

## May 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  
FX: (404) 463-2539  
Email: [latisha.bias@dch.ga.gov](mailto:latisha.bias@dch.ga.gov)

The Board issued **two** public orders in **May 2022**. To view each Board order, click on the licensee's name below.

1. **Janalee Davis, MD**  
41515  
Physician  
Public Consent Order

2. **Mark Anthony Winchell, MD**  
51568  
Physician  
Voluntary Surrender

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD  
STATE OF GEORGIA

GEORGIA COMPOSITE  
MEDICAL BOARD

IN THE MATTER OF:  
JANALEE DAVIS, M.D.  
License #: 41515

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DOCKET NO.#:

MAY 05 2022

DOCKET NUMBER:

20220082

Respondent.

**PUBLIC CONSENT ORDER**

By agreement of the Georgia Composite Medical Board ("Board") and Janalee Davis, M.D., Respondent, the following disposition of this matter is entered pursuant to 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 licensed to practice medicine at all times relevant to the facts contained in this Order. Her license expires on January 31, 2023.

2.

On or about February 20, 2015, Respondent, acting in the capacity as an anesthesiologist assisting a surgeon, participated in a left lower eyelid nasal cicatricial ectropion repair with nasal pedicle flap from the left upper eyelid, and monitored anesthesia care on patient JS ("JS"), a 74-year-old male.

3.

JS had no cardiac medical clearance prior to the surgery and the anesthesia, but Respondent believes that JS was an appropriate candidate for monitored anesthesia care based on her pre-anesthesia evaluation.

4.

JS's preoperative laboratory values were within normal range, he had no previous cardiopulmonary history, no known allergies to medications, and no underlying diagnosis of hypertension, but his preoperative vital signs revealed an elevated blood pressure reading, and his electrocardiogram tracing noted a left bundle branch block. JS's physical exam was normal – his chest was clear and his heart had a regular rate and rhythm, further indicating to Respondent that JS was an appropriate candidate for monitored anesthesia care.

5.

No preoperative rhythm strip was obtained and there is no indication in the medical records that JS's end-tidal carbon dioxide levels were monitored during the surgical procedure; however, Respondent monitored JS's perfusion and heart function continuously by other modalities.

6.

The procedure initially proceeded without incident until Respondent noticed a change in JS's EKG waveform on the monitor, which subsequently corrected.

7.

Respondent informed the surgeon of the change in the waveform, that she wanted to discontinue the Propofol pump, and bring the patient out from under anesthesia.

8.

At the time of the waveform change, the patient had vital signs of 110/73, a pulse of 73, and oxygen saturation in the mid-nineties, but toward the end of the surgical procedure, JS became bradycardic, hypoxic, and subsequently suffered cardiac arrest.

9.

JS was treated according to advanced cardiopulmonary support protocol with activation of chest compression, placement of an automated external defibrillator, and intubation by Respondent, but JS became pulseless despite Respondent's multiple interventions, so emergency transport to the hospital was arranged.

10.

According to JS's medical chart, JS did not receive any pharmacological therapy during the cardiopulmonary resuscitation, and the timing of oxygen administration was not clearly noted in the intraoperative records.

11.

A Board approved peer reviewer reviewed JS's medical records and concluded that Respondent's care and treatment of patient JS departed from and failed to conform to the minimum standards of acceptable and prevailing medical practice in the following manner:

- Respondent failed monitor and/or document the monitoring of JS's end-tidal carbon dioxide levels during the surgery;
- Respondent failed to properly and/or consistently document the timing of oxygen administration;
- Respondent failed to timely provide supplemental oxygen to JS when he became bradycardic and hypoxic; and
- Respondent failed to provide and/or document any pharmacological therapy during the cardiopulmonary resuscitation.

12.

The Board approved peer reviewer concluded that Respondent's aforementioned practices and procedures departed from and failed to conform to the minimum standards of acceptable and prevailing medical practice and were violations of Georgia's laws and the Board's rules.

13.

Respondent neither admits or denies the Board's Findings of Fact, and hereby waives any further findings of fact with respect to the above-styled matter.

**CONCLUSIONS OF LAW**

Respondent's conduct constitutes sufficient grounds for the imposition of discipline upon her license to practice as a physician 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 Georgia Composite Medical Board, having considered the particular facts and circumstances of this case, hereby orders, and Respondent hereby agrees, to the following terms:

1.

Respondent shall submit to the Board a fine in the amount of five thousand dollars and zero cents (\$5,000.00) to be paid by cashier's check or money order made payable to the Board by certified check or money order to the Georgia Composite Medical Board within six (6) months of the effective date of this Order. This fine shall be sent to the attention of: Executive Director, Georgia Composite Medical Board, 6<sup>th</sup> Floor, 2 Peachtree Street, NW, Atlanta, Georgia, 30303. Failure to pay the fine as provided shall be considered a violation of this Order and may result in

further sanctioning of Respondent's authority to practice medicine in the future, including revocation, upon substantiation thereof.

2.

In addition to the fine required in paragraph 1 of this Consent Order, Respondent shall pay administrative fees in the amount of six hundred dollars and zero cents (\$600.00) as reimbursement to the Board of expenses incurred in the investigation of this matter, which expenses do not include time spent by the investigative division of the Board. Said fees shall be payable by certified check or money order to the Georgia Composite Medical Board within sixty (60) days of the effective date of this Order. Failure to pay the entire amount by the 60<sup>th</sup> day shall be considered a violation of this Order and shall result in further sanctioning of Respondent's license, including revocation, upon substantiation.

3.

Respondent states and represents to the Board that she is no longer engaged in the practice of anesthesiology and has not engaged in the practice of anesthesiology since March 2017. Therefore, the Board shall not require Respondent to undertake any continuing medical education ("CME") in addition to the CME required of all Georgia physicians, provided however that the Board may require additional CME in the field of anesthesiology should Respondent resume the practice of anesthesiology.

For the purposes of this consent order, the "practice of anesthesiology" shall be defined as follows: (1) a practice of medicine dealing with the management of procedures for rendering a patient insensible to pain and emotional stress during medical procedures. This shall include general anesthesia, regional anesthesiology, combined general and epidural anesthesia, and

monitored anesthesia care with conscious sedation; and (2) the support of life functions under the stress of anesthetic and surgical manipulations.

4.

Should Respondent wish to resume the practice of anesthesiology, Respondent agrees to provide the Board with written notification of her intent. In such event, Respondent shall obtain twenty (20) hours of continuing medical education ("CME") in high-risk anesthesia care, in addition to the CME required of all Georgia physicians. Due to the ongoing uncertainty related to the COVID-19 epidemic, all or some of these CME hours may be obtained remotely. Respondent shall complete said additional twenty (20) hours of CME within one (1) year of providing the Board with written notification of her intent to resume the practice of anesthesiology. Prior to obtaining any CME in high-risk anesthesia care, Respondent shall submit the title of the course(s) she plans to attend and information concerning the course(s) to the Board. Within one (1) year after providing the Board with written notification of her intent to resume the practice of anesthesiology, Respondent shall submit to the Board proof of completion of the additional twenty (20) hours of CME in high-risk anesthesia care. All reports and submissions required under this Consent Order shall be sent to the attention of the Executive Director, Georgia Composite Medical Board, 2 Peachtree Street, NW, Atlanta, Georgia, 30303 or any subsequent address of the Board. Respondent agrees that she will not resume the practice of anesthesiology until such time as she completes the CME contemplated by this Order and provides proof of said completion to the Board.

5.

This Consent Order and dissemination thereof shall be considered a PUBLIC REPRIMAND of Respondent by the Board.

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6.

Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this 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.

7.

Respondent acknowledges that Respondent has read this Consent Order and understands its contents. Respondent understands that Respondent 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 a representative of the Department of Law may be present during the Board's consideration of this Consent Order and 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 Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Board that may be disseminated as such. 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 6<sup>th</sup> day of May, 2022.

[signature page to follow]





GEORGIA COMPOSITE MEDICAL BOARD

BY:

DESPINA DALTON, M.D.  
Chairperson

ATTEST:

DANIEL R. DORSEY  
Executive Director

CONSENTED TO:

JANALEE DAVIS, M.D.  
Respondent

AS TO SIGNATURE OF  
JANALEE DAVIS, M.D.  
Sworn to and Subscribed  
before me this 19th day  
of April, 2022.

  
NOTARY PUBLIC

My Commission Expires:

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD  
STATE OF GEORGIA

GEORGIA COMPOSITE  
MEDICAL BOARD

MAY 05 2022

DOCKET NUMBER:

IN THE MATTER OF:

MARK ANTHONY WINCHELL, M.D.,  
License No. 51568,  
Respondent.

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Docket No. 20220081

VOLUNTARY SURRENDER

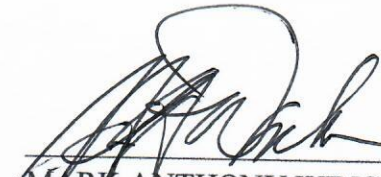
I, Mark Anthony Winchell, M.D., holder of License No. 51568 to practice medicine in the State of Georgia pursuant to O.C.G.A. Ch. 34, T. 43, as amended, hereby freely, knowingly and voluntarily surrender said license to the Georgia Composite Medical Board. I hereby acknowledge that this surrender shall be considered to be and have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege of practicing medicine in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

I acknowledge that I have read and understand the contents of this Voluntary Surrender. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right. I also understand that should the Board entertain any request for reinstatement, the Board shall have access to any investigative or medical information regarding me. I further understand that upon applying for reinstatement, it shall be incumbent upon me to demonstrate to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients, and that the Board may investigate my conduct since the time of the surrender of my license. I understand and agree that any reinstatement of my license to practice

medicine is a matter in the sole discretion of the Board and that the Board may deny any such reinstatement without identifying a reason for said denial.

This surrender shall become effective upon acceptance and docketing by the Board. I understand that this document will be considered to be a public record entered pursuant to O.C.G.A. §43-34-8(b)(1) and that this action shall be considered to be and may be disseminated as a final order of the Board.

[As to Respondent's signature:]  
Sworn to and subscribed before me  
This 16<sup>th</sup> day of April, 2022.

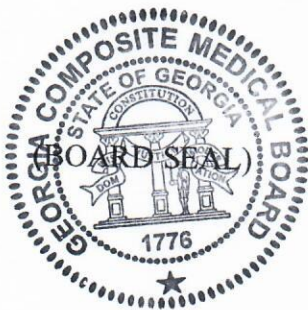
  
\_\_\_\_\_  
MARK ANTHONY WINCHELL, M.D.  
Respondent

  
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NOTARY PUBLIC  
My commission expires:

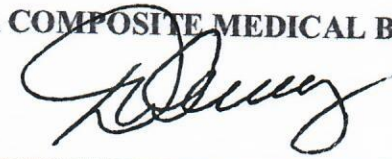


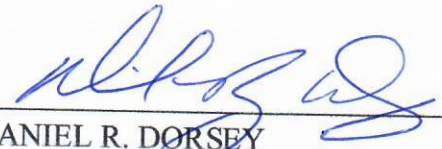
**ACCEPTANCE OF SURRENDER**

The voluntary surrender of License No. 51568 is hereby accepted by the Georgia Composite Medical Board, this 5<sup>th</sup> day of May, 2022.



**GEORGIA COMPOSITE MEDICAL BOARD**

BY:   
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DESPINA DALTON, M.D.  
Chairperson

ATTEST:   
\_\_\_\_\_  
DANIEL R. DORSEY  
Executive Director