

STATE OF FLORIDA
BOARD OF MEDICINE

Final Order No. DOH-16-2264- S -MQA

FILED DATE - 11.28.16
Department of Health

By: Anda Leonard
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2015-26309

LICENSE NO.: ME0045122

DAVID RALPH MOSS, M.D.,

Respondent.

_____ /

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) on November 4, 2016, in Jacksonville, Florida, for the purpose of considering Respondent's offer to voluntarily relinquish his license to practice medicine in the State of Florida. (Attached hereto as Exhibit A.) Said written offer of relinquishment specifically provides that Respondent agrees never again to apply for licensure as a physician in the State of Florida.

Upon consideration of the written offer of voluntary relinquishment, the charges, and the other documents of record, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED that Respondent's Voluntary Relinquishment of his license to practice medicine in the State of Florida is hereby ACCEPTED, and shall constitute discipline upon Respondent's license.

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

DONE AND ORDERED this 22nd day of November, 2016.

BOARD OF MEDICINE

Claudia Kemp
Claudia Kemp, J.D., Executive Director
For Sarvam TerKonda, 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 DAVID RALPH MOSS, M.D., 11555 Central Parkway, Suite 704, Jacksonville, Florida 32224; by email to Louise Wilhite-St. Laurent, Deputy General Counsel, Department of Health, at Louise.Stlaurent@flhealth.gov; and by email to Edward A. Tellechea, Chief Assistant Attorney General, at Ed.Tellechea@myfloridalegal.com this 28th day of November, 2016.

Dinda Leonard
Deputy Agency Clerk

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

STATE OF FLORIDA
DEPARTMENT OF HEALTH

CLERK: *Linda Beppard*
DATE *July 26, 2016*

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH Case No. 2015-26309

DAVID R. MOSS, M.D.,

Respondent.

_____ /

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent, David R. Moss, M.D., license number ME 45122, hereby voluntarily relinquishes Respondent's license to practice medicine in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. While Respondent neither admits nor denies the charges alleged against him in this case, Respondent understands that acceptance by the Board of Medicine (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner Data Bank as disciplinary action. Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to never reapply for licensure as a Medical Doctor in the State of Florida.

3. Respondent agrees to voluntarily cease practicing medicine immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of Medicine until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written final order in this matter.

4. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public.


5. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

6. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

7. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and

other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.


DATED this 25 day of July, 2016.


David R. Moss, M.D.

STATE OF FL
COUNTY OF Clay

Before me, personally appeared David Moss, whose identity is known to me or who produced FL DL (type of identification) and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 25 day of July, 2016.


NOTARY PUBLIC

My Commission Expires:





STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE REPORT



| | | |
|--|---|-------------------------|
| Office: Jacksonville | Date of Complaint: 9/25/15 | Case Number: 2015-26309 |
| Subject: DAVID RALPH MOSS, MD 11555 Central Parkway, Suite 704 Jacksonville, FL 32224 904-704-2527 | Source: PROFESSIONAL RESOURCE NETWORK, INC./ CHRISTINA GAUDIANA P.O. Box 16510 Fernandina Beach, FL 32035-3126 800-888-8776 | |
| Profession: MEDICAL DOCTOR | License Number and Status: 45122 CLEAR/ACTIVE | |
| Related Case(s): NONE | Period of Investigation and Type of Report: 9/28/15 to 10/5/15 FINAL | |
| Alleged Violation: SS. 456.072(1)(k)(z)(dd)(hh), 458.331(1)(g)(s)(t)(nn), F.S. | | |
| <p>Synopsis: This investigation is predicated upon receipt of a complaint submitted by PROFESSIONAL RESOURCE NETWORK, INC. / CHRISTINA GAUDIANA (PRN) in regard to DAVID RALPH MOSS, MD. On 1/6/15, MOSS was requested to undergo an updated Recovery Status Evaluation due to test results returning positive for Clonazepam, Vyvanse and Hydromorphone. On 2/4/15, MOSS stated that he recently resigned from his position at New Hope Family Services located at 11555 Central Parkway, Suite 704, Jacksonville, FL 32224. Due to MOSS' admission, PRN requested MOSS to sign a voluntary withdraw from practice (VWOP), and once again requested MOSS to undergo another evaluation. As of the writing of this report, MOSS has failed to comply with PRN's request. He further stated that as of 2/13/15, he continued to volunteer at Mission House located at 800 Shetter Ave, Jacksonville Beach, FL 32250 and worked one day a week at New Hope. On 9/15/15, MOSS' case with PRN was closed due to their inability to monitor him. Additionally, MOSS is believed to be impaired in a practice setting.</p> | | |
| <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Responded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: _____ Date: _____ Specialty: _____ </p> <p> Law Enforcement <input type="checkbox"/> Notified Date: _____ <input type="checkbox"/> Involved Agency: _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney? Attorney information: _____ </p> | | |
| Investigator/Date: Patricia Wonsey _____ Medical Quality Assurance Investigator 10/5/15 | Approved By/Date: Wendy Foy _____ District Manager | |
| Distribution: HQ/SU | | Page 1 |