May 2017 Public Board Actions List

Georgia Composite Medical Board

Attn: Ms. Latisha Bias, Public Records Unit

2 Peachtree Street, N.W., 36th Floor

Atlanta, Georgia 30303-3465

PH: (404) 657-3194 FX: (770) 357-1896

Email: latisha.bias@dch.ga.gov

The Board issued **Four** public orders in May 2017. To view each Board order, click on the licensee's name below.

1. Barry Franklin Powers, R.C.P.

005863

Respiratory Care Professional Voluntary Surrender

2. Kenneth W. Byers, M.D.

20969

Physician

Public Board Order Terminating Order for Reinstatement

3. Leonid Macheret, M.D.

25459

Physician

Board Order Terminating Public Consent Order

4. Arlon Harm Jahnke, M.D.

37839

Physician

Voluntary Surrender

STATE OF GEORGIA

IN THE MATTER OF:

MEDICAL BOARD

BARRY FRANKLIN POWERS, R.C.P.

License No. 005863, Respondent.

*

DOCKET NUMBER:

GEORGIA COMPOSITE

VOLUNTARY SURRENDER

I, BARRY FRANKLIN POWERS, holder of License No. 005863 to practice respiratory care 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 respiratory care 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 respiratory care 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 respiratory care 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 evidencing disciplinary

action, 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 29 day of April , 2017.

BARRY FRANKLIN POWERS, R.C.P.

Respondent

NOTARY PUBLIC
My commission expires:

AMANDA BARKER Notary Public, South Carolina My Commission Expires May 15, 2022

B.

ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. 005863 is hereby accepted by the Georgia

Composite Medical Board, this 39 day of April , 2017

GEORGIA COMPOSITE MEDICAL BOARD

BY:

JOHN ANTALIS, M.D.

Chairperson

ATTEST:

ROBERT JEFFER

Executive Directo

STATE OF GEORGIA

IN THE MATTER OF:

*

KENNETH W. BYERS, M.D.

License No. 20969,

Respondent.

*

GEORGIA COMPOSITE
MEDICAL BOARD

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MAY U4 Z017

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DOCKET NUMBER:

PUBLIC BOARD ORDER TERMINATING ORDER FOR REINSTATATMENT

1.

The Georgia Composite Medical Board ("Board") entered a Public Consent Order for Reinstatement ("Order") in the above-styled matter on or about June 19, 2014, Docket No. 10130036, which placed terms and conditions on Respondent's license to practice medicine in the State of Georgia. The Public Consent Order for Reinstatement was amended on August 12, 2015 to allow for the use of physician assistants and nurse practitioners.

2.

On or about March 14, 2017, the Board received a petition from the Respondent to terminate probation. The Board reviewed the petition and Respondent's compliance with the terms of the Order and determined Respondent has complied with the terms and conditions of probation.

Based on the foregoing, the Board hereby terminates the probation of Respondent's license. Respondent's license is returned to unrestricted status and is in good standing.

SO ORDERED, this 4^{th} day of May, 2017.

GEORGIA COMPOSITE MEDICAL BOARD

BY:

JOHN S. ANTALIS, M.D.

Chairperson

ATTEST:

ROBERT JEFFERY MBA

Executive Director

STATE OF GEORGIA

IN THE MATTER OF:

*

LEONID MACHERET, M.D.,

License No. 25459,

Respondent.

*

DOCKET NUMBER:

20/2 0042

BOARD ORDER TERMINATING PUBLIC CONSENT ORDER

1.

The Georgia Composite Medical Board ("Board") entered a Public Consent Order ("Order") in the above-styled matter on or about March 29, 2012, Docket No. 20120042, which placed Respondent's license to practice medicine in the State of Georgia under a public order.

2.

On or about April 3, 2017, the Board received a petition from the Respondent to terminate the Order. The Board reviewed the petition and Respondent's compliance with the terms of the Order and determined Respondent has complied with the terms and conditions of said Order.

Based on the foregoing, the Board hereby terminates the restriction on Respondent's license. Respondent's license is returned to unrestricted status and is in good standing.

SO ORDERED, this 18th day of May, 2017.

GEORGIA COMPOSITE MEDICAL BOARD

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JOHN S. ANTALIS, M.D.

Chairperson

ATTEST:

ROBERT JEFFERY, MBA

Executive Director

STATE OF GEORGIA

GEURGIA COMPOSITE MEDICAL BOARD

IN THE MATTER OF:

*

MAY 25 2017

ARLON HARM JAHNKE, M.D. License No. 037839,

e No. 037839, Respondent.

*

DOCKET NUMBER:

VOLUNTARY SURRENDER

I, ARLON HARM JAHNKE, holder of License No. 037839 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. I understand that I cannot apply for reinstatement for two years from the date of the surrender of my license under the rules of the Board.

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 evidencing disciplinary

action, 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 18 day of May

, 2017.

ARLON HARM JANKE, M.D. Respondent

NOTARY PUBLIC

My commission expires:

ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. 037839 is hereby accepted by the Georgia Composite Medical Board, this 25th day of MAY , 2017.

GEORGIA COMPOSITE MEDICAL BOARD

BY:

JOHN ANTALIS, M.D.

Chairperson

ATTEST:

ROBERT JEFFER

Executive Director