

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

Effective November 8, 2017

In the Matter of the Suspension
or Revocation of the License of:

SHARON C. WOROSILO, M.D.
License No. 25MA06384700

ORDER OF TEMPORARY
SUSPENSION

to Practice Medicine and Surgery
in the State of New Jersey

This matter was opened before the New Jersey State Board of Medical Examiners on November 3, 2017, upon our filing of a Verified Administrative Complaint by Deputy Attorney General Delia DeLisi. Therein, the Attorney General alleges generally that respondent Sharon C. Worosilo, M.D., has engaged in a pattern of bizarre and inappropriate behaviors, all of which demonstrate that her judgment -- medical and otherwise - is severely impaired, to the point that she is incapable of discharging the functions of a physician in a manner consistent with the public's health, safety and welfare. We simultaneously filed an Order to Show Cause requiring Dr. Worosilo to appear before this Board on November 8, 2017 for a hearing on the Attorney General's application for the temporary suspension of her license.

Dr. Worosilo failed to appear before the Board on November 8, 2017, but her attorney, Thomas McDonough, Esq., was

present and appeared on her behalf at the temporary suspension hearing. Deputy Attorney General Delia DeLisi appeared for Complainant Attorney General. We then conducted a hearing on the application for temporary suspension, at which the Attorney General moved into evidence all of the exhibits which had been attached to the Certification of Deputy Attorney General DeLisi (which Certification, in turn, had been filed by the Board, along with the Verified Complaint and Order to Show Cause on November 3, 2017).¹ Upon consideration of that evidence and the arguments offered by counsel, we find and conclude that the Attorney General has met her burden to palpably demonstrate that Dr. Worosilo's continued practice of medicine would present a clear and imminent danger to the public health, safety and welfare. See N.J.S.A. 45:1-22.

¹ The specific documents which were admitted into evidence were:

Exhibit A: Curriculum Vitae of Sharon C. Worosilo, M.D.

Exhibit B: October 26, 2017 letter from Louis E. Baxter, M.D. to William V. Roeder, Executive Director of State Board of Medical Examiners.

Exhibit C: Certification of Adam C. Lipson, M.D., dated October 30, 2017.

Exhibit D: Certification of Tara Callahan, dated November 2, 2017.

Exhibit E: Certification of Jennifer Yanow, M.D., dated October 31, 2017.

Exhibit F: Certification of Lori A. Pastula, dated October 31, 2017.

Exhibit G: Certification of April Amisson, Investigator.

Exhibit H: Copy of E-mail from Dr. Baxter to Deputy Attorney General DeLisi, dated October 31, 2017.

The evidence before us, at this juncture of the proceedings, provides a compelling predicate for a finding that Dr. Worosilo has exhibited manifestly impaired judgment, that she presently lacks the capacity to engage in any medical practice and that she clearly presents an imminent danger to her colleagues, co-workers and patients alike. Simply put, the evidence overwhelmingly demonstrates that Dr. Worosilo has engaged in a pattern of aberrant and bizarre behaviors, starting in or about June 2017, all of which strongly support a finding that she presently is suffering from impairment, which may be related to substance abuse, psychiatric illness and/or an undiagnosed and untreated medical illness.

Further, although much of the conduct that is detailed in the certifications does not directly implicate patient care, we point out that some of that conduct occurred in the office setting, to include an incident which occurred on October 16, 2017 when Dr. Worosilo accused a patient of being a drug addict, told the patient to "get the f-ck out of my office," and then obtained a knife which she waived around in the air in the office reception area (see Pastula Certification, Exhibit F), and another incident on October 17, 2017 when she approached a patient of Dr. Lipson's with a Duracell battery and told the patient that "Dr. Lipson could just put this in you ... and stick it where the sun doesn't shine." (see Lipson Certification, Exhibit C). Most disturbingly, later that

same day, Dr. Worosilo attempted to perform epidural injections of the lumbar spine upon a patient of Dr. Yanow's (identified as DA), who Dr. Yanow was treating for knee pain, at a time that Dr. Worosilo was visibly impaired and clearly incapable of performing the procedure (see Callahan and Yanow Certifications, Exhibits D and E). By doing so, Dr. Worosilo placed patient DA in imminent peril and at great risk of harm.²

Dr. Worosilo's erratic, and possibly delusional behavior prompted multiple individuals to contact the Professional Assistance Program of New Jersey (the "PAP") to report concerns about Dr. Worosilo's conduct (to include concerns that she may be abusing alcohol) (see letter from Louis C. Baxter, M.D., Exhibit B). Dr. Worosilo initially failed to respond to the PAP's requests that she meet with PAP representatives, after which the PAP reported her to the Board on October 26, 2017 (Exhibit B). Thereafter, Dr. Worosilo met with Dr. Baxter on October 31, 2017, but then declined to sign a proposed voluntary consent order to surrender her license and/or any authorizations to allow the PAP to

² As noted, the incident with patient DA is further described in the certifications of Tara Callahan and Dr. Yanow. Ms. Callahan, who was present for the entire time that DA was in the operating room (Dr. Yanow was not present because Dr. Worosilo would not allow her to reenter the Operating Room) states that Dr. Worosilo attempted to do an injection for "at least 40 minutes," and that during the entire time period she kept asking Ms. Callahan for advice and suggestions. Ms. Callahan further details that a second patient was then brought into the room. Dr. Worosilo told the second patient (who had been scheduled to see Dr. Yanow) that she (i.e., Dr. Worosilo) wanted to change the scheduled procedure. Ms. Callahan left the operating room at this point, and we thus are unable to determine, on the present record, whether Dr. Worosilo in fact proceeded to perform (or attempt to perform) a procedure on that patient.

speaking with others concerning her case, and was "vague" when responding to questions (Exhibit H). As of the date of the Board hearing, there is nothing that suggests that Dr. Worosilo has secured any evaluation(s) at all to address her conduct. Dr. Worosilo's failure to secure the assistance of the PAP, and/or to otherwise seek medical or psychiatric evaluations, only further evidences the degree to which her judgment is presently impaired. Finally, we point out that Dr. Worosilo's decision not to appear before the Board for the temporary suspension hearing, despite having notice of the proceeding, is yet another action demonstrating severely compromised judgment.³

Taken in the aggregate, the evidence before the Board compellingly supports findings not only that Dr. Worosilo's conduct has placed her co-workers and colleagues at risk, but also that any continued practice of medicine would present grave and severe risks to any patient that she might treat. Based thereon, we unanimously conclude that no action short of a full and immediate temporary suspension of license would suffice to address the clear and imminent danger that Dr. Worosilo's continued practice would pose to the public health, safety and welfare.

³ When appearing before the Board, Respondent's counsel suggested that he had received a message from Dr. Worosilo the evening before the scheduled hearing, wherein Dr. Worosilo advised that she would be attending a funeral and would not appear before the Board. Mr. McDonough further represented that he was unable to thereafter reach Dr. Worosilo, as two calls which he placed to her went directly to her voice mail. We point out that the Board, through its counsel, offered to delay the start of the hearing until 1:00 p.m., to allow Dr. Worosilo time to appear, but Mr. McDonough was unable to represent that Dr. Worosilo would in fact appear before the Board if the hearing had been delayed.

WHEREFORE, it is on this 9th day of November, 2017

ORDERED, effective upon pronouncement on November 8, 2017:

1. The license of Dr. Sharon C. Worosilo, M.D., to practice medicine and surgery in the State of New Jersey is temporarily suspended. This Order shall take effect immediately, and shall remain in full force and effect until any further Order of this Board.

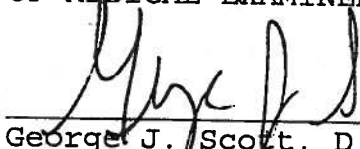
2. Dr. Worosilo may hereafter move for modification of the terms of this Order, however she shall be required, as a precondition to making any such motion, to fully participate with the Professional Assistance Program of New Jersey (the "PAP"). At a minimum, Dr. Worosilo shall first submit to a comprehensive evaluation by the PAP, which evaluation is to include: (1) an evaluation for possible substance abuse; (2) a psychiatric evaluation and (3) a comprehensive medical evaluation. Following any such evaluation, should the PAP then support any return to medical practice by Dr. Worosilo, she may petition the Board for modification of the terms of this Order.

3. Dr. Worosilo shall file an Answer to the Verified Complaint by November 20, 2017. If the matter is then deemed to be a "contested case," it will be transferred to the Office of Administrative Law for plenary hearing, however the Board shall retain limited jurisdiction solely to consider any petition for

modification of the full and complete temporary suspension of
license ordered herein.

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

By:

 *att D.O., D.P.M.*
George J. Scott, D.O., D.P.M.
Board President

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
OR CESSATION OF PRACTICE HAS BEEN ORDERED OR AGREED UPON**

APPROVED BY THE BOARD ON AUGUST 12, 2015

All licensees who are the subject of a disciplinary order or surrender or cessation order (herein after, "Order") of the Board shall provide the information required on the addendum to these directives. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq: Paragraphs 1 through 4 below shall apply when a licensee is suspended, revoked, has surrendered his or her license, or entered into an agreement to cease practice, with or without prejudice, whether on an interim or final basis. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains probationary terms or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. Prior to the resumption of any prescribing of controlled dangerous substances, the licensee shall petition the Director of Consumer Affairs for a return of the CDS registration if the basis for discipline involved CDS misconduct. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension, surrender or cessation, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The licensee subject to the order

is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The licensee subject to the order may contract for, accept payment from another licensee for rent at fair market value for office premises and/or equipment. In no case may the licensee subject to the order authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. In situations where the licensee has been subject to the order for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is (suspended), subject to the order for the payment of salaries for office staff employed at the time of the Board action.

A licensee whose license has been revoked, suspended or subject to a surrender or cessation order for one (1) year or more must immediately take steps to remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee subject to the order shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice.¹ The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board order.

¹ This bar on the receipt of any fee for professional services is not applicable to cease and desist orders where there are no findings that would be a basis for Board action, such as those entered adjourning a hearing.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended or who is ordered to cease practice for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A disqualified licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall also divest him/herself of all financial interest. Such divestiture of the licensee's interest in the limited liability company or professional service corporation shall occur within 90 days following the entry of the order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Division of Revenue and Enterprise Services demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation or sole member of the limited liability company, the corporation must be dissolved within 90 days of the licensee's disqualification unless it is lawfully transferred to another licensee and documentation of the valuation process and consideration paid is also provided to the Board.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that (during the three (3) month period) immediately following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of general circulation in the geographic vicinity in which the practice was conducted. If the licensee has a website, a notice shall be posted on the website as well.

At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

6. Payment of Civil and Criminal Penalties and Costs.

With respect to any licensee who is the subject of any order imposing a civil penalty and/or costs, the licensee shall satisfy the payment obligations within the time period ordered by the Board or be subject to collection efforts or the filing of a certificate of debt. The Board shall not consider any application for reinstatement nor shall any appearance before a committee of the Board seeking reinstatement be scheduled until such time as the Board ordered payments are satisfied in full. (The Board at its discretion may grant installment payments for not more than a 24 months period.)

As to the satisfaction of criminal penalties and civil forfeitures, the Board will consider a reinstatement application so long as the licensee is current in his or her payment plans.

NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ORDERS/ACTIONS

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website.

See <http://www.njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A.45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

Nothing herein is intended in any way to limit the Board, the Division of Consumer Affairs or the Attorney General from disclosing any public document.