



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Richard F. Daines, M.D.
*Commissioner
NYS Department of Health*

Keith W. Servis
*Director
Office of Professional Medical Conduct*

Public

Kendrick A. Sears, M.D.
Chair

Michael A. Gonzalez, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

August 8, 2007

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Richard Steven Schloss, M.D.
755 New York Avenue
Suite 200
Huntington, NY 11743

Re: License No. 154646

Dear Dr. Schloss:

Enclosed is a copy of Modification Order #BPMC 01-167 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect August 15, 2007.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order and return it to the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: John Zen Jackson, Esq.
Kalison, McBrie, Jackson & Murphy, P.A.
P.O. Box 4990
25 Independence Blvd.
Warren, NJ 07056

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
RICHARD STEVEN SCHLOSS, M.D.

MODIFICATION
ORDER

BPMC No. #01-167

Upon the proposed Application for a Modification Order of RICHARD STEVEN SCHLOSS, M.D. (Respondent), which is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application and its terms are adopted and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by mailing of a copy of this Modification Order by first class mail to Respondent at the address in the attached Application or by certified mail to Respondent's attorney, OR upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 8-6-07



KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
RICHARD STEVEN SCHLOSS, M.D.

APPLICATION FOR
MODIFICATION
ORDER

STATE OF NEW YORK)
COUNTY OF) ss.:

RICHARD STEVEN SCHLOSS, M.D., (Respondent) being duly sworn,
deposes and says:

That on or about July 1, 1983, I was licensed to practice as a physician in the State of New York, and issued License Number 154646 by the New York State Education Department.

My current address is 755 New York Avenue, Suite 200, Huntington, New York 11743, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC Order # 01-167(Attachment I) (henceforth "Original Order"), which was issued upon an Application For Consent Order signed by me on June 26,, 2001, (henceforth Original Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

- The sanction imposed in the Original Order was :

My license to practice medicine in the state of New York shall be suspended for a period of three years, with such suspension to be stayed beginning on July 1, 2001. I shall

be subject to a five year period of probation subject to the terms set forth in the appended Exhibit "B". *Furthermore, my license shall be limited so as to preclude my possession, prescribing, dispensing, or administering of Schedule II controlled substances and narcotic analgesics and to require that treatment of patients in need of treatment for pain or otherwise requiring such controlled substances be referred for such treatment with an appropriate, board certified physician. I shall be required to complete Continuing Medical Education Courses as set forth in Exhibit "B."* (Pertinent part in italics.)

The sanction imposed shall be modified to read as follows:

My license to practice medicine in the state of New York shall be suspended for a period of three years, with such suspension to be stayed beginning on July 1, 2001. I shall be subject to a five year period of probation subject to the terms set forth in the appended Exhibit "B". *Furthermore, my license shall be limited so as to preclude my possessing, prescribing, dispensing, or administering Schedule II narcotic controlled substances and to require that treatment of patients in need of treatment for pain or otherwise requiring such controlled substances be referred for such treatment with an appropriate, board certified physician. I shall be required to complete Continuing Medical Education Courses as set forth in Exhibit "B."* (Pertinent part in italics.)

All remaining Terms and Conditions will continue as written in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.


I understand and agree that the attorney for the Bureau of Professional Medical Conduct, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE: 7/17/2007

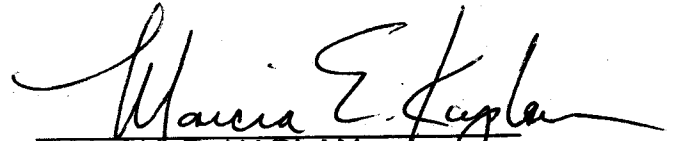
Richard Steven Schloss M.D.
RICHARD STEVEN SCHLOSS, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Application and to the proposed penalty based on its terms and conditions.


DATE: 7/18/07


JOHN ZEN JACKSON, ESQ.
Attorney for Respondent

DATE: July 19, 2007


MARCIA E. KAPLAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 8/2/07


KEITH W. SERVIS
Director
Office of Professional Medical Conduct

ATTACHMENT I



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
*Commissioner
NYS Department of Health*

Dennis P. Whalen
*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

William P. Dillon, M.D.
Chair

Denise M. Bolan, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

July 20, 2001

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Richard Steven Schloss, M.D.
755 New York Ave
Suite 200
Huntington, New York 11743

RE: License No. 154646

Dear Dr. Schloss:

Enclosed please find Order #BPMC 01-167 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect July 1, 2001.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: David Dince, Esq.
Gordon and Silber, Esq.
355 Lexington Avenue
New York, NY 10017-6603

Terrance Sheehan, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
RICHARD STEVEN SCHLOSS, M.D.

CONSENT

ORDER

BPMC No. 01-167

Upon the proposed agreement of RICHARD STEVEN SCHLOSS, M.D.
(Respondent) for Consent Order, which application is made a part hereof, it is agreed to
and

ORDERED, that the application and the provisions thereof are hereby adopted and
so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which
may be accomplished by mailing, by first class mail, a copy of the Consent Order to
Respondent at the address set forth in this agreement or to Respondent's attorney by
certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney,
whichever is earliest.

SO ORDERED.

DATED: 6/28/01



WILLIAM P. DILLON, M.D.

Chair

State Board for Professional
Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
RICHARD STEVEN SCHLOSS, M.D.

CONSENT
AGREEMENT
AND
ORDER

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

RICHARD STEVEN SCHLOSS, M.D., (Respondent) being duly sworn,
deposes and says:

That on or about July 1, 1983, I was licensed to practice as a physician in the State of New York, having been issued License No. 154646 by the New York State Education Department.

My current address is 755 New York Avenue, Suite 200, Huntington, New York 11743, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I agree not to contest the charges, in full satisfaction of the charges against me. I hereby agree to the following penalty:

My license to practice medicine in the state of New York shall be suspended for a period of three years, with such suspension to

be stayed except for a three month period of actual suspension to be served beginning on July 1, 2001. I shall be subject to a five year period of probation subject to the terms set forth in the appended Exhibit "B". Furthermore, my license shall be limited so as to preclude my possession, prescribing, dispensing, or administering of Schedule II controlled substances and narcotic analgesics and to require that treatment of patients in need of treatment for pain or otherwise requiring such controlled substances be referred for such treatment with an appropriate, board certified physician. I shall be required to complete Continuing Medical Education courses as set forth in Exhibit "B."

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain active registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his/her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its

investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.


RICHARD STEVEN SCHLOSS, M.D.
RESPONDENT

DATED JUNE 26, 2001

Sworn to before me

on this 26 day of

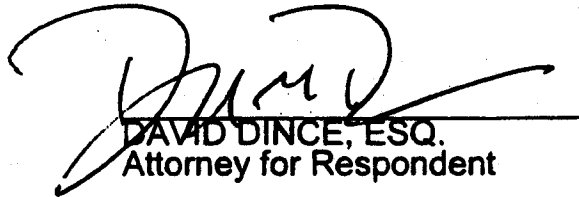
June 2001


NOTARY


MARSHA DRUCKER
Notary Public State of New York
No. 01DR4672081
Qualified in Suffolk County
Commission Expires November 30, 2002

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.


DATE: 6/26/01


DAVID DINCE, ESQ.
Attorney for Respondent

DATE: 6/27/01


TERRENCE SHEEHAN
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 6/28/01


DENNIS J. GRAZIANO
Director
Office of Professional
Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
RICHARD STEVEN SCHLOSS, M.D.

STATEMENT
OF
CHARGES

RICHARD STEVEN SCHLOSS, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 1, 1983, by the issuance of license number 154646 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. With respect to each of the patients listed in the Appendix, Respondent's care and treatment departed from minimally accepted standards of practice in the following respects:
1. Respondent inappropriately prescribed controlled medications.
 2. Respondent failed to perform and record mental status examinations.
 3. Respondent failed to maintain records which completely and accurately reflect the patients' conditions and the Respondent's rationales for treatments.

EXHIBIT "A"

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. Paragraphs A and A(1) - A(3).

DATED: May , 2001
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

Terms of Probation

1. Respondent shall conduct himself/herself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession. Respondent acknowledges that if s/he commits professional misconduct as enumerated in New York State Education Law §6530 or §6531, those acts shall be deemed to be a violation of probation and that an action may be taken against Respondent's license pursuant to New York State Public Health Law §230(19).
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
4. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
5. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his/her staff at practice locations or OPMC offices.

6. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.

PRACTICE MONITOR

7. Within thirty days of the effective date of the order, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.
 - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 25) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.

CONTINUING MEDICAL EDUCATION

8. Respondent shall take and complete courses in patient evaluation, record keeping, substance abuse and chronic pain management, or equivalent programs proposed by Respondent and subject to the prior written approval of the Director. Respondent shall complete the course or program within ninety (90) days of the effective date of this Order, unless the Director of OPMC approves an extension in writing.
9. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.