwayne L. Watkins, MD ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-13(a)(4), as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was so licensed at all times relative to the matters asserted herein.

2.

On or about March 12, 2018, Patient B.A. presented to Respondent for liposuction of her upper and lower abdomen, posterior and anterior flanks, and fat transfer to her bilateral hips. Patient B.A. maintains she had swelling, pain, and "hard knots" in her stomach following the procedure.

3.

Respondent's medical care of Patient B.A. was reviewed by a Board-appointed peer reviewer who concluded that Respondent's diagnosis, treatment, and/or records departed from and failed to conform to the minimal standards of acceptable and prevailing medical practice in ways that include, but are not limited to, the following: Respondent's medical records include no

physical examination documentation or details prior to surgery, the consent forms are incomplete, not initialed, and do not identify the specific procedures to be performed or identify potential complications from fat transfer. Further, the operative report does not include a start time or end time for surgery, does not indicate dose or route of medications, only shows one set of vitals with no time indicated, and shows no evidence of ongoing monitoring of pulmonary and cardiac functioning during surgery. Moreover, additional doses of Versed were given throughout the course of surgery with no dose or route documented, and the single set of vitals documented at some point during surgery show oxygen saturation at 86%, which is hypoxic, and there is no documentation of subsequent vital signs or oxygen provided. The peer reviewer also noted that the standard of care after surgery includes postoperative care and its documentation, of which there are no records.

4.

In addition to the foregoing, in or about August, 2018, Respondent and Karen Columbus (“Columbus”), who is licensed as a master cosmetologist, entered into a “Supervisory Agreement for Cosmetic Injector,” which provided for Columbus’ performance of cosmetic injection services in Respondent’s medical office. Such services included, but were not limited to, Botox and/or neuromodulator injections and soft tissue facial fillers.

5.

Under Georgia law, other than physicians, only physician assistants, registered nurses, and nurse practitioners may perform cosmetic injections. When this information was brought to Respondent’s attention, in or about November, 2019, Respondent informed his staff to discontinue providing cosmetic injections. Respondent’s allowing Ms. Columbus to perform cosmetic injections constituted an improper delegation of medical services to an unlicensed

individual and the aiding and abetting of unlicensed practice.

6.

Respondent neither admits nor denies the above findings of fact, but agrees that the Board is authorized to enter this order based on the above findings. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the imposition of discipline upon his license to practice medicine in the State of Georgia under O.C.G.A. Title 43, Chapters 1 and 34, as amended. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Board, having considered all the facts and circumstances of this case, hereby orders, and Respondent hereby agrees, to the following terms:

1.

Beginning on the effective date of this Order, and until further order of the Board, Respondent shall not perform any fat transfer procedures, including fat transfers that are part of other procedures. If Respondent performs these procedures, Respondent's license shall be subject to revocation, upon substantiation thereof.

2.

Within thirty (30) days of the effective date of this Consent Order, Respondent shall submit to the Board a fine of five thousand dollars (\$5,000.00) for unprofessional conduct. Payment shall be made by cashier's check or money order payable to the Georgia Composite Medical Board, and sent to Georgia Composite Medical Board, 2 Peachtree Street, NW, 6th

Floor, Atlanta, Georgia 30303, to the attention of the Executive Director. Failure to pay the entire amount by the 30th day shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, including revocation, upon substantiation thereof.

3.

In addition to and in conjunction with any other sanction contained herein, within one (1) year of the effective date of this Consent Order, Respondent shall obtain a total of forty (40) hours of Board approved continuing medical education ("CME") as follows: ten (10) hours in each of the following areas: recordkeeping, post-surgical care and patient discharge, ethics, and liposuction. These forty (40) hours of CME are in addition to, and may not be used to satisfy, continuing education hours required for license renewal. Failure to complete the forty (40) hours of CME within one (1) year shall be a violation of this Order, and grounds for further disciplinary action.

4.

Respondent shall abide by all state and federal laws regulating the practice of medicine, the Rules and Regulations of the Board, and the terms and conditions of this Consent Order. If Respondent shall fail to abide by such laws, rules, terms or conditions of this Consent Order, or if it should appear from reports or other information submitted to the Board that Respondent is otherwise unable to practice medicine with reasonable skill and safety to patients, Respondent's license shall be subject to further discipline, including revocation, upon substantiation thereof after notice and hearing; and if revoked, the Board in its discretion may determine that the license should be permanently revoked and not subject to reinstatement.

5.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and its dissemination shall serve as a public reprimand of Respondent by the Board.

6.

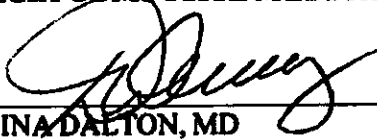
Respondent acknowledges that he has read this Consent Order and understands its contents. Respondent understands that he has the right to a hearing in this matter and freely, knowingly and voluntarily waives that right by entering into this Consent Order. Respondent understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Georgia Composite Medical Board. Respondent understands that this Order, once approved and docketed, shall constitute and be disseminated, including to the National Practitioner Data Bank if required, as a public record, evidencing disciplinary action by the Board. However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the right of the Board to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

Approved this 13th day of April, 2022.



GEORGIA COMPOSITE MEDICAL BOARD

BY:



DESPINA DALTON, MD
Chairperson

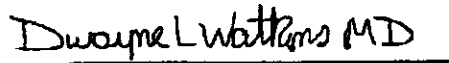
(Signatures continued on the next page)

Care360®

ATTEST:


DANIEL R. DORSEY
Executive Director

CONSENTED TO:


DWAYNE L. WATKINS, MD
Respondent

[As to Respondent's signature:]
Sworn to and subscribed before me
This 2 day of March, 2022.


NOTARY PUBLIC

My Commission Expires:
08/25/2025

Melissa Ann Riley
NOTARY PUBLIC
#1374993 Clayton County, GEORGIA
My Commission Expires 08/25/2025



GEORGIA DEPARTMENT OF LAW

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CONFIDENTIAL – ATTORNEY-CLIENT COMMUNICATION

BOARD ORDER SUMMARY SHEET

Name: Dwayne Watkins, MD, License # 53054, Case #s 20200710 and 20210358

Referred to AG: November 5, 2020 and May 6, 2021, respectively

Action requested: Public CO with \$5000 fine, and 20 hours of CME in liposuction; the case was held pending investigation of the second case, which was referred over to include a surgical restriction, in addition to the fine and CME. The Board later clarified that it would consider a CO with certain procedures restricted.

Action agreed to: Public CO, shall not perform any fat transfer procedures, including fat transfers that are part of other procedures, \$5,000.00 fine, 40 additional hours of CME (ten (10) hours in each of the following areas: recordkeeping, post-surgical care and patient discharge, ethics, and liposuction), and public reprimand.

Summary: On or about March 12, 2018, Patient B.A. presented to Respondent for liposuction of her upper and lower abdomen, posterior and anterior flanks, and fat transfer to her bilateral hips. Patient B.A. maintains she had swelling, pain, and “hard knots” in her stomach following the procedure. Respondent’s medical care of Patient B.A. was reviewed by a Board-appointed peer reviewer who concluded that Respondent’s diagnosis, treatment, and/or records departed from and failed to conform to the minimal standards of acceptable and prevailing medical practice.

In addition to the foregoing, in or about August, 2018, Respondent and Karen Columbus (“Columbus”), who is licensed as a master cosmetologist, entered into a “Supervisory Agreement for Cosmetic Injector,” which provided for Columbus’ performance of cosmetic injection services in Respondent’s medical office. Such services included, but were not limited to, Botox and/or neuromodulator injections and soft tissue facial fillers. Under Georgia law, other than physicians, only physician assistants, registered nurses, and nurse practitioners may perform cosmetic injections. When this information was brought to Respondent’s attention, in or about November, 2019, Respondent informed his staff to discontinue providing cosmetic injections. Respondent’s allowing Ms. Columbus to perform cosmetic injections constituted an improper delegation of medical services to an unlicensed individual and the aiding and abetting of unlicensed practice.

Recommendation: Approve Public Consent Order.

BDC/

Attachment: Signed Public Consent Order

#1390247