

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

HOLAVANAHALLI KESHAVA-  
PRASAD, M.D. AND H. KESHAVA  
PRASAD, MD, PLLC,

Petitioner,

v.

THE EIGHTH JUDICIAL DISTRICT  
COURT OF THE STATE OF NEVADA  
ex rel. THE COUNTY OF CLARK, AND  
THE HONORABLE JUDGE GLORIA  
STURMAN,

Respondent,

and

LASHAWANDA WATTS,

Real Party in Interest,

and

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS  
OF NEVADA LLC; AMIR QURESHI,  
M.D.; ROE AMIR QURESHI, M.D.  
EMPLOYER; ALI HAQ, M.D.; ROE ALI  
HAQ, M.D. EMPLOYER; CHARLES  
KIM DANISH, D.O.; PLATINUM  
HOSPITALISTS, LLP; DOES 1-35; ROE  
CORPORATIONS 1-35, inclusive,

Additional Parties in Interest.

Supreme Court No.:

Electronically Filed  
Jun 22 2022 04:16 p.m.

District Court No. A-21-838508-C  
Elizabeth A. Brown  
Clerk of Supreme Court

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**PETITIONER'S APPENDIX TO PETITION FOR WRIT OF MANDAMUS  
VOL. I**

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## CERTIFICATE OF MAILING

I hereby certify that on this 20<sup>th</sup> day of June 2022, I served the foregoing  
**PETITIONER'S APPENDIX TO PETITION FOR WRIT OF MANDAMUS**  
**VOL. I** upon the following parties by placing a true and correct copy thereof in the  
United States Mail in Las Vegas, Nevada with first class postage fully prepaid:

The Honorable Gloria Sturman  
The Eighth Judicial District Court  
Regional Justice Center  
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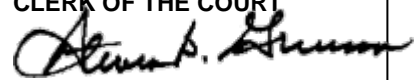
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*Dignity Select Nevada, LLC*

/s/ Heidi Brown

An employee of LEWIS BRISBOIS BISGAARD  
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# EXHIBIT 1



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CASE NO: A-21-838308-C  
Department 26

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

v.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, MD, PLLC; AMIR QURESHI, M.D.;  
ROE AMIR QURESHI, M.D. EMPLOYER;  
ALI HAQ, M.D.; ROE ALI HAQ, M.D.  
EMPLOYER; CHARLES KIM DANISH, D.O.;  
PLATINUM HOSPITALISTS, LLP; DOES 1-  
35; ROE CORPORATIONS 1-35, inclusive,

Defendants.

Case No.:

Dept. No.:

**COMPLAINT**

**Arbitration Exemption: Medical  
Malpractice**

**GENERAL ALLEGATIONS**

1. Plaintiff, LASHAWANDA WATTS, is a resident of Clark County, Nevada.
2. Defendant, VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL, is a Delaware Corporation licensed to do business and actually doing business in Clark County, Nevada.

3. Defendant, ABDUL TARIQ, D.O., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

4. Defendant, NEUROLOGY CLINICS OF NEVADA LLC is a Nevada Limited Liability Company licensed to do business and actually doing business in Clark County, Nevada.

5. Defendant, HOLAVANAHALLI KESHAVA-PRASAD, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

6. Defendant, H. KESHAVA PRASAD, MD, PLLC, is a Nevada Professional Limited Liability Company licensed to do business and actually doing business in Clark County, Nevada.

7. Defendant, AMIR QURESHI, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

8. Defendant, ROE AMIR QURESHI, M.D. EMPLOYER, is believed to be Defendant Amir Qureshi, M.D.'s employer at the time of the events alleged in this matter. The true name and/or capacities of ROE AMIR QURESHI, M.D. EMPLOYER is unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of ROE AMIR QURESHI, M.D. EMPLOYER when ascertained.

9. Defendant, ALI HAQ, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

10. Defendant, ROE ALI HAQ, M.D. EMPLOYER, is believed to be Defendant Ali Haq, M.D.'s employer at the time of the events alleged in this matter. The true name and/or capacities of ROE ALI HAQ, M.D. EMPLOYER is unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of ROE ALI HAQ, M.D. EMPLOYER when ascertained.

11. Defendant, CHARLES KIM DANISH, D.O., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

12. Defendant, PLATINUM HOSPITALISTS, LLP, is a Nevada Limited Liability Partnership, licensed to do business and actually doing business in Clark County, Nevada.

13. Defendants DOES 1-5 and ROE CORPORATIONS 1-5 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 1-5 and ROE CORPORATIONS 1-5 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 1-5 and ROE CORPORATIONS 1-5 when they are ascertained.

14. Defendants DOES 6-10 and ROE CORPORATIONS 6-10 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) ABDUL TARIQ, D.O. and/or NEUROLOGY CLINICS OF NEVADA LLC and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 6-10 and ROE CORPORATIONS 6-10 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 6-10 and ROE CORPORATIONS 6-10 when they are ascertained.

15. Defendants DOES 11-15 and ROE CORPORATIONS 11-15 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) HOLAVANAHALLI KESHAVA-PRASAD, M.D. and/or H. KESHAVA PRASAD, MD, PLLC and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 11-15 and ROE CORPORATIONS 11-15 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 11-15 and ROE CORPORATIONS 11-15 when they are ascertained.

1           16. Defendants DOES 16-20 and ROE CORPORATIONS 16-20 are individuals,  
2 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
3 partners in association with Defendant(s) AMIR QURESHI, M.D. and/or ROE AMIR QURESHI,  
4 M.D. EMPLOYER and may have in some way caused or contributed to Plaintiff's damages as  
5 alleged herein. The true names and/or capacities of DOES 16-20 and ROE CORPORATIONS 16-  
6 20 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the  
7 true names and capacities of DOES 6-10 and ROE CORPORATIONS 16-20 when they are  
8 ascertained.  
9

10           17. Defendants DOES 21-25 and ROE CORPORATIONS 21-25 are individuals,  
11 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
12 partners in association with Defendant(s) ALI HAQ, M.D. and/or ROE ALI HAQ, M.D.  
13 EMPLOYER and may have in some way caused or contributed to Plaintiff's damages as alleged  
14 herein. The true names and/or capacities of DOES 21-25 and ROE CORPORATIONS 21-25 are  
15 unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true  
16 names and capacities of DOES 21-25 and ROE CORPORATIONS 21-25 when they are  
17 ascertained.  
18

19           18. Defendants DOES 26-30 and ROE CORPORATIONS 26-30 are individuals,  
20 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
21 partners in association with Defendant(s) CHARLES KIM DANISH, D.O. and/or PLATINUM  
22 HOSPITALISTS, LLP and may have in some way caused or contributed to Plaintiff's damages as  
23 alleged herein. The true names and/or capacities of DOES 26-30 and ROE CORPORATIONS 26-  
24 30 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the  
25 true names and capacities of DOES 26-30 and ROE CORPORATIONS 26-30 when they are  
26 ascertained.  
27  
28



19. Defendants DOES 31-35 and ROE CORPORATIONS 31-35 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners that may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 31-35 and ROE CORPORATIONS 31-35 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 31-35 and ROE CORPORATIONS 31-35 when they are ascertained.

20. Defendants are agents, servants, employees, employers, trade venturers, and/or partners of each other. At the time of the events described in this Complaint, Defendants were acting within the color, purpose and scope of their relationships, and by reason of their relationships, Defendants may be jointly and severally and/or vicariously responsible and liable for the acts and omissions of their Co-Defendants.

#### **JURISDICTIONAL STATEMENTS**

21. Plaintiff repeats and realleges paragraphs 1-20 of this Complaint as though fully set forth herein.

22. This Court has personal jurisdiction over the parties as both the plaintiffs and at least one of the defendants are residents of Clark County, Nevada.

23. This Court has subject matter jurisdiction over this matter pursuant to NRS 4.370(1), as the amount in controversy exceeds \$15,000.00, exclusive of attorney's fees, interest, and costs.

#### **FACTUAL ALLEGATIONS**

24. Plaintiff repeats and realleges paragraphs 1-23 of this Complaint as though fully set forth herein.

25. On July 20, 2020, 30-year-old Plaintiff Lashawanda Watts presented to Defendant Desert Springs Hospital in Clark County, Nevada complaining of increasing discomfort and discoloration in both of her feet.

26. According to Defendant Desert Springs Hospital's website: "All of the physicians caring for you while hospitalized, including consultants and physician assistants, work under the direction of your personal physician as a "team" to provide the best possible medical care. Your personal physician will often be referred to as your attending physician."

27. Defendant Charles Kim Danish, D.O. Defendant Charles Kim Danish, D.O. was assigned by Desert Spring Hospital to be Ms. Watts' Attending Physician from her admission on July 20, 2020 to Discharge on July 27, 2020.

28. On July 23, 2020, Ms. Watts was seen by Defendant Abdul Tariq, DO for consultation. As a result of Ms. Watts' condition, Dr. Tariq ordered a "vasculitis panel."

29. On July 25, 2020, Defendant Amir Qureshi, M.D. consulted on Ms. Watts' case due to complaints of "left foot tingley, swollen and blue." Dr. Qureshi recommended Ms. Watts continue Rocephin now, stop gentamicin, follow echocardiogram and further recommendations to follows.

30. Ms. Watts was treated by Defendant Ali Haq, M.D. on July 23, 2020, July 24, 2020, and July 26, 2020. On all three occasions, Dr. Haq noted bilateral lower extremity paresthesia and blue toes.

31. On July 27, 2020, Ms. Watts was seen by Defendant Holavanahalli Keshava-Prasad, M.D. for possible vasculitis. Dr. Keshava-Prasad noted Ms. Watts' pain in the toes and discoloration. Dr. Keshava-Prasad's assessment on July 27, 2020 stated: "diagnostic assessment, probable vasculitis, no definite evidence of hematological disorder but anticardiolipin antibodies positive IgG, Nonspecific, Hepatitis C negative, may check for cryoglobulins but patient appears to have chronic consider autoimmune diseases, ANA rheumatoid factor and autoimmune profile and rheumatology evaluation. Consider calcium channel blockers to improve circulation to the steroids. Skin biopsy may be considered but without definite evidence for vasculitic lesions may be

negative.” Dr. Keshava-Prasad’s note on July 27, 2020 also indicated Ms. Watt’s was anticipated to be discharged to “Encompass”.

32. During her Desert Springs Hospitalization from July 20, 2020 to July 27, 2020, Ms. Watts’ toes became progressively more cyanotic. On July 27, 2020, Defendant Charles Kim Danish, D.O. discharged Ms. Watts to Encompass Health Rehabilitation Hospital of Henderson.

33. Due to her compromised vascular condition, Encompass Rehabilitation Hospital of Henderson discharged and transferred Ms. Watts on July 28, 2020 to UMC Medical Center for a more acute care and urgent medical workup.

34. Ms. Watts was evaluated at University Medical Center and ultimately transferred on July 30, 2020 to a tertiary care center with rheumatology capabilities to have Ms. Watts properly evaluated, because UMC does not have a rheumatologist performing inpatient care. Ms. Watts was transferred to Dixie Regional Medical Center in St. George, Utah.

35. While at Dixie Regional Medical Center, Ms. Watts’ diagnosis of ANCA vasculitis was confirmed and treated.

36. Unfortunately, lack of blood flow to her toes caused avascular necrosis and she ultimately lost her right 1<sup>st</sup>, 2<sup>nd</sup> and 4<sup>th</sup> digits and left 2<sup>nd</sup> digit to amputation. Other digits autoamputated.

#### **FIRST CAUSE OF ACTION**

(Hospital Negligence – Desert Springs Hospital)

37. Plaintiff repeats and realleges paragraphs 1-36 of this Complaint as though fully set forth herein.

38. Plaintiff Lashawanda Watts presented to Defendant VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL, for care and treatment to her lower extremities.

39.

40. Defendant DESERT SPRINGS HOSPITAL holds itself out to provide quality healthcare to residents of Southern Nevada.

41. Defendant DESERT SPRINGS HOSPITAL and/or its physicians, agents, employees, nursing staff, and/or medical team had a duty to provide competent and prompt medical care to its patients.

42. Defendant DESERT SPRINGS HOSPITAL and/or its physicians, agents, employees, nursing staff, and/or medical team breached its duty to Plaintiff Lashawanda Watts, in numerous ways, including but not limited to:

a. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell below the standard of care in the following ways:

i. The providers at Desert Spring Hospital neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

ii. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

iii. Each provider has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on

7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care.

- iv. The provider Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient's departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.
- v. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.
- vi. The providers at Desert Springs fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered.
- vii. Vasculitis is a rare and deadly disease. The physicians at Desert Springs considered the diagnosis of vasculitis from 7/23/20 but did not have the

1 expertise to manage the vasculitis. The standard of care set out by the  
2 EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as  
3 soon as the providers at Desert Springs Hospital were concerned about a  
4 diagnosis of vasculitis, especially in light of the lack of availability of  
5 rheumatology consultants, and especially with worsening symptom, the  
6 providers should have transferred Miss Watts to a tertiary care center so as to  
7 prevent progressive damage to imperiled tissues. Instead, the providers sent  
8 Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on  
9 7/27/20 despite the fact that Miss Watts was demonstrating worsening  
10 symptoms and continued 6/10 pain. This led to a delay in care as the patient  
11 was referred from Encompass Health back to a second acute care hospital and  
12 finally Dixie Regional Medical Center on 7/31/20 at which point she was  
13 evaluated by a rheumatologist.  
14

15  
16 viii. This substandard treatment and delay, caused by the providers at Desert  
17 Springs Hospital, decreased a substantial chance of saving her digits from  
18 gangrene and ultimately amputation/auto-amputation.

19 (See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as  
20 Exhibits “1” and “2”).

21  
22 43. As a direct and proximate result of Defendant DESERT SPRINGS HOSPITAL’s  
23 breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her  
24 toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit “2”).

25 44. As a further direct and proximate result of the actions and/or omissions of  
26 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
27 of Fifteen Thousand Dollars.  
28

45. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

46. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

47. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

## **SECOND CAUSE OF ACTION**

(Medical Malpractice – Abdul Tariq, D.O.)

48. Plaintiff repeats and realleges paragraphs 1-47 of this Complaint as though fully set forth herein.

49. Defendant ABDUL TARIQ, D.O. undertook the responsibility to do all things necessary and proper in connection to care for and treat Lashawanda Watts.

50. Dr. Tariq further held himself out to possess the degree of skill, ability, and learning common to a doctor of osteopathic medicine.

51. Dr. TARIQ was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Tariq neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the

1 diagnosis to be confirmed. Trials dating back to landmark studies in the  
2 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
3 steroids in the early management of disease.

- 4
- 5 ii. Dr. Tariq has the training and capability to initiate IV corticosteroids to arrest  
6 the inflammatory process while awaiting further work up and management.
- 7 iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose  
8 of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
9 given on 7/27/20. Early and consistent administration of IV steroids would  
10 have been safe and effective at treating vasculitis while working through the  
11 appropriate differential diagnosis and arranging further care.
- 12 iv. Tariq Abdul MD did not follow up or address a blood test result that was  
13 ordered and resulted prior to the patient’s departure from Desert Springs  
14 Hospital which would have assisted in the diagnosis of vasculitis.
- 15 v. The standard of care for all medical providers is to obtain and review the  
16 results of tests that were ordered by that provider, and to do so in a timely  
17 fashion. In addition, if a provider is uncertain of the meaning of a result,  
18 expert opinion either through reviewing the literature or consulting with an  
19 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
20 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
21 or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider,  
22 including Dr. Tariq, made note of or mentioned this result. However, this  
23 result was included in the discharge summary by Dr. Danish, such that it is  
24 known that the blood test result was available at that time.
- 25  
26  
27  
28



vi. Dr. Tariq fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Tariq considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Tariq was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vii. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

52. As a direct and proximate result of Defendant ABDUL TARIQ, D.O.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (*See*, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

53. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

54. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

55. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

56. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

### **THIRD CAUSE OF ACTION**

(Medical Malpractice – Holavanahalli Keshava-Prasad, M.D.)

57. Plaintiff repeats and realleges paragraphs 1-56 of this Complaint as though fully set forth herein.

58. Defendant HOLAVANAHALLI KESHA-PRASAD, M.D. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

59. Defendant HOLAVANAHALLI KESHA-PRASAD, M.D. further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

60. Dr. Keshava-Prasad was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Keshava-Prasad neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

ii. Dr. Keshava-Prasad has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care. Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient’s departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

iv. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result,

expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.

- v. Dr. Keshava-Prasad fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Keshava-Prasad considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Keshava-Prasad was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally

Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

61. As a direct and proximate result of Defendant KESHA-VA-PRASAD, M.D.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

62. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

63. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

64. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

65. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**FOURTH CAUSE OF ACTION**

(Medical Malpractice – Amir Qureshi, M.D.)

66. Plaintiff repeats and realleges paragraphs 1-65 of this Complaint as though fully set forth herein.

67. Defendant AMIR QURESHI, M.D. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

68. Defendant AMIR QURESHI, M.D. further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

69. Dr. Qureshi was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Qureshi neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

ii. Dr. Qureshi has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the

appropriate differential diagnosis and arranging further care. Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient's departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

- iv. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.
- v. Dr. Qureshi fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Qureshi considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Qureshi was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so

as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

70. As a direct and proximate result of Defendant AMIR QURESHI, M.D.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

71. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

72. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

73. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering,



disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

74. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**FIFTH CAUSE OF ACTION**  
(Medical Malpractice – ALI HAQ, M.D.)

75. Plaintiff repeats and realleges paragraphs 1-74 of this Complaint as though fully set forth herein.

76. Defendant ALI HAQ, M.D, undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

77. Defendant ALI HAQ, M.D, further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

78. Dr. Haq was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

- a. Dr. Haq neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.
  - i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.
  - ii. Dr. Haq has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

- iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care. Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient’s departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.
- iv. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.
- v. Dr. Haq fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Haq considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to

transfer a patient to a higher level of care. Thus as soon as Dr. Haq was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

- vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

79. As a direct and proximate result of Defendant ALI HAQ, M.D.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

80. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

81. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

82. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

83. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**SIXTH CAUSE OF ACTION**

(Medical Malpractice – CHARLES KIM DANISH, D.O.)

84. Plaintiff repeats and realleges paragraphs 1-83 of this Complaint as though fully set forth herein.

85. Defendant CHARLES KIM DANISH, D.O. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

86. Defendant CHARLES KIM DANISH, D.O. further held himself out to possess the degree of skill, ability, and learning common to a doctor of osteopathic medicine.

87. Dr. Danish was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Danish neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the

1 diagnosis to be confirmed. Trials dating back to landmark studies in the  
2 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
3 steroids in the early management of disease.

4 ii. Dr. Danish has the training and capability to initiate IV corticosteroids to  
5 arrest the inflammatory process while awaiting further work up and  
6 management.

7  
8 iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose  
9 of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
10 given on 7/27/20. Early and consistent administration of IV steroids would  
11 have been safe and effective at treating vasculitis while working through the  
12 appropriate differential diagnosis and arranging further care. Tariq Abdul  
13 MD did not follow up or address a blood test result that was ordered and  
14 resulted prior to the patient’s departure from Desert Springs Hospital which  
15 would have assisted in the diagnosis of vasculitis.

16  
17 iv. The standard of care for all medical providers is to obtain and review the  
18 results of tests that were ordered by that provider, and to do so in a timely  
19 fashion. In addition, if a provider is uncertain of the meaning of a result,  
20 expert opinion either through reviewing the literature or consulting with an  
21 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
22 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
23 or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider,  
24 including Dr. Tariq, made note of or mentioned this result. However, this  
25 result was included in the discharge summary by Dr. Danish, such that it is  
26 known that the blood test result was available at that time.  
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v. Dr. Danish fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Danish considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Danish was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").



1 AMIR QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and  
2 ROE CORPORATIONS 1-35.

3 95. Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners, nurses,  
4 technicians, medical assistants, and/or other medical professionals or staff, including but not limited  
5 to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHA-PRASAD, M.D.; AMIR  
6 QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and ROE  
7 CORPORATIONS 1-35 were employees, servants, agents, and/or associates of Defendant DESERT  
8 SPRINGS HOSPITAL.  
9

10 96. Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners, nurses,  
11 technicians, medical assistants, and/or other medical professionals or staff, including but not limited  
12 to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHA-PRASAD, M.D.; AMIR  
13 QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and ROE  
14 CORPORATIONS 1-35 were acting within the course and scope of their employment with  
15 DESERT SPRINGS HOSPITAL at the time of the negligent acts alleged in this Complaint.  
16

17 97. Because Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners,  
18 nurses, technicians, medical assistants, and/or other medical professionals or staff, including but not  
19 limited to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHA-PRASAD, M.D.;  
20 AMIR QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and  
21 ROE CORPORATIONS 1-35 were acting within the course and scope of their employment with  
22 DESERT SPRINGS HOSPITAL at the time of the negligent acts alleged in this Complaint,  
23 Defendant DESERT SPRINGS HOSPITAL is vicariously liable for their negligent acts and  
24 omissions.  
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**EIGHTH CAUSE OF ACTION**

(Vicarious Liability – Neurology Clinics of Nevada LLC)

98. Plaintiff repeats and realleges paragraphs 1-97 of this Complaint as though fully set forth herein.

99. During the time LASHAWANDA WATTS was under the care and treatment of Defendant ABDUL TARIQ, D.O., Defendant ABDUL TARIQ, D.O., was an employee, servant, agent, and/or associate of Defendant(s) NEUROLOGY CLINICS OF NEVADA LLC and/or DOES 6-10 and/or ROE CORPORATIONS 6-10.

100. Defendant ABDUL TARIQ, D.O. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

101. Because Defendant ABDUL TARIQ, D.O. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant ABDUL TARIQ, D.O.

**NINTH CAUSE OF ACTION**

(Vicarious Liability – H. Keshava Prasad, MD, PLLC)

102. Plaintiff repeats and realleges paragraphs 1-101 of this Complaint as though fully set forth herein.

103. During the time LASHAWANDA WATTS was under the care and treatment of Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D., Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D., was an employee, servant, agent, and/or associate of Defendant(s) H. KESHAVA PRASAD, MD, PLLC, and/or DOES 11-15 and/or ROE CORPORATIONS 11-15.

104. Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

105. Because Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D.

**TENTH CAUSE OF ACTION**

(Vicarious Liability – ROE AMIR QURESHI, M.D. EMPLOYER)

106. Plaintiff repeats and realleges paragraphs 1-105 of this Complaint as though fully set forth herein.

107. During the time LASHAWANDA WATTS was under the care and treatment of Defendant AMIR QURESHI, M.D., Defendant AMIR QURESHI, M.D., was an employee, servant, agent, and/or associate of Defendant(s) ROE AMIR QURESHI, M.D. EMPLOYER, and/or DOES 16-20 and/or ROE CORPORATIONS 16-20.

108. Defendant AMIR QURESHI, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

109. Because Defendant AMIR QURESHI, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant AMIR QURESHI, M.D.

**ELEVENTH CAUSE OF ACTION**

(Vicarious Liability – ROE ALI HAQ, M.D. EMPLOYER)

110. Plaintiff repeats and realleges paragraphs 1-109 of this Complaint as though fully set forth herein.

111. During the time LASHAWANDA WATTS was under the care and treatment of Defendant ALI HAQ, M.D., Defendant ALI HAQ, M.D., was an employee, servant, agent, and/or

1 associate of Defendant(s) ROE ALI HAQ, M.D. EMPLOYER, and/or DOES 21-25 and/or ROE  
2 CORPORATIONS 21-25.

3 112. Defendant ALI HAQ, M.D. was acting within the course and scope of his  
4 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

5 113. Because Defendant ALI HAQ, M.D. was acting within the course and scope of his  
6 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his  
7 co-Defendants are vicariously liable for the negligent acts and omissions of Defendant ALI HAQ,  
8 M.D.  
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10 **TWELFTH CAUSE OF ACTION**

11 (Vicarious Liability – PLATINUM HOSPITALISTS, LLP)

12 114. Plaintiff repeats and realleges paragraphs 1-113 of this Complaint as though fully set  
13 forth herein.

14 115. During the time LASHAWANDA WATTS was under the care and treatment of  
15 Defendant CHARLES KIM DANISH, D.O., Defendant CHARLES KIM DANISH, D.O., was an  
16 employee, servant, agent, and/or associate of Defendant(s) PLATINUM HOSPITALISTS, LLP,  
17 and/or DOES 26-30 and/or ROE CORPORATIONS 26-30.  
18


19 116. Defendant CHARLES KIM DANISH, D.O. was acting within the course and scope  
20 of his employment with his co-Defendants at the time of the negligent acts alleged in this  
21 Complaint.

22 117. Because Defendant CHARLES KIM DANISH, D.O. was acting within the course  
23 and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this  
24 Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of  
25 Defendant CHARLES KIM DANISH, D.O.  
26  
27  
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1 WHEREFORE Plaintiff prays for judgment against Defendants for her First, Second, Third,  
2 Fourth, Fifth, Sixth, Seventh, Eighth, Ninth, Tenth, Eleventh and Twelfth Causes of Action as  
3 follows:

- 4 1) For special damages in an amount in excess of \$15,000.00.
- 5 2) For general damages in an amount in excess of \$15,000.00.
- 6 3) For costs and attorney's fees in an amount to be proven at or after trial.
- 7 4) For all such further relief this Court may deem just and proper.

8 DATED this 22<sup>nd</sup> day of July, 2021.



11 WILLIAM R. BRENSKE, ESQ.

12 Nevada Bar No. 1806

13 JENNIFER R. ANDREEVSKI, ESQ.

14 Nevada Bar No. 9095

15 RYAN D. KRAMETBAUER, ESQ.

16 Nevada Bar No. 12800

17 BRENSKE ANDREEVSKI & KRAMETBAUER

18 3800 Howard Hughes Parkway, Suite 500

19 Las Vegas, NV 89169

20 Telephone: (702) 385-3300

21 Facsimile: (702) 385-3823

22 Email: bak@baklawlv.com

23 *Attorneys for Plaintiffs*

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Exhibit “1”

**AFFIDAVIT OF REBECCA M. SHEPHERD, M.D.**

STATE OF PENNSYLVANIA       )  
  ) ss.  
COUNTY OF Lancaster       )

Rebecca M. Shepherd, being first duly sworn under penalty of perjury, hereby deposes and states as follow:

1. I, Rebecca M. Shepherd MD, am a licensed physician Board Certified in Rheumatology and Internal Medicine. I am licensed to practice medicine in Pennsylvania. I currently practice in areas of medicine applicable in this case. I am familiar with the standards of care for medical practices that currently relate to issues of care and treatment of patients such as Lashawanda Watts (Date of birth 4/9/90). Patient is also referenced as Lashawnda and Lashawanda. I am familiar with the standards of care in this case by virtue of my training, education, and experience of 15 years in the field of rheumatology. I can fairly evaluate the quality of care that was provided. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:

- Desert Springs Hospital Medical Center, Las Vegas Nevada;
- Dixie Regional Medical Center St. George Utah;
- Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada; and
- University Medical Center, Las Vegas Nevada

3. The records are the type usually relied upon by reviewers such as myself. These records appear to be reliable. While it is true that all patient interactions are unique, there are specific medical practices that a treating physician would be expected to provide to meet the applicable standard of care. I have specifically reviewed these records to determine whether within a reasonable degree of medical probability that standard of care was met.

4. After review of the aforementioned data, I have come to the following conclusions:

5. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell below the standard of care in the following ways:

6. The providers neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

7. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

8. While I do not expect the providers to undertake and commit to the treatment of vasculitis, each provider has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up

and management. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20 but did not provide for consistent IV steroids upon discharge to a different facility. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care.

9. The provider Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient’s departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

10. The standard of care for all medical providers is to obtain and review the results of tests that are ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, obtaining further insight either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.

11. The providers at Desert Springs fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered.



12. Vasculitis is a rare and deadly disease. The physicians at Desert Springs considered the diagnosis of vasculitis from 7/23/20 onward but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as the providers at Desert Springs were concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, the providers should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues.

13. Instead, the providers sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

14. These opinions are given within a reasonable degree of medical certainty. I specifically reserve the right to add to, amend or subtract from this report as new evidence comes into discovery or as new opinions are formulated.

I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 20th day of July 2021.

*rebecca shepherd*

**REBECCA M. SHEPHERD, M.D.**

Virginia  
County of Loudoun

SUBSCRIBED AND SWORN TO  
before me this 20th day of July 2021.



Notarized online using audio-video communication

*Donna M Sweeney*

Donna M Sweeney

NOTARY PUBLIC

### **References**

Mukhtyar C, Guillevin L, Cid MC, *et al* EULAR recommendations for the management of primary small and medium vessel vasculitis. *Annals of the Rheumatic Diseases* 2009;68:310-317.

Fauci AS, Haynes BF, Katz P, Wolff SM. Wegener's granulomatosis: prospective clinical and therapeutic experience with 85 patients for 21 years. *Ann Intern Med.* 1983 Jan;98(1):76-85. doi: 10.7326/0003-4819-98-1-76. PMID: 6336643.

REBECCA M. SHEPHERD, MD MBA FACP FACR  
RheumMedEx@gmail.com

## **CURRENT EMPLOYMENT**

2006- present Partner, Arthritis and Rheumatology Specialists, Penn Medicine Lancaster  
General Health Physicians

## **WORK EXPERIENCE**

2017-present Chief of Rheumatology, Penn Medicine- Lancaster General Health

2016-present Director of Osteoporosis Care, Penn Medicine- Lancaster General Health

2012-2014 Senior Physician Leader for Medical Specialty Practices, Lancaster  
General Health Physicians

2011-2012 Interim Senior Vice President, Lancaster General Health Physicians

2010-2011 Senior Physician Leader for Medical Specialty Practices, Lancaster  
General Health Physicians

2006-present Instructor, Family Practice Residency Program, Penn Medicine- Lancaster  
General Health

2002-2003 Hospitalist, Oncology and Bone Marrow Transplant Unit, Washington  
University School of Medicine

1996-1997 Research Assistant, Vanderbilt Medical School

## **BOARD CERTIFICATIONS/MEMBERSHIPS**

Board Certification	Rheumatology	2005-2025
	Internal Medicine	2002-2022
	Clinical Bone Densitometry	2006-2021

Certification	Fracture Liaison Service, National Osteoporosis Foundation	2018
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Fellow	American College of Physicians American College of Rheumatology
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Member	American College of Physicians
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American College of Rheumatology  
 Pennsylvania Society of Medicine  
 Lancaster County Medicine and Dental Society  
 National Osteoporosis Foundation  
 International Society of Bone Densitometry

## COMMITTEES AND BOARDS

2014-present	Board of Directors, Lancaster General Hospital Community Care Collaborative
2016-2018	Board of Directors, Lancaster County Medical and Dental Society
2015-2017	Clinical Informatics Committee, Lancaster General Health Physicians
2013-2016	Government Affairs Committee, American College of Rheumatology
2012-present	Board of Directors, Milagro House, Lancaster, Pennsylvania
2010- 2013	Committee on Rheumatologic Care, American College of Rheumatology
2009-2016	Quality Committee, Lancaster General Health Physicians
2008-2011	Lancaster General Hospital Institutional Review Board

## EDUCATION

2018-	Fracture Liaison Service Certification, National Osteoporosis Foundation
2013-2015	Masters Business Administration, Saint Joseph University
2003-2006	Fellowship, Department of Rheumatology, Washington University School of Medicine, Saint Louis Missouri
2002-2003	Clinical Research Fellowship, Department of Bone and Mineral Research, Washington University School of Medicine, Saint Louis Missouri
1999-2002	Resident, Department of Internal Medicine, Washington University School of Medicine, Saint Louis Missouri
1995-1999	Doctor of Medicine, Vanderbilt School of Medicine, Nashville Tennessee

- 1991-1995 Magna Cum Laude, Bachelor of Arts, Plan II Honors Program, University of Texas at Austin, Austin Texas
- 1993-1994 Study Abroad Program, St. Andrews University, St. Andrews Scotland
- 1991 Valedictorian, Keystone High School, San Antonio, Texas

## OFFICES/AWARDS

- 2010 AAFP Teaching Award
- 2009 Distinguished Speaker Award, Arthritis Foundation
- 2003 Young Investigators Award, American Society for Bone and Mineral Research, Minneapolis MN
- 2001-2002 Clinical Scientist Training and Research Program, Washington University School of Medicine
- 1996-1997 Founder/Chairperson Student Branch of American Medical Women's Association at Vanderbilt School of Medicine
- 1995-1996 Class President, Vanderbilt School of Medicine
- 1991-1993 University of Texas Merit Scholarship  
Governor Byrd Scholarship  
Valedictorian Tuition Exemption Scholarship

## LECTURES

- February 2019 Osteoporosis Lecture CME Event: Geriatric Providers Lancaster General Health- Penn Medicine
- March 2018 Osteoporosis: Update on Diagnosis and Treatment. Host and speaker, 2 hour CME Event for Lancaster General Health- Penn Medicine

## PUBLICATIONS

Güven H, Shepherd RM, Bach RG, Cappocia BJ, Link DC. "The number of endothelial progenitor cell colonies in the blood is increased in patients with angiographically significant coronary artery disease." J Am Coll Cardiol. 2006 Oct 17;48(8):1579-87.

Shepherd RM, Capoccia BJ, Devine SM, Dipersio J, Trinkaus KM, Ingram D, Link DC. "Angiogenic cells can be rapidly mobilized and efficiently harvested from the blood following treatment with AMD3100." *Blood*. 2006;108(12):3662-7.

Capoccia BJ, Shepherd RM, Link DC. "G-CSF and AMD3100 mobilize monocytes into the blood that stimulate angiogenesis in vivo through a paracrine mechanism." *Blood*. 2006;108(7):2438-45.

Ryan MR, Shepherd R, et al. "An IL-7-dependent rebound in thymic T cell output contributes to the bone loss induced by estrogen deficiency." *Proc Natl Acad Sci U S A*. 2005;102(46):16735-40.

Latinis K, Dao K, Gutierrez E, Shepherd R, Velazquez C. (Eds.). (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Shepherd R. (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins. Chapters written: Osteoarthritis; Acute rheumatic fever; Amyloidosis and amyloid arthropathy; Osteoporosis; Sarcoid arthropathy.

Kerzner R, Shepherd R. (2004) Aging and the cardiovascular system, exercise, and hypertension. In *The Washington Manual Geriatrics Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Siva C, Eisen SA, Shepherd R et al. "Leflunomide use during the first 33 months after food and drug administration approval: experience with a national cohort of 3,325 patients." *Arthritis Rheum*. 2003;49(6):745-51.

Spector J, Lilly S, Nemirovsky D, Shepherd R, German DC. "Prodromal urticaria with seronegative rheumatoid arthritis." *J Clinical Rheumatology*. 1997;3(4):234-236.

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# Exhibit “2”



**AFFIDAVIT OF MARK A. SMITH, M.D., M.B.A., F.A.C.S., FACHE**

STATE OF CALIFORNIA                    )  
  ) ss.  
COUNTY OF Orange                    )

Mark A. Smith, MD, being first duly sworn under penalty of perjury, hereby deposes and states as follow:

1. I am a licensed physician Board Certified in General Surgery and Vascular Surgery. I am licensed to practice medicine in California. I currently practice in areas of medicine applicable in this case. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:
- Desert Springs Hospital Medical Center, Las Vegas Nevada;
  - Dixie Regional Medical Center St. George Utah;
  - Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada;
  - University Medical Center, Las Vegas Nevada;
  - Various photos of the patient's lower extremities during her hospital course; and
  - The Affidavit of Rebecca Shepherd, M.D.

3. I agree with Dr. Shepherd the providers at Desert Spring Hospital, Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist), neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected. Unfortunately, the positive ANCA associated vasculitis study was not properly followed and Ms. Watts was



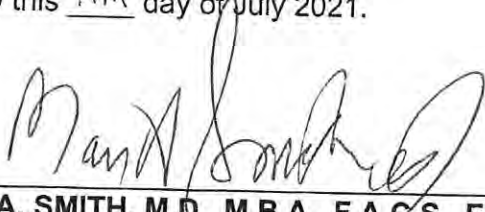
discharged to rehabilitation, delaying the appropriate rheumatology and vascular treatment needed to save her digits from gangrene and ultimately amputation/auto-amputation.

4. This substandard treatment and delay, caused by the providers at Desert Springs Hospital, decreased a substantial chance of saving her digits from gangrene and ultimately amputation/auto-amputation.

5. All my opinions upon the review of the medical records are based to a reasonable degree of medical probability. I reserve the right to amend my affidavit based on any additional information that is presented to me for review.

I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 19th day of July 2021.



**MARK A. SMITH, M.D., M.B.A., F.A.C.S., FACHE**

SUBSCRIBED AND SWORN TO  
before me this \_\_\_\_\_ day of July 2021.

\_\_\_\_\_  
NOTARY PUBLIC

*See attached certificate*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 19th  
day of July, 2021, by Mark A. Smith

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature

D. Jennifer Zwettler, Notary Public

Clear Form

Print Form

Affidavit

## CURRICULUM VITAE

Mark A. Smith, M.D., M.B.A., F.A.C.S., FACHE

747 Camino Norte

Palm Springs, CA 92262

Home Telephone- (760) 320-3851

Cell Phone- (760) 275-8204

Email- [Vascu@aol.com](mailto:Vascu@aol.com)

Married- Bonnie Heinen Smith

Children- 2 Daughters (Lisa, Lindsay)

### Licenses

PA MD- 025431-E (Inactive)

CA00G47011 (Active)

Board Certification- Gen'l Surg,  
Vascular Surgery

American Board of Surgery- 1983

Recertified- 1990, 2004

Certification Vascular Surgery-

November 1984

Recertified- 2013

Fellow of the American College of  
Surgeons- October, 1985- Present

Special Certification in Laser Ass  
Angioplasty – January 1988

Certified- American Board of  
Quality Assurance and Utili-  
Zation Review

Physicians- July 2005- Dec.2015

Certified- Fellow of the American  
College of Healthcare Executive,  
January, 2011

Certified- Graduate Gemologist  
(GG), May, 2015

Certified Specialist in Wine  
(CSW), August, 2017

Certified Professional Healthcare  
Quality  
Dec. 2017

## Education

Haverford Senior High School Havertown, PA	9/66- 6/69 Diploma
University of Michigan Ann Arbor, Michigan	9/69- 8/72 B.S. Zoology
Jefferson Medical College Philadelphia, PA	9/72- 6/76 M.D.
University of Phoenix Phoenix, AR	1/92- 3/94 M.B.A.

## Training

### Internship

University California San Diego Medical Center 225 W. Dickinson Street San Diego, CA Marshall Orloff, M.D.	7/76- 6/77 Surgery
---	--------------------

### Residency

University of Kansas Medical Center 39 <sup>th</sup> and Rainbow Blvd. Kansas City, KS William Jewell, M.D.	7/77- 6/81 General Surgery
--	----------------------------

### Fellowship

Hospital of the University of Pennsylvania 34 <sup>th</sup> and Spruce Streets Philadelphia, PA L. Henry Edmunds, M.D.	7/81- 12/81 Cardiothoracic Surgery
Hospital of the University of Pennsylvania 34 <sup>th</sup> and Spruce Streets Philadelphia, PA Brooke Roberts, M.D.	1/82- 6/82 Vascular Surgery

## Employment

Private Practice- Vascular and General Surgery Coachella Valley Surgical Associates 1100 N. Palm Canyon Drive #208 Palm Springs, CA 92262	7/82- 3/2007
Medical Director and Managing General Partner Desert Surgery Center 1190 N. Palm Canyon Drive Palm Springs, CA 92262	12/88- 8/2004
Senior Consultant Practice Director, Credentialing The Greeley Company 200 Hoods Lane Marblehead, MA 01945	3/2002- 12/2007 1/2008- 6/30/2009
Independent Healthcare Consultant HG HealthCare Consultants, LLC.	7/1/2009- Present
Assistant Professor of Surgery, Division of Vascular Surgery UCI Medical Center 333 City Blvd., Suite 700 Orange, CA 92868	9/2007- Present
Chief Medical Officer Verisys Corporation 1001 N. Fairfax Street Suite 640 Alexandria, VA 22314	9/2011- 3/2014
Chief Medical Consultant Morrisey Associates, Inc. 222 South Riverside Plaza Suite 1850 Chicago, IL 60606	3/2012- 3/2015
VP & Chief Medical Officer Morrisey Associates, Inc./Morcare 222 South Riverside Plaza	3/2015- 12/2015

Suite 1850  
Chicago, IL 60606

VP & Chief Medical Officer  
Morcare LLC.  
222 South Riverside Plaza  
Suite 1850  
Chicago, IL 60606

1/2016- 1/31/2017

Senior Medical Consultant  
Morrisey Associates Inc., A Healthstream Company

2/1/2017- Present

#### Hospital Appointments

Desert Regional Medical Center  
1150 N. Indian Canyon Drive  
Palm Springs, CA 92262

Active Staff 7/82- 12/2007  
Emeritus Staff 1/2008- Present

Eisenhower Medical Center  
39000 Bob Hope Drive  
Rancho Mirage, CA 92270

Active Staff 9/82- 12/2007

UCI Medical Center  
100 City Drive  
Orange, CA 92868

Provisional Staff 5/08- 8/09  
Active Staff 8/09- Present

#### Hospital Positions

President Elect- DRMC

July 1988- June 1990

President- DRMC

July 1990- June 1992

Past President- DRMC

July 1992- June 1994

Chief of Surgery- DRMC

July 1993- June 1995

Chairman, Peer Review Committee

July 2004- Jan, 2007

Medical Director, Cardiac Surgery DRMC

August 2004- September, 2006

Co-Surgeon Champion, NSQIP for University of  
California Irvine Medical Center, Department of Surgery

August 2010- 2012

### Professional Memberships

American College of Surgeons, Fellow  
American College of Physician Executives, Member  
American College of Healthcare Executives, Fellow  
Southern California Vascular Surgical Society, Member  
National Association of Healthcare Quality, Member  
Society of Vascular Surgery, Active Member

### Other Memberships

Airplane Owner and Pilot's Association  
Experimental Aircraft Association  
American Philatelic Association, Life Member  
Palm Springs Air Museum  
Association Naval Aviators  
United States Tennis Association  
Defense Orientation Conference Association, Member since 1995

### Interests

Art Collecting, Reading, Flying, Tennis, Stamp Collecting  
Gemology

### Past Associations, Positions

Palm Springs Desert Museum, Member of Board of Directors 1993-95  
Desert Surgery Center, General Partner and Medical Director 1987- 2004

Palm Springs Professional Building, General Partner 1988- 1998

## Publications

Assessing the Competency of Low Volume Providers, Smith, MA and Pelletier, S, HCPro, 2009

Effective Peer Review, Marder, R and Smith, MA, HCPro, 2005

Effective Peer Review 2<sup>nd</sup> Edition, Marder, R, Smith, M. and Sheff, R., HCPro, 2007

Proctoring and Focused Professional Practice Evaluation. Marder, R., Smith, MA, and Sagin, T., HCPro, 2006

Proctoring and FPPE, Marder, R and Smith, MA, HCPro, 2009

Measuring Physician Competency, Marder, R, Smith M.A., Smith, M. and Searcy, V., HCPro, 2007

Core Privileges for Physicians, Crimp, W, Pelletier, S., Searcy, V. and Smith, M, HCPro, 2007

The Credentials Committee Manual, Smith, M.A., HCPro, 2016

Effective Peer Review 4<sup>th</sup> Edition, Marder, R, HCPro, 2017. Contributed chapter on approach to team performance measurement

Optimal Resources for Surgical Quality and Safety, Editors Hoyt, D. and Ko, C., American College of Surgeons, 2017. Contributing Author.

## Seminars

Multiple seminars delivered on various topics related to Medical Staff including effective Medical Staff leadership, credentialing and privileging, peer review, surgical team summit, proctoring, physician performance profiles

Redesign of peer review system at approximately 75 hospitals in last fifteen years.

Keynote Speaker for Morrissey Users Conference, August 2010, “Moving from Competence to Excellence ... Improving Patient Safety through Automation”

Faculty, American Association of Physician Leadership (previously American College of Physician Executives) 2011- Present

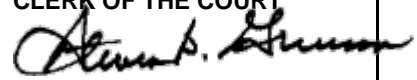
Member of Faculty Advisory Council, AAPL, August 2015- present

Faculty, Credentialing Resource Center, April 2017- present



Worked with ECRI on a number of evaluations and presentations under their Patient Safety Organization

# EXHIBIT 2



1 S. BRENT VOGEL  
Nevada Bar No. 6858  
2 Brent.Vogel@lewisbrisbois.com  
HEATHER ARMANTROUT  
3 Nevada Bar No. 14469  
Heather.Armantrout@lewisbrisbois.com  
4 LEWIS BRISBOIS BISGAARD & SMITH LLP  
6385 S. Rainbow Boulevard, Suite 600  
5 Las Vegas, Nevada 89118  
Telephone: 702.893.3383  
6 Facsimile: 702.893.3789  
*Attorneys for Defendants*  
7 *Holavanahalli Keshava-Prasad, M.D. and*  
8 *H. Keshava Prasad, MD, PLLC*

9 DISTRICT COURT

10 CLARK COUNTY, NEVADA

11 LASHAWANDA WATTS,

12 Plaintiff,

13 vs.

14 VALLEY HEALTH SYSTEM, LLC d/b/a  
15 DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
16 NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
17 PRASAD, MD, PLLC; AMIR QURESHI,  
M.D.; ROE AMIR QURESHI, M.D.  
18 EMPLOYER; ALI HAQ, M.D.; ROE ALI  
HAQ, M.D. EMPLOYER; CHARLES KIM  
19 DANISH, D.O.; PLATINUM  
HOSPITALISTS, LLP; DOES 1-35; ROE  
20 CORPORATIONS 1-35, inclusive,

21 Defendants.

Case No. A-21-838308-C

Dept. No.: 26

**DEFENDANTS' MOTION TO DISMISS  
PLAINTIFF'S COMPLAINT**

HEARING REQUESTED

22  
23 COME NOW Defendant Holavanahalli Keshava-Prasad, M.D., and H. Keshava Prasad,  
24 MD, PLLC, by and through their counsel of record, S. Brent Vogel and Heather Armantrout of  
25 LEWIS BRISBOIS BISGAARD & SMITH LLP, and move this Honorable Court to dismiss  
26 Plaintiff's Complaint pursuant to N.R.C.P. 12(b)(5) as Plaintiff has failed to state a claim against  
27 Dr. Keshava-Prasad upon which relief can be granted. More specifically, Plaintiff's medical  
28 negligence claim fails to comply with the expert affidavit requirement of NRS 41A.07.

This Motion is made and based upon the papers and pleadings on file herein, the Memorandum of Points and Authorities set forth below, and such argument of counsel which may be requested by the Court during the hearing of this matter.

DATED: August 19, 2021.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By /s/ S. Brent Vogel

---

S. BRENT VOGEL

Nevada Bar No. 6858

HEATHER ARMANTROUT

Nevada Bar No. 14469

6385 S. Rainbow Boulevard, Suite 600

Las Vegas, Nevada 89118

*Attorneys for Defendants*

*Holavanahalli Keshava-Prasad, M.D. and*

*H. Keshava Prasad, MD, PLLC*

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 This is a medical malpractice matter arising from care and treatment provided to  
4 Lashawanda Watts at Desert Springs Hospital from July 20, 2020 to July 27, 2020. Moving  
5 Defendant Holavanahalli Keshava-Prasad, M.D. (“Dr. Keshava-Prasad”) is a Board Certified  
6 medical oncologist and hematologist who consulted on Ms. Watts’s care during the Desert Springs  
7 admission. The Complaint alleges that Dr. Keshava-Prasad and the other medical defendants failed  
8 to provide appropriate treatment for vasculitis, which allegedly resulted in amputation and auto-  
9 amputation of Ms. Watts’s toes.

10 In support of the medical malpractice claim, Plaintiff attached affidavits authored by  
11 Rebecca M. Shepherd, M.D., a physician who practices in rheumatology, and Mark A. Smith, a  
12 general surgeon. However, Dr. Keshava-Prasad is neither a rheumatologist nor a general surgeon.  
13 Neither Dr. Shepherd nor Dr. Smith practices or has practiced, in the area of oncology or  
14 hematology. Therefore, their affidavits fail to fulfill the requirements of NRS 41A.071 and the  
15 medical negligence claim against Dr. Keshava-Prasad is subject to dismissal.

16 **II. FACTUAL BACKGROUND**

17 Lashawanda Watts was an inpatient at Defendant Desert Springs Hospital (“DSH”) from  
18 July 20, 2020 to July 27, 2020.<sup>1</sup> She presented to DSH complaining of increasing discomfort and  
19 discoloration of both her feet.<sup>2</sup>

20 Charles Kim Danish, D.O., a hospitalist, served as Ms. Watts’s attending physician  
21 throughout her admission at DHS.<sup>3</sup> Ms. Watts also received consults from providers in specialties  
22 during her stay at DHS, including Defendants Ali Haq, M.D., internal medicine; Abdul Tariq,  
23 D.O., neurology; Amir Qureshi, M.D., infectious diseases; and moving Defendant Dr. Keshava-  
24

25 <sup>1</sup> See Plaintiff’s Complaint, ¶¶ 25–27, attached hereto as Exhibit “A”.

26 <sup>2</sup> *Id.* at ¶ 25.

27 <sup>3</sup> *Id.* at ¶ 27.

1 Prasad, oncology/hematology.<sup>4</sup> On July 23, 2020, Dr. Tariq ordered a “vasculitis panel.”<sup>5</sup> Ms.  
2 Watts subsequently received intravenous steroids, in addition to other treatments.<sup>6</sup>

3 On the day of her discharge from DHS, Dr. Keshava-Prasad consulted on Ms. Watts’s  
4 case. He assessed Ms. Watts, noted ongoing pain and discoloration of her toes, and referenced in  
5 his note the tentative diagnosis, “probable vasculitis.”<sup>7</sup> As a consultant in oncology/hematology,  
6 he suggested additional testing and pharmaceutical therapies and agreed with the steroids already  
7 ordered.<sup>8</sup> That same day, Ms. Watts was discharged to Encompass Health Rehabilitation Hospital  
8 of Henderson.<sup>9</sup> Ms. Watts was later transferred to University Medical Center and then to Dixie  
9 Regional Medical Center in Utah, where the vasculitis diagnosis was confirmed and treatment  
10 continued.<sup>10</sup> Eventually, Ms. Watts lost four of her toes to amputation and others autoamputated.<sup>11</sup>

11 According to the Complaint, and reiterated in the affidavit of Dr. Shepherd, Dr. Keshava-  
12 Prasad “neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis  
13 was *initially* suspected.”<sup>12</sup> She declares that IV methylprednisolone is the established “standard of  
14 care in the initial management of small vessel vasculitis” and that Dr. Keshava-Prasad had the  
15 “training and capability to initiate IV corticosteroids . . . .”<sup>13</sup> She also illogically alleges that “Dr.  
16 Keshava-Prasad considered the diagnosis of vasculitis from 7.23.20 but did not have the expertise  
17 to manage the vasculitis.” This allegation is made by Dr. Shepherd despite the fact the Complaint  
18

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19 <sup>4</sup> *Id.* at ¶¶ 27–31.

20 <sup>5</sup> *Id.* at ¶ 28.

21 <sup>6</sup> *Id.* at ¶¶ 29, 31, 60(a)(iii).

22 <sup>7</sup> *Id.* at ¶ 31.

23 <sup>8</sup> *Id.*

24 <sup>9</sup> *Id.* at ¶ 32.

25 <sup>10</sup> *Id.* at ¶¶ 34–35.

26 <sup>11</sup> *Id.* at ¶ 36.

27 <sup>12</sup> *Id.* at ¶ 60(a). Plaintiff cut and pasted the identical allegations into each of her provider-specific  
28 causes of action, merely changing the physician’s name. *Id.* at ¶¶ 42(a)(i); 51(a); 69(a); 78(a);  
87(a).

<sup>13</sup> *Id.* at ¶¶ 60(a)(i–ii).

1 notes that Dr. Keshava-Prasad was called in only on the last day of Ms. Watts’s admission, after  
2 which IV steroids had already been prescribed and administered.<sup>14</sup> These boilerplate allegations  
3 take a shotgun approach, leveling the same accusations at all physicians regardless of the scope of  
4 their interactions with Ms. Watts’s care. She insists that all providers were equally responsible to  
5 transfer her to a higher level of care “so as to prevent progressive damage to imperiled tissues.”<sup>15</sup>  
6 She also quotes, then promptly ignores Dr. Keshava-Prasad’s recommendation of “ANA  
7 rheumatoid factor and autoimmune profile and rheumatology evaluation” and “calcium channel  
8 blockers to improve circulation to the steroids” that were already being administered.<sup>16</sup>

9 Plaintiff filed the current Complaint on July 22, 2021, five days prior to expiration of the  
10 statute of limitations. The Complaint contains eleven causes of action but raises two legal issues:  
11 (1) medical malpractice (against each provider individually); and (2) vicarious liability (against  
12 DHS and each provider’s professional corporation).

13 Although Dr. Keshava-Prasad is an oncologist/hematologist, the medical affidavit  
14 submitted with the Complaint in support of the medical malpractice claim was authored by Dr.  
15 Shepherd, a rheumatologist from Pennsylvania and Dr. Smith, a general and vascular surgeon who  
16 practices in California. There are no allegations in the Complaint regarding surgery, and no  
17 Defendants were engaged in the practice of general surgery at the time of the alleged medical  
18 negligence. Moreover, there is also no information to suggest that either Dr. Smith or Dr.  
19 Shepherd practices, or has practiced, in Dr. Keshava-Prasad’s area of specialty,  
20 oncology/hematology.

21 Under these circumstances, the Complaint is deficient as a matter of law and is subject to  
22 dismissal pursuant to N.R.C.P. 12(b)(5).

23 ///

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25 <sup>14</sup> *Id.* at ¶ 60(a)(v).

26 <sup>15</sup> *Id.*

27 <sup>16</sup> *Id.* at ¶ 31.

1 **III. LEGAL ARGUMENT**

2 **A. Standard for Motion to Dismiss**

3 Nevada Rule of Civil Procedure 12(b)(5) provides for dismissal of a cause of action for the  
4 “failure to state a claim upon which relief can be granted.” A motion to dismiss tests the legal  
5 sufficiency of the claim set out against the moving party. *See Zalk-Josephs Co. v. Wells-Cargo,*  
6 *Inc.*, 81 Nev. 163, 400 P.2d 621 (1965). Dismissal under Rule 12(b) is appropriate where the  
7 allegations of the claim “taken at ‘face value’ and construed favorably in claimants’ behalf, fail to  
8 state a cognizable claim for relief.” *Morris v. Bank of America*, 110 Nev. 1274, 886 P.2d 454  
9 (1994)(citing *Edgar v. Wagner*, 101 Nev. 226, 699 P.2d 110, 111-12 (1985)).

10 In reviewing a motion to dismiss, all factual allegations in the complaint must be taken as  
11 true, and the complaint should be dismissed only if it appears beyond a doubt that the plaintiff  
12 could prove no set of facts that, if true, would entitle him to relief. *Buzz Stew, LLC v. City of*  
13 *North Las Vegas*, 124 Nev. 224, 228, 181 P.3d 670 (2008). Nevertheless, the court is not bound to  
14 accept as true a plaintiff’s legal conclusions, and “[t]hreadbare recitals of the elements of a cause  
15 of action, supported by mere conclusory statements, do not suffice.” *Ashcroft v. Iqbal*, 556 U.S.  
16 662, 678 (2009)(analyzing the federal counterpart to N.R.C.P. 12).

17 As set forth below, the affidavits attached to Plaintiff’s Complaint are deficient under NRS  
18 41A.071. Under these circumstances, all claims against Dr. Keshava-Prasad should be dismissed.

19 **B. Plaintiff’s Medical Malpractice Claim Fails to Comply with NRS 41A.071**

20 Plaintiff directs his third cause of action, for medical malpractice, at Dr. Keshava-Prasad.<sup>17</sup>  
21 Claims of medical malpractice/professional negligence are governed by the requirements of NRS  
22 Chapter 41A. NRS 41A.015 defines “Professional Negligence” as “...the failure of a provider of  
23 health care, in rendering services, to use the reasonable care, skill or knowledge ordinarily used  
24 under similar circumstances by similarly trained and experienced providers of health care.” A  
25 “provider of health care” includes professional medical corporations, nurses and physicians. NRS

26  
27 <sup>17</sup> *Id.* at p. 14.



1 41A.017. Dr. Keshava-Prasad falls within this definition.

2 Chapter 41A also provides that liability for negligence cannot be imposed upon a provider  
3 of health care without expert testimony showing a deviation from the accepted standard of care,  
4 and to prove causation for the alleged injury. NRS 41A.100. In furtherance of this requirement,  
5 NRS 41A.071 mandates that medical malpractice actions be filed with an expert affidavit  
6 supporting the allegations in the complaint. Specifically, the statute provides:

7 If an action for professional negligence is filed in the district court,  
8 the district court shall dismiss the action, without prejudice, if the  
9 action is filed without an affidavit that:

- 10 (1) Supports the allegations contained in the action;
- 11 (2) **Is submitted by an expert who practices or has**  
12 **practiced in an area that is substantially similar to the**  
13 **type of practice engaged in at the time of the alleged**  
14 **professional negligence;**
- 15 (3) Identifies by name, or describes by conduct, each  
16 provider of health care who is alleged to be negligence; and
- 17 (4) Sets forth factually a specific act or acts of alleged  
18 negligence separately as to each defendant in simply,  
19 concise and direct terms. NRS 41A.071 (emphasis added).

20 The expert affidavit requirement is a prerequisite for maintaining an action for medical  
21 malpractice in Nevada, and is a condition precedent to ensure the “parties file malpractice claims  
22 in good faith, i.e. to prevent the filing of frivolous lawsuits,” and to ensure that the case is  
23 meritorious. *Washoe Medical Center v. Second Judicial Dist. Court*, 122 Nev. 1298, 148 P.3d  
24 790, 794 (2006); *Borger v. Eighth Judicial Dist. Court*, 120 Nev. 1021, 102 P.3d 600, 604 (2004).

25 In *Washoe Medical Center*, the Nevada Supreme Court held that “[a] complaint that does  
26 not comply with NRS 41A.071 is void and must be dismissed; no amendment is permitted.” 122  
27 Nev. 1304, 148 P.3d at 794. “Because in Nevada, noncompliance with NRS 41A.071’s affidavit  
28

1 requirement renders a complaint void *ab initio*, . . . amendment is not permitted and dismissal is  
2 required.” *Id.* at 1305, 148 P.3d at 795.

3       The medical affidavits filed with Plaintiff’s Complaint in this matter fail to meet the  
4 requirements of NRS 41A.071. Their authors, Rebecca M. Shepherd, M.D., and Mark A Smith,  
5 M.D., do not practice in areas that are “substantially similar” to the type of practice Dr. Keshava-  
6 Prasad engaged in at the time of the alleged malpractice: oncology/hematology. At the pleading  
7 stage—when the sufficiency of an expert medical affidavit under NRS 41A.071 is determined—it  
8 is not yet necessary to evaluate whether the proposed expert is qualified to testify under an NRS  
9 50.275 analysis (i.e. whether the proposed expert’s special knowledge, skill, experience, training  
10 or education will assist the jury). However, NRS 41A.071 itself provides certain fundamental  
11 requirements that, if not met, render the proposed affidavit inherently deficient. The cornerstone of  
12 these requirements is that the affidavit must be submitted by a medical expert who practices or has  
13 practiced in an area that is substantially similar to the type of practice engaged in by the defendant  
14 at the time of the alleged professional negligence. Dr. Shepherd’s and Dr. Smith’s affidavits fail  
15 to fulfill this essential prerequisite.

16       Here, neither of Plaintiff’s purported expert’s affidavits makes any showing that its author  
17 is qualified to challenge the sufficiency of care and treatment provided by a  
18 hematologist/oncologist. Dr. Keshava-Prasad practices in entirely different areas of medicine from  
19 Dr. Shepherd and Dr. Smith. Moreover, they are certified in separate, diverse specialties. Each  
20 specialty involves particular educational and residency requirements.

#### 21                   **1.       Dr. Keshava-Prasad**

22       Dr. Keshava-Prasad is an experienced practitioner with impressive credentials in several  
23 medical specialties. He is a Member of the Royal Colleges of Physicians, UK; American College  
24 of Physicians; and American Society of Hematology. He is also a Fellow of the Royal College of  
25 Pathologists, UK. Finally, he is a Diplomate of American Boards of Internal Medicine,

1 Hematology, Medical Oncology, and Hospice and Palliative Medicine.<sup>18</sup> Here, Dr. Keshava-  
2 Prasad was acting in his capacity as an oncologist.

3 A Medical Oncologist is “[a] doctor who has special training in diagnosing and treating  
4 cancer in adults using chemotherapy, hormonal therapy, biological therapy, and targeted therapy.  
5 A medical oncologist often is the main health care provider for someone who has cancer. A  
6 medical oncologist also gives supportive care and may coordinate treatment given by other  
7 specialists.”<sup>19</sup> Likewise, a hematologist is a “highly trained healthcare provider[] who  
8 specialize[s] in diseases of the blood and blood components. These include blood and bone  
9 marrow cells. Hematological tests can help diagnose anemia, infection, hemophilia, blood-clotting  
10 disorders, and leukemia.”<sup>20</sup>

## 11 2. Dr. Shepherd

12 In contrast with Dr. Keshava-Prasad’s training and experience as an oncologist and  
13 hematologist, Dr. Shepherd is a rheumatologist and an internal medicine physician licensed and  
14 practicing in Pennsylvania.<sup>21</sup> Dr. Shepherd’s curriculum vitae explains that she is board certified  
15 in those two medical disciplines and lists current experience as an arthritis and rheumatology  
16 specialist.<sup>22</sup>

17 A rheumatologist is an internist or pediatrician who received further  
18 training in the diagnosis . . . and treatment of diseases that affect the  
19 muscles, bones, joints, ligaments, and tendons . . . Rheumatologists  
also treat a group of diseases called “systemic autoimmune  
diseases.” Other terms that you may hear or read that mean the same

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21 <sup>18</sup> Although, Dr. Keshava-Prasad holds certifications in Internal Medicine and Palliative Medicine,  
22 he has practiced hematology and oncology exclusively since 2005. *See* CV of H. Keshava-Prasad,  
MD MRCP, FRCPATH Hematologist-Medical Oncologist, attached hereto as Exhibit “B.” At issue  
23 in this matter is the care he provided in his capacity as an oncologist, as Plaintiff acknowledges.

24 <sup>19</sup> NIH, National Cancer Institute, <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/medical-oncologist>, last visited August 17, 2021.

25 <sup>20</sup> Johns Hopkins Medicine, <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/hematology>, last visited August 17, 2021.

26 <sup>21</sup> Exhibit “A,” internal Exhibit 1, p. 1

27 <sup>22</sup> *Id.* at p. 1 of Dr. Shepherd’s curriculum vitae.

as systemic autoimmune diseases are “collagen vascular diseases,”  
and “connective tissue diseases.”<sup>23</sup>

Dr. Shepherd claims to be “familiar with the standards of care in this case by virtue of [her] training, education, and experience of 15 years on the field of rheumatology.” (*Id.* at p. 1). That statement is facially absurd in this context. The physicians about whose care Dr. Shepherd presumes to opine specialize in practice areas as varied as Neurology, Infectious Disease, and Oncology/hematology. Dr. Shepherd does not explain how her expertise in the field of rheumatology qualifies her to offer standard-of-care opinions as to the care rendered by specialists in those other fields, in particular the very specialized field of oncology/hematology.

### 3. Dr. Smith

Dr. Smith’s experience and training are even less applicable here than Dr. Shepherd’s are for purpose of providing a statutorily compliant affidavit. Dr. Smith’s CV shows that he is a General and Vascular Surgeon licensed in California and that he holds certifications in General and Vascular Surgery, as well as in other pursuits equally unrelated to oncology or hematology.<sup>24</sup> Further, Dr. Smith’s training, background, and knowledge are limited to general or vascular surgery. By contrast, Defendant Dr. Keshava-Prasad is not a surgeon and was not engaged in the practice of general or vascular surgery at the time of the alleged professional negligence.

Dr. Smith’s training, as outlined in his affidavit, also does not include any significant experience in the specialty areas of Oncology or Hematology. Despite this fact, similar to Dr. Shepherd, Dr. Smith proclaims in general terms that he “currently practice[s] in areas of medicine applicable in this case.”<sup>25</sup> In this matter, Dr. Smith’s expansive scope of expertise presumably includes the standard of care applicable to all Defendants, including: (1) a neurologist (Dr. Tariq); (2) an Internal Medicine specialist (Dr. Haq); (3) an Infectious Disease specialist (Dr. Qureshi); (4) a hospitalist (Dr. Danish); and (5) a hematologist/oncologist (Dr. Keshava-Prasad).

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<sup>23</sup> American College of Rheumatology, <https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Health-Care-Team/What-is-a-Rheumatologist>, last visited August 17, 2021.

<sup>24</sup> Exhibit “A,” internal Exhibit 2, p. 1. Dr. Smith is a certified Graduate Gemologist and Specialist in Wine. *Id.*, at page 1 of Dr. Smith’s curriculum vitae.

<sup>25</sup> Exhibit “A,” internal Exhibit 2, p. 1.

1           Apparently, there is hardly an area of medical care or a specialty about which Dr. Smith  
2 and Dr. Shepherd do not feel qualified to testify. This type of shotgun approach to expert medical  
3 testimony is not permissible under Chapter 41A.

4           Practicing specialists are required to exercise that degree of care and skill expected of a  
5 reasonably competent practitioner in their specialty acting in the same or similar circumstances;  
6 *i.e.* the applicable “standard of care.” For this reason, it is crucial that the author of an expert  
7 affidavit—which is proffered in support of medical malpractice allegations—be intimately  
8 familiar with the degree of care and skill expected by a specialist, acting under substantially  
9 similar circumstances. No information has been provided to suggest that either Dr. Shepherd or  
10 Dr. Smith is qualified to evaluate and criticize the actions of health care providers acting outside  
11 their specialties.

12           Given the differences in their training, experience, and scope of practice, a  
13 hematologist/oncologist should not opine as to whether a general surgeon’s or rheumatologist’s  
14 actions in the treatment of a patient fell below the standard of care. Logically, the inverse is also  
15 true. The only exception to this rule occurs if the physician specialist previously practiced in the  
16 other specialty; hence the language “practices or has practiced in an area that is substantially  
17 similar to the type of practice engaged in at the time of the alleged professional negligence” in  
18 NRS 41A.071(2).

19           From the information provided in the Complaint and in Dr. Shepherd’s and Dr. Smith’s  
20 affidavits, those experts do not currently practice, and have not practiced, in an area substantially  
21 similar to the type engaged in by Dr. Keshava-Prasad at the time of the alleged negligence. Thus,  
22 those affidavits are deficient and thereby render the Complaint non-compliant with NRS 41A.071.  
23 Because the Complaint does not comply with NRS 41A.071, it is void and must be dismissed.

24   ///

25   ///

26   ///

27   ///

1 **IV. CONCLUSION**

2 For the reasons set forth above, Defendant Holavanahalli Keshava-Prasad, M.D.  
3 respectfully requests this Honorable Court dismiss Plaintiff's Complaint.

4 DATED: August 19, 2021.

5 LEWIS BRISBOIS BISGAARD & SMITH LLP

6  
7 By /s/ S. Brent Vogel

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13 *H. Keshava Prasad, MD, PLLC*

**CERTIFICATE OF SERVICE**

I hereby certify that on this 19<sup>th</sup> day of August, 2021, a true and correct copy of **DEFENDANT HOLAVANAHALLI KESHAVA-PRASAD, M.D.'S MOTION TO DISMISS PLAINTIFF'S COMPLAINT** was served by electronically filing with the Clerk of the Court using the Odyssey E-File & Serve system and serving all parties with an email-address on record, who have agreed to receive electronic service in this action.

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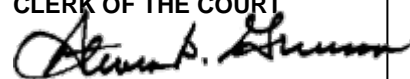
By /s/ Roya Rokni

An Employee of  
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EXHIBIT ‘A’

EXHIBIT ‘A’





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CASE NO: A-21-838308-C  
Department 26

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

v.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, MD, PLLC; AMIR QURESHI, M.D.;  
ROE AMIR QURESHI, M.D. EMPLOYER;  
ALI HAQ, M.D.; ROE ALI HAQ, M.D.  
EMPLOYER; CHARLES KIM DANISH, D.O.;  
PLATINUM HOSPITALISTS, LLP; DOES 1-  
35; ROE CORPORATIONS 1-35, inclusive,

Defendants.

Case No.:

Dept. No.:

**COMPLAINT**

**Arbitration Exemption: Medical  
Malpractice**

**GENERAL ALLEGATIONS**

1. Plaintiff, LASHAWANDA WATTS, is a resident of Clark County, Nevada.
2. Defendant, VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL, is a Delaware Corporation licensed to do business and actually doing business in Clark County, Nevada.

3. Defendant, ABDUL TARIQ, D.O., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

4. Defendant, NEUROLOGY CLINICS OF NEVADA LLC is a Nevada Limited Liability Company licensed to do business and actually doing business in Clark County, Nevada.

5. Defendant, HOLAVANAHALLI KESHAVA-PRASAD, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

6. Defendant, H. KESHAVA PRASAD, MD, PLLC, is a Nevada Professional Limited Liability Company licensed to do business and actually doing business in Clark County, Nevada.

7. Defendant, AMIR QURESHI, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

8. Defendant, ROE AMIR QURESHI, M.D. EMPLOYER, is believed to be Defendant Amir Qureshi, M.D.'s employer at the time of the events alleged in this matter. The true name and/or capacities of ROE AMIR QURESHI, M.D. EMPLOYER is unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of ROE AMIR QURESHI, M.D. EMPLOYER when ascertained.

9. Defendant, ALI HAQ, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

10. Defendant, ROE ALI HAQ, M.D. EMPLOYER, is believed to be Defendant Ali Haq, M.D.'s employer at the time of the events alleged in this matter. The true name and/or capacities of ROE ALI HAQ, M.D. EMPLOYER is unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of ROE ALI HAQ, M.D. EMPLOYER when ascertained.

11. Defendant, CHARLES KIM DANISH, D.O., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

12. Defendant, PLATINUM HOSPITALISTS, LLP, is a Nevada Limited Liability Partnership, licensed to do business and actually doing business in Clark County, Nevada.

13. Defendants DOES 1-5 and ROE CORPORATIONS 1-5 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 1-5 and ROE CORPORATIONS 1-5 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 1-5 and ROE CORPORATIONS 1-5 when they are ascertained.

14. Defendants DOES 6-10 and ROE CORPORATIONS 6-10 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) ABDUL TARIQ, D.O. and/or NEUROLOGY CLINICS OF NEVADA LLC and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 6-10 and ROE CORPORATIONS 6-10 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 6-10 and ROE CORPORATIONS 6-10 when they are ascertained.

15. Defendants DOES 11-15 and ROE CORPORATIONS 11-15 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) HOLAVANAHALLI KESHAVA-PRASAD, M.D. and/or H. KESHAVA PRASAD, MD, PLLC and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 11-15 and ROE CORPORATIONS 11-15 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 11-15 and ROE CORPORATIONS 11-15 when they are ascertained.

1           16. Defendants DOES 16-20 and ROE CORPORATIONS 16-20 are individuals,  
2 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
3 partners in association with Defendant(s) AMIR QURESHI, M.D. and/or ROE AMIR QURESHI,  
4 M.D. EMPLOYER and may have in some way caused or contributed to Plaintiff's damages as  
5 alleged herein. The true names and/or capacities of DOES 16-20 and ROE CORPORATIONS 16-  
6 20 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the  
7 true names and capacities of DOES 6-10 and ROE CORPORATIONS 16-20 when they are  
8 ascertained.  
9

10           17. Defendants DOES 21-25 and ROE CORPORATIONS 21-25 are individuals,  
11 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
12 partners in association with Defendant(s) ALI HAQ, M.D. and/or ROE ALI HAQ, M.D.  
13 EMPLOYER and may have in some way caused or contributed to Plaintiff's damages as alleged  
14 herein. The true names and/or capacities of DOES 21-25 and ROE CORPORATIONS 21-25 are  
15 unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true  
16 names and capacities of DOES 21-25 and ROE CORPORATIONS 21-25 when they are  
17 ascertained.  
18

19           18. Defendants DOES 26-30 and ROE CORPORATIONS 26-30 are individuals,  
20 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
21 partners in association with Defendant(s) CHARLES KIM DANISH, D.O. and/or PLATINUM  
22 HOSPITALISTS, LLP and may have in some way caused or contributed to Plaintiff's damages as  
23 alleged herein. The true names and/or capacities of DOES 26-30 and ROE CORPORATIONS 26-  
24 30 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the  
25 true names and capacities of DOES 26-30 and ROE CORPORATIONS 26-30 when they are  
26 ascertained.  
27  
28

19. Defendants DOES 31-35 and ROE CORPORATIONS 31-35 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners that may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 31-35 and ROE CORPORATIONS 31-35 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 31-35 and ROE CORPORATIONS 31-35 when they are ascertained.

20. Defendants are agents, servants, employees, employers, trade venturers, and/or partners of each other. At the time of the events described in this Complaint, Defendants were acting within the color, purpose and scope of their relationships, and by reason of their relationships, Defendants may be jointly and severally and/or vicariously responsible and liable for the acts and omissions of their Co-Defendants.

#### **JURISDICTIONAL STATEMENTS**

21. Plaintiff repeats and realleges paragraphs 1-20 of this Complaint as though fully set forth herein.

22. This Court has personal jurisdiction over the parties as both the plaintiffs and at least one of the defendants are residents of Clark County, Nevada.

23. This Court has subject matter jurisdiction over this matter pursuant to NRS 4.370(1), as the amount in controversy exceeds \$15,000.00, exclusive of attorney's fees, interest, and costs.

#### **FACTUAL ALLEGATIONS**

24. Plaintiff repeats and realleges paragraphs 1-23 of this Complaint as though fully set forth herein.

25. On July 20, 2020, 30-year-old Plaintiff Lashawanda Watts presented to Defendant Desert Springs Hospital in Clark County, Nevada complaining of increasing discomfort and discoloration in both of her feet.

26. According to Defendant Desert Springs Hospital's website: "All of the physicians caring for you while hospitalized, including consultants and physician assistants, work under the direction of your personal physician as a "team" to provide the best possible medical care. Your personal physician will often be referred to as your attending physician."

27. Defendant Charles Kim Danish, D.O. Defendant Charles Kim Danish, D.O. was assigned by Desert Spring Hospital to be Ms. Watts' Attending Physician from her admission on July 20, 2020 to Discharge on July 27, 2020.

28. On July 23, 2020, Ms. Watts was seen by Defendant Abdul Tariq, DO for consultation. As a result of Ms. Watts' condition, Dr. Tariq ordered a "vasculitis panel."

29. On July 25, 2020, Defendant Amir Qureshi, M.D. consulted on Ms. Watts' case due to complaints of "left foot tingley, swollen and blue." Dr. Qureshi recommended Ms. Watts continue Rocephin now, stop gentamicin, follow echocardiogram and further recommendations to follows.

30. Ms. Watts was treated by Defendant Ali Haq, M.D. on July 23, 2020, July 24, 2020, and July 26, 2020. On all three occasions, Dr. Haq noted bilateral lower extremity paresthesia and blue toes.

31. On July 27, 2020, Ms. Watts was seen by Defendant Holavanahalli Keshava-Prasad, M.D. for possible vasculitis. Dr. Keshava-Prasad noted Ms. Watts' pain in the toes and discoloration. Dr. Keshava-Prasad's assessment on July 27, 2020 stated: "diagnostic assessment, probable vasculitis, no definite evidence of hematological disorder but anticardiolipin antibodies positive IgG, Nonspecific, Hepatitis C negative, may check for cryoglobulins but patient appears to have chronic consider autoimmune diseases, ANA rheumatoid factor and autoimmune profile and rheumatology evaluation. Consider calcium channel blockers to improve circulation to the steroids. Skin biopsy may be considered but without definite evidence for vasculitic lesions may be

negative.” Dr. Keshava-Prasad’s note on July 27, 2020 also indicated Ms. Watt’s was anticipated to be discharged to “Encompass”.

32. During her Desert Springs Hospitalization from July 20, 2020 to July 27, 2020, Ms. Watts’ toes became progressively more cyanotic. On July 27, 2020, Defendant Charles Kim Danish, D.O. discharged Ms. Watts to Encompass Health Rehabilitation Hospital of Henderson.

33. Due to her compromised vascular condition, Encompass Rehabilitation Hospital of Henderson discharged and transferred Ms. Watts on July 28, 2020 to UMC Medical Center for a more acute care and urgent medical workup.

34. Ms. Watts was evaluated at University Medical Center and ultimately transferred on July 30, 2020 to a tertiary care center with rheumatology capabilities to have Ms. Watts properly evaluated, because UMC does not have a rheumatologist performing inpatient care. Ms. Watts was transferred to Dixie Regional Medical Center in St. George, Utah.

35. While at Dixie Regional Medical Center, Ms. Watts’ diagnosis of ANCA vasculitis was confirmed and treated.

36. Unfortunately, lack of blood flow to her toes caused avascular necrosis and she ultimately lost her right 1<sup>st</sup>, 2<sup>nd</sup> and 4<sup>th</sup> digits and left 2<sup>nd</sup> digit to amputation. Other digits autoamputated.

### **FIRST CAUSE OF ACTION**

(Hospital Negligence – Desert Springs Hospital)

37. Plaintiff repeats and realleges paragraphs 1-36 of this Complaint as though fully set forth herein.

38. Plaintiff Lashawanda Watts presented to Defendant VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL, for care and treatment to her lower extremities.

39.

1           40. Defendant DESERT SPRINGS HOSPITAL holds itself out to provide quality  
2 healthcare to residents of Southern Nevada.

3           41. Defendant DESERT SPRINGS HOSPITAL and/or its physicians, agents, employees,  
4 nursing staff, and/or medical team had a duty to provide competent and prompt medical care to its  
5 patients.

6           42. Defendant DESERT SPRINGS HOSPITAL and/or its physicians, agents, employees,  
7 nursing staff, and/or medical team breached its duty to Plaintiff Lashawanda Watts, in numerous  
8 ways, including but not limited to:

9  
10           a. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD  
11 (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine)  
12 and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell  
13 below the standard of care in the following ways:

14           i. The providers at Desert Spring Hospital neglected to provide appropriate  
15 treatment for vasculitis when the diagnosis of vasculitis was initially  
16 suspected.

17           ii. The administration of IV methylprednisolone is established as the standard of  
18 care in the initial management of small vessel vasculitis. Treatment with IV  
19 steroids arrests or slows the autoimmune process, which allows time for the  
20 diagnosis to be confirmed. Trials dating back to landmark studies in the  
21 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
22 steroids in the early management of disease.

23           iii. Each provider has the training and capability to initiate IV corticosteroids to  
24 arrest the inflammatory process while awaiting further work up and  
25 management. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on  
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7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care.

- iv. The provider Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient's departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.
- v. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.
- vi. The providers at Desert Springs fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered.
- vii. Vasculitis is a rare and deadly disease. The physicians at Desert Springs considered the diagnosis of vasculitis from 7/23/20 but did not have the

1 expertise to manage the vasculitis. The standard of care set out by the  
2 EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as  
3 soon as the providers at Desert Springs Hospital were concerned about a  
4 diagnosis of vasculitis, especially in light of the lack of availability of  
5 rheumatology consultants, and especially with worsening symptom, the  
6 providers should have transferred Miss Watts to a tertiary care center so as to  
7 prevent progressive damage to imperiled tissues. Instead, the providers sent  
8 Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on  
9 7/27/20 despite the fact that Miss Watts was demonstrating worsening  
10 symptoms and continued 6/10 pain. This led to a delay in care as the patient  
11 was referred from Encompass Health back to a second acute care hospital and  
12 finally Dixie Regional Medical Center on 7/31/20 at which point she was  
13 evaluated by a rheumatologist.  
14

15  
16 viii. This substandard treatment and delay, caused by the providers at Desert  
17 Springs Hospital, decreased a substantial chance of saving her digits from  
18 gangrene and ultimately amputation/auto-amputation.

19 (See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as  
20 Exhibits “1” and “2”).

21  
22 43. As a direct and proximate result of Defendant DESERT SPRINGS HOSPITAL’s  
23 breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her  
24 toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit “2”).

25 44. As a further direct and proximate result of the actions and/or omissions of  
26 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
27 of Fifteen Thousand Dollars.  
28

45. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

46. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

47. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

## **SECOND CAUSE OF ACTION**

(Medical Malpractice – Abdul Tariq, D.O.)

48. Plaintiff repeats and realleges paragraphs 1-47 of this Complaint as though fully set forth herein.

49. Defendant ABDUL TARIQ, D.O. undertook the responsibility to do all things necessary and proper in connection to care for and treat Lashawanda Watts.

50. Dr. Tariq further held himself out to possess the degree of skill, ability, and learning common to a doctor of osteopathic medicine.

51. Dr. TARIQ was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Tariq neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the

1 diagnosis to be confirmed. Trials dating back to landmark studies in the  
2 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
3 steroids in the early management of disease.

- 4
- 5 ii. Dr. Tariq has the training and capability to initiate IV corticosteroids to arrest  
6 the inflammatory process while awaiting further work up and management.
- 7 iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose  
8 of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
9 given on 7/27/20. Early and consistent administration of IV steroids would  
10 have been safe and effective at treating vasculitis while working through the  
11 appropriate differential diagnosis and arranging further care.
- 12 iv. Tariq Abdul MD did not follow up or address a blood test result that was  
13 ordered and resulted prior to the patient’s departure from Desert Springs  
14 Hospital which would have assisted in the diagnosis of vasculitis.
- 15 v. The standard of care for all medical providers is to obtain and review the  
16 results of tests that were ordered by that provider, and to do so in a timely  
17 fashion. In addition, if a provider is uncertain of the meaning of a result,  
18 expert opinion either through reviewing the literature or consulting with an  
19 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
20 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
21 or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider,  
22 including Dr. Tariq, made note of or mentioned this result. However, this  
23 result was included in the discharge summary by Dr. Danish, such that it is  
24 known that the blood test result was available at that time.
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vi. Dr. Tariq fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Tariq considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Tariq was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vii. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

52. As a direct and proximate result of Defendant ABDUL TARIQ, D.O.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (*See*, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

53. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

54. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

55. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

56. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

### **THIRD CAUSE OF ACTION**

(Medical Malpractice – Holavanahalli Keshava-Prasad, M.D.)

57. Plaintiff repeats and realleges paragraphs 1-56 of this Complaint as though fully set forth herein.

58. Defendant HOLAVANAHALLI KESHA-PRASAD, M.D. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

59. Defendant HOLAVANAHALLI KESHA-PRASAD, M.D. further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

60. Dr. Keshava-Prasad was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Keshava-Prasad neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

ii. Dr. Keshava-Prasad has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care. Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient’s departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

iv. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result,

expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.

- v. Dr. Keshava-Prasad fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Keshava-Prasad considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Keshava-Prasad was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally



Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

61. As a direct and proximate result of Defendant KESHA-PRASAD, M.D.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

62. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

63. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

64. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

65. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**FOURTH CAUSE OF ACTION**

(Medical Malpractice – Amir Qureshi, M.D.)

66. Plaintiff repeats and realleges paragraphs 1-65 of this Complaint as though fully set forth herein.

67. Defendant AMIR QURESHI, M.D. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

68. Defendant AMIR QURESHI, M.D. further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

69. Dr. Qureshi was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Qureshi neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

ii. Dr. Qureshi has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the

appropriate differential diagnosis and arranging further care. Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient's departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

- iv. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.
- v. Dr. Qureshi fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Qureshi considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Qureshi was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so

as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

70. As a direct and proximate result of Defendant AMIR QURESHI, M.D.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

71. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

72. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

73. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering,

disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

74. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**FIFTH CAUSE OF ACTION**

(Medical Malpractice – ALI HAQ, M.D.)

75. Plaintiff repeats and realleges paragraphs 1-74 of this Complaint as though fully set forth herein.

76. Defendant ALI HAQ, M.D, undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

77. Defendant ALI HAQ, M.D, further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

78. Dr. Haq was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Haq neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

ii. Dr. Haq has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

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1 transfer a patient to a higher level of care. Thus as soon as Dr. Haq was  
2 concerned about a diagnosis of vasculitis, especially in light of the lack of  
3 availability of rheumatology consultants, and especially with worsening  
4 symptom, he should have transferred Miss Watts to a tertiary care center so  
5 as to prevent progressive damage to imperiled tissues. Instead, the providers  
6 at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5  
7 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was  
8 demonstrating worsening symptoms and continued 6/10 pain. This led to a  
9 delay in care as the patient was referred from Encompass Health back to a  
10 second acute care hospital and finally Dixie Regional Medical Center on  
11 7/31/20 at which point she was evaluated by a rheumatologist.

- 12  
13  
14 vi. This substandard treatment and delay decreased a substantial chance of  
15 saving Ms. Watts' digits from gangrene and ultimately amputation/auto-  
16 amputation.

17 (See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as  
18 Exhibits "1" and "2").

19 79. As a direct and proximate result of Defendant ALI HAQ, M.D.'s breaches of the  
20 standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See,  
21 Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

22 80. As a further direct and proximate result of the actions and/or omissions of  
23 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
24 of Fifteen Thousand Dollars.  
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26  
27  
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81. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

82. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

83. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**SIXTH CAUSE OF ACTION**

(Medical Malpractice – CHARLES KIM DANISH, D.O.)

84. Plaintiff repeats and realleges paragraphs 1-83 of this Complaint as though fully set forth herein.

85. Defendant CHARLES KIM DANISH, D.O. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

86. Defendant CHARLES KIM DANISH, D.O. further held himself out to possess the degree of skill, ability, and learning common to a doctor of osteopathic medicine.

87. Dr. Danish was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Danish neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the



1 diagnosis to be confirmed. Trials dating back to landmark studies in the  
2 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
3 steroids in the early management of disease.

4 ii. Dr. Danish has the training and capability to initiate IV corticosteroids to  
5 arrest the inflammatory process while awaiting further work up and  
6 management.

7  
8 iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose  
9 of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
10 given on 7/27/20. Early and consistent administration of IV steroids would  
11 have been safe and effective at treating vasculitis while working through the  
12 appropriate differential diagnosis and arranging further care. Tariq Abdul  
13 MD did not follow up or address a blood test result that was ordered and  
14 resulted prior to the patient’s departure from Desert Springs Hospital which  
15 would have assisted in the diagnosis of vasculitis.

16  
17 iv. The standard of care for all medical providers is to obtain and review the  
18 results of tests that were ordered by that provider, and to do so in a timely  
19 fashion. In addition, if a provider is uncertain of the meaning of a result,  
20 expert opinion either through reviewing the literature or consulting with an  
21 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
22 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
23 or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider,  
24 including Dr. Tariq, made note of or mentioned this result. However, this  
25 result was included in the discharge summary by Dr. Danish, such that it is  
26 known that the blood test result was available at that time.  
27  
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v. Dr. Danish fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Danish considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Danish was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").



1 AMIR QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and  
2 ROE CORPORATIONS 1-35.

3 95. Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners, nurses,  
4 technicians, medical assistants, and/or other medical professionals or staff, including but not limited  
5 to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHAHA-PRASAD, M.D.; AMIR  
6 QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and ROE  
7 CORPORATIONS 1-35 were employees, servants, agents, and/or associates of Defendant DESERT  
8 SPRINGS HOSPITAL.  
9

10 96. Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners, nurses,  
11 technicians, medical assistants, and/or other medical professionals or staff, including but not limited  
12 to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHAHA-PRASAD, M.D.; AMIR  
13 QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and ROE  
14 CORPORATIONS 1-35 were acting within the course and scope of their employment with  
15 DESERT SPRINGS HOSPITAL at the time of the negligent acts alleged in this Complaint.  
16

17 97. Because Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners,  
18 nurses, technicians, medical assistants, and/or other medical professionals or staff, including but not  
19 limited to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHAHA-PRASAD, M.D.;  
20 AMIR QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and  
21 ROE CORPORATIONS 1-35 were acting within the course and scope of their employment with  
22 DESERT SPRINGS HOSPITAL at the time of the negligent acts alleged in this Complaint,  
23 Defendant DESERT SPRINGS HOSPITAL is vicariously liable for their negligent acts and  
24 omissions.  
25

26 ///

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**EIGHTH CAUSE OF ACTION**

(Vicarious Liability – Neurology Clinics of Nevada LLC)

98. Plaintiff repeats and realleges paragraphs 1-97 of this Complaint as though fully set forth herein.

99. During the time LASHAWANDA WATTS was under the care and treatment of Defendant ABDUL TARIQ, D.O., Defendant ABDUL TARIQ, D.O., was an employee, servant, agent, and/or associate of Defendant(s) NEUROLOGY CLINICS OF NEVADA LLC and/or DOES 6-10 and/or ROE CORPORATIONS 6-10.

100. Defendant ABDUL TARIQ, D.O. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

101. Because Defendant ABDUL TARIQ, D.O. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant ABDUL TARIQ, D.O.

**NINTH CAUSE OF ACTION**

(Vicarious Liability – H. Keshava Prasad, MD, PLLC)

102. Plaintiff repeats and realleges paragraphs 1-101 of this Complaint as though fully set forth herein.

103. During the time LASHAWANDA WATTS was under the care and treatment of Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D., Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D., was an employee, servant, agent, and/or associate of Defendant(s) H. KESHAVA PRASAD, MD, PLLC, and/or DOES 11-15 and/or ROE CORPORATIONS 11-15.

104. Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

105. Because Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D.

**TENTH CAUSE OF ACTION**

(Vicarious Liability – ROE AMIR QURESHI, M.D. EMPLOYER)

106. Plaintiff repeats and realleges paragraphs 1-105 of this Complaint as though fully set forth herein.

107. During the time LASHAWANDA WATTS was under the care and treatment of Defendant AMIR QURESHI, M.D., Defendant AMIR QURESHI, M.D., was an employee, servant, agent, and/or associate of Defendant(s) ROE AMIR QURESHI, M.D. EMPLOYER, and/or DOES 16-20 and/or ROE CORPORATIONS 16-20.

108. Defendant AMIR QURESHI, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

109. Because Defendant AMIR QURESHI, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant AMIR QURESHI, M.D.

**ELEVENTH CAUSE OF ACTION**

(Vicarious Liability – ROE ALI HAQ, M.D. EMPLOYER)

110. Plaintiff repeats and realleges paragraphs 1-109 of this Complaint as though fully set forth herein.

111. During the time LASHAWANDA WATTS was under the care and treatment of Defendant ALI HAQ, M.D., Defendant ALI HAQ, M.D., was an employee, servant, agent, and/or

1 associate of Defendant(s) ROE ALI HAQ, M.D. EMPLOYER, and/or DOES 21-25 and/or ROE  
2 CORPORATIONS 21-25.

3 112. Defendant ALI HAQ, M.D. was acting within the course and scope of his  
4 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

5 113. Because Defendant ALI HAQ, M.D. was acting within the course and scope of his  
6 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his  
7 co-Defendants are vicariously liable for the negligent acts and omissions of Defendant ALI HAQ,  
8 M.D.  
9

10 **TWELFTH CAUSE OF ACTION**

11 (Vicarious Liability – PLATINUM HOSPITALISTS, LLP)

12 114. Plaintiff repeats and realleges paragraphs 1-113 of this Complaint as though fully set  
13 forth herein.

14 115. During the time LASHAWANDA WATTS was under the care and treatment of  
15 Defendant CHARLES KIM DANISH, D.O., Defendant CHARLES KIM DANISH, D.O., was an  
16 employee, servant, agent, and/or associate of Defendant(s) PLATINUM HOSPITALISTS, LLP,  
17 and/or DOES 26-30 and/or ROE CORPORATIONS 26-30.  
18

19 116. Defendant CHARLES KIM DANISH, D.O. was acting within the course and scope  
20 of his employment with his co-Defendants at the time of the negligent acts alleged in this  
21 Complaint.

22 117. Because Defendant CHARLES KIM DANISH, D.O. was acting within the course  
23 and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this  
24 Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of  
25 Defendant CHARLES KIM DANISH, D.O.  
26  
27  
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1 WHEREFORE Plaintiff prays for judgment against Defendants for her First, Second, Third,  
2 Fourth, Fifth, Sixth, Seventh, Eighth, Ninth, Tenth, Eleventh and Twelfth Causes of Action as  
3 follows:

- 4 1) For special damages in an amount in excess of \$15,000.00.
- 5 2) For general damages in an amount in excess of \$15,000.00.
- 6 3) For costs and attorney's fees in an amount to be proven at or after trial.
- 7 4) For all such further relief this Court may deem just and proper.

8 DATED this 22<sup>nd</sup> day of July, 2021.



11 WILLIAM R. BRENSKE, ESQ.

12 Nevada Bar No. 1806

13 JENNIFER R. ANDREEVSKI, ESQ.

14 Nevada Bar No. 9095

15 RYAN D. KRAMETBAUER, ESQ.

16 Nevada Bar No. 12800

17 BRENSKE ANDREEVSKI & KRAMETBAUER

18 3800 Howard Hughes Parkway, Suite 500

19 Las Vegas, NV 89169

20 Telephone: (702) 385-3300

21 Facsimile: (702) 385-3823

22 Email: bak@baklawlv.com

23 *Attorneys for Plaintiffs*



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Exhibit “1”

**AFFIDAVIT OF REBECCA M. SHEPHERD, M.D.**

STATE OF PENNSYLVANIA       )  
  ) ss.  
COUNTY OF Lancaster       )

Rebecca M. Shepherd, being first duly sworn under penalty of perjury, hereby deposes and states as follow:

1. I, Rebecca M. Shepherd MD, am a licensed physician Board Certified in Rheumatology and Internal Medicine. I am licensed to practice medicine in Pennsylvania. I currently practice in areas of medicine applicable in this case. I am familiar with the standards of care for medical practices that currently relate to issues of care and treatment of patients such as Lashawanda Watts (Date of birth 4/9/90). Patient is also referenced as Lashawnda and Lashawanda. I am familiar with the standards of care in this case by virtue of my training, education, and experience of 15 years in the field of rheumatology. I can fairly evaluate the quality of care that was provided. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:

- Desert Springs Hospital Medical Center, Las Vegas Nevada;
- Dixie Regional Medical Center St. George Utah;
- Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada; and
- University Medical Center, Las Vegas Nevada

3. The records are the type usually relied upon by reviewers such as myself. These records appear to be reliable. While it is true that all patient interactions are unique, there are specific medical practices that a treating physician would be expected to provide to meet the applicable standard of care. I have specifically reviewed these records to determine whether within a reasonable degree of medical probability that standard of care was met.

4. After review of the aforementioned data, I have come to the following conclusions:

5. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell below the standard of care in the following ways:

6. The providers neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

7. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

8. While I do not expect the providers to undertake and commit to the treatment of vasculitis, each provider has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up

and management. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20 but did not provide for consistent IV steroids upon discharge to a different facility. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care.

9. The provider Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient’s departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

10. The standard of care for all medical providers is to obtain and review the results of tests that are ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, obtaining further insight either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.

11. The providers at Desert Springs fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered.

12. Vasculitis is a rare and deadly disease. The physicians at Desert Springs considered the diagnosis of vasculitis from 7/23/20 onward but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as the providers at Desert Springs were concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, the providers should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues.

13. Instead, the providers sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

14. These opinions are given within a reasonable degree of medical certainty. I specifically reserve the right to add to, amend or subtract from this report as new evidence comes into discovery or as new opinions are formulated.

I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 20th day of July 2021.

*rebecca shepherd*

**REBECCA M. SHEPHERD, M.D.**

Virginia  
County of Loudoun

SUBSCRIBED AND SWORN TO  
before me this 20th day of July 2021.



Notarized online using audio-video communication

*Donna M Sweeney*

Donna M Sweeney

NOTARY PUBLIC

### **References**

Mukhtyar C, Guillevin L, Cid MC, *et al* EULAR recommendations for the management of primary small and medium vessel vasculitis. *Annals of the Rheumatic Diseases* 2009;68:310-317.

Fauci AS, Haynes BF, Katz P, Wolff SM. Wegener's granulomatosis: prospective clinical and therapeutic experience with 85 patients for 21 years. *Ann Intern Med.* 1983 Jan;98(1):76-85. doi: 10.7326/0003-4819-98-1-76. PMID: 6336643.

REBECCA M. SHEPHERD, MD MBA FACP FACR  
RheumMedEx@gmail.com

## **CURRENT EMPLOYMENT**

2006- present Partner, Arthritis and Rheumatology Specialists, Penn Medicine Lancaster  
General Health Physicians

## **WORK EXPERIENCE**

2017-present Chief of Rheumatology, Penn Medicine- Lancaster General Health

2016-present Director of Osteoporosis Care, Penn Medicine- Lancaster General Health

2012-2014 Senior Physician Leader for Medical Specialty Practices, Lancaster  
General Health Physicians

2011-2012 Interim Senior Vice President, Lancaster General Health Physicians

2010-2011 Senior Physician Leader for Medical Specialty Practices, Lancaster  
General Health Physicians

2006-present Instructor, Family Practice Residency Program, Penn Medicine- Lancaster  
General Health

2002-2003 Hospitalist, Oncology and Bone Marrow Transplant Unit, Washington  
University School of Medicine

1996-1997 Research Assistant, Vanderbilt Medical School

## **BOARD CERTIFICATIONS/MEMBERSHIPS**

Board Certification	Rheumatology	2005-2025
	Internal Medicine	2002-2022
	Clinical Bone Densitometry	2006-2021

Certification	Fracture Liaison Service, National Osteoporosis Foundation	2018
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Fellow	American College of Physicians American College of Rheumatology
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Member	American College of Physicians
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American College of Rheumatology  
 Pennsylvania Society of Medicine  
 Lancaster County Medicine and Dental Society  
 National Osteoporosis Foundation  
 International Society of Bone Densitometry

## COMMITTEES AND BOARDS

2014-present	Board of Directors, Lancaster General Hospital Community Care Collaborative
2016-2018	Board of Directors, Lancaster County Medical and Dental Society
2015-2017	Clinical Informatics Committee, Lancaster General Health Physicians
2013-2016	Government Affairs Committee, American College of Rheumatology
2012-present	Board of Directors, Milagro House, Lancaster, Pennsylvania
2010- 2013	Committee on Rheumatologic Care, American College of Rheumatology
2009-2016	Quality Committee, Lancaster General Health Physicians
2008-2011	Lancaster General Hospital Institutional Review Board

## EDUCATION

2018-	Fracture Liaison Service Certification, National Osteoporosis Foundation
2013-2015	Masters Business Administration, Saint Joseph University
2003-2006	Fellowship, Department of Rheumatology, Washington University School of Medicine, Saint Louis Missouri
2002-2003	Clinical Research Fellowship, Department of Bone and Mineral Research, Washington University School of Medicine, Saint Louis Missouri
1999-2002	Resident, Department of Internal Medicine, Washington University School of Medicine, Saint Louis Missouri
1995-1999	Doctor of Medicine, Vanderbilt School of Medicine, Nashville Tennessee



- 1991-1995 Magna Cum Laude, Bachelor of Arts, Plan II Honors Program, University of Texas at Austin, Austin Texas
- 1993-1994 Study Abroad Program, St. Andrews University, St. Andrews Scotland
- 1991 Valedictorian, Keystone High School, San Antonio, Texas

## OFFICES/AWARDS

- 2010 AAFP Teaching Award
- 2009 Distinguished Speaker Award, Arthritis Foundation
- 2003 Young Investigators Award, American Society for Bone and Mineral Research, Minneapolis MN
- 2001-2002 Clinical Scientist Training and Research Program, Washington University School of Medicine
- 1996-1997 Founder/Chairperson Student Branch of American Medical Women's Association at Vanderbilt School of Medicine
- 1995-1996 Class President, Vanderbilt School of Medicine
- 1991-1993 University of Texas Merit Scholarship  
Governor Byrd Scholarship  
Valedictorian Tuition Exemption Scholarship

## LECTURES

- February 2019 Osteoporosis Lecture CME Event: Geriatric Providers Lancaster General Health- Penn Medicine
- March 2018 Osteoporosis: Update on Diagnosis and Treatment. Host and speaker, 2 hour CME Event for Lancaster General Health- Penn Medicine

## PUBLICATIONS

Güven H, Shepherd RM, Bach RG, Cappocia BJ, Link DC. "The number of endothelial progenitor cell colonies in the blood is increased in patients with angiographically significant coronary artery disease." J Am Coll Cardiol. 2006 Oct 17;48(8):1579-87.

Shepherd RM, Capoccia BJ, Devine SM, Dipersio J, Trinkaus KM, Ingram D, Link DC. "Angiogenic cells can be rapidly mobilized and efficiently harvested from the blood following treatment with AMD3100." *Blood*. 2006;108(12):3662-7.

Capoccia BJ, Shepherd RM, Link DC. "G-CSF and AMD3100 mobilize monocytes into the blood that stimulate angiogenesis in vivo through a paracrine mechanism." *Blood*. 2006;108(7):2438-45.

Ryan MR, Shepherd R, et al. "An IL-7-dependent rebound in thymic T cell output contributes to the bone loss induced by estrogen deficiency." *Proc Natl Acad Sci U S A*. 2005;102(46):16735-40.

Latinis K, Dao K, Gutierrez E, Shepherd R, Velazquez C. (Eds.). (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Shepherd R. (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins. Chapters written: Osteoarthritis; Acute rheumatic fever; Amyloidosis and amyloid arthropathy; Osteoporosis; Sarcoid arthropathy.

Kerzner R, Shepherd R. (2004) Aging and the cardiovascular system, exercise, and hypertension. In *The Washington Manual Geriatrics Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Siva C, Eisen SA, Shepherd R et al. "Leflunomide use during the first 33 months after food and drug administration approval: experience with a national cohort of 3,325 patients." *Arthritis Rheum*. 2003;49(6):745-51.

Spector J, Lilly S, Nemirovsky D, Shepherd R, German DC. "Prodromal urticaria with seronegative rheumatoid arthritis." *J Clinical Rheumatology*. 1997;3(4):234-236.

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Exhibit “2”

**AFFIDAVIT OF MARK A. SMITH, M.D., M.B.A., F.A.C.S., FACHE**

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF Orange )

Mark A. Smith, MD, being first duly sworn under penalty of perjury, hereby  
deposes and states as follow:

1. I am a licensed physician Board Certified in General Surgery and Vascular Surgery. I am licensed to practice medicine in California. I currently practice in areas of medicine applicable in this case. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:

- Desert Springs Hospital Medical Center, Las Vegas Nevada;
- Dixie Regional Medical Center St. George Utah;
- Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada;
- University Medical Center, Las Vegas Nevada;
- Various photos of the patient's lower extremities during her hospital course; and
- The Affidavit of Rebecca Shepherd, M.D.

3. I agree with Dr. Shepherd the providers at Desert Spring Hospital, Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist), neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected. Unfortunately, the positive ANCA associated vasculitis study was not properly followed and Ms. Watts was

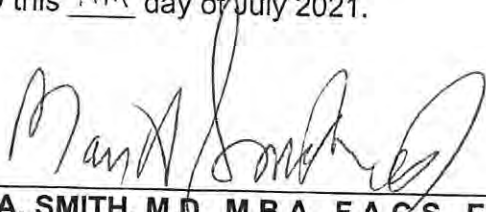
discharged to rehabilitation, delaying the appropriate rheumatology and vascular treatment needed to save her digits from gangrene and ultimately amputation/auto-amputation.

4. This substandard treatment and delay, caused by the providers at Desert Springs Hospital, decreased a substantial chance of saving her digits from gangrene and ultimately amputation/auto-amputation.

5. All my opinions upon the review of the medical records are based to a reasonable degree of medical probability. I reserve the right to amend my affidavit based on any additional information that is presented to me for review.

I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 19th day of July 2021.



**MARK A. SMITH, M.D., M.B.A., F.A.C.S., FACHE**

SUBSCRIBED AND SWORN TO  
before me this \_\_\_\_\_ day of July 2021.

\_\_\_\_\_  
NOTARY PUBLIC

*See attached certificate*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 19th  
day of July, 2021, by Mark A. Smith

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature

D. Jennifer Zwettler, Notary Public

Clear Form

Print Form

Affidavit

## CURRICULUM VITAE

Mark A. Smith, M.D., M.B.A., F.A.C.S., FACHE

747 Camino Norte

Palm Springs, CA 92262

Home Telephone- (760) 320-3851

Cell Phone- (760) 275-8204

Email- [Vascu@aol.com](mailto:Vascu@aol.com)

Married- Bonnie Heinen Smith

Children- 2 Daughters (Lisa, Lindsay)

### Licenses

PA MD- 025431-E (Inactive)

CA00G47011 (Active)

Board Certification- Gen'l Surg,  
Vascular Surgery

American Board of Surgery- 1983

Recertified- 1990, 2004

Certification Vascular Surgery-

November 1984

Recertified- 2013

Fellow of the American College of  
Surgeons- October, 1985- Present

Special Certification in Laser Ass  
Angioplasty – January 1988

Certified- American Board of  
Quality Assurance and Utili-  
Zation Review

Physicians- July 2005- Dec.2015

Certified- Fellow of the American  
College of Healthcare Executive,  
January, 2011

Certified- Graduate Gemologist  
(GG), May, 2015

Certified Specialist in Wine  
(CSW), August, 2017

Certified Professional Healthcare  
Quality  
Dec. 2017

## Education

Haverford Senior High School Havertown, PA	9/66- 6/69 Diploma
University of Michigan Ann Arbor, Michigan	9/69- 8/72 B.S. Zoology
Jefferson Medical College Philadelphia, PA	9/72- 6/76 M.D.
University of Phoenix Phoenix, AR	1/92- 3/94 M.B.A.

## Training

### Internship

University California San Diego Medical Center 225 W. Dickinson Street San Diego, CA Marshall Orloff, M.D.	7/76- 6/77 Surgery
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### Residency

University of Kansas Medical Center 39 <sup>th</sup> and Rainbow Blvd. Kansas City, KS William Jewell, M.D.	7/77- 6/81 General Surgery
--	----------------------------

### Fellowship

Hospital of the University of Pennsylvania 34 <sup>th</sup> and Spruce Streets Philadelphia, PA L. Henry Edmunds, M.D.	7/81- 12/81 Cardiothoracic Surgery
Hospital of the University of Pennsylvania 34 <sup>th</sup> and Spruce Streets Philadelphia, PA Brooke Roberts, M.D.	1/82- 6/82 Vascular Surgery

## Employment



Private Practice- Vascular and General Surgery Coachella Valley Surgical Associates 1100 N. Palm Canyon Drive #208 Palm Springs, CA 92262	7/82- 3/2007
Medical Director and Managing General Partner Desert Surgery Center 1190 N. Palm Canyon Drive Palm Springs, CA 92262	12/88- 8/2004
Senior Consultant Practice Director, Credentialing The Greeley Company 200 Hoods Lane Marblehead, MA 01945	3/2002- 12/2007 1/2008- 6/30/2009
Independent Healthcare Consultant HG HealthCare Consultants, LLC.	7/1/2009- Present
Assistant Professor of Surgery, Division of Vascular Surgery UCI Medical Center 333 City Blvd., Suite 700 Orange, CA 92868	9/2007- Present
Chief Medical Officer Verisys Corporation 1001 N. Fairfax Street Suite 640 Alexandria, VA 22314	9/2011- 3/2014
Chief Medical Consultant Morrisey Associates, Inc. 222 South Riverside Plaza Suite 1850 Chicago, IL 60606	3/2012- 3/2015
VP & Chief Medical Officer Morrisey Associates, Inc./Morcare 222 South Riverside Plaza	3/2015- 12/2015

Suite 1850  
Chicago, IL 60606

VP & Chief Medical Officer  
Morcare LLC.  
222 South Riverside Plaza  
Suite 1850  
Chicago, IL 60606

1/2016- 1/31/2017

Senior Medical Consultant  
Morrisey Associates Inc., A Healthstream Company

2/1/2017- Present

#### Hospital Appointments

Desert Regional Medical Center  
1150 N. Indian Canyon Drive  
Palm Springs, CA 92262

Active Staff 7/82- 12/2007  
Emeritus Staff 1/2008- Present

Eisenhower Medical Center  
39000 Bob Hope Drive  
Rancho Mirage, CA 92270

Active Staff 9/82- 12/2007

UCI Medical Center  
100 City Drive  
Orange, CA 92868

Provisional Staff 5/08- 8/09  
Active Staff 8/09- Present

#### Hospital Positions

President Elect- DRMC

July 1988- June 1990

President- DRMC

July 1990- June 1992

Past President- DRMC

July 1992- June 1994

Chief of Surgery- DRMC

July 1993- June 1995

Chairman, Peer Review Committee

July 2004- Jan, 2007

Medical Director, Cardiac Surgery DRMC

August 2004- September, 2006

Co-Surgeon Champion, NSQIP for University of  
California Irvine Medical Center, Department of Surgery

August 2010- 2012

### Professional Memberships

American College of Surgeons, Fellow  
American College of Physician Executives, Member  
American College of Healthcare Executives, Fellow  
Southern California Vascular Surgical Society, Member  
National Association of Healthcare Quality, Member  
Society of Vascular Surgery, Active Member

### Other Memberships

Airplane Owner and Pilot's Association  
Experimental Aircraft Association  
American Philatelic Association, Life Member  
Palm Springs Air Museum  
Association Naval Aviators  
United States Tennis Association  
Defense Orientation Conference Association, Member since 1995

### Interests

Art Collecting, Reading, Flying, Tennis, Stamp Collecting  
Gemology

### Past Associations, Positions

Palm Springs Desert Museum, Member of Board of Directors 1993-95  
Desert Surgery Center, General Partner and Medical Director 1987- 2004

Palm Springs Professional Building, General Partner 1988- 1998

## Publications

Assessing the Competency of Low Volume Providers, Smith, MA and Pelletier, S, HCPro, 2009

Effective Peer Review, Marder, R and Smith, MA, HCPro, 2005

Effective Peer Review 2<sup>nd</sup> Edition, Marder, R, Smith, M. and Sheff, R., HCPro, 2007

Proctoring and Focused Professional Practice Evaluation. Marder, R., Smith, MA, and Sagin, T., HCPro, 2006

Proctoring and FPPE, Marder, R and Smith, MA, HCPro, 2009

Measuring Physician Competency, Marder, R, Smith M.A., Smith, M. and Searcy, V., HCPro, 2007

Core Privileges for Physicians, Crimp, W, Pelletier, S., Searcy, V. and Smith, M, HCPro, 2007

The Credentials Committee Manual, Smith, M.A., HCPro, 2016

Effective Peer Review 4<sup>th</sup> Edition, Marder, R, HCPro, 2017. Contributed chapter on approach to team performance measurement

Optimal Resources for Surgical Quality and Safety, Editors Hoyt, D. and Ko, C., American College of Surgeons, 2017. Contributing Author.

## Seminars

Multiple seminars delivered on various topics related to Medical Staff including effective Medical Staff leadership, credentialing and privileging, peer review, surgical team summit, proctoring, physician performance profiles

Redesign of peer review system at approximately 75 hospitals in last fifteen years.

Keynote Speaker for Morrissey Users Conference, August 2010, “Moving from Competence to Excellence ... Improving Patient Safety through Automation”

Faculty, American Association of Physician Leadership (previously American College of Physician Executives) 2011- Present

Member of Faculty Advisory Council, AAPL, August 2015- present

Faculty, Credentialing Resource Center, April 2017- present

Worked with ECRI on a number of evaluations and presentations under their Patient Safety Organization

EXHIBIT ‘B’

EXHIBIT ‘B’

**H. Keshava Prasad, MD MRCP FRCPath**  
**Hematologist-Medical Oncologist**

Board Certified: Internal Medicine, Hematology, Medical Oncology, Hospice and  
palliative medicine

Comprehensive Cancer Centers of Nevada

3730 S Eastern Ave, Las Vegas, NV 89169

Office: (702)-952-3400

Fax: (702) 952-3722

E-Mail: holavanahalli.keshava-prasad@usoncology.com

**Education**

National Schools and College, Bangalore, India

05/1964-05/1976

High School and Pre University Graduation with Honors

Bangalore Medical College, Bangalore, India

08/1976-05/1981

MBBS

Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Pondicherry,  
India

04/1983-03/1986

MD in Pathology

Royal College of Pathologists-Membership after training and exam

MRCPPath (Haematology - Lab and Clinical)

05/1994

Royal College of Physicians – Membership after training and exam

MRCP (General Medicine) (UK)

10/1994

Board Certified: Internal Medicine, Hematology, Medical Oncology and Palliative Medicine.

**Professional Medical Experience**

**August 2010 – Current**

Hematologist Oncologist

Comprehensive Cancer Centers of Nevada

Las Vegas, Nevada

**October 2008 – July 2010**

Hematologist Oncologist, Private Practice

Las Vegas, Nevada

**October 2005 - October 2008**

Fellow, Hematology and Oncology

University of Arkansas for Medical Sciences  
Little Rock, Arkansas

**October 1998 – October 2005**

Staff Physician Internal Medicine  
Private Practice at Red Rock Medical Center and various Hospitals  
Las Vegas, Nevada

**July 1995 – June 1998**

Resident Physician, Internal Medicine, University of Nevada School of Medicine  
Residency Training in Internal Medicine in the U.S. leading to Board Certification  
Las Vegas, Nevada

**August 1993 – July 1995**

Registrar, Internal Medicine and Haematology, Leicester Royal Infirmary  
Progressive training in Internal Medicine, and in Lab and Clinical Hematology  
Leicester, UK and County Hospital, Lincoln UK

**May 1992 – July 1993**

Senior House Officer, Internal Medicine, Various Hospitals in the UK  
Obtained Clinical Internal Medicine Training  
Including Dudley Road Hospital, Birmingham, Maelor Hospital, Wrexham, Wales and Pilgrim Hospital in Boston UK

**March 1987 – January 1992**

Laboratory Specialist in Hematology  
Managed a Hematology Laboratory in a district hospital  
King Khalid Hospital, Najran, Saudi Arabia

**April 1983 – March 1987**

Resident in Pathology/Hematology, JIPMER  
Trained in different disciplines of Pathology leading to certification  
Pondicherry, India

**July 1981 – April 1983**

House Officer, General Medicine and Surgery  
Bangalore Medical College Hospital  
Initial General Clinical Training after Medical School Graduation  
Bangalore, India

**Publications**

1. MD Dissertation on "Coagulation and Platelet Functions in Acute Liver Disease" – Madras University, India, March 1986.
1. Keshava-Prasad, HS et al. Platelet functions in acute viral hepatitis. *Ind. J. Med. Res* (1988) 88: 42-46.



1. Keshava-Prasad, HS and Bradshaw AE. Circulating anticoagulant in viral infection. *Acta Haematol* (1990) 84: 193-194.
1. Kaeda JS, Keshava-Prasad, HS, Luzzatto L et al. Management of pregnancy when maternal blood has a very high level of fetal haemoglobin. *Br J Haematol* (1994) 88: 432-434.
1. Keshava-Prasad, HS et al. Castleman's Disease of the parotid region. *Ind J Pathol Microbid* (1988) 31(2): 68-70.
1. Keshava-Prasad, HS et al. Coagulation studies in acute liver disease. Abstract presented at the XXXV Annual IAPM (*Indian Association of Pathologist and Microbiologist*) Conference, 28-30 December 1985, Bangalore, India.
1. Keshava-Prasad, HS, Prangnell and MI Adelman MI. Multiple Myeloma in Spouses. *Clinical and Laboratory Haematology* (1996), 18: 61-64.
1. Keshava-Prasad, HS, Residual leukaemic blasts or regenerating blasts? The Haematologist's Dilemma. *Am J Hematol*. (1997), 54(1):90
1. Keshava-Prasad, HS, Prangnell and MI Adelman MI Adelman MI Colo-rectal carcinoma in a HIV infected haemophiliac. Case report and review of literature. *Hemophilia* (1997), 3: 143-144
1. Keshava-Prasad, HS, A Case Report of Parvovirus induced arthropathy. Disease of the Month. *AM J Med* (1999), 107:396.
1. Keshava-Prasad, HS, Kaushal V, Mehta P. Thalidomide-induced thrombocytopenia-case report and review of literature. *American Journal of Hematology*. \*\*
1. Keshava-Prasad, HS, AMG 531 for Chronic ITP. Correspondence. *New Engl J Med* 356 (3):307-308, 2007.
1. Zangari M, Cavallo F, Keshava-Prasad, HS\* et all Abstract# 3572, *Proceedings of the American Society of Hematology Annual Meeting in Orlando, Florida*, 2006. Erythropoietin Therapy and Venous Thromboembolic Events in Patients with Multiple Myeloma Receiving Chemotherapy with or without Thalidomide.
1. Keshava-Prasad, HS, Kaushal V, Mehta P. Abstract# 3969. *Proceedings of the American Society of Hematology Annual Meeting in Orlando, Florida*, 2006. Effects of Thalidomide on Platelets: Possible Causes of Hyper Coagulability and Thrombocytopenia.
1. Keshava-Prasad, Zhan F and Shaughnessy, J. Smoldering Myeloma. Correspondence *New Engl J Med* 357 1048-1050, 2007.
1. Keshava-Prasad, HS, and Govindarajan R. Heparin induced skin necrosis associated with Proteins C and S deficiency. *American Journal of Hematology* (2007) 82: 1116-1117.

1. Zangari M and Keshava-Prasad, HS, Coagulation related effects and Bortezomib in myeloma. 48<sup>th</sup> ASH Meeting – 2007 Abstracts.

### **Additional Professional Activities**

1. Experience and interest in Hospice and Palliative Medicine; working with Odyssey Healthcare, Inc., Las Vegas, Nevada for many years.
1. Investigator on many clinical trials (principal and sub investigator).

### **Professional Memberships**

Member      Royal Colleges of Physicians, UK  
American College of Physicians  
American Society of Hematology

Fellow        Royal College of Pathologists, UK

Diplomate    American Board of Internal Medicine: Internal Medicine, Hematology, and Medical Oncology

Diplomate    American Board of Hospice and Palliative Medicine

### **Languages**

English, Kannada, Tamil and Hindi

### **Referees**

Available on Request

### **Awards Received**

Barbara O'Rourke Outstanding *Resident Teaching Award*, 1995-1996 and 1997-1998  
Internal Medicine  
University of Nevada School of Medicine  
Las Vegas, Nevada

Merit Scholarships and Honors in School and College

Ranked in top 100 in High School Graduation Exam, Bangalore, India, 1974 among 250,000 students.

Ranked in top 25 in Pre University Exam, Bangalore, India (1976) among 100,000 students.

Top Doctor in Las Vegas multiple years

### **Hobbies**

Reading, Fitness, Audio Books, Indian culture and cooking

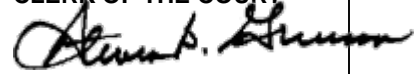
### **Teaching experience**

1. Junior and senior demonstrator in pathology, Jawaharlal Institute of post graduate medical education and research, Pondicherry, India from April 1983 to April 1987
2. Teaching lab technologists, nurses and medical students at Ministry of health, King Khalid Hospital, Najran, Saudi Arabia from May 1987 through January 1991
3. Teaching house officers and medical students in medicine, hematology and pathology at various hospitals in the United Kingdom from May 1991 through June 1995
4. Teaching residents in internal medicine, University of Nevada school of medicine Las Vegas Nevada from July 1995 to June 1998, Barbara O'Rourke resident teaching award 5/96 and 7/98
5. Adjunct assistant professor of medicine, hematology and oncology, University of Arkansas for medical sciences, Little Rock Arkansas from October 2000 5 September 2008
6. Clinical associate Professor of medicine, Touro University Nevada from August 2015 to present
7. Clinical assistant professor of medicine, University of Nevada school of medicine from June 2014 present

### **References**

1. Kathleen Wairimu, MD, infectious diseases, 3416 N. Buffalo Dr., Las Vegas, NV 89129, Phone 7023437610, fax 7025629221
2. Michael Schlachter, MD, pulmonary medicine, 653 Town Center Dr., Ste. 202, Las Vegas, NV 89144, telephone 7022336694 fax 702330485
3. Raja Mehdi, MD, Hematology/oncology, 8530 W. Sunset Dr., Ste. 330, Las Vegas, NV 89113, phone 7025089128 and fax 7023024125
4. Ali Kia, MD, internal medicine, 3022 S. Durango Dr., Las Vegas, NV 89117, phone 7022927575 fax 8665481156
5. Sujatha Raju, MD, Internal medicine and nephrology, 2420 Professional Ct Ste 150, Las Vegas, NV 89128, Phone 7028530090, fax 702530096
6. Sayed Qazi, MD, internal medicine and nephrology, 2810 W. Charleston Blvd., Ste.E 47 Las Vegas, NV 89102, phone 7028801558, fax 7028706821

# EXHIBIT 3



KENNETH M. WEBSTER, ESQ.  
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Nevada Bar No.: 11953  
IAN M. HOUSTON, ESQ.  
Nevada Bar No. 11815  
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Las Vegas, NV 89144  
(702) 889-6400 – Office  
(702) 384-6025 – Facsimile  
Email: [efile@hpslaw.com](mailto:efile@hpslaw.com)  
*Attorneys for Defendant*  
*Valley Health System LLC dba*  
*Desert Springs Hospital Medical Center*

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,  
  
Plaintiff,  
  
vs.

Case No.: A-21-838308-C  
Dept. No.: 26

VALLEY HEALTH SYSTEM, LLC, dba  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, M.D. PLLC; AMIR QURESHI, M.D.;  
ROE AMIR QURESHI, M.D. EMPLOYER; ALI  
HAQ, M.D.; ROE ALI HAQ, M.D.  
EMPLOYER; CHARLES KIM DANISH, D.O.;  
PLATINUM HOSPITALISTS, LLP; DOES 1-35,  
and ROE CORPORATIONS 1-35, inclusive,  
  
Defendants.

**DEFENDANT VALLEY HEALTH  
SYSTEM, LLC dba DESERT  
SPRINGS HOSPITAL MEDICAL  
CENTER'S JOINDER TO  
DEFENDANTS HOLAVANAHALLI  
KESHAVA-PRASAD, M.D. AND H.  
KESHAVA PRASAD, MD. PLLC'S  
MOTION TO DISMISS PLAINTIFF'S  
COMPLAINT**

**Hearing Date: September 21, 2021  
Hearing Time: 9:30 a.m.**

COME NOW, Defendant VALLEY HEALTH SYSTEM, LLC dba DESERT SPRINGS  
HOSPITAL MEDICAL CENTER (hereinafter "Defendant") by and through their counsel of  
record, the law firm of HALL PRANGLE & SCHOONVELD, LLC., hereby submits its Joinder  
to Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC's  
MOTION TO DISMISS PLAINTIFF'S COMPLAINT.

Defendant VALLEY HEALTH SYSTEM, LLC dba DESERT SPRINGS HOSPITAL MEDICAL CENTER hereby adopts, as though fully set forth herein, the points and authorities, arguments and papers contained in Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC's MOTION TO DISMISS PLAINTIFF'S COMPLAINT to the extent that the arguments apply equally to Defendant VALLEY HEALTH SYSTEM, LLC dba DESERT SPRINGS HOSPITAL MEDICAL CENTER.

Plaintiff's claims against Desert Springs Hospital are premised exclusively on vicarious liability for the conduct of the physicians. Therefore, since Plaintiff's claims against Dr. Keshava-Prasad fail under NRS 41A.071 for the reasons set forth in the motion, any vicarious liability claim against Desert Springs Hospital arising out of the alleged negligence of Dr. Keshava-Prasad also fails. *See, e.g. Batt v. State*, 901 P.2d 553 (Nev. 1995) (stating that "vicarious liability, whether in tort or criminal law, is derivative liability"); *Fierle v. Perez*, 219 P.3d 906 n. 2 (Nev. 2009) (finding derivative claim failed when underlying negligent action also failed); *Est. of Curtis v. S. Las Vegas Med. Invs., LLC*, 136 Nev. Adv. Op. 39, 466 P.3d 1263 (2020) (finding a direct liability claim against a facility *only* "escapes NRS 41A.071's affidavit requirement where the underlying facts of the case do not fall within the definition of professional negligence"). Therefore, for the reasons set forth in Dr. Keshava-Prasad's Motion to Dismiss, any vicarious liability claim against Desert Springs Hospital arising out of the alleged negligence of Dr. Keshava-Prasad must be dismissed.

DATED this 23<sup>rd</sup> day of August, 2021.

HALL PRANGLE & SCHOONVELD LLC

By: /s/ Tyson Dobbs, Esq.  
KENNETH M. WEBSTER, ESQ.  
Nevada Bar No. 7205  
TYSON J. DOBBS, ESQ.  
Nevada Bar No.: 11953  
1140 N. Town Center Dr., Ste. 350  
Las Vegas, NV 89144  
*Attorneys for Defendant*  
*Valley Health System LLC dba Desert Springs*  
*Hospital Medical Center*

HALL PRANGLE & SCHOONVELD, LLC  
1140 NORTH TOWN CENTER DRIVE, STE. 350  
LAS VEGAS, NEVADA 89144  
TELEPHONE: 702-889-6400 FACSIMILE: 702-384-6025

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that I am an employee of HALL PRANGLE & SCHOONVELD, LLC; that on the 23<sup>rd</sup> day of August 2021, I served a true and correct copy of the foregoing **DEFENDANT VALLEY HEALTH SYSTEM, LLC dba DESERT SPRINGS HOSPITAL MEDICAL CENTER'S JOINDER TO DEFENDANTS HOLAVANAHALLI KESHAVA-PRASAD, M.D. AND H. KESHAVA PRASAD, MD. PLLC'S MOTION TO DISMISS PLAINTIFF'S COMPLAINT** via the E-Service Master List for the above referenced matter in the Eighth Judicial District Court e-filing System in accordance with the electronic service requirements of Administrative Order 14-2 and the Nevada Electronic Filing and Conversion Rules, to the following:

William Brenske, Esq.  
Ryan Krametbauer, Esq.  
BRENSKE ANDREEVSKI &  
KRAMETBAUER  
3800 Howard Hughes Pkwy Suite 500  
Las Vegas, NV 89169  
*Attorneys for Plaintiff*

Robert McBride, Esq.  
Sean Kelly, Esq.  
McBRIDE HALL  
8329 W. Sunset Road, Suite 260  
Las Vegas, NV 89113  
*Attorneys for Defendants*  
*Ali Haq, M.D., Charles Kim Danish, D.O., and*  
*Platinum Hospitalists, LLP*

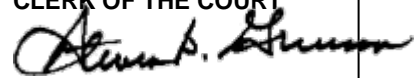
John Cotton, Esq.  
Michael Navratil, Esq.  
JOHN H. COTTON & ASSOCIATES, LTD.  
7900 W. Sahara Avenue, Suite 200  
Las Vegas, NV 89117  
*Attorneys for Defendant Tariq, D.O.*

S. Brent Vogel, Esq.  
Heather Armantrout, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH,  
LLP  
6385 S. Rainbow Blvd., Suite 600  
Las Vegas, NV 89118  
*Attorneys for Defendants*  
*Holavanahalli Keshava-Prasad, M.D. and H.*  
*Keshava Prasad, MD, PLLC*

/s/ Nicole Etienne  
An employee of HALL PRANGLE & SCHOONVELD, LLC

# EXHIBIT 4





**JMOT**

ROBERT C. MCBRIDE, ESQ.

Nevada Bar No.: 7082

SEAN M. KELLY, ESQ.

Nevada Bar No.: 10102

MCBRIDE HALL

8329 W. Sunset Road, Suite 260

Las Vegas, Nevada 89113

Telephone No. (702) 792-5855

Facsimile No. (702) 796-5855

E-mail: [rcmcbride@mcbridehall.com](mailto:rcmcbride@mcbridehall.com)

E-mail: [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com)

Attorneys for Defendants

*Ali Haq, M.D., Charles Kim Danish, D.O.*

*and Platinum Hospitalists, LLP*

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

vs.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, MD., PLLC; AMIR  
QURESHI, M.D.; ROE AMIR QURESHI, M.D.  
EMPLOYER; ALI HAQ, M.D.; ROE ALI  
HAQ, M.D. EMPLOYER; CHARLES KIM  
DANISH, D.O.; PLATINUM HOSPITALISTS,  
LLP; DOES 1-35; ROE CORPORATIONS 1-  
35, inclusive,

Defendants.

**CASE NO.: A-21-838308-C**

**DEPT NO.: 26**

**DEFENDANTS ALI HAQ, M.D.,  
CHARLES KIM DANISH, D.O. AND  
PLATINUM HOSPITALISTS, LLP'S  
SUBSTANTIVE JOINDER TO  
DEFENDANTS HOLAVANAHALLI  
KESHAVA-PRASAD, M.D. AND H.  
KESHAVA PRASAD, MD, PLLC'S  
MOTION TO DISMISS PLAINTIFF'S  
COMPLAINT**

COME NOW, Defendants, ALI HAQ, M.D., CHARLES KIM DANISH, D.O. and  
PLATINUM HOSPITALISTS, LLP, by and through their counsel of record, ROBERT C.  
MCBRIDE, ESQ. and SEAN M. KELLY, ESQ. of the law firm of MCBRIDE HALL, and hereby  
files this Substantive Joinder to Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava  
Prasad, MD, PLLC's Motion to Dismiss Plaintiff's Complaint.

1 This Substantive Joinder is made and based upon the papers and pleadings on file herein,  
2 the Memorandum of Points and Authorities attached hereto, such other documentary evidence as  
3 may be presented and any oral arguments at the time of the hearing of this matter. These  
4 Defendants expressly adopt and incorporate by reference herein all of the Points and Authorities  
5 set forth in Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC's  
6 Motion to Dismiss Plaintiff's Complaint.

7 Specifically, these Defendants, Dr. Haq and Dr. Danish, are Hospitalists (Internal  
8 Medicine), not a general surgeon or rheumatologist. Plaintiff's experts, Dr. Smith (surgeon) and  
9 Dr. Shepherd, are not hospitalists and, therefore, do not practice in an area of medicine that is  
10 substantially similar to Drs. Haq and Danish. To become an Internal Medicine physician, one  
11 must complete a three-year intensive residency program in internal medicine. Plaintiff's expert,  
12 Dr. Smith, is a general surgeon and there is no contention made that he completed such a residency.  
13 Plaintiff's other expert, Dr. Shepherd, last worked as a hospitalist in 2002-2003. Accordingly,  
14 Plaintiff failed to meet the requirements set forth in NRS 41A.071, and the Court should enter  
15 judgment in favor of Drs. Haq and Danish based upon the pleadings in this case.

16 DATED this 23<sup>rd</sup> day of August 2021.

17 McBRIDE HALL

18  
19 /s/ Sean M. Kelly

20 Robert C. McBride, Esq.

21 Nevada Bar No.: 7082

22 Sean M. Kelly, Esq.

23 Nevada Bar No.: 10102

24 8329 W. Sunset Road, Suite 260

25 Las Vegas, Nevada 89113

26 Attorneys for Defendants

27 *Ali Haq, M.D., Charles Kim Danish, D.O.*

28 *and Platinum Hospitalists, LLP*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the 23<sup>rd</sup> day of August 2021, I served a true and correct copy of the foregoing DEFENDANTS ALI HAQ, M.D., CHARLES KIM DANISH, D.O. AND PLATINUM HOSPITALISTS, LLP'S SUBSTANTIVE JOINDER TO DEFENDANTS HOLAVANAHALLI KESHAVA-PRASAD, M.D. AND H. KESHAVA PRASAD, MD, PLLC'S MOTION TO DISMISS PLAINTIFF'S COMPLAINT addressed to the following counsel of record at the following address(es):

- ☒ **VIA ELECTRONIC SERVICE:** by mandatory electronic service (e-service), proof of e-service attached to any copy filed with the Court; or
- ☐ **VIA U.S. MAIL:** By placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, addressed as indicated on the service list below in the United States mail at Las Vegas, Nevada; or
- ☐ **VIA FACSIMILE:** By causing a true copy thereof to be telecopied to the number indicated on the service list below.

William R. Brenske, Esq.  
Jennifer R. Andreevski, Esq.  
Rayn D. Krametbauer, Esq.  
BRENSKE ANDREEVSKI & KRAMETBAUER  
3800 Howard Hughes Pkwy., Suite 500  
Las Vegas, Nevada 89169

*Attorneys for Plaintiff*

John H. Cotton, Esq.  
Michael Navratil, Esq.  
JOHN H. COTTON & ASSOCIATES, LTD.  
7900 W. Sahara Ave., Suite 200  
Las Vegas, Nevada 89117

*Attorneys for Defendants Abdul Tariq, D.O. and  
Neurology Clinics of Nevada, LLC*

Kenneth M. Webster, Esq.  
Tyson J. Dobbs, Esq.  
Trent L. Earl, Esq.  
HALL PRANGLE & SCHOONVELD  
1140 N. Town Center Dr., Suite 350  
Las Vegas, Nevada 89144

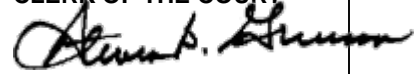
*Attorneys for Defendants Valley Health  
System, LLC dba Desert Springs Hospital  
Medical Center*

S. Brent Vogel  
Heather Armantrout  
LEWIS BRISBOIS BISGAARD & SMITH  
6385 S. Rainbow Blvd., Suite 600  
Las Vegas, Nevada 89118

*Attorneys for Defendants Holavanahalli  
Keshava-Prasad, M.D. and H. Keshava  
Prasad, MD, PLLC*

/s/ Kellie Piet  
An Employee of McBRIDE HALL

# EXHIBIT 5



KENNETH M. WEBSTER, ESQ.  
Nevada Bar No. 7205  
TYSON J. DOBBS, ESQ.  
Nevada Bar No.: 11953  
IAN M. HOUSTON, ESQ.  
Nevada Bar No. 11815  
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Email: [efile@hpslaw.com](mailto:efile@hpslaw.com)  
*Attorneys for Defendant*  
*Valley Health System LLC dba*  
*Desert Springs Hospital Medical Center*

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,  
  
Plaintiff,  
  
vs.

Case No.: A-21-838308-C  
Dept. No.: 26

VALLEY HEALTH SYSTEM, LLC, dba  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, M.D. PLLC; AMIR QURESHI, M.D.;  
ROE AMIR QURESHI, M.D. EMPLOYER; ALI  
HAQ, M.D.; ROE ALI HAQ, M.D.  
EMPLOYER; CHARLES KIM DANISH, D.O.;  
PLATINUM HOSPITALISTS, LLP; DOES 1-35,  
and ROE CORPORATIONS 1-35, inclusive,

Defendants.

**DEFENDANT VALLEY HEALTH  
SYSTEM, LLC dba DESERT  
SPRINGS HOSPITAL MEDICAL  
CENTER'S JOINDER TO  
DEFENDANTS ALI HAQ, M.D.,  
CHARLES KIM DANISH, D.O. AND  
PLATINUM HOSPITALISTS, LLP'S  
SUBSTANTIVE JOINDER AND  
DEFENDANT AMIR QURESHI,  
M.D.'S JOINDER TO DEFENDANTS  
HOLAVANAHALLI KESHAVA-  
PRASAD, M.D. AND H. KESHAVA  
PRASAD, MD. PLLC'S MOTION TO  
DISMISS PLAINTIFF'S  
COMPLAINT**

**Hearing Date: September 21, 2021  
Hearing Time: 9:30 a.m.**

**HALL PRANGLE & SCHOONVELD, LLC**  
1140 NORTH TOWN CENTER DRIVE, STE. 350  
LAS VEGAS, NEVADA 89144  
TELEPHONE: 702-889-6400 FACSIMILE: 702-384-6025

COME NOW, Defendant VALLEY HEALTH SYSTEM, LLC dba DESERT SPRINGS HOSPITAL MEDICAL CENTER (hereinafter “Defendant”) by and through their counsel of record, the law firm of HALL PRANGLE & SCHOONVELD, LLC., hereby submits its Joinder to Defendants Amir Qureshi, M.D., Ali Haq, M.D., Charles Kim Danish, D.O. And Platinum Hospitalists, LLP’s Substantive Joinders To Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC’s MOTION TO DISMISS PLAINTIFF’S COMPLAINT.

Defendant VALLEY HEALTH SYSTEM, LLC dba DESERT SPRINGS HOSPITAL MEDICAL CENTER hereby adopts, as though fully set forth herein, the points and authorities, arguments and papers contained in Defendants Amir Qureshi, M.D., Ali Haq, M.D., Charles Kim Danish, D.O. And Platinum Hospitalists, LLP’s Substantive Joinders to Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC’s MOTION TO DISMISS PLAINTIFF’S COMPLAINT to the extent that the arguments apply equally to Defendant VALLEY HEALTH SYSTEM, LLC dba DESERT SPRINGS HOSPITAL MEDICAL CENTER.

Plaintiff’s claims against Desert Springs Hospital are premised exclusively on vicarious liability for the conduct of the physicians. Therefore, since Plaintiff’s claims against each of the co-defendant physicians fail under NRS 41A.071 for the reasons set forth in the motion and the respective joinders, any vicarious liability claims against Desert Springs Hospital arising out of the alleged negligence of each physician also fails. *See, e.g. Batt v. State*, 901 P.2d 553 (Nev. 1995) (stating that “vicarious liability, whether in tort or criminal law, is derivative liability”); *Fierle v. Perez*, 219 P.3d 906 n. 2 (Nev. 2009) (finding derivative claim failed when underlying negligent action also failed); *Est. of Curtis v. S. Las Vegas Med. Invs., LLC*, 136 Nev. Adv. Op. 39, 466 P.3d 1263 (2020) (finding a direct liability claim against a facility *only* “escapes NRS 41A.071’s affidavit requirement where the underlying facts of the case do not fall within the definition of professional negligence”). Therefore, for the reasons set forth in Dr. Keshava-Prasad’s Motion to Dismiss, Dr. Qureshi’s Substantive Joinder, and Drs. Ali Haq, M.D., Charles Kim Danish, D.O. And Platinum Hospitalists, LLP’s Substantive Joinder, any vicarious liability

claim against Desert Springs Hospital arising out of the alleged negligence of each defendant physician must be dismissed.

DATED this 26<sup>th</sup> day of August, 2021.

HALL PRANGLE & SCHOONVELD LLC

By: /s/ Tyson Dobbs, Esq.

KENNETH M. WEBSTER, ESQ.

Nevada Bar No. 7205

TYSON J. DOBBS, ESQ.

Nevada Bar No.: 11953

1140 N. Town Center Dr., Ste. 350

Las Vegas, NV 89144

*Attorneys for Defendant*

*Valley Health System LLC dba Desert Springs*

*Hospital Medical Center*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that I am an employee of HALL PRANGLE & SCHOONVELD, LLC; that on the 23<sup>rd</sup> day of August 2021, I served a true and correct copy of the foregoing **DEFENDANT VALLEY HEALTH SYSTEM, LLC dba DESERT SPRINGS HOSPITAL MEDICAL CENTER'S JOINDER TO DEFENDANTS ALI HAQ, M.D., CHARLES KIM DANISH, D.O. AND PLATINUM HOSPITALISTS, LLP'S SUBSTANTIVE JOINDER AND DEFENDANT AMIR QUERESHI, M.D.'S JOINDER TO DEFENDANTS HOLAVANAHALLI KESHAVA-PRASAD, M.D. AND H. KESHAVA PRASAD, MD. PLLC'S MOTION TO DISMISS PLAINTIFF'S COMPLAINT** via the E-Service Master List for the above referenced matter in the Eighth Judicial District Court e-filing System in accordance with the electronic service requirements of Administrative Order 14-2 and the Nevada Electronic Filing and Conversion Rules, to the following:

William Brenske, Esq.  
Ryan Krametbauer, Esq.  
BRENSKE ANDREEVSKI &  
KRAMETBAUER  
3800 Howard Hughes Pkwy Suite 500  
Las Vegas, NV 89169  
*Attorneys for Plaintiff*

Robert McBride, Esq.  
Sean Kelly, Esq.  
McBRIDE HALL  
8329 W. Sunset Road, Suite 260  
Las Vegas, NV 89113  
*Attorneys for Defendants  
Ali Haq, M.D., Charles Kim Danish, D.O., and  
Platinum Hospitalists, LLP*

John Cotton, Esq.  
Michael Navratil, Esq.  
JOHN H. COTTON & ASSOCIATES, LTD.  
7900 W. Sahara Avenue, Suite 200  
Las Vegas, NV 89117  
*Attorneys for Defendant Tariq, D.O.*

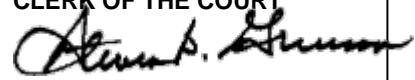
S. Brent Vogel, Esq.  
Heather Armantrout, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH,  
LLP  
6385 S. Rainbow Blvd., Suite 600  
Las Vegas, NV 89118  
*Attorneys for Defendants  
Holavanahalli Keshava-Prasad, M.D. and H.  
Keshava Prasad, MD, PLLC*

/s/ Nicole Etienne

An employee of HALL PRANGLE & SCHOONVELD, LLC



# EXHIBIT 6



WILLIAM R. BRENSKE, ESQ.  
Nevada Bar No. 1806  
JENNIFER R. ANDREEVSKI, ESQ.  
Nevada Bar No. 9095  
RYAN D. KRAMETBAUER, ESQ.  
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BRENSKE ANDREEVSKI & KRAMETBAUER  
3800 Howard Hughes Parkway, Suite 500  
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Facsimile: (702) 385-3823  
Email: bak@baklawlv.com  
*Attorneys for Plaintiff Lashawanda Watts*

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

v.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, MD, PLLC; AMIR QURESHI, M.D.;  
ROE AMIR QURESHI, M.D. EMPLOYER;  
ALI HAQ, M.D.; ROE ALI HAQ, M.D.  
EMPLOYER; CHARLES KIM DANISH, D.O.;  
PLATINUM HOSPITALISTS, LLP; DOES 1-  
35; ROE CORPORATIONS 1-35, inclusive,

Defendants.

Case No.: A-21-838308-C

Dept. No.:26

**PLAINTIFF'S OPPOSITION TO  
DEFENDANT HOLAVANAHALLI  
KESHAVA-PRASAD MD'S MOTION  
TO DISMISS AND ALL JOINDERS  
THERE TO**

Date of Hearing: September 21, 2021

Time of Hearing: 9:30 a.m.

Plaintiff, Lashawanda Watts, by and through her attorneys of record, Brenske Andreevski & Krametbauer, hereby opposes Defendant Holavanahalli Keshava-Prasad, MD's Motion to Dismiss and all joinders thereto.

///

///

This opposition is based on the pleadings and papers on file herein, the attached Memorandum of Points and Authorities, and any oral argument this Court may wish to entertain.

DATED this 27<sup>th</sup> day of August, 2021.

*/s/ William Brenske*

WILLIAM R. BRENSKE, ESQ.  
Nevada Bar No. 1806  
JENNIFER R. ANDREEVSKI, ESQ.  
Nevada Bar No. 9095  
RYAN D. KRAMETBAUER, ESQ.  
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*Attorneys for Plaintiff Lashawanda Watts*

## **MEMORANDUM OF POINTS AND AUTHORITIES**

### **I. INTRODUCTION**

On July 20, 2020, 30-year-old Plaintiff, Lashawanda Watts, presented to Desert Springs Hospital with complaints of pain, swelling, and discoloration in her feet. Ms. Watts was admitted to the hospital where she received antibiotics for colitis. Her toes and feet were examined and doctors at Desert Springs Hospital diagnosed her with peripheral neuropathy and peripheral artery disease. After a week, Ms. Watts was discharged to rehab. At the time of her discharge on July 27, 2020, Ms. Watts' pain had worsened and her toes were more cyanotic than they had been when she initially entered the hospital. Regardless, she was released and transferred to Encompass Health Rehabilitation Hospital of Henderson for continued antibiotic treatment of her colitis and pain management.

The following day, on July 28, 2020, Ms. Watts was examined by physicians at Encompass Health. They immediately discharged Ms. Watts and transferred her back to an acute care facility

1 because her worsening ischemia needed urgent medical workup of a likely vascular condition. As  
2 such, Ms. Watts was transported to UMC Hospital for further workup and treatment. After being  
3 admitted to UMC Hospital, it was determined on July 30, 2020, that Ms. Watts required a  
4 rheumatology evaluation. As such, she was transferred again to Dixie Regional Medical Center in  
5 St. George, Utah. It was there that she was finally diagnosed with ANCA vasculitis.  
6 Unfortunately, given the lengthy delay in diagnosis and treatment, Ms. Watts suffered permanent  
7 loss of vascularization to her feet and toes. Some of her toes have since fallen off and she required  
8 surgical amputation of several other toes.  
9

## 10 II. LEGAL ARGUMENT

11 Defendant Dr. Keshava-Prasad argues Plaintiff's affidavits against him are insufficient  
12 because they were not authored by oncologists/hematologists – like himself. Defendant Drs. Haq  
13 and Danish join in Dr. Keshava-Prasad's motion arguing Plaintiff's affidavits against them are  
14 insufficient because they are internists, not surgeons or rheumatologists. Similarly, Dr. Amir  
15 Qureshi joins Dr. Keshava-Prasad's motion arguing he is an infectious disease specialist, not a  
16 surgeon or rheumatologist. Finally, Defendant Desert Springs Hospital joins in Defendant  
17 Keshava-Prasad's motion arguing if Plaintiff's claims against Dr. Keshava-Prasad fail, they should  
18 also fail as to the hospital since Plaintiff's claims against the hospital are based on its vicarious  
19 liability for the physician. All of Defendants' arguments fail.  
20

21 As a preliminary matter, it must be noted that Dr. Shepherd, who authored an affidavit that  
22 was attached to Plaintiff's Complaint, is an **Internist** and a Rheumatologist. (Exhibit "1"). As  
23 such, the joinder filed by Internist Drs. Haq and Danish is clearly deficient because Dr. Shepherd is  
24 a Board Certified Internist – the exact same specialty as Drs. Haq and Danish.  
25

26 Although Drs. Haq and Danish's joinder clearly fails, the motion and joinder also fail as to  
27 the remaining defendants. Ms. Watts was not in the hospital because she had cancer or a blood  
28

1 disorder. She was not there to treat an infectious disease. She was in the hospital because her feet  
2 were painful and were turning blue. Plaintiff's expert affidavits criticize the care provided by Ms.  
3 Watts' doctors during that same hospital stay. Based on Ms. Watts' condition, Plaintiff's treating  
4 physicians (regardless of their specialty) had a duty and obligation to refer her to a rheumatologist.  
5 This was not done.

6  
7 By analogy, if a patient was bleeding profusely from a cut and that patient's doctor did  
8 nothing to stop the bleeding (no bandaging, no stitches, etc.), a doctor from a different specialty  
9 could criticize that doctor. That is, all doctors can recognize that a bleeding patient requires  
10 something to stop the bleeding. Similarly, Plaintiff's experts have indicated any doctor who  
11 examined Ms. Watts should have referred her out for a rheumatology consult.

12 In addition, the law does not require physicians who prepare affidavits in support of a  
13 medical malpractice complaint to practice the *exact* same specialty as the defendant physician.  
14 The Nevada Supreme Court has specifically held an expert in a medical-malpractice case need not  
15 specialize in the exact same area of medicine as the defendant; instead, the issue is one of  
16 knowledge. Staccato v. Valley Hospital, 123 Nev. 526, 532 (2007). Plaintiff's experts have  
17 knowledge in the treatment of patients presenting to the hospital in the same or similar condition as  
18 Ms. Watts. They are aware of what the standard of care requires, and they have criticized  
19 Defendants for failing to abide by the standard of care.  
20

21 The wisdom behind the Nevada Supreme Court's interpretation of NRS 41A.071 is  
22 obvious. The parties are currently at the *initial pleading* stage. Discovery has not been conducted.  
23 Expert witnesses have not been disclosed. The purpose of NRS 41A.071 is to prevent frivolous  
24 claims from being filed. *See, Zohar v. Zbiegien*, 130 Nev. 733 (2014). The affidavit requirement  
25 is not intended to force a plaintiff to be trial-ready before she even files her lawsuit.  
26  
27  
28

Here, the affidavits named the Defendants and specified which conduct fell below the minimum acceptable standard of care – failing to refer Ms. Watts to a rheumatologist. These affidavits and the physicians who authored them sufficient as to all Defendants pursuant to NRS 41A.071.

In a Motion to Dismiss, all facts must be construed in favor of the non-moving party – including the fact that the authors of Plaintiff’s affidavits are competent to criticize the care of Defendants. Dismissal of Plaintiff’s Complaint when expert affidavits were submitted supporting Plaintiff’s claims against Defendants would be inappropriate.

### III. CONCLUSION

Plaintiff hired experts who gave authored affidavits critical of the care provided by Defendants. These experts are aware of what care should have been provided, but unfortunately, was not. Based on the foregoing, Defendant’s motion and all joinders thereto should be denied.

DATED this 27<sup>th</sup> day of August, 2021.

*/s/ William Brenske*

\_\_\_\_\_  
WILLIAM R. BRENSKE, ESQ.

Nevada Bar No. 1806

JENNIFER R. ANDREEVSKI, ESQ.

Nevada Bar No. 9095

RYAN D. KRAMETBAUER, ESQ.

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Email: bak@baklawlv.com

*Attorneys for Plaintiff Lashawanda Watts*

**CERTIFICATE OF SERVICE**

I am employed with Brenske Andreevski & Krametbauer. I am over the age of 18 and not a party to the within action; my business address is 3800 Howard Hughes Pkwy., Ste. 500, Las Vegas, Nevada 89169. I am “readily familiar” with the firm’s practice of collection and processing correspondence for mailing. Under its practice mail is to be deposited with the U. S. Postal Service on that same day as stated below, with postage thereon fully prepaid.

I served the foregoing document described as “**PLAINTIFF’S OPPOSITION TO DEFENDANT HOLAVANAHALLI KESHAVA-PRASAD MD’S MOTION TO DISMISS AND ALL JOINDERS THERETO** ” on this 27<sup>th</sup> day of August 2021 to all interested parties as follows:

- ☐ BY MAIL: Pursuant to N.R.C.P. 5(b), I placed a true copy thereof enclosed in a sealed envelope addressed as follows:
- ☐ BY FACSIMILE: Pursuant to EDCR 7.26, I transmitted a copy of the foregoing document this date via telecopier to the facsimile number shown below:
- ☒ BY ELECTRONIC SERVICE: by electronically filing and serving the foregoing document with the Eighth Judicial District Court's electronic filing system:

JOHN H. COTTON & ASSOCIATES, LTD. John Cotton, Esq. Michael D. Navratil, Esq. 7900 West Sahara Avenue, Suite 200 Las Vegas, Nevada 89117 <i>Attorneys for Defendants Tariq and Neurology Clinics of Nevada, LLC</i>	HALL PRANGLE & SCHOONVELD, LLC Kenneth M. Webster, Esq. Tyson J. Dobbs, Esq. Trent L. Earl, Esq. 1140 N. Town Center Dr., Ste. 350 Las Vegas, NV 89144 <i>Attorneys for Defendant Valley Health System LLC dba Desert Springs Hospital Medical Center</i>
McBRIDE HALL Robert C. McBride, Esq. Sean M. Kelly, Esq. 8329 W. Sunset Road, Suite 260 Las Vegas, Nevada 89113 <i>Attorneys for Defendants Ali Haq, M.D., Charles Kim Danish, D.O. and Platinum Hospitalists, LLP</i>	LEWIS BRISBOIS BISGAARD & SMITH LLP S. BRENT VOGEL Brent.Vogel@lewisbrisbois.com HEATHER ARMANTROUT Nevada Bar No. 14469 Heather.Armantrout@lewisbrisbois.com 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 <i>Attorneys for Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC</i>

/s/ Amy Doughty

\_\_\_\_\_  
An employee of the Brenske Andreevski & Krametbauer

# EXHIBIT 1



**AFFIDAVIT OF REBECCA M. SHEPHERD, M.D.**

STATE OF PENNSYLVANIA       )  
  ) ss.  
COUNTY OF Lancaster       )

Rebecca M. Shepherd, being first duly sworn under penalty of perjury, hereby deposes and states as follow:

1. I, Rebecca M. Shepherd MD, am a licensed physician Board Certified in Rheumatology and Internal Medicine. I am licensed to practice medicine in Pennsylvania. I currently practice in areas of medicine applicable in this case. I am familiar with the standards of care for medical practices that currently relate to issues of care and treatment of patients such as Lashawanda Watts (Date of birth 4/9/90). Patient is also referenced as Lashawnda and Lashawanda. I am familiar with the standards of care in this case by virtue of my training, education, and experience of 15 years in the field of rheumatology. I can fairly evaluate the quality of care that was provided. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:

- Desert Springs Hospital Medical Center, Las Vegas Nevada;
- Dixie Regional Medical Center St. George Utah;
- Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada; and
- University Medical Center, Las Vegas Nevada

3. The records are the type usually relied upon by reviewers such as myself. These records appear to be reliable. While it is true that all patient interactions are unique, there are specific medical practices that a treating physician would be expected to provide to meet the applicable standard of care. I have specifically reviewed these records to determine whether within a reasonable degree of medical probability that standard of care was met.

4. After review of the aforementioned data, I have come to the following conclusions:

5. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell below the standard of care in the following ways:

6. The providers neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

7. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

8. While I do not expect the providers to undertake and commit to the treatment of vasculitis, each provider has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up

and management. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20 but did not provide for consistent IV steroids upon discharge to a different facility. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care.

9. The provider Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient’s departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

10. The standard of care for all medical providers is to obtain and review the results of tests that are ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, obtaining further insight either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.

11. The providers at Desert Springs fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered.

12. Vasculitis is a rare and deadly disease. The physicians at Desert Springs considered the diagnosis of vasculitis from 7/23/20 onward but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as the providers at Desert Springs were concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, the providers should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues.

13. Instead, the providers sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

14. These opinions are given within a reasonable degree of medical certainty. I specifically reserve the right to add to, amend or subtract from this report as new evidence comes into discovery or as new opinions are formulated.

I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 20th day of July 2021.

*rebecca shepherd*

**REBECCA M. SHEPHERD, M.D.**

Virginia  
County of Loudoun

SUBSCRIBED AND SWORN TO  
before me this 20th day of July 2021.



Notarized online using audio-video communication

*Donna M Sweeney*

Donna M Sweeney

NOTARY PUBLIC

### **References**

Mukhtyar C, Guillevin L, Cid MC, *et al* EULAR recommendations for the management of primary small and medium vessel vasculitis. *Annals of the Rheumatic Diseases* 2009;68:310-317.

Fauci AS, Haynes BF, Katz P, Wolff SM. Wegener's granulomatosis: prospective clinical and therapeutic experience with 85 patients for 21 years. *Ann Intern Med.* 1983 Jan;98(1):76-85. doi: 10.7326/0003-4819-98-1-76. PMID: 6336643.

REBECCA M. SHEPHERD, MD MBA FACP FACR  
RheumMedEx@gmail.com

## **CURRENT EMPLOYMENT**

2006- present Partner, Arthritis and Rheumatology Specialists, Penn Medicine Lancaster  
General Health Physicians

## **WORK EXPERIENCE**

2017-present Chief of Rheumatology, Penn Medicine- Lancaster General Health

2016-present Director of Osteoporosis Care, Penn Medicine- Lancaster General Health

2012-2014 Senior Physician Leader for Medical Specialty Practices, Lancaster  
General Health Physicians

2011-2012 Interim Senior Vice President, Lancaster General Health Physicians

2010-2011 Senior Physician Leader for Medical Specialty Practices, Lancaster  
General Health Physicians

2006-present Instructor, Family Practice Residency Program, Penn Medicine- Lancaster  
General Health

2002-2003 Hospitalist, Oncology and Bone Marrow Transplant Unit, Washington  
University School of Medicine

1996-1997 Research Assistant, Vanderbilt Medical School

## **BOARD CERTIFICATIONS/MEMBERSHIPS**

Board Certification	Rheumatology	2005-2025
	Internal Medicine	2002-2022
	Clinical Bone Densitometry	2006-2021

Certification	Fracture Liaison Service, National Osteoporosis Foundation	2018
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Fellow	American College of Physicians American College of Rheumatology
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Member	American College of Physicians
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American College of Rheumatology  
 Pennsylvania Society of Medicine  
 Lancaster County Medicine and Dental Society  
 National Osteoporosis Foundation  
 International Society of Bone Densitometry

## COMMITTEES AND BOARDS

2014-present	Board of Directors, Lancaster General Hospital Community Care Collaborative
2016-2018	Board of Directors, Lancaster County Medical and Dental Society
2015-2017	Clinical Informatics Committee, Lancaster General Health Physicians
2013-2016	Government Affairs Committee, American College of Rheumatology
2012-present	Board of Directors, Milagro House, Lancaster, Pennsylvania
2010- 2013	Committee on Rheumatologic Care, American College of Rheumatology
2009-2016	Quality Committee, Lancaster General Health Physicians
2008-2011	Lancaster General Hospital Institutional Review Board

## EDUCATION

2018-	Fracture Liaison Service Certification, National Osteoporosis Foundation
2013-2015	Masters Business Administration, Saint Joseph University
2003-2006	Fellowship, Department of Rheumatology, Washington University School of Medicine, Saint Louis Missouri
2002-2003	Clinical Research Fellowship, Department of Bone and Mineral Research, Washington University School of Medicine, Saint Louis Missouri
1999-2002	Resident, Department of Internal Medicine, Washington University School of Medicine, Saint Louis Missouri
1995-1999	Doctor of Medicine, Vanderbilt School of Medicine, Nashville Tennessee

- 1991-1995 Magna Cum Laude, Bachelor of Arts, Plan II Honors Program, University of Texas at Austin, Austin Texas
- 1993-1994 Study Abroad Program, St. Andrews University, St. Andrews Scotland
- 1991 Valedictorian, Keystone High School, San Antonio, Texas

## OFFICES/AWARDS

- 2010 AAFP Teaching Award
- 2009 Distinguished Speaker Award, Arthritis Foundation
- 2003 Young Investigators Award, American Society for Bone and Mineral Research, Minneapolis MN
- 2001-2002 Clinical Scientist Training and Research Program, Washington University School of Medicine
- 1996-1997 Founder/Chairperson Student Branch of American Medical Women's Association at Vanderbilt School of Medicine
- 1995-1996 Class President, Vanderbilt School of Medicine
- 1991-1993 University of Texas Merit Scholarship  
Governor Byrd Scholarship  
Valedictorian Tuition Exemption Scholarship

## LECTURES

- February 2019 Osteoporosis Lecture CME Event: Geriatric Providers Lancaster General Health- Penn Medicine
- March 2018 Osteoporosis: Update on Diagnosis and Treatment. Host and speaker, 2 hour CME Event for Lancaster General Health- Penn Medicine

## PUBLICATIONS

Güven H, Shepherd RM, Bach RG, Cappocia BJ, Link DC. "The number of endothelial progenitor cell colonies in the blood is increased in patients with angiographically significant coronary artery disease." J Am Coll Cardiol. 2006 Oct 17;48(8):1579-87.



Shepherd RM, Capoccia BJ, Devine SM, Dipersio J, Trinkaus KM, Ingram D, Link DC. "Angiogenic cells can be rapidly mobilized and efficiently harvested from the blood following treatment with AMD3100." *Blood*. 2006;108(12):3662-7.

Capoccia BJ, Shepherd RM, Link DC. "G-CSF and AMD3100 mobilize monocytes into the blood that stimulate angiogenesis in vivo through a paracrine mechanism." *Blood*. 2006;108(7):2438-45.

Ryan MR, Shepherd R, et al. "An IL-7-dependent rebound in thymic T cell output contributes to the bone loss induced by estrogen deficiency." *Proc Natl Acad Sci U S A*. 2005;102(46):16735-40.

Latinis K, Dao K, Gutierrez E, Shepherd R, Velazquez C. (Eds.). (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

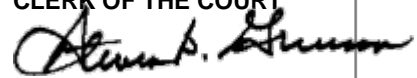
Shepherd R. (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins. Chapters written: Osteoarthritis; Acute rheumatic fever; Amyloidosis and amyloid arthropathy; Osteoporosis; Sarcoid arthropathy.

Kerzner R, Shepherd R. (2004) Aging and the cardiovascular system, exercise, and hypertension. In *The Washington Manual Geriatrics Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Siva C, Eisen SA, Shepherd R et al. "Leflunomide use during the first 33 months after food and drug administration approval: experience with a national cohort of 3,325 patients." *Arthritis Rheum*. 2003;49(6):745-51.

Spector J, Lilly S, Nemirovsky D, Shepherd R, German DC. "Prodromal urticaria with seronegative rheumatoid arthritis." *J Clinical Rheumatology*. 1997;3(4):234-236.

# EXHIBIT 7



1 **MTD**  
2 JOHN H. COTTON, ESQ.  
3 Nevada Bar Number 5268  
4 [JHCotton@jhcottonlaw.com](mailto:JHCotton@jhcottonlaw.com)  
5 MICHAEL D. NAVRATIL, ESQ.  
6 Nevada Bar Number 7460  
7 [MNavratil@jhcottonlaw.com](mailto:MNavratil@jhcottonlaw.com)  
8 **JOHN H. COTTON & ASSOCIATES, LTD.**  
9 7900 West Sahara Avenue, Suite 200  
10 Las Vegas, Nevada 89117  
11 Telephone: (702) 832-5909  
12 Facsimile: (702) 832-5910  
13 *Attorneys for Defendant Tariq, D.O.*  
14 *And Neurology Clinics of Nevada, LLC*

9 **DISTRICT COURT**  
10 **CLARK COUNTY, NEVADA**

11 LASHAWANDA WATTS,

12 Plaintiff,

13 vs.

14 VALLEY HEALTH SYSTEM, LLC d/b/a  
15 DESERT SPRINGS HOSPITAL, ABDUL  
16 TARIQ, D.O., NEUROLOGY CLINICS OF  
17 NEVADA, LLC., HOLAVANHALLI  
18 KESHAVA-PRASAD, M.D.; H KESHAVA  
19 PRASAD, MD, PLLC, AMIR QUERESHI,  
20 M.D., ROE AMIR QUERESHI, M.D.  
21 EMPLOYER; ALI HAQ, M.D., ROE ALI  
22 HAQ, M.D. EMPLOYER, CHARLES KIM  
23 DANISH, D.O.; PLATINUM  
24 HOSPITALISTS, LLP, DOES 1-35; ROE  
25 CORPORATIONS 1-35, inclusive

26 Defendants.

CASE NO.: A-21-838308  
DEPT. NO: 26

**DEFENDANTS TARIQ AND**  
**NEUROLOGY CLINICS OF**  
**NEVADA, LLC'S MOTION TO**  
**DISMISS**

**(HEARING REQUESTED)**

27 Defendants ABDUL TARIQ, D.O., AND NEUROLOGY CLINICS OF NEVADA, LLC,  
28 (hereinafter, "Defendants") by and through their counsel of record, John H. Cotton, Esq., and  
Michael D. Navratil, Esq., of the law firm of JOHN H. COTTON & ASSOCIATES, LTD.  
requests that the Court dismiss the above referenced matter due to the fact that Plaintiff's

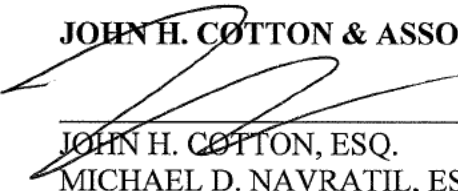
John H. Cotton & Associates, Ltd.  
7900 West Sahara, Suite 200  
Las Vegas, Nevada 89117

1 Complaint fails to comply with NRS 41A.071. Plaintiff's Complaint does not include an  
2 affidavit from an expert in the same or similar filed as Dr. Tariq and therefore, the Complaint  
3 must be dismissed pursuant to NRS 41A.071.

4 This Motion is based upon, the papers and pleadings on file, the attached exhibits hereto,  
5 the Memorandum of Points and Authorities attached hereto, and any oral argument that may be  
6 given at the time of hearing on this matter.  
7

8 DATED this 30 day of September 2021.

9 **JOHN H. COTTON & ASSOCIATES, LTD.**

10   
11 \_\_\_\_\_  
12 JOHN H. COTTON, ESQ.  
13 MICHAEL D. NAVRATIL, ESQ.  
14 7900 West Sahara Ave., Suite 200  
15 Las Vegas, Nevada 89117  
16 *Attorneys for Defendant.*  
17  
18  
19  
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27  
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## MEMORANDUM OF POINTS AND AUTHORITIES

### **I. Introduction**

Plaintiff filed a complaint for medical malpractice against Dr. Abdul Tariq and his practice for medical malpractice. *See Exhibit A, attached hereto.* Dr. Tariq is a Board Certified neurologist, but Plaintiff has only produced an expert witness in the fields of rheumatology and general/vascular surgery, which is not a similar field to Dr. Tariq. Therefore, Plaintiff's complaint must be dismissed pursuant to NRS 41A.071.

### **II. Law and Argument**

NRS 41A.071 requires the following:

#### **41A.071. Dismissal of action filed without affidavit of medical expert.**

If an action for professional negligence is filed in the district court, the district court shall dismiss the action, without prejudice, if the action is filed without an affidavit that:

1. Supports the allegations contained in the action;
2. Is submitted by a medical expert who *practices or has practiced in an area that is substantially similar* to the type of practice engaged in at the time of the alleged professional negligence;
3. Identifies by name, or describes by conduct, each provider of health care who is alleged to be negligent; and
4. Sets forth factually a specific act or acts of alleged negligence separately as to each defendant in simple, concise and direct terms. NRS 41A.071 (Emphasis added)

In this case, it is NRS 41A.071(2) that is at issue. A complaint for professional negligence claim must be filed with an expert affidavit that supports the allegations of the complaint. *Id.* The purpose of the statute is to lower costs, reduce frivolous lawsuits, and ensure that medical malpractice cases are filed in good faith based upon competent expert medical opinion. *Fierle v. Perez* 125 Nev. 728, 219 P.3d. 906, 908 (Nev. 2009). Here, allowing Plaintiff to move forward with a lawsuit would thwart the purposes of the statute which is to ensure that cases are supported by experts in the same or substantially similar areas of medicine.

1 In this case, Dr. Tariq is a neurologist. *See Exhibit B.* Plaintiff's experts supporting the  
2 Complaint are from Dr. Rebecca Shepherd (rheumatologist) and Dr. Mark Smith (vascular  
3 surgeon). *See Exhibit A.* Neither Dr. Shepherd nor Dr. Smith have any training or experience in  
4 the field of neurology. Dr. Tariq has the right to have this case reviewed by a peer from the same  
5 specialty before a Plaintiff proceeds with a lawsuit against him.

6  
7 Failure to comply with the affidavit requirement of NRS 41A.071 mandates dismissal  
8 without leave to amend. *See Borger v. District Court, 120 Nev. 1021, 1029 (2004).* A complaint  
9 filed without a supporting medical expert affidavit is void ab initio and must be dismissed.  
10 Because a void complaint does not legally exist, it cannot be amended. *Washoe Medical Center*  
11 *v. Second Judicial District Court, 122 Nev. 1298, 1302, 148 P.3d. 790, 793 (2006).* Here,  
12 without an expert affidavit from an expert who practices in the same or similar specialty as Dr.  
13 Tariq, the complaint is void and must be dismissed.

### 14 **III. Conclusion**

15  
16 Plaintiff has failed to properly attach an expert affidavit supporting the causes of action  
17 against Dr. Tariq as required by NRS 41A.071. The purported expert from a rheumatologist and  
18 a vascular surgeon does not comply with NRS 41A.071 which requires that an expert practice in  
19 the same or substantially similar area of medicine to the Defendant. Here, these specialties are not  
20 similar or substantially similar to Dr. Tariq's area of medicine, and therefore, Plaintiff's  
21 complaint is void ab initio as to Dr. Tariq and must be dismissed.

22 //

23 //

24 //

25 //

26 //

27 //

28

1 Based upon the foregoing, Defendant Tariq, M.D., requests that the Plaintiff's Complaint  
2 be dismissed pursuant to NRS 41A.071.

3 Dated this 3<sup>rd</sup> day of September 2021.

4 **JOHN H. COTTON & ASSOCIATES, LTD.**  
5 7900 West Sahara Avenue, Suite 200  
6 Las Vegas, Nevada 89117

7 

8 JOHN H. COTTON, ESQ.  
9 MICHAEL D. NAVRATIL, ESQ.

**CERTIFICATE OF ELECTRONIC SERVICE**

I hereby certify that on the 3<sup>rd</sup> day of September 2021, I served a true and correct copy of the foregoing **DEFENDANTS TARIQ, D.O., AND NEUROLOGY CLINICS OF NEVADA, LLC.'S MOTION TO DISMISS** by electronic means Pursuant to EDCR 8.05(a), and was submitted electronically for filing and/or service with the Eighth Judicial District Court, made in accordance with the E-Service List, to the following individuals:

William R. Brenske, Esq.  
BRENSKE, ANDREEVSKI, & KRAMETBAUER  
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Kim Danish, DO, and Platinum Hospitalists,  
LLP*

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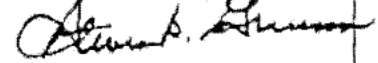


Elsa Amoroso, an Employee of  
JOHN H. COTTON & ASSOCIATES



# EXHIBIT A

# EXHIBIT A



CASE NO: A-21-838308-C  
Department 26

1 WILLIAM R. BRENSKE, ESQ  
Nevada Bar No. 1806  
2 JENNIFER R. ANDREEVSKI, ESQ  
Nevada Bar No. 9095  
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7 Email: bak@baklawlv.com  
Attorneys for Plaintiff Lashawanda Watts

8 DISTRICT COURT

9 CLARK COUNTY, NEVADA

10 LASHAWANDA WATTS,

11 Plaintiff,

12 v.

13 VALLEY HEALTH SYSTEM, LLC d/b/a  
14 DESERT SPRINGS HOSPITAL; ABDUL  
15 TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
16 KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, MD, PLLC; AMIR QURESHI, M.D.;  
17 ROE AMIR QURESHI, M.D. EMPLOYER;  
ALI HAQ, M.D.; ROE ALI HAQ, M.D.  
18 EMPLOYER; CHARLES KIM DANISH, D.O.;  
19 PLATINUM HOSPITALISTS, LLP; DOES 1-  
35; ROE CORPORATIONS 1-35, inclusive,

20 Defendants.

Case No :  
Dept. No.:

21 COMPLAINT

Arbitration Exemption: Medical  
Malpractice

22 GENERAL ALLEGATIONS

23 1. Plaintiff, LASHAWANDA WATTS, is a resident of Clark County, Nevada.

24 2. Defendant, VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS  
25 HOSPITAL, is a Delaware Corporation licensed to do business and actually doing business in Clark  
26 County, Nevada.

1           3     Defendant. ABDUL TARIQ, D.O., is a resident of Clark County, Nevada and a  
2 physician licensed to practice medicine in the State of Nevada.

3           4     Defendant. NEUROLOGY CLINICS OF NEVADA LLC is a Nevada Limited  
4 Liability Company licensed to do business and actually doing business in Clark County, Nevada

5           5     Defendant. HOLAVANAHALLI KESHA-VA-PRASAD, M.D., is a resident of Clark  
6 County, Nevada and a physician licensed to practice medicine in the State of Nevada

7           6     Defendant. H. KESHA-VA PRASAD, MD, PLLC, is a Nevada Professional Limited  
8 Liability Company licensed to do business and actually doing business in Clark County, Nevada

9           7     Defendant. AMIR QURESHI, M.D., is a resident of Clark County, Nevada and a  
10 physician licensed to practice medicine in the State of Nevada.

11           8     Defendant. ROE AMIR QURESHI, M.D. EMPLOYER, is believed to be Defendant  
12 Amir Qureshi, M.D.'s employer at the time of the events alleged in this matter. The true name  
13 and/or capacities of ROE AMIR QURESHI, M.D. EMPLOYER is unknown to Plaintiff. Plaintiff  
14 will ask leave of Court to amend this Complaint to insert the true names and capacities of ROE  
15 AMIR QURESHI, M.D. EMPLOYER when ascertained.

16           9     Defendant. ALI HAQ, M.D., is a resident of Clark County, Nevada and a physician  
17 licensed to practice medicine in the State of Nevada.

18           10    Defendant. ROE ALI HAQ, M.D. EMPLOYER, is believed to be Defendant Ali  
19 Haq, M.D.'s employer at the time of the events alleged in this matter. The true name and/or  
20 capacities of ROE ALI HAQ, M.D. EMPLOYER is unknown to Plaintiff. Plaintiff will ask leave of  
21 Court to amend this Complaint to insert the true names and capacities of ROE ALI HAQ, M.D.  
22 EMPLOYER when ascertained.

23           11    Defendant. CHARLES KIM DANISH, D.O., is a resident of Clark County, Nevada  
24 and a physician licensed to practice medicine in the State of Nevada.

12 Defendant, PLATINUM HOSPITALISTS, LLP, is a Nevada Limited Liability Partnership, licensed to do business and actually doing business in Clark County, Nevada

13 Defendants DOES 1-5 and ROE CORPORATIONS 1-5 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 1-5 and ROE CORPORATIONS 1-5 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 1-5 and ROE CORPORATIONS 1-5 when they are ascertained.

14 Defendants DOES 6-10 and ROE CORPORATIONS 6-10 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) ABDUL TARIQ, D.O. and/or NEUROLOGY CLINICS OF NEVADA LLC and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 6-10 and ROE CORPORATIONS 6-10 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 6-10 and ROE CORPORATIONS 6-10 when they are ascertained.

15 Defendants DOES 11-15 and ROE CORPORATIONS 11-15 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) HOLAVANAHALLI KESHAVA-PRASAD, M.D. and/or H. KESHAVA PRASAD, MD, PLLC and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 11-15 and ROE CORPORATIONS 11-15 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 11-15 and ROE CORPORATIONS 11-15 when they are ascertained.

1 16. Defendants DOES 16-20 and ROE CORPORATIONS 16-20 are individuals,  
2 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
3 partners in association with Defendant(s) AMIR QURESHI, M.D. and/or ROE AMIR QURESHI,  
4 M.D. EMPLOYER and may have in some way caused or contributed to Plaintiff's damages as  
5 alleged herein. The true names and/or capacities of DOES 16-20 and ROE CORPORATIONS 16-  
6 20 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the  
7 true names and capacities of DOES 6-10 and ROE CORPORATIONS 16-20 when they are  
8 ascertained.  
9

10 17. Defendants DOES 21-25 and ROE CORPORATIONS 21-25 are individuals,  
11 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
12 partners in association with Defendant(s) ALI HAQ, M.D. and/or ROE ALI HAQ, M.D.  
13 EMPLOYER and may have in some way caused or contributed to Plaintiff's damages as alleged  
14 herein. The true names and/or capacities of DOES 21-25 and ROE CORPORATIONS 21-25 are  
15 unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true  
16 names and capacities of DOES 21-25 and ROE CORPORATIONS 21-25 when they are  
17 ascertained.  
18

19 18. Defendants DOES 26-30 and ROE CORPORATIONS 26-30 are individuals,  
20 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
21 partners in association with Defendant(s) CHARLES KIM DANISH, D.O. and/or PLATINUM  
22 HOSPITALISTS, LLP and may have in some way caused or contributed to Plaintiff's damages as  
23 alleged herein. The true names and/or capacities of DOES 26-30 and ROE CORPORATIONS 26-  
24 30 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the  
25 true names and capacities of DOES 26-30 and ROE CORPORATIONS 26-30 when they are  
26 ascertained.  
27  
28

19 Defendants DOES 31-35 and ROE CORPORATIONS 31-35 are individuals,  
2 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
3 partners that may have in some way caused or contributed to Plaintiff's damages as alleged herein.  
4 The true names and/or capacities of DOES 31-35 and ROE CORPORATIONS 31-35 are unknown  
5 to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and  
6 capacities of DOES 31-35 and ROE CORPORATIONS 31-35 when they are ascertained.

20 Defendants are agents, servants, employees, employers, trade venturers, and/or partners  
9 of each other. At the time of the events described in this Complaint, Defendants were acting within the  
10 color, purpose and scope of their relationships, and by reason of their relationships, Defendants may be  
11 jointly and severally and/or vicariously responsible and liable for the acts and omissions of their Co-  
12 Defendants.

#### 13 JURISDICTIONAL STATEMENTS

21 Plaintiff repeats and realleges paragraphs 1-20 of this Complaint as though fully set  
16 forth herein.

22 This Court has personal jurisdiction over the parties as both the plaintiffs and at least  
18 one of the defendants are residents of Clark County, Nevada.

23 This Court has subject matter jurisdiction over this matter pursuant to NRS 4.370(1),  
20 as the amount in controversy exceeds \$15,000.00, exclusive of attorney's fees, interest, and costs.

#### 21 FACTUAL ALLEGATIONS

24 Plaintiff repeats and realleges paragraphs 1-23 of this Complaint as though fully set  
24 forth herein.

25 On July 20, 2020, 30-year-old Plaintiff Lashawanda Watts presented to Defendant  
26 Desert Springs Hospital in Clark County, Nevada complaining of increasing discomfort and  
27 discoloration in both of her feet.  
28

26 According to Defendant Desert Springs Hospital's website "All of the physicians  
caring for you while hospitalized, including consultants and physician assistants, work under the  
direction of your personal physician as a "team" to provide the best possible medical care. Your  
personal physician will often be referred to as your attending physician."

27 Defendant Charles Kim Danish, D.O. Defendant Charles Kim Danish, D.O. was  
assigned by Desert Spring Hospital to be Ms. Watts' Attending Physician from her admission on  
July 20, 2020 to Discharge on July 27, 2020.

28 On July 23, 2020, Ms. Watts was seen by Defendant Abdul Tariq, D.O. for  
consultation. As a result of Ms. Watts' condition, Dr. Tariq ordered a "vasculitis panel."

29 On July 25, 2020, Defendant Amir Qureshi, M.D. consulted on Ms. Watts' case due  
to complaints of "left foot tingle, swollen and blue." Dr. Qureshi recommended Ms. Watts  
continue Rocephin now, stop gentamicin, follow echocardiogram and further recommendations to  
follows.

30 Ms. Watts was treated by Defendant Ali Haq, M.D. on July 23, 2020, July 24, 2020,  
and July 26, 2020. On all three occasions, Dr. Haq noted bilateral lower extremity paresthesia and  
blue toes.

31 On July 27, 2020, Ms. Watts was seen by Defendant Holavanahalli Keshava-Prasad,  
M.D. for possible vasculitis. Dr. Keshava-Prasad noted Ms. Watts' pain in the toes and  
discoloration. Dr. Keshava-Prasad's assessment on July 27, 2020 stated: "diagnostic assessment,  
probable vasculitis, no definite evidence of hematological disorder but anticardiolipin antibodies  
positive IgG, Nonspecific, Hepatitis C negative, may check for cryoglobulins but patient appears to  
have chronic consider autoimmune diseases, ANA rheumatoid factor and autoimmune profile and  
rheumatology evaluation. Consider calcium channel blockers to improve circulation to the steroids.  
Skin biopsy may be considered but without definite evidence for vasculitic lesions may be

1 negative.” Dr. Keshava-Prasad’s note on July 27, 2020 also indicated Ms. Watts was anticipated to  
2 be discharged to “Encompass.”

3 32. During her Desert Springs Hospitalization from July 20, 2020 to July 27, 2020, Ms.  
4 Watts’ toes became progressively more cyanotic. On July 27, 2020, Defendant Charles Kim  
5 Danish, D.O. discharged Ms. Watts to Encompass Health Rehabilitation Hospital of Henderson  
6

7 33. Due to her compromised vascular condition, Encompass Rehabilitation Hospital of  
8 Henderson discharged and transferred Ms. Watts on July 28, 2020 to UMC Medical Center for a  
9 more acute care and urgent medical workup.

10 34. Ms. Watts was evaluated at University Medical Center and ultimately transferred on  
11 July 30, 2020 to a tertiary care center with rheumatology capabilities to have Ms. Watts properly  
12 evaluated, because UMC does not have a rheumatologist performing inpatient care. Ms. Watts was  
13 transferred to Dixie Regional Medical Center in St. George, Utah.  
14

15 35. While at Dixie Regional Medical Center, Ms. Watts’ diagnosis of ANCA vasculitis  
16 was confirmed and treated.

17 36. Unfortunately, lack of blood flow to her toes caused avascular necrosis and she  
18 ultimately lost her right 1<sup>st</sup>, 2<sup>nd</sup> and 4<sup>th</sup> digits and left 2<sup>nd</sup> digit to amputation. Other digits  
19 autoamputated.  
20

21 **FIRST CAUSE OF ACTION**  
(Hospital Negligence – Desert Springs Hospital)

22 37. Plaintiff repeats and realleges paragraphs 1-36 of this Complaint as though fully set  
23 forth herein.

24 38. Plaintiff Lashawanda Watts presented to Defendant VALLEY HEALTH SYSTEM,  
25 LLC d/b/a DESERT SPRINGS HOSPITAL, for care and treatment to her lower extremities.  
26

27 39.  
28



1 40 Defendant DESERT SPRINGS HOSPITAL holds itself out to provide quality  
2 healthcare to residents of Southern Nevada

3 41 Defendant DESERT SPRINGS HOSPITAL and/or its physicians, agents, employees,  
4 nursing staff, and/or medical team had a duty to provide competent and prompt medical care to its  
5 patients.

6 42 Defendant DESERT SPRINGS HOSPITAL and/or its physicians, agents, employees,  
7 nursing staff, and/or medical team breached its duty to Plaintiff Lashawanda Watts, in numerous  
8 ways, including but not limited to

9  
10 a. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD  
11 (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine)  
12 and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell  
13 below the standard of care in the following ways:

14  
15 i. The providers at Desert Spring Hospital neglected to provide appropriate  
16 treatment for vasculitis when the diagnosis of vasculitis was initially  
17 suspected.

18 ii. The administration of IV methylprednisolone is established as the standard of  
19 care in the initial management of small vessel vasculitis. Treatment with IV  
20 steroids arrests or slows the autoimmune process, which allows time for the  
21 diagnosis to be confirmed. Trials dating back to landmark studies in the  
22 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
23 steroids in the early management of disease.

24  
25 iii. Each provider has the training and capability to initiate IV corticosteroids to  
26 arrest the inflammatory process while awaiting further work up and  
27 management. Specifically, Dr. Abdul Tariq ordered a "vasculitis panel" on  
28

1 7/23/20 A dose of solumedrol 125mg IV was given on 7/25/20 and  
2 solumedrol 40mg IV was given on 7/27/20 Early and consistent  
3 administration of IV steroids would have been safe and effective at treating  
4 vasculitis while working through the appropriate differential diagnosis and  
5 arranging further care  
6

7 iv The provider Tariq Abdul MD did not follow up or address a blood test result  
8 that was ordered and resulted prior to the patient's departure from Desert  
9 Springs Hospital which would have assisted in the diagnosis of vasculitis.

10 v The standard of care for all medical providers is to obtain and review the  
11 results of tests that were ordered by that provider, and to do so in a timely  
12 fashion. In addition, if a provider is uncertain of the meaning of a result,  
13 expert opinion either through reviewing the literature or consulting with an  
14 expert, is expected Dr Abdul ordered the vasculitis panel on 7/23/20 and the  
15 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
16 or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider,  
17 including Dr. Tariq, made note of or mentioned this result. However, this  
18 result was included in the discharge summary by Dr. Danish, such that it is  
19 known that the blood test result was available at that time.  
20

21 vi The providers at Desert Springs fell below the standard of care for Miss  
22 Waits by not seeking expertise from rheumatology or transferring the patient  
23 to a higher level of care at a tertiary care center as soon as the diagnosis of  
24 vasculitis was being considered.  
25

26 vii Vasculitis is a rare and deadly disease. The physicians at Desert Springs  
27 considered the diagnosis of vasculitis from 7/23/20 but did not have the  
28

1 expertise to manage the vasculitis. The standard of care set out by the  
2 EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as  
3 soon as the providers at Desert Springs Hospital were concerned about a  
4 diagnosis of vasculitis, especially in light of the lack of availability of  
5 rheumatology consultants, and especially with worsening symptom, the  
6 providers should have transferred Miss Watts to a tertiary care center so as to  
7 prevent progressive damage to imperiled tissues. Instead, the providers sent  
8 Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on  
9 7/27/20 despite the fact that Miss Watts was demonstrating worsening  
10 symptoms and continued 6/10 pain. This led to a delay in care as the patient  
11 was referred from Encompass Health back to a second acute care hospital and  
12 finally Dixie Regional Medical Center on 7/31/20 at which point she was  
13 evaluated by a rheumatologist.  
14

15  
16 viii. This substandard treatment and delay, caused by the providers at Desert  
17 Springs Hospital, decreased a substantial chance of saving her digits from  
18 gangrene and ultimately amputation/auto-amputation.

19 (See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as  
20 Exhibits "1" and "2").

21  
22 43. As a direct and proximate result of Defendant DESERT SPRINGS HOSPITAL's  
23 breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her  
24 toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

25 44. As a further direct and proximate result of the actions and/or omissions of  
26 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
27 of Fifteen Thousand Dollars.  
28

1 45 As a further direct and proximate result of the actions and/or omissions of  
2 Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in  
3 excess of Fifteen Thousand Dollars

4 46 As a further direct and proximate result of the actions and/or omissions of  
5 Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering,  
6 disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand  
7 Dollars

8 47 As a further direct and proximate result of the actions and/or omissions of  
9 Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an  
10 amount to be proven at trial

11  
12 **SECOND CAUSE OF ACTION**

13 (Medical Malpractice – Abdul Tariq, D O )

14 48. Plaintiff repeats and realleges paragraphs 1-47 of this Complaint as though fully set  
15 forth herein.

16 49 Defendant ABDUL TARIQ, D O undertook the responsibility to do all things  
17 necessary and proper in connection to care for and treat Lashawanda Watts.

18 50. Dr. Tariq further held himself out to possess the degree of skill, ability, and learning  
19 common to a doctor of osteopathic medicine

20 51. Dr. TARIQ was negligent in his care and treatment of Ms. Watts and he fell below  
21 the minimum acceptable standard of care in numerous ways, including, but not limited to

22 a. Dr. Tariq neglected to provide appropriate treatment for vasculitis when the  
23 diagnosis of vasculitis was initially suspected.

24 i. The administration of IV methylprednisolone is established as the standard of  
25 care in the initial management of small vessel vasculitis. Treatment with IV  
26 steroids arrests or slows the autoimmune process, which allows time for the  
27  
28

1 diagnosis to be confirmed Trials dating back to landmark studies in the  
2 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
3 steroids in the early management of disease

4  
5 ii Dr. Tariq has the training and capability to initiate IV corticosteroids to arrest  
6 the inflammatory process while awaiting further work up and management

7  
8 iii Specifically, Dr Abdul Tanq ordered a "vasculitis panel" on 7/23/20. A dose  
9 of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
10 given on 7/27/20 Early and consistent administration of IV steroids would  
11 have been safe and effective at treating vasculitis while working through the  
12 appropriate differential diagnosis and arranging further care.

13  
14 iv. Tariq Abdul MD did not follow up or address a blood test result that was  
15 ordered and resulted prior to the patient's departure from Desert Springs  
16 Hospital which would have assisted in the diagnosis of vasculitis.

17  
18 v. The standard of care for all medical providers is to obtain and review the  
19 results of tests that were ordered by that provider, and to do so in a timely  
20 fashion. In addition, if a provider is uncertain of the meaning of a result,  
21 expert opinion either through reviewing the literature or consulting with an  
22 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
23 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
24 or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider,  
25 including Dr. Tariq, made note of or mentioned this result. However, this  
26 result was included in the discharge summary by Dr. Danish, such that it is  
27 known that the blood test result was available at that time.  
28

vi Dr. Tariq fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Tariq considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Tariq was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vii. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

52. As a direct and proximate result of Defendant ABDUL TARIQ, D.O.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes (See Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2")

53. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

54. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

55. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

56. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

### **THIRD CAUSE OF ACTION**

(Medical Malpractice – Holavanahalli Keshava-Prasad, M.D.)

57. Plaintiff repeats and realleges paragraphs 1-56 of this Complaint as though fully set forth herein.

58. Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

59. Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

60 Dr. Keshava-Prasad was negligent in his care and treatment of Ms. Watts and he fell  
below the minimum acceptable standard of care in numerous ways, including, but not limited to.

a. Dr. Keshava-Prasad neglected to provide appropriate treatment for vasculitis when  
the diagnosis of vasculitis was initially suspected

i. The administration of IV methylprednisolone is established as the standard of  
care in the initial management of small vessel vasculitis. Treatment with IV  
steroids arrests or slows the autoimmune process, which allows time for the  
diagnosis to be confirmed. Trials dating back to landmark studies in the  
1960s by Fauci et al have demonstrated effective utilization of pulse dose  
steroids in the early management of disease

ii. Dr. Keshava-Prasad has the training and capability to initiate IV  
corticosteroids to arrest the inflammatory process while awaiting further  
work up and management.

iii. Specifically, Dr. Abdul Tariq ordered a "vasculitis panel" on 7/23/20. A dose  
of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
given on 7/27/20. Early and consistent administration of IV steroids would  
have been safe and effective at treating vasculitis while working through the  
appropriate differential diagnosis and arranging further care. Tariq Abdul  
MD did not follow up or address a blood test result that was ordered and  
resulted prior to the patient's departure from Desert Springs Hospital which  
would have assisted in the diagnosis of vasculitis.

iv. The standard of care for all medical providers is to obtain and review the  
results of tests that were ordered by that provider, and to do so in a timely  
fashion. In addition, if a provider is uncertain of the meaning of a result,



1 expert opinion either through reviewing the literature or consulting with an  
2 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
3 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
4 or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider,  
5 including Dr. Tariq, made note of or mentioned this result. However, this  
6 result was included in the discharge summary by Dr. Danish, such that it is  
7 known that the blood test result was available at that time.  
8

- 9 v. Dr. Keshava-Prasad fell below the standard of care for Miss Watts by not  
10 seeking expertise from rheumatology or transferring the patient to a higher  
11 level of care at a tertiary care center as soon as the diagnosis of vasculitis was  
12 being considered. Vasculitis is a rare and deadly disease. Dr. Keshava-Prasad  
13 considered the diagnosis of vasculitis from 7/23/20 but did not have the  
14 expertise to manage the vasculitis. The standard of care set out by the  
15 EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as  
16 soon as Dr. Keshava-Prasad was concerned about a diagnosis of vasculitis,  
17 especially in light of the lack of availability of rheumatology consultants, and  
18 especially with worsening symptom, he should have transferred Miss Watts  
19 to a tertiary care center so as to prevent progressive damage to imperiled  
20 tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a  
21 rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite  
22 the fact that Miss Watts was demonstrating worsening symptoms and  
23 continued 6/10 pain. This led to a delay in care as the patient was referred  
24 from Encompass Health back to a second acute care hospital and finally  
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1 Dixie Regional Medical Center on 7/31/20 at which point she was evaluated  
2 by a rheumatologist

3 vi This substandard treatment and delay decreased a substantial chance of  
4 saving Ms. Watts' digits from gangrene and ultimately amputation/auto-  
5 amputation.  
6

7 (See, Affidavits of Rebecca M. Shepherd, M D and Mark A. Smith, M D., attached hereto as  
8 Exhibits "1" and "2")

9 61 As a direct and proximate result of Defendant KESHAVA-PRASAD, M D.'s  
10 breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her  
11 toes. (See, Affidavit of Mark A. Smith, M D., attached hereto as Exhibit "2").

12 62 As a further direct and proximate result of the actions and/or omissions of  
13 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
14 of Fifteen Thousand Dollars.  
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16 63 As a further direct and proximate result of the actions and/or omissions of  
17 Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in  
18 excess of Fifteen Thousand Dollars.

19 64 As a further direct and proximate result of the actions and/or omissions of  
20 Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering,  
21 disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand  
22 Dollars.  
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24 65 As a further direct and proximate result of the actions and/or omissions of  
25 Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an  
26 amount to be proven at trial.  
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**FOURTH CAUSE OF ACTION**  
(Medical Malpractice – Amir Qureshi, M.D.)

66 Plaintiff repeats and realleges paragraphs 1-65 of this Complaint as though fully set forth herein

67 Defendant AMIR QURESHI, M.D. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts

68 Defendant AMIR QURESHI, M.D. further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

69 Dr. Qureshi was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Qureshi neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

ii. Dr. Qureshi has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

iii. Specifically, Dr. Abdul Tariq ordered a "vasculitis panel" on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the

1 appropriate differential diagnosis and arranging further care. Tariq Abdul  
2 MD did not follow up or address a blood test result that was ordered and  
3 resulted prior to the patient's departure from Desert Springs Hospital which  
4 would have assisted in the diagnosis of vasculitis.  
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6 iv. The standard of care for all medical providers is to obtain and review the  
7 results of tests that were ordered by that provider, and to do so in a timely  
8 fashion. In addition, if a provider is uncertain of the meaning of a result,  
9 expert opinion either through reviewing the literature or consulting with an  
10 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
11 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
12 or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider,  
13 including Dr. Tariq, made note of or mentioned this result. However, this  
14 result was included in the discharge summary by Dr. Danish, such that it is  
15 known that the blood test result was available at that time.  
16

17 v. Dr. Qureshi fell below the standard of care for Miss Watts by not seeking  
18 expertise from rheumatology or transferring the patient to a higher level of  
19 care at a tertiary care center as soon as the diagnosis of vasculitis was being  
20 considered. Vasculitis is a rare and deadly disease. Dr. Qureshi considered  
21 the diagnosis of vasculitis from 7/23/20 but did not have the expertise to  
22 manage the vasculitis. The standard of care set out by the EUVAS Guidelines  
23 is to transfer a patient to a higher level of care. Thus as soon as Dr. Qureshi  
24 was concerned about a diagnosis of vasculitis, especially in light of the lack  
25 of availability of rheumatology consultants, and especially with worsening  
26 symptom, he should have transferred Miss Watts to a tertiary care center so  
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1 as to prevent progressive damage to imperiled tissues. Instead, the providers  
2 at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5  
3 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was  
4 demonstrating worsening symptoms and continued 6/10 pain. This led to a  
5 delay in care as the patient was referred from Encompass Health back to a  
6 second acute care hospital and finally Dixie Regional Medical Center on  
7 7/31/20 at which point she was evaluated by a rheumatologist.

8  
9 vi. This substandard treatment and delay decreased a substantial chance of  
10 saving Ms. Watts' digits from gangrene and ultimately amputation/auto-  
11 amputation.

12 (See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as  
13 Exhibits "1" and "2").

14  
15 70. As a direct and proximate result of Defendant AMIR QURESHI, M.D.'s breaches of  
16 the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See,  
17 Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

18 71. As a further direct and proximate result of the actions and/or omissions of  
19 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
20 of Fifteen Thousand Dollars.

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22 72. As a further direct and proximate result of the actions and/or omissions of  
23 Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in  
24 excess of Fifteen Thousand Dollars.

25 73. As a further direct and proximate result of the actions and/or omissions of  
26 Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering,  
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1 disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand  
2 Dollars

3 74. As a further direct and proximate result of the actions and/or omissions of  
4 Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an  
5 amount to be proven at trial.  
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7 **FIFTH CAUSE OF ACTION**  
(Medical Malpractice - ALI HAQ, M D )

8 75 Plaintiff repeats and realleges paragraphs 1-74 of this Complaint as though fully set  
9 forth herein.  
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11 76 Defendant ALI HAQ, M.D, undertook the responsibility to do all things necessary  
12 and proper in connection to care for and treat Plaintiff Lashawanda Watts.

13 77. Defendant ALI HAQ, M.D, further held himself out to possess the degree of skill,  
14 ability, and learning common to a doctor of medicine.

15 78. Dr. Haq was negligent in his care and treatment of Ms. Watts and he fell below the  
16 minimum acceptable standard of care in numerous ways, including, but not limited to:

17 a. Dr. Haq neglected to provide appropriate treatment for vasculitis when the diagnosis  
18 of vasculitis was initially suspected.  
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20 i. The administration of IV methylprednisolone is established as the standard of  
21 care in the initial management of small vessel vasculitis. Treatment with IV  
22 steroids arrests or slows the autoimmune process, which allows time for the  
23 diagnosis to be confirmed. Trials dating back to landmark studies in the  
24 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
25 steroids in the early management of disease.  
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27 ii. Dr. Haq has the training and capability to initiate IV corticosteroids to arrest  
28 the inflammatory process while awaiting further work up and management

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iii. Specifically, Dr. Abdul Tariq ordered a "vasculitis panel" on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care. Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient's departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

iv. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.

v. Dr. Haq fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Haq considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to

1 transfer a patient to a higher level of care. Thus as soon as Dr. Haq was  
2 concerned about a diagnosis of vasculitis, especially in light of the lack of  
3 availability of rheumatology consultants, and especially with worsening  
4 symptom, he should have transferred Miss Watts to a tertiary care center so  
5 as to prevent progressive damage to imperiled tissues. Instead, the providers  
6 at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5  
7 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was  
8 demonstrating worsening symptoms and continued 6/10 pain. This led to a  
9 delay in care as the patient was referred from Encompass Health back to a  
10 second acute care hospital and finally Dixie Regional Medical Center on  
11 7/31/20 at which point she was evaluated by a rheumatologist.

12  
13 vi. This substandard treatment and delay decreased a substantial chance of  
14 saving Ms. Watts' digits from gangrene and ultimately amputation/auto-  
15 amputation.  
16

17 (See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as  
18 Exhibits "1" and "2").

19 79. As a direct and proximate result of Defendant ALI HAQ, M.D.'s breaches of the  
20 standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See,  
21 Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

22 80. As a further direct and proximate result of the actions and/or omissions of  
23 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
24 of Fifteen Thousand Dollars.  
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1 81. As a further direct and proximate result of the actions and/or omissions of  
2 Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in  
3 excess of Fifteen Thousand Dollars.

4 82. As a further direct and proximate result of the actions and/or omissions of  
5 Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering,  
6 disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand  
7 Dollars.  
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9 83. As a further direct and proximate result of the actions and/or omissions of  
10 Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an  
11 amount to be proven at trial.

12 **SIXTH CAUSE OF ACTION**  
13 (Medical Malpractice – CHARLES KIM DANISH, D.O.)

14 84. Plaintiff repeats and realleges paragraphs 1-83 of this Complaint as though fully set  
15 forth herein.

16 85. Defendant CHARLES KIM DANISH, D.O. undertook the responsibility to do all  
17 things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.  
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19 86. Defendant CHARLES KIM DANISH, D.O. further held himself out to possess the  
20 degree of skill, ability, and learning common to a doctor of osteopathic medicine.

21 87. Dr. Danish was negligent in his care and treatment of Ms. Watts and he fell below  
22 the minimum acceptable standard of care in numerous ways, including, but not limited to:

23 a. Dr. Danish neglected to provide appropriate treatment for vasculitis when the  
24 diagnosis of vasculitis was initially suspected.

25 i. The administration of IV methylprednisolone is established as the standard of  
26 care in the initial management of small vessel vasculitis. Treatment with IV  
27 steroids arrests or slows the autoimmune process, which allows time for the  
28

1 diagnosis to be confirmed. Trials dating back to landmark studies in the  
2 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
3 steroids in the early management of disease.

4  
5 ii. Dr. Danish has the training and capability to initiate IV corticosteroids to  
6 arrest the inflammatory process while awaiting further work up and  
7 management.

8 iii. Specifically, Dr. Abdul Tariq ordered a "vasculitis panel" on 7/23/20. A dose  
9 of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
10 given on 7/27/20. Early and consistent administration of IV steroids would  
11 have been safe and effective at treating vasculitis while working through the  
12 appropriate differential diagnosis and arranging further care. Tariq Abdul  
13 MD did not follow up or address a blood test result that was ordered and  
14 resulted prior to the patient's departure from Desert Springs Hospital which  
15 would have assisted in the diagnosis of vasculitis.

16  
17 iv. The standard of care for all medical providers is to obtain and review the  
18 results of tests that were ordered by that provider, and to do so in a timely  
19 fashion. In addition, if a provider is uncertain of the meaning of a result,  
20 expert opinion either through reviewing the literature or consulting with an  
21 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
22 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
23 or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider,  
24 including Dr. Tariq, made note of or mentioned this result. However, this  
25 result was included in the discharge summary by Dr. Danish, such that it is  
26 known that the blood test result was available at that time.  
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v. Dr. Danish fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Danish considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Danish was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

1 88. As a direct and proximate result of Defendant CHARLES KIM DANISH, D.O.'s  
2 breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her  
3 toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

4 89. As a further direct and proximate result of the actions and/or omissions of  
5 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
6 of Fifteen Thousand Dollars.

7 90. As a further direct and proximate result of the actions and/or omissions of  
8 Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in  
9 excess of Fifteen Thousand Dollars.

10 91. As a further direct and proximate result of the actions and/or omissions of  
11 Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering,  
12 disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand  
13 Dollars.

14 92. As a further direct and proximate result of the actions and/or omissions of  
15 Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an  
16 amount to be proven at trial.

17 **SEVENTH CAUSE OF ACTION**

18 (Vicarious Liability – Valley Health System, LLC d/b/a Desert Springs Hospital)

19 93. Plaintiff repeats and realleges paragraphs 1-92 of this Complaint as though fully set  
20 forth herein.

21 94. During the time LASHAWANDA WATTS was hospitalized at DESERT SPRINGS  
22 HOSPITAL, Defendant DESERT SPRINGS HOSPITAL employed doctors, nurse practitioners,  
23 nurses, technicians, medical assistants, and/or other medical professionals or staff, including but not  
24 limited to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHAVA-PRASAD, M.D.

1 AMIR QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and  
2 ROE CORPORATIONS 1-35

3 95. Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners, nurses,  
4 technicians, medical assistants, and/or other medical professionals or staff, including but not limited  
5 to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHAVA-PRASAD, M.D.; AMIR  
6 QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and ROE  
7 CORPORATIONS 1-35 were employees, servants, agents, and/or associates of Defendant DESERT  
8 SPRINGS HOSPITAL.

10 96. Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners, nurses,  
11 technicians, medical assistants, and/or other medical professionals or staff, including but not limited  
12 to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHAVA-PRASAD, M.D.; AMIR  
13 QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and ROE  
14 CORPORATIONS 1-35 were acting within the course and scope of their employment with  
15 DESERT SPRINGS HOSPITAL at the time of the negligent acts alleged in this Complaint.

17 97. Because Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners,  
18 nurses, technicians, medical assistants, and/or other medical professionals or staff, including but not  
19 limited to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHAVA-PRASAD, M.D.;  
20 AMIR QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and  
21 ROE CORPORATIONS 1-35 were acting within the course and scope of their employment with  
22 DESERT SPRINGS HOSPITAL at the time of the negligent acts alleged in this Complaint,  
23 Defendant DESERT SPRINGS HOSPITAL is vicariously liable for their negligent acts and  
24 omissions.

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**EIGHTH CAUSE OF ACTION**

(Vicarious Liability – Neurology Clinics of Nevada LLC)

98. Plaintiff repeats and realleges paragraphs 1-97 of this Complaint as though fully set forth herein.

99. During the time LASHAWANDA WATTS was under the care and treatment of Defendant ABDUL TARIQ, D.O., Defendant ABDUL TARIQ, D.O., was an employee, servant, agent, and/or associate of Defendant(s) NEUROLOGY CLINICS OF NEVADA LLC and/or DOES 6-10 and/or ROE CORPORATIONS 6-10.

100. Defendant ABDUL TARIQ, D.O. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

101. Because Defendant ABDUL TARIQ, D.O. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant ABDUL TARIQ, D.O.

**NINTH CAUSE OF ACTION**

(Vicarious Liability – H. Keshava Prasad, MD, PLLC)

102. Plaintiff repeats and realleges paragraphs 1-101 of this Complaint as though fully set forth herein.

103. During the time LASHAWANDA WATTS was under the care and treatment of Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D., Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D., was an employee, servant, agent, and/or associate of Defendant(s) H KESHAVA PRASAD, MD, PLLC, and/or DOES 11-15 and/or ROE CORPORATIONS 11-15.

104. Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

1 105 Because Defendant HOLAVANAHALLI KESHA-PRASAD, M.D. was acting  
2 within the course and scope of his employment with his co-Defendants at the time of the negligent  
3 acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and  
4 omissions of Defendant HOLAVANAHALLI KESHA-PRASAD, M.D.  
5

6 **TENTH CAUSE OF ACTION**

(Vicarious Liability – ROE AMIR QURESHI, M.D. EMPLOYER)

7 106. Plaintiff repeats and realleges paragraphs 1-105 of this Complaint as though fully set  
8 forth herein.  
9

10 107. During the time LASHAWANDA WATTS was under the care and treatment of  
11 Defendant AMIR QURESHI, M.D., Defendant AMIR QURESHI, M.D., was an employee, servant,  
12 agent, and/or associate of Defendant(s) ROE AMIR QURESHI, M.D. EMPLOYER, and/or DOES  
13 16-20 and/or ROE CORPORATIONS 16-20.

14 108. Defendant AMIR QURESHI, M.D. was acting within the course and scope of his  
15 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.  
16

17 109. Because Defendant AMIR QURESHI, M.D. was acting within the course and scope  
18 of his employment with his co-Defendants at the time of the negligent acts alleged in this  
19 Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of  
20 Defendant AMIR QURESHI, M.D.

21 **ELEVENTH CAUSE OF ACTION**

(Vicarious Liability – ROE ALI HAQ, M.D. EMPLOYER)

22 110. Plaintiff repeats and realleges paragraphs 1-109 of this Complaint as though fully set  
23 forth herein.  
24

25 111. During the time LASHAWANDA WATTS was under the care and treatment of  
26 Defendant ALI HAQ, M.D., Defendant ALI HAQ, M.D., was an employee, servant, agent, and/or  
27  
28

1 associate of Defendant(s) ROE ALI HAQ, M.D. EMPLOYER, and/or DOES 21-25 and/or ROE  
2 CORPORATIONS 21-25

3 112 Defendant ALI HAQ, M.D. was acting within the course and scope of his  
4 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.  
5

6 113 Because Defendant ALI HAQ, M.D. was acting within the course and scope of his  
7 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his  
8 co-Defendants are vicariously liable for the negligent acts and omissions of Defendant ALI HAQ,  
9 M.D.

10 TWELFTH CAUSE OF ACTION  
11 (Vicarious Liability - PLATINUM HOSPITALISTS, LLP)

12 114 Plaintiff repeats and realleges paragraphs 1-113 of this Complaint as though fully set  
13 forth herein.

14 115 During the time LASHAWANDA WATTS was under the care and treatment of  
15 Defendant CHARLES KIM DANISH, D.O., Defendant CHARLES KIM DANISH, D.O., was an  
16 employee, servant, agent, and/or associate of Defendant(s) PLATINUM HOSPITALISTS, LLP,  
17 and/or DOES 26-30 and/or ROE CORPORATIONS 26-30.  
18

19 116 Defendant CHARLES KIM DANISH, D.O. was acting within the course and scope  
20 of his employment with his co-Defendants at the time of the negligent acts alleged in this  
21 Complaint.

22 117 Because Defendant CHARLES KIM DANISH, D.O. was acting within the course  
23 and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this  
24 Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of  
25 Defendant CHARLES KIM DANISH, D.O.  
26  
27  
28



WHEREFORE Plaintiff prays for judgment against Defendants for her First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth, Tenth, Eleventh and Twelfth Causes of Action as follows:

- 1) For special damages in an amount in excess of \$15,000.00
- 2) For general damages in an amount in excess of \$15,000.00.
- 3) For costs and attorney's fees in an amount to be proven at or after trial.
- 4) For all such further relief this Court may deem just and proper.

DATED this 22<sup>nd</sup> day of July, 2021.



WILLIAM R. BRENSKE, ESQ.  
Nevada Bar No. 1806  
JENNIFER R. ANDREEVSKI, ESQ.  
Nevada Bar No. 9095  
RYAN D. KRAMETBAUER, ESQ.  
Nevada Bar No. 12800  
BRENSKE ANDREEVSKI & KRAMETBAUER  
3800 Howard Hughes Parkway, Suite 500  
Las Vegas, NV 89169  
Telephone: (702) 385-3300  
Facsimile: (702) 385-3823  
Email: bak@baklawly.com  
*Attorneys for Plaintiffs*

Brenske Andreovski & Kramelbauer

1801 Howard Hughes Parkway, Suite 400

Las Vegas, Nevada 89169

(702) 886-1100 FAX (702) 886-1821

Exhibit "1"

AFFIDAVIT OF REBECCA M. SHEPHERD, M.D.

STATE OF PENNSYLVANIA        )  
  ) ss.  
COUNTY OF Lancaster        )

Rebecca M. Shepherd, being first duly sworn under penalty of perjury, hereby deposes and states as follow:

1. I, Rebecca M. Shepherd MD, am a licensed physician Board Certified in Rheumatology and Internal Medicine. I am licensed to practice medicine in Pennsylvania. I currently practice in areas of medicine applicable in this case. I am familiar with the standards of care for medical practices that currently relate to issues of care and treatment of patients such as Lashawanda Watts (Date of birth 4/9/90). Patient is also referenced as Lashawnda and Lashawanda. I am familiar with the standards of care in this case by virtue of my training, education, and experience of 15 years in the field of rheumatology. I can fairly evaluate the quality of care that was provided. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:

- Desert Springs Hospital Medical Center, Las Vegas Nevada;
- Dixie Regional Medical Center St. George Utah;
- Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada; and
- University Medical Center, Las Vegas Nevada

3. The records are the type usually relied upon by reviewers such as myself. These records appear to be reliable. While it is true that all patient interactions are unique, there are specific medical practices that a treating physician would be expected to provide to meet the applicable standard of care. I have specifically reviewed these records to determine whether within a reasonable degree of medical probability that standard of care was met.

4. After review of the aforementioned data, I have come to the following conclusions:

5. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell below the standard of care in the following ways:

6. The providers neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

7. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

8. While I do not expect the providers to undertake and commit to the treatment of vasculitis, each provider has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up

and management. Specifically, Dr. Abdul Tariq ordered a "vasculitis panel" on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20 but did not provide for consistent IV steroids upon discharge to a different facility. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care.

9. The provider Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient's departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

10. The standard of care for all medical providers is to obtain and review the results of tests that are ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, obtaining further insight either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.

11. The providers at Desert Springs fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered.

12. Vasculitis is a rare and deadly disease. The physicians at Desert Springs considered the diagnosis of vasculitis from 7/23/20 onward but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as the providers at Desert Springs were concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, the providers should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues.

13. Instead, the providers sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

14. These opinions are given within a reasonable degree of medical certainty. I specifically reserve the right to add to, amend or subtract from this report as new evidence comes into discovery or as new opinions are formulated.

I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 20<sup>th</sup> day of July 2021

rebecca shepherd

REBECCA M. SHEPHERD, M.D.

Veritas

County of Loudoun

SUBSCRIBED AND SWORN TO  
before me this 20<sup>th</sup> day of July 2021.



Donna M. Sawyer

RECEIVED ON 07/20/21

11:00 AM

COMMISSION EXPIRES

07/20/23

WITNESSED ONLINE USING BLOCK-POSS COMMUNICATION

Donna M. Sawyer Donna M. Sawyer

NOTARY PUBLIC

#### References

Mukhtyar C, Guillemin L, Cid MC, et al EULAR recommendations for the management of primary small and medium vessel vasculitis. *Annals of the Rheumatic Diseases* 2009;68:310-317.

Fauci AS, Haynes BF, Katz P, Wolff SM. Wegener's granulomatosis: prospective clinical and therapeutic experience with 85 patients for 21 years. *Ann Intern Med*. 1983 Jan;98(1):76-85. doi: 10.7326/0003-4819-98-1-76. PMID: 6338643.

REBECCA M. SHEPHERD, MD MBA FACP FACR  
RheumMedEx@gmail.com

## CURRENT EMPLOYMENT

2006- present Partner, Arthritis and Rheumatology Specialists, Penn Medicine Lancaster  
General Health Physicians

## WORK EXPERIENCE

2017-present Chief of Rheumatology, Penn Medicine- Lancaster General Health

2016-present Director of Osteoporosis Care, Penn Medicine- Lancaster General Health

2012-2014 Senior Physician Leader for Medical Specialty Practices, Lancaster  
General Health Physicians

2011-2012 Interim Senior Vice President, Lancaster General Health Physicians

2010-2011 Senior Physician Leader for Medical Specialty Practices, Lancaster  
General Health Physicians

2006-present Instructor, Family Practice Residency Program, Penn Medicine- Lancaster  
General Health

2002-2003 Hospitalist, Oncology and Bone Marrow Transplant Unit, Washington  
University School of Medicine

1996-1997 Research Assistant, Vanderbilt Medical School

## BOARD CERTIFICATIONS/MEMBERSHIPS

Board Certification	Rheumatology	2005-2025
	Internal Medicine	2002-2022
	Clinical Bone Densitometry	2006-2021

Certification	Fracture Liaison Service, National Osteoporosis Foundation	2018
---------------	---	------

Fellow	American College of Physicians American College of Rheumatology
--------	--

Member	American College of Physicians
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Updated February 2019



American College of Rheumatology  
 Pennsylvania Society of Medicine  
 Lancaster County Medicine and Dental Society  
 National Osteoporosis Foundation  
 International Society of Bone Densitometry

## COMMITTEES AND BOARDS

2014-present	Board of Directors, Lancaster General Hospital Community Care Collaborative
2016-2018	Board of Directors, Lancaster County Medical and Dental Society
2015-2017	Clinical Informatics Committee, Lancaster General Health Physicians
2013-2016	Government Affairs Committee, American College of Rheumatology
2012-present	Board of Directors, Milagro House, Lancaster, Pennsylvania
2010- 2013	Committee on Rheumatologic Care, American College of Rheumatology
2009-2016	Quality Committee, Lancaster General Health Physicians
2008-2011	Lancaster General Hospital Institutional Review Board

## EDUCATION

2018-	Fracture Liaison Service Certification, National Osteoporosis Foundation
2013-2015	Masters Business Administration, Saint Joseph University
2003-2006	Fellowship, Department of Rheumatology, Washington University School of Medicine, Saint Louis Missouri
2002-2003	Clinical Research Fellowship, Department of Bone and Mineral Research, Washington University School of Medicine, Saint Louis Missouri
1999-2002	Resident, Department of Internal Medicine, Washington University School of Medicine, Saint Louis Missouri
1995-1999	Doctor of Medicine, Vanderbilt School of Medicine, Nashville Tennessee

Updated February 2019

- 1991-1995 Magna Cum Laude, Bachelor of Arts, Plan II Honors Program, University of Texas at Austin, Austin Texas
- 1993-1994 Study Abroad Program, St. Andrews University, St. Andrews Scotland
- 1991 Valedictorian, Keystone High School, San Antonio, Texas

#### OFFICES/AWARDS

- 2010 AAFP Teaching Award
- 2009 Distinguished Speaker Award, Arthritis Foundation
- 2003 Young Investigators Award, American Society for Bone and Mineral Research, Minneapolis MN
- 2001-2002 Clinical Scientist Training and Research Program, Washington University School of Medicine
- 1996-1997 Founder/Chairperson Student Branch of American Medical Women's Association at Vanderbilt School of Medicine
- 1995-1996 Class President, Vanderbilt School of Medicine
- 1991-1993 University of Texas Merit Scholarship  
Governor Byrd Scholarship  
Valedictorian Tuition Exemption Scholarship

#### LECTURES

- February 2019 Osteoporosis Lecture CME Event: Geriatric Providers Lancaster General Health- Penn Medicine
- March 2018 Osteoporosis: Update on Diagnosis and Treatment. Host and speaker, 2 hour CME Event for Lancaster General Health- Penn Medicine

#### PUBLICATIONS

Güven H, Shepherd RM, Bach RG, Cappocia BJ, Link DC. "The number of endothelial progenitor cell colonies in the blood is increased in patients with angiographically significant coronary artery disease." J Am Coll Cardiol. 2006 Oct 17;48(8):1579-87.

Shepherd RM, Capoccia BJ, Devine SM, Diersio J, Trinkaus KM, Ingram D, Link DC. "Angiogenic cells can be rapidly mobilized and efficiently harvested from the blood following treatment with AMD3100." *Blood*. 2006;108(12):3662-7.

Capoccia BJ, Shepherd RM, Link DC. "G-CSF and AMD3100 mobilize monocytes into the blood that stimulate angiogenesis in vivo through a paracrine mechanism." *Blood*. 2006;108(7):2438-45.

Ryan MR, Shepherd R, et al. "An IL-7-dependent rebound in thymic T cell output contributes to the bone loss induced by estrogen deficiency." *Proc Natl Acad Sci U S A*. 2005;102(46):16735-40.

Latinis K, Dao K, Gutierrez E, Shepherd R, Velazquez C. (Eds.). (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Shepherd R. (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins. Chapters written: Osteoarthritis; Acute rheumatic fever; Amyloidosis and amyloid arthropathy; Osteoporosis; Sarcoid arthropathy.

Kerzner R, Shepherd R. (2004) Aging and the cardiovascular system, exercise, and hypertension. In *The Washington Manual Geriatrics Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Siva C, Eisen SA, Shepherd R et al. "Leflunomide use during the first 33 months after food and drug administration approval: experience with a national cohort of 3,325 patients." *Arthritis Rheum*. 2003;49(6):745-51.

Spector J, Lilly S, Nemirovsky D, Shepherd R, German DC. "Prodromal urticaria with seronegative rheumatoid arthritis." *J Clinical Rheumatology*. 1997;3(4):234-236.

Brenske Andreevski & Kramelbauer

3800 Howard Hughes Parkway, Suite 500  
Las Vegas, Nevada 89169  
(702) 385-3100 • Fax (702) 385-3823

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Exhibit “2”

AFFIDAVIT OF MARK A. SMITH, M.D., M.B.A., F.A.C.S., FACHE

STATE OF CALIFORNIA )  
COUNTY OF Orange ) ss.

Mark A. Smith, MD, being first duly sworn under penalty of perjury, hereby  
deposes and states as follow:

1. I am a licensed physician Board Certified in General Surgery and Vascular Surgery. I am licensed to practice medicine in California. I currently practice in areas of medicine applicable in this case. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:

- Desert Springs Hospital Medical Center, Las Vegas Nevada;
- Dixie Regional Medical Center St. George Utah;
- Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada;
- University Medical Center, Las Vegas Nevada;
- Various photos of the patient's lower extremities during her hospital course; and
- The Affidavit of Rebecca Shepherd, M.D.

3. I agree with Dr. Shepherd the providers at Desert Spring Hospital, Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist), neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected. Unfortunately, the positive ANCA associated vasculitis study was not properly followed and Ms. Watts was

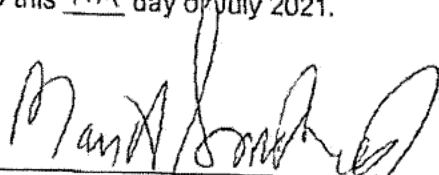
discharged to rehabilitation, delaying the appropriate rheumatology and vascular treatment needed to save her digits from gangrene and ultimately amputation/auto-amputation.

4. This substandard treatment and delay, caused by the providers at Desert Springs Hospital, decreased a substantial chance of saving her digits from gangrene and ultimately amputation/auto-amputation.

5. All my opinions upon the review of the medical records are based to a reasonable degree of medical probability. I reserve the right to amend my affidavit based on any additional information that is presented to me for review.

I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 19th day of July 2021.



MARK A. SMITH, M.D., M.B.A., F.A.C.S., FACHE

SUBSCRIBED AND SWORN TO  
before me this \_\_\_\_\_ day of July 2021.

\_\_\_\_\_  
NOTARY PUBLIC

See attached certificate

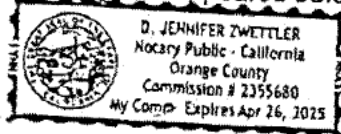
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 14th  
day of July, 2021, by Mark A. Smith

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature D. Jennifer Zwettler, Notary Public



Affidavit

## CURRICULUM VITAE

Mark A. Smith, M.D., M.B.A., F.A.C.S., FACHE

### Licenses

747 Camino Norte

Palm Springs, CA 92262

Home Telephone- (760) 320-3851

Cell Phone- (760) 275-8204

Email- [Vascu@aol.com](mailto:Vascu@aol.com)

PA MD- 025431-E (Inactive)

CA00G47011 (Active)

Board Certification- Gen'l Surg,  
Vascular Surgery

American Board of Surgery- 1983

Recertified- 1990, 2004

Certification Vascular Surgery-

November 1984

Recertified- 2013

Fellow of the American College of  
Surgeons- October, 1985- Present

Married- Bonnie Heinen Smith

Children- 2 Daughters (Lisa, Lindsay)

Special Certification in Laser Ass  
Angioplasty - January 1988

Certified- American Board of  
Quality Assurance and Utili-  
Zation Review

Physicians- July 2005- Dec.2015

Certified- Fellow of the American  
College of Healthcare Executive.  
January, 2011

Certified- Graduate Gemologist  
(GG), May, 2015

Certified Specialist in Wine  
(CSW), August, 2017

Certified Professional Healthcare  
Quality  
Dec. 2017



## Education

Haverford Senior High School Havertown, PA	9/66- 6/69 Diploma
University of Michigan Ann Arbor, Michigan	9/69- 8/72 B.S. Zoology
Jefferson Medical College Philadelphia, PA	9/72- 6/76 M.D.
University of Phoenix Phoenix, AR	1/92- 3/94 M.B.A.

## Training

### Internship

University California San Diego Medical Center 225 W. Dickinson Street San Diego, CA Marshall Orloff, M.D.	7/76- 6/77 Surgery
---	--------------------

### Residency

University of Kansas Medical Center 39 <sup>th</sup> and Rainbow Blvd. Kansas City, KS William Jewell, M.D.	7/77- 6/81 General Surgery
--	----------------------------

### Fellowship

Hospital of the University of Pennsylvania 34 <sup>th</sup> and Spruce Streets Philadelphia, PA L. Henry Edmunds, M.D.	7/81- 12/81 Cardiothoracic Surgery
Hospital of the University of Pennsylvania 34 <sup>th</sup> and Spruce Streets Philadelphia, PA Brooke Roberts, M.D.	1/82- 6/82 Vascular Surgery

## Employment

Private Practice- Vascular and General Surgery Coachella Valley Surgical Associates 1100 N. Palm Canyon Drive #208 Palm Springs, CA 92262	7/82- 3/2007
Medical Director and Managing General Partner Desert Surgery Center 1190 N. Palm Canyon Drive Palm Springs, CA 92262	12/88- 8/2004
Senior Consultant Practice Director, Credentialing The Greeley Company 200 Hoods Lane Marblehead, MA 01945	3/2002- 12/2007 1/2008- 6/30/2009
Independent Healthcare Consultant HG HealthCare Consultants, LLC.	7/1/2009- Present
Assistant Professor of Surgery, Division of Vascular Surgery UCI Medical Center 333 City Blvd., Suite 700 Orange, CA 92868	9/2007- Present
Chief Medical Officer Verisys Corporation 1001 N. Fairfax Street Suite 640 Alexandria, VA 22314	9/2011- 3/2014
Chief Medical Consultant Morrisey Associates, Inc. 222 South Riverside Plaza Suite 1850 Chicago, IL 60606	3/2012- 3/2015
VP & Chief Medical Officer Morrisey Associates, Inc./Moricare 222 South Riverside Plaza	3/2015- 12/2015

Suite 1850  
Chicago, IL 60606

VP & Chief Medical Officer  
Morecare LLC  
222 South Riverside Plaza  
Suite 1850  
Chicago, IL 60606

1/2016- 1/31/2017

Senior Medical Consultant  
Morrissey Associates Inc., A Healthstream Company

2/1/2017- Present

#### Hospital Appointments

Desert Regional Medical Center  
1150 N. Indian Canyon Drive  
Palm Springs, CA 92262

Active Staff 7/82- 12/2007  
Emeritus Staff 1/2008- Present

Eisenhower Medical Center  
39000 Bob Hope Drive  
Rancho Mirage, CA 92270

Active Staff 9/82- 12/2007

UCI Medical Center  
100 City Drive  
Orange, CA 92868

Provisional Staff 5/08- 8/09  
Active Staff 8/09- Present

#### Hospital Positions

President Elect- DRMC

July 1988- June 1990

President- DRMC

July 1990- June 1992

Past President- DRMC

July 1992- June 1994

Chief of Surgery- DRMC

July 1993- June 1995

Chairman, Peer Review Committee

July 2004- Jan, 2007

Medical Director, Cardiac Surgery DRMC

August 2004- September, 2006

Co-Surgeon Champion, NSQIP for University of  
California Irvine Medical Center, Department of Surgery

August 2010- 2012

### Professional Memberships

American College of Surgeons, Fellow  
American College of Physician Executives, Member  
American College of Healthcare Executives, Fellow  
Southern California Vascular Surgical Society, Member  
National Association of Healthcare Quality, Member  
Society of Vascular Surgery, Active Member

### Other Memberships

Airplane Owner and Pilot's Association  
Experimental Aircraft Association  
American Philatelic Association, Life Member  
Palm Springs Air Museum  
Association Naval Aviators  
United States Tennis Association  
Defense Orientation Conference Association, Member since 1995

### Interests

Art Collecting, Reading, Flying, Tennis, Stamp Collecting  
Gemology

### Past Associations, Positions

Palm Springs Desert Museum, Member of Board of Directors 1993-95  
Desert Surgery Center, General Partner and Medical Director 1987- 2004

Palm Springs Professional Building, General Partner 1988- 1998

#### Publications

Assessing the Competency of Low Volume Providers, Smith, MA and Pelletier, S. HCPro, 2009

Effective Peer Review, Marder, R and Smith, MA. HCPro, 2005

Effective Peer Review 2<sup>nd</sup> Edition, Marder, R, Smith, M. and Sheff, R.. HCPro, 2007

Proctoring and Focused Professional Practice Evaluation, Marder, R., Smith, MA, and Sagin, T., HCPro, 2006

Proctoring and FPPE, Marder, R and Smith, MA, HCPro, 2009

Measuring Physician Competency, Marder, R, Smith M.A., Smith, M. and Searcy, V., HCPro, 2007

Core Privileges for Physicians, Crimp, W, Pelletier, S., Searcy, V. and Smith, M, HCPro, 2007

The Credentials Committee Manual, Smith, M.A., HCPro, 2016

Effective Peer Review 4<sup>th</sup> Edition, Marder, R. HCPro, 2017. Contributed chapter on approach to team performance measurement

Optimal Resources for Surgical Quality and Safety, Editors Hoyt, D. and Ko, C., American College of Surgeons, 2017. Contributing Author.

#### Seminars

Multiple seminars delivered on various topics related to Medical Staff including effective Medical Staff leadership, credentialing and privileging, peer review, surgical team summit, proctoring, physician performance profiles

Redesign of peer review system at approximately 75 hospitals in last fifteen years.

Keynote Speaker for Morrissey Users Conference, August 2010, "Moving from Competence to Excellence ... Improving Patient Safety through Automation"

Faculty, American Association of Physician Leadership (previously American College of Physician Executives) 2011- Present

Member of Faculty Advisory Council, AAPL, August 2015- present

Faculty, Credentialing Resource Center, April 2017- present

Worked with ECRI on a number of evaluations and presentations under their Patient Safety Organization

# EXHIBIT B

# EXHIBIT B



# Nevada State BOARD OF OSTEOPATHIC MEDICINE

## Licensee Information

Nevada State - Board of Osteopathic Medicine Verification as of September, 03 2021

### Licensee Information

Name: Abdul Rehman Tariq  
Address: West Coast Neurology  
825 N. Gibson Road, Suite 301  
Henderson, NV 89011  
Phone: (702) 956-0996  
Fax:  
School: Touro University College of Osteopathic  
Medicine Nevada  
Residency: Valley Hospital Medical Center (Residency)  
(2014-07-01 to 2018-06-30)  
Specialty: AOA - Neurology

### License Details

License Type: D.O. License  
License Number: DO2378  
License Status: Active  
Effective: 05/08/2018  
Expires: 12/31/2021

## License History

License	License Number	License Date	Status
D.O. License	DO2378	05/08/2018 to 12/31/2021	Active
SL License	SL1024	07/01/2014 to 06/30/2018	Expired

## Disciplinary Action

Licensee has no Disciplinary Actions

## Other State Disciplinary Actions

Licensee has no Disciplinary Actions Outside of Nevada

## Malpractice Claims

Licensee has no Malpractice Claims on File

### This is a Primary Source Verification.

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred.

For further questions regarding discipline or malpractice information, please contact us at: 702-732-2147

**DISCLAIMER:** The Nevada State Board of Osteopathic Medicine presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct. Based thereon, the Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the public. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

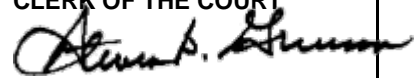
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# EXHIBIT 8



1 S. BRENT VOGEL  
2 Nevada Bar No. 6858  
3 Brent.Vogel@lewisbrisbois.com  
4 LEWIS BRISBOIS BISGAARD & SMITH LLP  
5 6385 S. Rainbow Boulevard, Suite 600  
6 Las Vegas, Nevada 89118  
7 Telephone: 702.893.3383  
8 Facsimile: 702.893.3789  
9 *Attorney for Defendants*  
10 *Holavanahalli Keshava-Prasad, M.D. and*  
11 *H. Keshava Prasad, MD, PLLC*

12 DISTRICT COURT  
13 CLARK COUNTY, NEVADA

14 LASHAWANDA WATTS,

15 Plaintiff,

16 vs.

17 VALLEY HEALTH SYSTEM, LLC d/b/a  
18 DESERT SPRINGS HOSPITAL; ABDUL  
19 TARIQ, D.O.; NEUROLOGY CLINICS OF  
20 NEVADA LLC; HOLAVANAHALLI  
21 KESHAVA-PRASAD, M.D.; H. KESHAVA  
22 PRASAD, MD, PLLC; AMIR QURESHI,  
23 M.D.; ROE AMIR QURESHI, M.D.  
24 EMPLOYER; ALI HAQ, M.D.; ROE ALI  
25 HAQ, M.D. EMPLOYER; CHARLES KIM  
26 DANISH, D.O.; PLATINUM  
27 HOSPITALISTS, LLP; DOES 1-35; ROE  
28 CORPORATIONS 1-35, inclusive,

Defendants.

Case No. A-21-838308-C

Dept. No.: 26

**DEFENDANTS HOLAVANAHALLI  
KESHAVA-PRASAD, M.D. AND H.  
KESHAVA PRASAD, MD, PLLC'S  
REPLY IN SUPPORT OF MOTION TO  
DISMISS PLAINTIFF'S COMPLAINT**

Date of Hearing: September 21, 2021  
Time of Hearing: 9:30 a.m.

21 COME NOW Defendant Holavanahalli Keshava-Prasad, M.D., and H. Keshava Prasad,  
22 MD, PLLC, by and through their counsel of record, S. Brent Vogel of LEWIS BRISBOIS  
23 BISGAARD & SMITH LLP, and file their Reply in Support of their Motion to Dismiss Plaintiff's  
24 Complaint pursuant to N.R.C.P. 12(b)(5).

25 This Reply is made and based upon the papers and pleadings on file herein, the  
26 Memorandum of Points and Authorities set forth below, and such argument of counsel which may  
27 be requested by the Court during the hearing of this matter.

1 DATED: September 14, 2021.

2 LEWIS BRISBOIS BISGAARD & SMITH LLP

3  
4 By /s/ S. Brent Vogel

5 S. BRENT VOGEL

6 Nevada Bar No. 6858

7 6385 S. Rainbow Boulevard, Suite 600

8 Las Vegas, Nevada 89118

9 *Attorney for Defendants*

10 *Holavanahalli Keshava-Prasad, M.D. and*

11 *H. Keshava Prasad, MD, PLLC*

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 This is a medical malpractice matter arising from care and treatment provided to  
4 Lashawanda Watts at Desert Springs Hospital from July 20, 2020 to July 27, 2020. Moving  
5 Defendant Holavanahalli Keshava-Prasad, M.D. (“Dr. Keshava-Prasad”) is a Board Certified  
6 medical oncologist and hematologist who consulted on Ms. Watts’s care during the Desert Springs  
7 admission. The Complaint alleges that Dr. Keshava-Prasad and the other medical defendants failed  
8 to provide appropriate treatment for vasculitis, which allegedly resulted in amputation and auto-  
9 amputation of Ms. Watts’s toes.

10 In support of the medical malpractice claim, Plaintiff attached affidavits authored by  
11 Rebecca M. Shepherd, M.D., a physician who practices in rheumatology, and Mark A. Smith, a  
12 general surgeon. However, Dr. Keshava-Prasad is neither a rheumatologist nor a general surgeon.  
13 Neither Dr. Shepherd nor Dr. Smith practices or has practiced, in the area of oncology or  
14 hematology. Moreover, Plaintiff fails to demonstrate that their areas of specialty are “substantially  
15 similar” to Dr. Keshava-Prasad’s. Therefore, their affidavits fail to fulfill the requirements of NRS  
16 41A.071 and the medical negligence claim against Dr. Keshava-Prasad is subject to dismissal.

17 **II. LEGAL ARGUMENT**

18 Plaintiff provides a perfunctory opposition to Dr. Keshava-Prasad’s Motion in which she  
19 completely ignores the language of the statute and misrepresents Nevada case law, presumably  
20 because she has no legitimate argument that Dr. Keshava-Prasad should remain a defendant in this  
21 case. She claims that she “was not in the hospital because she had cancer or a blood disorder . . .  
22 She was in the hospital because her feet were painful and were turning blue.” (Opposition, p.  
23 3:27–4:2). She further argues that all her providers, regardless of specialty, had the same duty—to  
24 refer her to a rheumatologist—and because they all allegedly breached that duty, it was  
25 permissible for a medical expert from *any* specialty to provide an affidavit per NRS 41A.071.  
26 (Opposition, p. 4:2–4). However, that is a material misstatement of the law. NRS 41A.071  
27 requires that

1 [i]f an action for professional negligence is filed in the district  
2 court, the district court shall dismiss the action, without prejudice,  
3 if the action is filed without an affidavit that:

4 (1) Supports the allegations contained in the action;

5 (2) **Is submitted by an expert who practices or has**  
6 **practiced in an area that is substantially similar to the**  
7 **type of practice engaged in at the time of the alleged**  
8 **professional negligence;**

9 (emphasis added). Plaintiff cavalierly cites *Staccato v. Valley Hospital*, for the principle  
10 that “an expert in a medical-malpractice case need not specialize in the exact same area of  
11 medicine as the defendant; instead, the issue is one of knowledge.” (Opposition, p. 4:14–17).  
12 Plaintiff extolls the “wisdom behind the Nevada Supreme Court’s interpretation of NRS 41A.071 .  
13 . . .” But she blatantly misrepresents the reasoning of that case. Contrary to Plaintiff’s assertion,  
14 the *Staccato* Court did not interpret NRS 41A.071 at all, let alone discuss its well-known  
15 requirement that an *expert providing an affidavit* “practice[] or [have] practiced in an area that is  
16 substantially similar to the type of practice engaged in at the time of the alleged professional  
17 negligence.” NRS 41A.071(2). Instead, the Court was tasked with deciding whether a district court  
18 had properly precluded an emergency physician from providing trial testimony as to the standard  
19 of care for nurses in performing intramuscular injections. *Staccato v. Valley Hosp.*, 123 Nev. 526,  
20 533, 170 P.3d 503, 508 (2007). The Court ultimately reversed, concluding that the expert had  
21 “demonstrated that he knew the difference between subcutaneous and intramuscular injections,  
22 evidencing his qualification to give his expert opinion on that question, [and] he was qualified to  
23 testify against the nurse who allegedly administered the injection in a negligent manner.” *Id.* at  
24 532–33, 170 P.3d at 508.

25 Unlike in *Staccato*, in *Borger v. Eighth Judicial District Court*, 120 Nev. 1021, 102 P.3d  
26 600 (2004) the Nevada Supreme Court in fact interpreted the “substantially similar” requirement  
27 set forth in NRS 41A.071(2). The *Borger* Court analyzed NRS 41A.071’s language and noted that  
28

1 an affiant need not practice in the “same” area of medicine as the defendant, but it must be  
2 “substantially similar.” *Borger*, 120 Nev. at 1028, 102 P.3d at 605. The Court, therefore,  
3 concluded that an expert affidavit authored by a gastroenterologist in a case against a surgeon who  
4 performed a gastroenterological procedure satisfied NRS 41A.071(2). *Id.* The Court reasoned that  
5 “[t]he diagnosis and treatment rendered by Dr. Lovett implicates Dr. Kudisch's area of expertise,  
6 the practice of gastroenterology.” *Borger*, 120 Nev. at 1028, 102 P.3d at 605.

7 Plaintiff's improper use of case law aside, she puts her finger on the true issue: “[t]he  
8 purpose of NRS 41A.071 is to prevent frivolous claims from being filed.” (Opposition, p.4:24–  
9 25). But from there, her analysis goes off the track. She claims that the case is at the initial  
10 pleading stage and that “[t]he affidavit requirement is not intended to force a plaintiff to be trial-  
11 ready before she even files her lawsuit.” (Opposition, p. 4:25–26). In so stating, she ignores the  
12 fact that the affidavit requirement serves as a threshold to prevent the wrong defendants from  
13 being sued in the first place. Plaintiff chose to sue indiscriminately all the physician defendants  
14 regardless of their specialty, regardless of the care provided. That shotgun style of pleading is not  
15 contemplated in NRS 41A.071, and engaging in it comes with consequences.

16 Disregarding longstanding contrary case and statutory authority, Plaintiff compares the  
17 current circumstance to care that might be provided to a patient bleeding from a cut. (Opposition,  
18 p. 4:7–10). Plaintiff reasons that any doctor can see that a person is bleeding and knows to treat  
19 that injury. She extrapolates that simplistic notion to the case at hand, insisting that any doctor,  
20 from any specialty, should be allowed to opine that Dr. Keshava-Prasad, as well as all the other  
21 physician defendants, breached the standard of care by failing to refer Plaintiff to a  
22 rheumatologist. (Opposition, p. 4:9–11). But here, Dr. Keshava-Prasad was consulted specifically  
23 for his expertise as a hematologist/oncologist to assess whether a hematological basis existed for  
24 Plaintiff's medical condition.<sup>1</sup> Unlike in *Borger*, Dr. Keshava-Prasad's treatment does not  
25 implicate Dr. Shepherd's or Dr. Smith's specialties. Neither a rheumatologist nor a vascular

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26  
27 <sup>1</sup> Complaint, attached hereto as Exhibit “A,” ¶ 31.

1 surgeon has the proper qualification to opine as to Dr. Keshava-Prasad's exercise of clinical  
2 judgment as a hematologist or oncologist. In fact, neither Dr. Shepherd nor Dr. Smith explains  
3 how their expertise qualifies them to offer standard-of-care opinions as to the care rendered by a  
4 physician practicing in the very specialized field of oncology/hematology. Indeed, they tacitly  
5 acknowledge that they are unqualified to opine as to Dr. Keshava-Prasad's care and treatment  
6 because they do not criticize or even mention him except as part of general one-size-fits-all  
7 statements.<sup>2</sup>

8 At bottom, to survive a motion to dismiss, a complaint must be supported by an affidavit  
9 provided by an expert in a substantially similar field of medicine to that engaged in by the  
10 defendant. By offering deficient affidavits, Plaintiff's complaint is void ab initio, and must be  
11 dismissed without possibility to amend. *Washoe Medical Center v. Second Judicial Dist. Court*,  
12 122 Nev. 1298, 148 P.3d 790, 794 (2006); *Borger v. Eighth Judicial Dist. Court*, 120 Nev. 1021,  
13 102 P.3d 600, 604 (2004).

14 **III. CONCLUSION**

15 For the reasons set forth above, Defendant Holavanahalli Keshava-Prasad, M.D.  
16 respectfully requests this Honorable Court dismiss Plaintiff's Complaint.

17 DATED: September 14, 2021.

18 LEWIS BRISBOIS BISGAARD & SMITH LLP

19  
20 By /s/ S. Brent Vogel

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27 *Holavanahalli Keshava-Prasad, M.D. and*

28 *H. Keshava Prasad, MD, PLLC*

27 <sup>2</sup> *Id.* at Exhibit 1 ¶ 5, and Exhibit 2 ¶ 3.



1 **CERTIFICATE OF SERVICE**

2 I hereby certify that on this 14<sup>th</sup> day of September, 2021, a true and correct copy  
3 of **DEFENDANTS HOLAVANAHALLI KESHAVA-PRASAD, M.D. AND H. KESHAVA**  
4 **PRASAD, MD, PLLC'S REPLY IN SUPPORT OF MOTION TO DISMISS PLAINTIFF'S**  
5 **COMPLAINT** was served by electronically filing with the Clerk of the Court using the Odyssey  
6 E-File & Serve system and serving all parties with an email-address on record, who have agreed to  
7 receive electronic service in this action. (See attached Service List)  
8

9 By /s/ Roya Rokni  
10 An Employee of  
11 LEWIS BRISBOIS BISGAARD & SMITH LLP  
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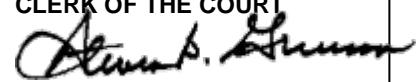
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EXHIBIT ‘A’

EXHIBIT ‘A’



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CASE NO: A-21-838308-C  
Department 26

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

v.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, MD, PLLC; AMIR QURESHI, M.D.;  
ROE AMIR QURESHI, M.D. EMPLOYER;  
ALI HAQ, M.D.; ROE ALI HAQ, M.D.  
EMPLOYER; CHARLES KIM DANISH, D.O.;  
PLATINUM HOSPITALISTS, LLP; DOES 1-  
35; ROE CORPORATIONS 1-35, inclusive,

Defendants.

Case No.:

Dept. No.:

**COMPLAINT**

**Arbitration Exemption: Medical  
Malpractice**

**GENERAL ALLEGATIONS**

1. Plaintiff, LASHAWANDA WATTS, is a resident of Clark County, Nevada.

2. Defendant, VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS  
HOSPITAL, is a Delaware Corporation licensed to do business and actually doing business in Clark  
County, Nevada.

3. Defendant, ABDUL TARIQ, D.O., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

4. Defendant, NEUROLOGY CLINICS OF NEVADA LLC is a Nevada Limited Liability Company licensed to do business and actually doing business in Clark County, Nevada.

5. Defendant, HOLAVANAHALLI KESHAVA-PRASAD, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

6. Defendant, H. KESHAVA PRASAD, MD, PLLC, is a Nevada Professional Limited Liability Company licensed to do business and actually doing business in Clark County, Nevada.

7. Defendant, AMIR QURESHI, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

8. Defendant, ROE AMIR QURESHI, M.D. EMPLOYER, is believed to be Defendant Amir Qureshi, M.D.'s employer at the time of the events alleged in this matter. The true name and/or capacities of ROE AMIR QURESHI, M.D. EMPLOYER is unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of ROE AMIR QURESHI, M.D. EMPLOYER when ascertained.

9. Defendant, ALI HAQ, M.D., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

10. Defendant, ROE ALI HAQ, M.D. EMPLOYER, is believed to be Defendant Ali Haq, M.D.'s employer at the time of the events alleged in this matter. The true name and/or capacities of ROE ALI HAQ, M.D. EMPLOYER is unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of ROE ALI HAQ, M.D. EMPLOYER when ascertained.

11. Defendant, CHARLES KIM DANISH, D.O., is a resident of Clark County, Nevada and a physician licensed to practice medicine in the State of Nevada.

12. Defendant, PLATINUM HOSPITALISTS, LLP, is a Nevada Limited Liability Partnership, licensed to do business and actually doing business in Clark County, Nevada.

13. Defendants DOES 1-5 and ROE CORPORATIONS 1-5 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 1-5 and ROE CORPORATIONS 1-5 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 1-5 and ROE CORPORATIONS 1-5 when they are ascertained.

14. Defendants DOES 6-10 and ROE CORPORATIONS 6-10 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) ABDUL TARIQ, D.O. and/or NEUROLOGY CLINICS OF NEVADA LLC and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 6-10 and ROE CORPORATIONS 6-10 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 6-10 and ROE CORPORATIONS 6-10 when they are ascertained.

15. Defendants DOES 11-15 and ROE CORPORATIONS 11-15 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners in association with Defendant(s) HOLAVANAHALLI KESHAVA-PRASAD, M.D. and/or H. KESHAVA PRASAD, MD, PLLC and may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 11-15 and ROE CORPORATIONS 11-15 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 11-15 and ROE CORPORATIONS 11-15 when they are ascertained.

1           16. Defendants DOES 16-20 and ROE CORPORATIONS 16-20 are individuals,  
2 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
3 partners in association with Defendant(s) AMIR QURESHI, M.D. and/or ROE AMIR QURESHI,  
4 M.D. EMPLOYER and may have in some way caused or contributed to Plaintiff's damages as  
5 alleged herein. The true names and/or capacities of DOES 16-20 and ROE CORPORATIONS 16-  
6 20 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the  
7 true names and capacities of DOES 6-10 and ROE CORPORATIONS 16-20 when they are  
8 ascertained.  
9

10           17. Defendants DOES 21-25 and ROE CORPORATIONS 21-25 are individuals,  
11 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
12 partners in association with Defendant(s) ALI HAQ, M.D. and/or ROE ALI HAQ, M.D.  
13 EMPLOYER and may have in some way caused or contributed to Plaintiff's damages as alleged  
14 herein. The true names and/or capacities of DOES 21-25 and ROE CORPORATIONS 21-25 are  
15 unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true  
16 names and capacities of DOES 21-25 and ROE CORPORATIONS 21-25 when they are  
17 ascertained.  
18

19           18. Defendants DOES 26-30 and ROE CORPORATIONS 26-30 are individuals,  
20 associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or  
21 partners in association with Defendant(s) CHARLES KIM DANISH, D.O. and/or PLATINUM  
22 HOSPITALISTS, LLP and may have in some way caused or contributed to Plaintiff's damages as  
23 alleged herein. The true names and/or capacities of DOES 26-30 and ROE CORPORATIONS 26-  
24 30 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the  
25 true names and capacities of DOES 26-30 and ROE CORPORATIONS 26-30 when they are  
26 ascertained.  
27  
28

19. Defendants DOES 31-35 and ROE CORPORATIONS 31-35 are individuals, associations, corporations, partnerships, and/or other entities that are owners, controllers, and/or partners that may have in some way caused or contributed to Plaintiff's damages as alleged herein. The true names and/or capacities of DOES 31-35 and ROE CORPORATIONS 31-35 are unknown to Plaintiff. Plaintiff will ask leave of Court to amend this Complaint to insert the true names and capacities of DOES 31-35 and ROE CORPORATIONS 31-35 when they are ascertained.

20. Defendants are agents, servants, employees, employers, trade venturers, and/or partners of each other. At the time of the events described in this Complaint, Defendants were acting within the color, purpose and scope of their relationships, and by reason of their relationships, Defendants may be jointly and severally and/or vicariously responsible and liable for the acts and omissions of their Co-Defendants.

#### **JURISDICTIONAL STATEMENTS**

21. Plaintiff repeats and realleges paragraphs 1-20 of this Complaint as though fully set forth herein.

22. This Court has personal jurisdiction over the parties as both the plaintiffs and at least one of the defendants are residents of Clark County, Nevada.

23. This Court has subject matter jurisdiction over this matter pursuant to NRS 4.370(1), as the amount in controversy exceeds \$15,000.00, exclusive of attorney's fees, interest, and costs.

#### **FACTUAL ALLEGATIONS**

24. Plaintiff repeats and realleges paragraphs 1-23 of this Complaint as though fully set forth herein.

25. On July 20, 2020, 30-year-old Plaintiff Lashawanda Watts presented to Defendant Desert Springs Hospital in Clark County, Nevada complaining of increasing discomfort and discoloration in both of her feet.



26. According to Defendant Desert Springs Hospital's website: "All of the physicians caring for you while hospitalized, including consultants and physician assistants, work under the direction of your personal physician as a "team" to provide the best possible medical care. Your personal physician will often be referred to as your attending physician."

27. Defendant Charles Kim Danish, D.O. Defendant Charles Kim Danish, D.O. was assigned by Desert Spring Hospital to be Ms. Watts' Attending Physician from her admission on July 20, 2020 to Discharge on July 27, 2020.

28. On July 23, 2020, Ms. Watts was seen by Defendant Abdul Tariq, DO for consultation. As a result of Ms. Watts' condition, Dr. Tariq ordered a "vasculitis panel."

29. On July 25, 2020, Defendant Amir Qureshi, M.D. consulted on Ms. Watts' case due to complaints of "left foot tingley, swollen and blue." Dr. Qureshi recommended Ms. Watts continue Rocephin now, stop gentamicin, follow echocardiogram and further recommendations to follows.

30. Ms. Watts was treated by Defendant Ali Haq, M.D. on July 23, 2020, July 24, 2020, and July 26, 2020. On all three occasions, Dr. Haq noted bilateral lower extremity paresthesia and blue toes.

31. On July 27, 2020, Ms. Watts was seen by Defendant Holavanahalli Keshava-Prasad, M.D. for possible vasculitis. Dr. Keshava-Prasad noted Ms. Watts' pain in the toes and discoloration. Dr. Keshava-Prasad's assessment on July 27, 2020 stated: "diagnostic assessment, probable vasculitis, no definite evidence of hematological disorder but anticardiolipin antibodies positive IgG, Nonspecific, Hepatitis C negative, may check for cryoglobulins but patient appears to have chronic consider autoimmune diseases, ANA rheumatoid factor and autoimmune profile and rheumatology evaluation. Consider calcium channel blockers to improve circulation to the steroids. Skin biopsy may be considered but without definite evidence for vasculitic lesions may be

negative.” Dr. Keshava-Prasad’s note on July 27, 2020 also indicated Ms. Watt’s was anticipated to be discharged to “Encompass”.

32. During her Desert Springs Hospitalization from July 20, 2020 to July 27, 2020, Ms. Watts’ toes became progressively more cyanotic. On July 27, 2020, Defendant Charles Kim Danish, D.O. discharged Ms. Watts to Encompass Health Rehabilitation Hospital of Henderson.

33. Due to her compromised vascular condition, Encompass Rehabilitation Hospital of Henderson discharged and transferred Ms. Watts on July 28, 2020 to UMC Medical Center for a more acute care and urgent medical workup.

34. Ms. Watts was evaluated at University Medical Center and ultimately transferred on July 30, 2020 to a tertiary care center with rheumatology capabilities to have Ms. Watts properly evaluated, because UMC does not have a rheumatologist performing inpatient care. Ms. Watts was transferred to Dixie Regional Medical Center in St. George, Utah.

35. While at Dixie Regional Medical Center, Ms. Watts’ diagnosis of ANCA vasculitis was confirmed and treated.

36. Unfortunately, lack of blood flow to her toes caused avascular necrosis and she ultimately lost her right 1<sup>st</sup>, 2<sup>nd</sup> and 4<sup>th</sup> digits and left 2<sup>nd</sup> digit to amputation. Other digits autoamputated.

#### **FIRST CAUSE OF ACTION**

(Hospital Negligence – Desert Springs Hospital)

37. Plaintiff repeats and realleges paragraphs 1-36 of this Complaint as though fully set forth herein.

38. Plaintiff Lashawanda Watts presented to Defendant VALLEY HEALTH SYSTEM, LLC d/b/a DESERT SPRINGS HOSPITAL, for care and treatment to her lower extremities.

39.

40. Defendant DESERT SPRINGS HOSPITAL holds itself out to provide quality healthcare to residents of Southern Nevada.

41. Defendant DESERT SPRINGS HOSPITAL and/or its physicians, agents, employees, nursing staff, and/or medical team had a duty to provide competent and prompt medical care to its patients.

42. Defendant DESERT SPRINGS HOSPITAL and/or its physicians, agents, employees, nursing staff, and/or medical team breached its duty to Plaintiff Lashawanda Watts, in numerous ways, including but not limited to:

a. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell below the standard of care in the following ways:

i. The providers at Desert Spring Hospital neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

ii. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

iii. Each provider has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on

7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care.

- iv. The provider Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient's departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.
- v. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.
- vi. The providers at Desert Springs fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered.
- vii. Vasculitis is a rare and deadly disease. The physicians at Desert Springs considered the diagnosis of vasculitis from 7/23/20 but did not have the

1 expertise to manage the vasculitis. The standard of care set out by the  
2 EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as  
3 soon as the providers at Desert Springs Hospital were concerned about a  
4 diagnosis of vasculitis, especially in light of the lack of availability of  
5 rheumatology consultants, and especially with worsening symptom, the  
6 providers should have transferred Miss Watts to a tertiary care center so as to  
7 prevent progressive damage to imperiled tissues. Instead, the providers sent  
8 Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on  
9 7/27/20 despite the fact that Miss Watts was demonstrating worsening  
10 symptoms and continued 6/10 pain. This led to a delay in care as the patient  
11 was referred from Encompass Health back to a second acute care hospital and  
12 finally Dixie Regional Medical Center on 7/31/20 at which point she was  
13 evaluated by a rheumatologist.  
14

15  
16 viii. This substandard treatment and delay, caused by the providers at Desert  
17 Springs Hospital, decreased a substantial chance of saving her digits from  
18 gangrene and ultimately amputation/auto-amputation.

19 (See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as  
20 Exhibits “1” and “2”).

21  
22 43. As a direct and proximate result of Defendant DESERT SPRINGS HOSPITAL’s  
23 breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her  
24 toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit “2”).

25 44. As a further direct and proximate result of the actions and/or omissions of  
26 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
27 of Fifteen Thousand Dollars.  
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45. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

46. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

47. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

## **SECOND CAUSE OF ACTION**

(Medical Malpractice – Abdul Tariq, D.O.)

48. Plaintiff repeats and realleges paragraphs 1-47 of this Complaint as though fully set forth herein.

49. Defendant ABDUL TARIQ, D.O. undertook the responsibility to do all things necessary and proper in connection to care for and treat Lashawanda Watts.

50. Dr. Tariq further held himself out to possess the degree of skill, ability, and learning common to a doctor of osteopathic medicine.

51. Dr. TARIQ was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Tariq neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the

1 diagnosis to be confirmed. Trials dating back to landmark studies in the  
2 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
3 steroids in the early management of disease.

- 4
- 5 ii. Dr. Tariq has the training and capability to initiate IV corticosteroids to arrest  
6 the inflammatory process while awaiting further work up and management.
- 7 iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose  
8 of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
9 given on 7/27/20. Early and consistent administration of IV steroids would  
10 have been safe and effective at treating vasculitis while working through the  
11 appropriate differential diagnosis and arranging further care.
- 12 iv. Tariq Abdul MD did not follow up or address a blood test result that was  
13 ordered and resulted prior to the patient’s departure from Desert Springs  
14 Hospital which would have assisted in the diagnosis of vasculitis.
- 15 v. The standard of care for all medical providers is to obtain and review the  
16 results of tests that were ordered by that provider, and to do so in a timely  
17 fashion. In addition, if a provider is uncertain of the meaning of a result,  
18 expert opinion either through reviewing the literature or consulting with an  
19 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
20 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
21 or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider,  
22 including Dr. Tariq, made note of or mentioned this result. However, this  
23 result was included in the discharge summary by Dr. Danish, such that it is  
24 known that the blood test result was available at that time.
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vi. Dr. Tariq fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Tariq considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Tariq was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vii. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").



52. As a direct and proximate result of Defendant ABDUL TARIQ, D.O.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (*See*, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

53. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

54. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

55. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

56. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

### **THIRD CAUSE OF ACTION**

(Medical Malpractice – Holavanahalli Keshava-Prasad, M.D.)

57. Plaintiff repeats and realleges paragraphs 1-56 of this Complaint as though fully set forth herein.

58. Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

59. Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

60. Dr. Keshava-Prasad was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Keshava-Prasad neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

ii. Dr. Keshava-Prasad has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care. Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient’s departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

iv. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result,

1 expert opinion either through reviewing the literature or consulting with an  
2 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
3 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
4 or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider,  
5 including Dr. Tariq, made note of or mentioned this result. However, this  
6 result was included in the discharge summary by Dr. Danish, such that it is  
7 known that the blood test result was available at that time.  
8

- 9 v. Dr. Keshava-Prasad fell below the standard of care for Miss Watts by not  
10 seeking expertise from rheumatology or transferring the patient to a higher  
11 level of care at a tertiary care center as soon as the diagnosis of vasculitis was  
12 being considered. Vasculitis is a rare and deadly disease. Dr. Keshava-Prasad  
13 considered the diagnosis of vasculitis from 7/23/20 but did not have the  
14 expertise to manage the vasculitis. The standard of care set out by the  
15 EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as  
16 soon as Dr. Keshava-Prasad was concerned about a diagnosis of vasculitis,  
17 especially in light of the lack of availability of rheumatology consultants, and  
18 especially with worsening symptom, he should have transferred Miss Watts  
19 to a tertiary care center so as to prevent progressive damage to imperiled  
20 tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a  
21 rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite  
22 the fact that Miss Watts was demonstrating worsening symptoms and  
23 continued 6/10 pain. This led to a delay in care as the patient was referred  
24 from Encompass Health back to a second acute care hospital and finally  
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Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

61. As a direct and proximate result of Defendant KESHA-PRASAD, M.D.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

62. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

63. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

64. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

65. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**FOURTH CAUSE OF ACTION**

(Medical Malpractice – Amir Qureshi, M.D.)

66. Plaintiff repeats and realleges paragraphs 1-65 of this Complaint as though fully set forth herein.

67. Defendant AMIR QURESHI, M.D. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

68. Defendant AMIR QURESHI, M.D. further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

69. Dr. Qureshi was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Qureshi neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

ii. Dr. Qureshi has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.

iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the

appropriate differential diagnosis and arranging further care. Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient's departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

- iv. The standard of care for all medical providers is to obtain and review the results of tests that were ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, expert opinion either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener's Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.
- v. Dr. Qureshi fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Qureshi considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Qureshi was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so

as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").

70. As a direct and proximate result of Defendant AMIR QURESHI, M.D.'s breaches of the standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See, Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").

71. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess of Fifteen Thousand Dollars.

72. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

73. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering,

disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

74. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**FIFTH CAUSE OF ACTION**  
(Medical Malpractice – ALI HAQ, M.D.)

75. Plaintiff repeats and realleges paragraphs 1-74 of this Complaint as though fully set forth herein.

76. Defendant ALI HAQ, M.D, undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

77. Defendant ALI HAQ, M.D, further held himself out to possess the degree of skill, ability, and learning common to a doctor of medicine.

78. Dr. Haq was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

- a. Dr. Haq neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.
  - i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.
  - ii. Dr. Haq has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up and management.



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1 transfer a patient to a higher level of care. Thus as soon as Dr. Haq was  
2 concerned about a diagnosis of vasculitis, especially in light of the lack of  
3 availability of rheumatology consultants, and especially with worsening  
4 symptom, he should have transferred Miss Watts to a tertiary care center so  
5 as to prevent progressive damage to imperiled tissues. Instead, the providers  
6 at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5  
7 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was  
8 demonstrating worsening symptoms and continued 6/10 pain. This led to a  
9 delay in care as the patient was referred from Encompass Health back to a  
10 second acute care hospital and finally Dixie Regional Medical Center on  
11 7/31/20 at which point she was evaluated by a rheumatologist.

- 12  
13 vi. This substandard treatment and delay decreased a substantial chance of  
14 saving Ms. Watts' digits from gangrene and ultimately amputation/auto-  
15 amputation.  
16

17 (See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as  
18 Exhibits "1" and "2").

19 79. As a direct and proximate result of Defendant ALI HAQ, M.D.'s breaches of the  
20 standard of care, Plaintiff Lashawanda Watts was injured and ultimately lost her toes. (See,  
21 Affidavit of Mark A. Smith, M.D., attached hereto as Exhibit "2").  
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23 80. As a further direct and proximate result of the actions and/or omissions of  
24 Defendants, Plaintiff incurred, and will continue to incur, medical expenses in an amount in excess  
25 of Fifteen Thousand Dollars.  
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81. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred, and will continue to incur, loss of earning capacity in an amount in excess of Fifteen Thousand Dollars.

82. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff endured, and will continue to endure, physical and emotional pain, suffering, disabilities, disfigurement, and mental anguish in an amount in excess of Fifteen Thousand Dollars.

83. As a further direct and proximate result of the actions and/or omissions of Defendants, Plaintiff incurred and will continue to incur attorney's fees and court costs in an amount to be proven at trial.

**SIXTH CAUSE OF ACTION**

(Medical Malpractice – CHARLES KIM DANISH, D.O.)

84. Plaintiff repeats and realleges paragraphs 1-83 of this Complaint as though fully set forth herein.

85. Defendant CHARLES KIM DANISH, D.O. undertook the responsibility to do all things necessary and proper in connection to care for and treat Plaintiff Lashawanda Watts.

86. Defendant CHARLES KIM DANISH, D.O. further held himself out to possess the degree of skill, ability, and learning common to a doctor of osteopathic medicine.

87. Dr. Danish was negligent in his care and treatment of Ms. Watts and he fell below the minimum acceptable standard of care in numerous ways, including, but not limited to:

a. Dr. Danish neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

i. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the

1 diagnosis to be confirmed. Trials dating back to landmark studies in the  
2 1960s by Fauci et al have demonstrated effective utilization of pulse dose  
3 steroids in the early management of disease.

4 ii. Dr. Danish has the training and capability to initiate IV corticosteroids to  
5 arrest the inflammatory process while awaiting further work up and  
6 management.

7  
8 iii. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose  
9 of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was  
10 given on 7/27/20. Early and consistent administration of IV steroids would  
11 have been safe and effective at treating vasculitis while working through the  
12 appropriate differential diagnosis and arranging further care. Tariq Abdul  
13 MD did not follow up or address a blood test result that was ordered and  
14 resulted prior to the patient’s departure from Desert Springs Hospital which  
15 would have assisted in the diagnosis of vasculitis.

16  
17 iv. The standard of care for all medical providers is to obtain and review the  
18 results of tests that were ordered by that provider, and to do so in a timely  
19 fashion. In addition, if a provider is uncertain of the meaning of a result,  
20 expert opinion either through reviewing the literature or consulting with an  
21 expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the  
22 PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis  
23 or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider,  
24 including Dr. Tariq, made note of or mentioned this result. However, this  
25 result was included in the discharge summary by Dr. Danish, such that it is  
26 known that the blood test result was available at that time.  
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v. Dr. Danish fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered. Vasculitis is a rare and deadly disease. Dr. Danish considered the diagnosis of vasculitis from 7/23/20 but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as Dr. Danish was concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, he should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues. Instead, the providers at Desert Springs Hospital sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

vi. This substandard treatment and delay decreased a substantial chance of saving Ms. Watts' digits from gangrene and ultimately amputation/auto-amputation.

(See, Affidavits of Rebecca M. Shepherd, M.D. and Mark A. Smith, M.D., attached hereto as Exhibits "1" and "2").



1 AMIR QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and  
2 ROE CORPORATIONS 1-35.

3 95. Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners, nurses,  
4 technicians, medical assistants, and/or other medical professionals or staff, including but not limited  
5 to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHA-PRASAD, M.D.; AMIR  
6 QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and ROE  
7 CORPORATIONS 1-35 were employees, servants, agents, and/or associates of Defendant DESERT  
8 SPRINGS HOSPITAL.

10 96. Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners, nurses,  
11 technicians, medical assistants, and/or other medical professionals or staff, including but not limited  
12 to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHA-PRASAD, M.D.; AMIR  
13 QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and ROE  
14 CORPORATIONS 1-35 were acting within the course and scope of their employment with  
15 DESERT SPRINGS HOSPITAL at the time of the negligent acts alleged in this Complaint.

17 97. Because Defendant DESERT SPRINGS HOSPITAL'S doctors, nurse practitioners,  
18 nurses, technicians, medical assistants, and/or other medical professionals or staff, including but not  
19 limited to Defendant(s) ABDUL TARIQ, D.O.; HOLAVANAHALLI KESHA-PRASAD, M.D.;  
20 AMIR QURESHI, M.D.; ALI HAQ, M.D.; CHARLES KIM DANISH, D.O. and/or DOES and  
21 ROE CORPORATIONS 1-35 were acting within the course and scope of their employment with  
22 DESERT SPRINGS HOSPITAL at the time of the negligent acts alleged in this Complaint,  
23 Defendant DESERT SPRINGS HOSPITAL is vicariously liable for their negligent acts and  
24 omissions.

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**EIGHTH CAUSE OF ACTION**

(Vicarious Liability – Neurology Clinics of Nevada LLC)

98. Plaintiff repeats and realleges paragraphs 1-97 of this Complaint as though fully set forth herein.

99. During the time LASHAWANDA WATTS was under the care and treatment of Defendant ABDUL TARIQ, D.O., Defendant ABDUL TARIQ, D.O., was an employee, servant, agent, and/or associate of Defendant(s) NEUROLOGY CLINICS OF NEVADA LLC and/or DOES 6-10 and/or ROE CORPORATIONS 6-10.

100. Defendant ABDUL TARIQ, D.O. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

101. Because Defendant ABDUL TARIQ, D.O. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant ABDUL TARIQ, D.O.

**NINTH CAUSE OF ACTION**

(Vicarious Liability – H. Keshava Prasad, MD, PLLC)

102. Plaintiff repeats and realleges paragraphs 1-101 of this Complaint as though fully set forth herein.

103. During the time LASHAWANDA WATTS was under the care and treatment of Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D., Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D., was an employee, servant, agent, and/or associate of Defendant(s) H. KESHAVA PRASAD, MD, PLLC, and/or DOES 11-15 and/or ROE CORPORATIONS 11-15.

104. Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.



105. Because Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant HOLAVANAHALLI KESHAVA-PRASAD, M.D.

**TENTH CAUSE OF ACTION**

(Vicarious Liability – ROE AMIR QURESHI, M.D. EMPLOYER)

106. Plaintiff repeats and realleges paragraphs 1-105 of this Complaint as though fully set forth herein.

107. During the time LASHAWANDA WATTS was under the care and treatment of Defendant AMIR QURESHI, M.D., Defendant AMIR QURESHI, M.D., was an employee, servant, agent, and/or associate of Defendant(s) ROE AMIR QURESHI, M.D. EMPLOYER, and/or DOES 16-20 and/or ROE CORPORATIONS 16-20.

108. Defendant AMIR QURESHI, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

109. Because Defendant AMIR QURESHI, M.D. was acting within the course and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of Defendant AMIR QURESHI, M.D.

**ELEVENTH CAUSE OF ACTION**

(Vicarious Liability – ROE ALI HAQ, M.D. EMPLOYER)

110. Plaintiff repeats and realleges paragraphs 1-109 of this Complaint as though fully set forth herein.

111. During the time LASHAWANDA WATTS was under the care and treatment of Defendant ALI HAQ, M.D., Defendant ALI HAQ, M.D., was an employee, servant, agent, and/or

1 associate of Defendant(s) ROE ALI HAQ, M.D. EMPLOYER, and/or DOES 21-25 and/or ROE  
2 CORPORATIONS 21-25.

3 112. Defendant ALI HAQ, M.D. was acting within the course and scope of his  
4 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint.

5 113. Because Defendant ALI HAQ, M.D. was acting within the course and scope of his  
6 employment with his co-Defendants at the time of the negligent acts alleged in this Complaint, his  
7 co-Defendants are vicariously liable for the negligent acts and omissions of Defendant ALI HAQ,  
8 M.D.  
9

10 **TWELFTH CAUSE OF ACTION**

11 (Vicarious Liability – PLATINUM HOSPITALISTS, LLP)

12 114. Plaintiff repeats and realleges paragraphs 1-113 of this Complaint as though fully set  
13 forth herein.

14 115. During the time LASHAWANDA WATTS was under the care and treatment of  
15 Defendant CHARLES KIM DANISH, D.O., Defendant CHARLES KIM DANISH, D.O., was an  
16 employee, servant, agent, and/or associate of Defendant(s) PLATINUM HOSPITALISTS, LLP,  
17 and/or DOES 26-30 and/or ROE CORPORATIONS 26-30.  
18

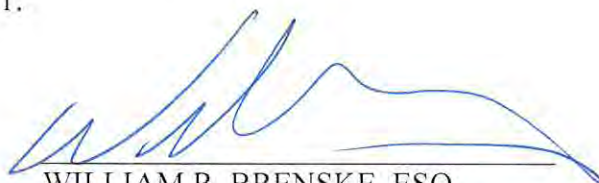
19 116. Defendant CHARLES KIM DANISH, D.O. was acting within the course and scope  
20 of his employment with his co-Defendants at the time of the negligent acts alleged in this  
21 Complaint.

22 117. Because Defendant CHARLES KIM DANISH, D.O. was acting within the course  
23 and scope of his employment with his co-Defendants at the time of the negligent acts alleged in this  
24 Complaint, his co-Defendants are vicariously liable for the negligent acts and omissions of  
25 Defendant CHARLES KIM DANISH, D.O.  
26  
27  
28

1 WHEREFORE Plaintiff prays for judgment against Defendants for her First, Second, Third,  
2 Fourth, Fifth, Sixth, Seventh, Eighth, Ninth, Tenth, Eleventh and Twelfth Causes of Action as  
3 follows:

- 4 1) For special damages in an amount in excess of \$15,000.00.
- 5 2) For general damages in an amount in excess of \$15,000.00.
- 6 3) For costs and attorney's fees in an amount to be proven at or after trial.
- 7 4) For all such further relief this Court may deem just and proper.

8 DATED this 22<sup>nd</sup> day of July, 2021.



11 WILLIAM R. BRENSKE, ESQ.  
12 Nevada Bar No. 1806  
13 JENNIFER R. ANDREEVSKI, ESQ.  
14 Nevada Bar No. 9095  
15 RYAN D. KRAMETBAUER, ESQ.  
16 Nevada Bar No. 12800  
17 BRENSKE ANDREEVSKI & KRAMETBAUER  
18 3800 Howard Hughes Parkway, Suite 500  
19 Las Vegas, NV 89169  
20 Telephone: (702) 385-3300  
21 Facsimile: (702) 385-3823  
22 Email: bak@baklawlv.com  
23 *Attorneys for Plaintiffs*  
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Exhibit “1”

**AFFIDAVIT OF REBECCA M. SHEPHERD, M.D.**

STATE OF PENNSYLVANIA        )  
  ) ss.  
COUNTY OF Lancaster        )

Rebecca M. Shepherd, being first duly sworn under penalty of perjury, hereby deposes and states as follow:

1. I, Rebecca M. Shepherd MD, am a licensed physician Board Certified in Rheumatology and Internal Medicine. I am licensed to practice medicine in Pennsylvania. I currently practice in areas of medicine applicable in this case. I am familiar with the standards of care for medical practices that currently relate to issues of care and treatment of patients such as Lashawanda Watts (Date of birth 4/9/90). Patient is also referenced as Lashawnda and Lashawanda. I am familiar with the standards of care in this case by virtue of my training, education, and experience of 15 years in the field of rheumatology. I can fairly evaluate the quality of care that was provided. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:

- Desert Springs Hospital Medical Center, Las Vegas Nevada;
- Dixie Regional Medical Center St. George Utah;
- Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada; and
- University Medical Center, Las Vegas Nevada

3. The records are the type usually relied upon by reviewers such as myself. These records appear to be reliable. While it is true that all patient interactions are unique, there are specific medical practices that a treating physician would be expected to provide to meet the applicable standard of care. I have specifically reviewed these records to determine whether within a reasonable degree of medical probability that standard of care was met.

4. After review of the aforementioned data, I have come to the following conclusions:

5. The physicians Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist) providing care for Lashawanda Watts fell below the standard of care in the following ways:

6. The providers neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected.

7. The administration of IV methylprednisolone is established as the standard of care in the initial management of small vessel vasculitis. Treatment with IV steroids arrests or slows the autoimmune process, which allows time for the diagnosis to be confirmed. Trials dating back to landmark studies in the 1960s by Fauci et al have demonstrated effective utilization of pulse dose steroids in the early management of disease.

8. While I do not expect the providers to undertake and commit to the treatment of vasculitis, each provider has the training and capability to initiate IV corticosteroids to arrest the inflammatory process while awaiting further work up

and management. Specifically, Dr. Abdul Tariq ordered a “vasculitis panel” on 7/23/20. A dose of solumedrol 125mg IV was given on 7/25/20 and solumedrol 40mg IV was given on 7/27/20 but did not provide for consistent IV steroids upon discharge to a different facility. Early and consistent administration of IV steroids would have been safe and effective at treating vasculitis while working through the appropriate differential diagnosis and arranging further care.

9. The provider Tariq Abdul MD did not follow up or address a blood test result that was ordered and resulted prior to the patient’s departure from Desert Springs Hospital which would have assisted in the diagnosis of vasculitis.

10. The standard of care for all medical providers is to obtain and review the results of tests that are ordered by that provider, and to do so in a timely fashion. In addition, if a provider is uncertain of the meaning of a result, obtaining further insight either through reviewing the literature or consulting with an expert, is expected. Dr. Abdul ordered the vasculitis panel on 7/23/20 and the PR3 antibody (for a small vessel vasculitis called ANCA associated vasculitis or Wegener’s Granulomatosis) was resulted on 7/26/20, but no provider, including Dr. Tariq, made note of or mentioned this result. However, this result was included in the discharge summary by Dr. Danish, such that it is known that the blood test result was available at that time.

11. The providers at Desert Springs fell below the standard of care for Miss Watts by not seeking expertise from rheumatology or transferring the patient to a higher level of care at a tertiary care center as soon as the diagnosis of vasculitis was being considered.

12. Vasculitis is a rare and deadly disease. The physicians at Desert Springs considered the diagnosis of vasculitis from 7/23/20 onward but did not have the expertise to manage the vasculitis. The standard of care set out by the EUVAS Guidelines is to transfer a patient to a higher level of care. Thus as soon as the providers at Desert Springs were concerned about a diagnosis of vasculitis, especially in light of the lack of availability of rheumatology consultants, and especially with worsening symptom, the providers should have transferred Miss Watts to a tertiary care center so as to prevent progressive damage to imperiled tissues.

13. Instead, the providers sent Miss Watts to a rehabilitation facility with a 5 day course of oral steroids on 7/27/20 despite the fact that Miss Watts was demonstrating worsening symptoms and continued 6/10 pain. This led to a delay in care as the patient was referred from Encompass Health back to a second acute care hospital and finally Dixie Regional Medical Center on 7/31/20 at which point she was evaluated by a rheumatologist.

14. These opinions are given within a reasonable degree of medical certainty. I specifically reserve the right to add to, amend or subtract from this report as new evidence comes into discovery or as new opinions are formulated.



I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 20th day of July 2021.

*rebecca shepherd*

**REBECCA M. SHEPHERD, M.D.**

Virginia  
County of Loudoun

SUBSCRIBED AND SWORN TO  
before me this 20th day of July 2021.



Notarized online using audio-video communication

*Donna M Sweeney*

Donna M Sweeney

NOTARY PUBLIC

### **References**

Mukhtyar C, Guillevin L, Cid MC, *et al* EULAR recommendations for the management of primary small and medium vessel vasculitis. *Annals of the Rheumatic Diseases* 2009;68:310-317.

Fauci AS, Haynes BF, Katz P, Wolff SM. Wegener's granulomatosis: prospective clinical and therapeutic experience with 85 patients for 21 years. *Ann Intern Med.* 1983 Jan;98(1):76-85. doi: 10.7326/0003-4819-98-1-76. PMID: 6336643.

REBECCA M. SHEPHERD, MD MBA FACP FACR  
RheumMedEx@gmail.com

## CURRENT EMPLOYMENT

2006- present Partner, Arthritis and Rheumatology Specialists, Penn Medicine Lancaster General Health Physicians

## WORK EXPERIENCE

2017-present Chief of Rheumatology, Penn Medicine- Lancaster General Health

2016-present Director of Osteoporosis Care, Penn Medicine- Lancaster General Health

2012-2014 Senior Physician Leader for Medical Specialty Practices, Lancaster General Health Physicians

2011-2012 Interim Senior Vice President, Lancaster General Health Physicians

2010-2011 Senior Physician Leader for Medical Specialty Practices, Lancaster General Health Physicians

2006-present Instructor, Family Practice Residency Program, Penn Medicine- Lancaster General Health

2002-2003 Hospitalist, Oncology and Bone Marrow Transplant Unit, Washington University School of Medicine

1996-1997 Research Assistant, Vanderbilt Medical School

## BOARD CERTIFICATIONS/MEMBERSHIPS

Board Certification	Rheumatology	2005-2025
	Internal Medicine	2002-2022
	Clinical Bone Densitometry	2006-2021

Certification	Fracture Liaison Service, National Osteoporosis Foundation	2018
---------------	---	------

Fellow	American College of Physicians American College of Rheumatology
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Member	American College of Physicians
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American College of Rheumatology  
 Pennsylvania Society of Medicine  
 Lancaster County Medicine and Dental Society  
 National Osteoporosis Foundation  
 International Society of Bone Densitometry

## COMMITTEES AND BOARDS

2014-present	Board of Directors, Lancaster General Hospital Community Care Collaborative
2016-2018	Board of Directors, Lancaster County Medical and Dental Society
2015-2017	Clinical Informatics Committee, Lancaster General Health Physicians
2013-2016	Government Affairs Committee, American College of Rheumatology
2012-present	Board of Directors, Milagro House, Lancaster, Pennsylvania
2010- 2013	Committee on Rheumatologic Care, American College of Rheumatology
2009-2016	Quality Committee, Lancaster General Health Physicians
2008-2011	Lancaster General Hospital Institutional Review Board

## EDUCATION

2018-	Fracture Liaison Service Certification, National Osteoporosis Foundation
2013-2015	Masters Business Administration, Saint Joseph University
2003-2006	Fellowship, Department of Rheumatology, Washington University School of Medicine, Saint Louis Missouri
2002-2003	Clinical Research Fellowship, Department of Bone and Mineral Research, Washington University School of Medicine, Saint Louis Missouri
1999-2002	Resident, Department of Internal Medicine, Washington University School of Medicine, Saint Louis Missouri
1995-1999	Doctor of Medicine, Vanderbilt School of Medicine, Nashville Tennessee

- 1991-1995 Magna Cum Laude, Bachelor of Arts, Plan II Honors Program, University of Texas at Austin, Austin Texas
- 1993-1994 Study Abroad Program, St. Andrews University, St. Andrews Scotland
- 1991 Valedictorian, Keystone High School, San Antonio, Texas

## OFFICES/AWARDS

- 2010 AAFP Teaching Award
- 2009 Distinguished Speaker Award, Arthritis Foundation
- 2003 Young Investigators Award, American Society for Bone and Mineral Research, Minneapolis MN
- 2001-2002 Clinical Scientist Training and Research Program, Washington University School of Medicine
- 1996-1997 Founder/Chairperson Student Branch of American Medical Women's Association at Vanderbilt School of Medicine
- 1995-1996 Class President, Vanderbilt School of Medicine
- 1991-1993 University of Texas Merit Scholarship  
Governor Byrd Scholarship  
Valedictorian Tuition Exemption Scholarship

## LECTURES

- February 2019 Osteoporosis Lecture CME Event: Geriatric Providers Lancaster General Health- Penn Medicine
- March 2018 Osteoporosis: Update on Diagnosis and Treatment. Host and speaker, 2 hour CME Event for Lancaster General Health- Penn Medicine

## PUBLICATIONS

Güven H, Shepherd RM, Bach RG, Cappocia BJ, Link DC. "The number of endothelial progenitor cell colonies in the blood is increased in patients with angiographically significant coronary artery disease." J Am Coll Cardiol. 2006 Oct 17;48(8):1579-87.

Shepherd RM, Capoccia BJ, Devine SM, Dipersio J, Trinkaus KM, Ingram D, Link DC. "Angiogenic cells can be rapidly mobilized and efficiently harvested from the blood following treatment with AMD3100." *Blood*. 2006;108(12):3662-7.

Capoccia BJ, Shepherd RM, Link DC. "G-CSF and AMD3100 mobilize monocytes into the blood that stimulate angiogenesis in vivo through a paracrine mechanism." *Blood*. 2006;108(7):2438-45.

Ryan MR, Shepherd R, et al. "An IL-7-dependent rebound in thymic T cell output contributes to the bone loss induced by estrogen deficiency." *Proc Natl Acad Sci U S A*. 2005;102(46):16735-40.

Latinis K, Dao K, Gutierrez E, Shepherd R, Velazquez C. (Eds.). (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Shepherd R. (2004). In *The Washington Manual Rheumatology Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins. Chapters written: Osteoarthritis; Acute rheumatic fever; Amyloidosis and amyloid arthropathy; Osteoporosis; Sarcoid arthropathy.

Kerzner R, Shepherd R. (2004) Aging and the cardiovascular system, exercise, and hypertension. In *The Washington Manual Geriatrics Subspecialty Consult*. Philadelphia: Lippincott Williams and Wilkins.

Siva C, Eisen SA, Shepherd R et al. "Leflunomide use during the first 33 months after food and drug administration approval: experience with a national cohort of 3,325 patients." *Arthritis Rheum*. 2003;49(6):745-51.

Spector J, Lilly S, Nemirovsky D, Shepherd R, German DC. "Prodromal urticaria with seronegative rheumatoid arthritis." *J Clinical Rheumatology*. 1997;3(4):234-236.

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# Exhibit “2”

**AFFIDAVIT OF MARK A. SMITH, M.D., M.B.A., F.A.C.S., FACHE**

STATE OF CALIFORNIA                     )  
  ) ss.  
COUNTY OF Orange                     )

Mark A. Smith, MD, being first duly sworn under penalty of perjury, hereby deposes and states as follow:

1. I am a licensed physician Board Certified in General Surgery and Vascular Surgery. I am licensed to practice medicine in California. I currently practice in areas of medicine applicable in this case. Attached is a copy of my current curriculum vitae.

2. I reviewed the following medical records of Lashawanda Watts:
- Desert Springs Hospital Medical Center, Las Vegas Nevada;
  - Dixie Regional Medical Center St. George Utah;
  - Encompass Health Rehabilitation Hospital of Henderson Las Vegas Nevada;
  - University Medical Center, Las Vegas Nevada;
  - Various photos of the patient's lower extremities during her hospital course; and
  - The Affidavit of Rebecca Shepherd, M.D.

3. I agree with Dr. Shepherd the providers at Desert Spring Hospital, Abdul Tariq Do (neurology), Holavanahalli Keshavaprasad MD (oncology), Amir Quershi MD (infectious disease), Ali Haq MD (internal medicine) and Charles Kim Danish MD (hospitalist), neglected to provide appropriate treatment for vasculitis when the diagnosis of vasculitis was initially suspected. Unfortunately, the positive ANCA associated vasculitis study was not properly followed and Ms. Watts was



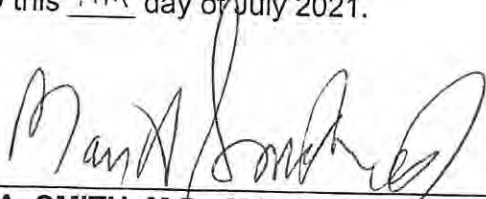
discharged to rehabilitation, delaying the appropriate rheumatology and vascular treatment needed to save her digits from gangrene and ultimately amputation/auto-amputation.

4. This substandard treatment and delay, caused by the providers at Desert Springs Hospital, decreased a substantial chance of saving her digits from gangrene and ultimately amputation/auto-amputation.

5. All my opinions upon the review of the medical records are based to a reasonable degree of medical probability. I reserve the right to amend my affidavit based on any additional information that is presented to me for review.

I declare, under penalty of perjury, the foregoing is true and correct.

DATED this 19th day of July 2021.



**MARK A. SMITH, M.D., M.B.A., F.A.C.S., FACHE**

SUBSCRIBED AND SWORN TO  
before me this \_\_\_\_\_ day of July 2021.

\_\_\_\_\_  
NOTARY PUBLIC

*See attached certificate*



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 19th  
day of July, 2021, by Mark A. Smith

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature

D. Jennifer Zwettler, Notary Public

Clear Form

Print Form

Affidavit

## CURRICULUM VITAE

Mark A. Smith, M.D., M.B.A., F.A.C.S., FACHE

### Licenses

747 Camino Norte

Palm Springs, CA 92262

Home Telephone- (760) 320-3851

Cell Phone- (760) 275-8204

Email- [Vascu@aol.com](mailto:Vascu@aol.com)

PA MD- 025431-E (Inactive)  
CA00G47011 (Active)  
Board Certification- Gen'l Surg,  
Vascular Surgery  
American Board of Surgery- 1983  
Recertified- 1990, 2004

Certification Vascular Surgery-  
November 1984  
Recertified- 2013

Fellow of the American College of  
Surgeons- October, 1985- Present

Married- Bonnie Heinen Smith  
Children- 2 Daughters (Lisa, Lindsay)

Special Certification in Laser Ass  
Angioplasty – January 1988

Certified- American Board of  
Quality Assurance and Utili-  
Zation Review  
Physicians- July 2005- Dec.2015

Certified- Fellow of the American  
College of Healthcare Executive,  
January, 2011

Certified- Graduate Gemologist  
(GG), May, 2015

Certified Specialist in Wine  
(CSW), August, 2017

Certified Professional Healthcare  
Quality  
Dec. 2017

## Education

Haverford Senior High School Havertown, PA	9/66- 6/69 Diploma
University of Michigan Ann Arbor, Michigan	9/69- 8/72 B.S. Zoology
Jefferson Medical College Philadelphia, PA	9/72- 6/76 M.D.
University of Phoenix Phoenix, AR	1/92- 3/94 M.B.A.

## Training

### Internship

University California San Diego Medical Center 225 W. Dickinson Street San Diego, CA Marshall Orloff, M.D.	7/76- 6/77 Surgery
---	--------------------

### Residency

University of Kansas Medical Center 39 <sup>th</sup> and Rainbow Blvd. Kansas City, KS William Jewell, M.D.	7/77- 6/81 General Surgery
--	----------------------------

### Fellowship

Hospital of the University of Pennsylvania 34 <sup>th</sup> and Spruce Streets Philadelphia, PA L. Henry Edmunds, M.D.	7/81- 12/81 Cardiothoracic Surgery
Hospital of the University of Pennsylvania 34 <sup>th</sup> and Spruce Streets Philadelphia, PA Brooke Roberts, M.D.	1/82- 6/82 Vascular Surgery

## Employment

Private Practice- Vascular and General Surgery Coachella Valley Surgical Associates 1100 N. Palm Canyon Drive #208 Palm Springs, CA 92262	7/82- 3/2007
Medical Director and Managing General Partner Desert Surgery Center 1190 N. Palm Canyon Drive Palm Springs, CA 92262	12/88- 8/2004
Senior Consultant Practice Director, Credentialing The Greeley Company 200 Hoods Lane Marblehead, MA 01945	3/2002- 12/2007 1/2008- 6/30/2009
Independent Healthcare Consultant HG HealthCare Consultants, LLC.	7/1/2009- Present
Assistant Professor of Surgery, Division of Vascular Surgery UCI Medical Center 333 City Blvd., Suite 700 Orange, CA 92868	9/2007- Present
Chief Medical Officer Verisys Corporation 1001 N. Fairfax Street Suite 640 Alexandria, VA 22314	9/2011- 3/2014
Chief Medical Consultant Morrisey Associates, Inc. 222 South Riverside Plaza Suite 1850 Chicago, IL 60606	3/2012- 3/2015
VP & Chief Medical Officer Morrisey Associates, Inc./Morcare 222 South Riverside Plaza	3/2015- 12/2015

Suite 1850  
Chicago, IL 60606

VP & Chief Medical Officer  
Morcare LLC.  
222 South Riverside Plaza  
Suite 1850  
Chicago, IL 60606

1/2016- 1/31/2017

Senior Medical Consultant  
Morrisey Associates Inc., A Healthstream Company

2/1/2017- Present

#### Hospital Appointments

Desert Regional Medical Center  
1150 N. Indian Canyon Drive  
Palm Springs, CA 92262

Active Staff 7/82- 12/2007  
Emeritus Staff 1/2008- Present

Eisenhower Medical Center  
39000 Bob Hope Drive  
Rancho Mirage, CA 92270

Active Staff 9/82- 12/2007

UCI Medical Center  
100 City Drive  
Orange, CA 92868

Provisional Staff 5/08- 8/09  
Active Staff 8/09- Present

#### Hospital Positions

President Elect- DRMC

July 1988- June 1990

President- DRMC

July 1990- June 1992

Past President- DRMC

July 1992- June 1994

Chief of Surgery- DRMC

July 1993- June 1995

Chairman, Peer Review Committee

July 2004- Jan, 2007

Medical Director, Cardiac Surgery DRMC

August 2004- September, 2006

Co-Surgeon Champion, NSQIP for University of  
California Irvine Medical Center, Department of Surgery

August 2010- 2012

### Professional Memberships

American College of Surgeons, Fellow  
American College of Physician Executives, Member  
American College of Healthcare Executives, Fellow  
Southern California Vascular Surgical Society, Member  
National Association of Healthcare Quality, Member  
Society of Vascular Surgery, Active Member

### Other Memberships

Airplane Owner and Pilot's Association  
Experimental Aircraft Association  
American Philatelic Association, Life Member  
Palm Springs Air Museum  
Association Naval Aviators  
United States Tennis Association  
Defense Orientation Conference Association, Member since 1995

### Interests

Art Collecting, Reading, Flying, Tennis, Stamp Collecting  
Gemology

### Past Associations, Positions

Palm Springs Desert Museum, Member of Board of Directors 1993-95  
Desert Surgery Center, General Partner and Medical Director 1987- 2004

Palm Springs Professional Building, General Partner 1988- 1998

## Publications

Assessing the Competency of Low Volume Providers, Smith, MA and Pelletier, S, HCPro, 2009

Effective Peer Review, Marder, R and Smith, MA, HCPro, 2005

Effective Peer Review 2<sup>nd</sup> Edition, Marder, R, Smith, M. and Sheff, R., HCPro, 2007

Proctoring and Focused Professional Practice Evaluation. Marder, R., Smith, MA, and Sagin, T., HCPro, 2006

Proctoring and FPPE, Marder, R and Smith, MA, HCPro, 2009

Measuring Physician Competency, Marder, R, Smith M.A., Smith, M. and Searcy, V., HCPro, 2007

Core Privileges for Physicians, Crimp, W, Pelletier, S., Searcy, V. and Smith, M, HCPro, 2007

The Credentials Committee Manual, Smith, M.A., HCPro, 2016

Effective Peer Review 4<sup>th</sup> Edition, Marder, R, HCPro, 2017. Contributed chapter on approach to team performance measurement

Optimal Resources for Surgical Quality and Safety, Editors Hoyt, D. and Ko, C., American College of Surgeons, 2017. Contributing Author.

## Seminars

Multiple seminars delivered on various topics related to Medical Staff including effective Medical Staff leadership, credentialing and privileging, peer review, surgical team summit, proctoring, physician performance profiles

Redesign of peer review system at approximately 75 hospitals in last fifteen years.

Keynote Speaker for Morrissey Users Conference, August 2010, “Moving from Competence to Excellence ... Improving Patient Safety through Automation”

Faculty, American Association of Physician Leadership (previously American College of Physician Executives) 2011- Present

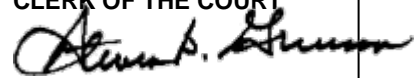
Member of Faculty Advisory Council, AAPL, August 2015- present

Faculty, Credentialing Resource Center, April 2017- present

Worked with ECRI on a number of evaluations and presentations under their Patient Safety Organization



# EXHIBIT 9



**JMOT**

ROBERT C. MCBRIDE, ESQ.

Nevada Bar No.: 7082

SEAN M. KELLY, ESQ.

Nevada Bar No.: 10102

MCBRIDE HALL

8329 W. Sunset Road, Suite 260

Las Vegas, Nevada 89113

Telephone No. (702) 792-5855

Facsimile No. (702) 796-5855

E-mail: [rcmcbride@mcbridehall.com](mailto:rcmcbride@mcbridehall.com)

E-mail: [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com)

Attorneys for Defendants

*Ali Haq, M.D., Charles Kim Danish, D.O.*

*and Platinum Hospitalists, LLP*

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

vs.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, MD., PLLC; AMIR  
QURESHI, M.D.; ROE AMIR QURESHI, M.D.  
EMPLOYER; ALI HAQ, M.D.; ROE ALI  
HAQ, M.D. EMPLOYER; CHARLES KIM  
DANISH, D.O.; PLATINUM HOSPITALISTS,  
LLP; DOES 1-35; ROE CORPORATIONS 1-  
35, inclusive,

Defendants.

**CASE NO.: A-21-838308-C**

**DEPT NO.: 26**

**DEFENDANTS ALI HAQ, M.D.,  
CHARLES KIM DANISH, D.O. AND  
PLATINUM HOSPITALISTS, LLP'S  
SUBSTANTIVE JOINDER TO  
DEFENDANTS HOLAVANAHALLI  
KESHAVA-PRASAD, M.D. AND H.  
KESHAVA PRASAD, MD, PLLC'S  
REPLY IN SUPPORT OF MOTION TO  
DISMISS PLAINTIFF'S COMPLAINT**

COME NOW, Defendants, ALI HAQ, M.D., CHARLES KIM DANISH, D.O. and  
PLATINUM HOSPITALISTS, LLP, by and through their counsel of record, ROBERT C.  
McBRIDE, ESQ. and SEAN M. KELLY, ESQ. of the law firm of McBRIDE HALL, and hereby  
files this Substantive Joinder to Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava  
Prasad, MD, PLLC's Reply in Support of Motion to Dismiss Plaintiff's Complaint.

1 This Substantive Joinder is made and based upon the papers and pleadings on file herein,  
2 the Memorandum of Points and Authorities attached hereto, such other documentary evidence as  
3 may be presented and any oral arguments at the time of the hearing of this matter. These  
4 Defendants expressly adopt and incorporate by reference herein all of the Points and Authorities  
5 set forth in Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC's  
6 Motion to Dismiss Plaintiff's Complaint.

7 Plaintiffs contend that since Dr. Shepherd is an Internist and a Rheumatologist, these  
8 Defendants' Joinder fails. However, a mere review of Dr. Shepherd's affidavit and CV  
9 demonstrates that she has not practiced as a hospitalist in over 19 years (as she last practiced in  
10 2002-2003). In her own affidavit, Dr. Shepherd specifically states that she is qualified to render  
11 her opinions based upon her "experience of 15 years in the field of rheumatology" and does not  
12 mention experience as a hospitalist.

13 As pointed out in Dr. Prasad's Motion, NRS 41A.071 states that the Plaintiffs' affidavit  
14 must support the allegations in the complaint and be submitted by an expert who "practices or has  
15 practiced in an area that is substantially similar to the type of practice engaged in **at the time of**  
16 **the alleged professional negligence**" (emphasis added). The care at issue in this case occurred in  
17 July of 2020. Since Dr. Shepherd last practiced as a hospitalist in 2002-2003 (over 18 years before  
18 the care at issue in this case), she has not practiced in an area that is substantially similar to these  
19 Defendants and, therefore, does not meet the requirements set forth in NRS 41A.071. Accordingly,  
20 Plaintiff failed to meet the requirements set forth in NRS 41A.071, and the Court should enter  
21 judgment in favor of Drs. Haq and Danish based upon the pleadings in this case.

22 DATED this 15<sup>th</sup> day of September 2021.

23 McBRIDE HALL

24 /s/ Sean M. Kelly

25 Robert C. McBride, Esq., Nevada Bar No.: 7082

26 Sean M. Kelly, Esq., Nevada Bar No.: 10102

8329 W. Sunset Road, Suite 260

27 Las Vegas, Nevada 89113

Attorneys for Defendants

28 *Ali Haq, M.D., Charles Kim Danish, D.O.*

*and Platinum Hospitalists, LLP*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the 15<sup>th</sup> day of September 2021, I served a true and correct copy of the foregoing DEFENDANTS ALI HAQ, M.D., CHARLES KIM DANISH, D.O. AND PLATINUM HOSPITALISTS, LLP'S SUBSTANTIVE JOINDER TO DEFENDANTS HOLAVANAHALLI KESHAVA-PRASAD, M.D. AND H. KESHAVA PRASAD, MD, PLLC'S REPLY IN SUPPORT OF MOTION TO DISMISS PLAINTIFF'S COMPLAINT addressed to the following counsel of record at the following address(es):

- ☒ **VIA ELECTRONIC SERVICE:** by mandatory electronic service (e-service), proof of e-service attached to any copy filed with the Court; or
- ☐ **VIA U.S. MAIL:** By placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, addressed as indicated on the service list below in the United States mail at Las Vegas, Nevada; or
- ☐ **VIA FACSIMILE:** By causing a true copy thereof to be telecopied to the number indicated on the service list below.

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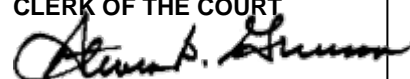
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Prasad, MD, PLLC*

/s/ Kellie Piet  
An Employee of McBRIDE HALL

# EXHIBIT 10



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JENNIFER R. ANDREEVSKI, ESQ.  
Nevada Bar No. 9095  
RYAN D. KRAMETBAUER, ESQ.  
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Email: bak@baklawlv.com  
*Attorneys for Plaintiff Lashawanda Watts*

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

v.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, MD, PLLC; AMIR QURESHI, M.D.;  
ROE AMIR QURESHI, M.D. EMPLOYER;  
ALI HAQ, M.D.; ROE ALI HAQ, M.D.  
EMPLOYER; CHARLES KIM DANISH, D.O.;  
PLATINUM HOSPITALISTS, LLP; DOES 1-  
35; ROE CORPORATIONS 1-35, inclusive,

Defendants.

Case No.: A-21-838308-C

Dept. No.:26

**PLAINTIFF'S OPPOSITION TO  
DEFENDANT TARIQ'S MOTION TO  
DISMISS**

Plaintiff, Lashawanda Watts, by and through her attorneys of record, Brenske Andreevski & Krametbauer, hereby opposes Defendant Tariq and Neurology Clinics of Nevada, LLC's Motion to Dismiss.

///

///

This opposition is based on the pleadings and papers on file herein, the attached Memorandum of Points and Authorities, and any oral argument this Court may wish to entertain.

DATED this 23rd day of September, 2021.

*/s/ William Brenske*

WILLIAM R. BRENSKE, ESQ.  
Nevada Bar No. 1806  
JENNIFER R. ANDREEVSKI, ESQ.  
Nevada Bar No. 9095  
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*Attorneys for Plaintiff Lashawanda Watts*

## **MEMORANDUM OF POINTS AND AUTHORITIES**

### **I. INTRODUCTION**

On July 20, 2020, 30-year-old Plaintiff, Lashawanda Watts, presented to Desert Springs Hospital with complaints of pain, swelling, and discoloration in her feet. Ms. Watts was admitted to the hospital where she received antibiotics for colitis. Her toes and feet were examined and doctors at Desert Springs Hospital diagnosed her with peripheral neuropathy and peripheral artery disease. After a week, Ms. Watts was discharged to rehab. At the time of her discharge on July 27, 2020, Ms. Watts' pain had worsened and her toes were more cyanotic than they had been when she initially entered the hospital. Regardless, she was released and transferred to Encompass Health Rehabilitation Hospital of Henderson for continued antibiotic treatment of her colitis and pain management.

The following day, on July 28, 2020, Ms. Watts was examined by physicians at Encompass Health. They immediately discharged Ms. Watts and transferred her back to an acute care facility

1 because her worsening ischemia needed urgent medical workup of a likely vascular condition. As  
2 such, Ms. Watts was transported to UMC Hospital for further workup and treatment. After being  
3 admitted to UMC Hospital, it was determined on July 30, 2020, that Ms. Watts required a  
4 rheumatology evaluation. As such, she was transferred again to Dixie Regional Medical Center in  
5 St. George, Utah. It was there that she was finally diagnosed with ANCA vasculitis.  
6 Unfortunately, given the lengthy delay in diagnosis and treatment, Ms. Watts suffered permanent  
7 loss of vascularization to her feet and toes. Some of her toes have since fallen off and she required  
8 surgical amputation of several other toes.  
9

## 10 II. LEGAL ARGUMENT

11 Defendant Dr. Tariq argues Plaintiff's affidavits against him are insufficient because they  
12 were not authored by neurologists – like himself. As with similar motions filed by the other  
13 defendants in this action, Dr. Tariq's arguments lack merit.  
14

15 Ms. Watts was not in the hospital because she had a neurological issue. She was in the  
16 hospital because her feet were painful and were turning blue. Plaintiff's expert affidavits criticize  
17 the care provided by Ms. Watts' doctors during that same hospital stay. Based on Ms. Watts'  
18 condition, Plaintiff's treating physicians (regardless of their specialty) had a duty and obligation to  
19 refer her to a rheumatologist. This was not done.  
20

21 By analogy, if a patient was bleeding profusely from a cut and that patient's doctor did  
22 nothing to stop the bleeding (no bandaging, no stitches, etc.), a doctor from a different specialty  
23 could criticize that doctor. That is, all doctors can recognize that a bleeding patient requires  
24 something to stop the bleeding. Similarly, Plaintiff's experts have indicated any doctor who  
25 examined Ms. Watts should have referred her out for a rheumatology consult.

26 In addition, the law does not require physicians who prepare affidavits in support of a  
27 medical malpractice complaint to practice the *exact* same specialty as the defendant physician.  
28



1 The Nevada Supreme Court has specifically held an expert in a medical-malpractice case need not  
2 specialize in the exact same area of medicine as the defendant; instead, the issue is one of  
3 knowledge. Staccato v. Valley Hospital, 123 Nev. 526, 532 (2007). Plaintiff's experts have  
4 knowledge in the treatment of patients presenting to the hospital in the same or similar condition as  
5 Ms. Watts. They are aware of what the standard of care requires, and they have criticized  
6 Defendants for failing to abide by the standard of care.

7  
8 The wisdom behind the Nevada Supreme Court's interpretation of NRS 41A.071 is  
9 obvious. The parties are currently at the *initial pleading* stage. Discovery has not been conducted.  
10 Expert witnesses have not been disclosed. The purpose of NRS 41A.071 is to prevent frivolous  
11 claims from being filed. *See, Zohar v. Zbiegien*, 130 Nev. 733 (2014). The affidavit requirement  
12 is not intended to force a plaintiff to be trial-ready before she even files her lawsuit.

13  
14 Here, the affidavits named the Defendants and specified which conduct fell below the  
15 minimum acceptable standard of care – failing to refer Ms. Watts to a rheumatologist. These  
16 affidavits and the physicians who authored them sufficient as to all Defendants pursuant to NRS  
17 41A.071.

18 Dr. Tariq argues he “has the right to have this case reviewed by a peer from the same  
19 specialty before a Plaintiff proceeds with a lawsuit against him.” (Defendant's Motion at 4:4-5).  
20 This statement is complete nonsense. The parties have not conducted discovery. Plaintiff does not  
21 have access to all of the records. She has not deposed anybody. Plaintiffs do not need to prove  
22 their case before they file their Complaint. Experts will be disclosed in due time *after* the parties  
23 exchange records, complete written discovery, and conduct depositions. Dr. Tariq does not have  
24 the “right” to force additional demands on Plaintiff that are not required by law. The affidavit  
25 requirement is to ensure frivolous lawsuits are not being filed. That's it. The physicians hired by  
26  
27  
28

1 Plaintiff to author their affidavits are competent to say Dr. Tariq should have referred Ms. Watts to  
2 a rheumatologist. They do not need to be neurologists to offer this opinion.

3 In a Motion to Dismiss, all facts must be construed in favor of the non-moving party –  
4 including the fact that the authors of Plaintiff’s affidavits are competent to criticize the care of  
5 Defendant. Dismissal of Plaintiff’s Complaint when expert affidavits were submitted supporting  
6 Plaintiff’s claims against Defendant would be inappropriate.  
7

### 8 **III. CONCLUSION**

9 Plaintiff hired experts who gave authored affidavits critical of the care provided by  
10 Defendant. These experts are aware of what care should have been provided, but unfortunately,  
11 was not. Based on the foregoing, Defendant’s motion should be denied.

12 DATED this 23rd day of September, 2021.

13 */s/ William Brenske*

14  
15 

---

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Nevada Bar No. 1806  
16 JENNIFER R. ANDREEVSKI, ESQ.  
Nevada Bar No. 9095  
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21 *Attorneys for Plaintiff Lashawanda Watts*

**CERTIFICATE OF SERVICE**

I am employed with Brenske Andreevski & Krametbauer. I am over the age of 18 and not a party to the within action; my business address is 3800 Howard Hughes Pkwy., Ste. 500, Las Vegas, Nevada 89169. I am “readily familiar” with the firm’s practice of collection and processing correspondence for mailing. Under its practice mail is to be deposited with the U. S. Postal Service on that same day as stated below, with postage thereon fully prepaid.

I served the foregoing document described as **“PLAINTIFF’S OPPOSITION TO DEFENDANT TARIQ’S MOTION TO DISMISS”** on this 23rd day of September, 2021 to all interested parties as follows:

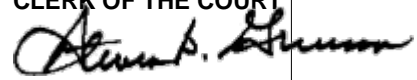
- ☐ BY MAIL: Pursuant to N.R.C.P. 5(b), I placed a true copy thereof enclosed in a sealed envelope addressed as follows:
- ☐ BY FACSIMILE: Pursuant to EDCR 7.26, I transmitted a copy of the foregoing document this date via telecopier to the facsimile number shown below:
- ☒ BY ELECTRONIC SERVICE: by electronically filing and serving the foregoing document with the Eighth Judicial District Court's electronic filing system:

JOHN H. COTTON & ASSOCIATES, LTD. John Cotton, Esq. Michael D. Navratil, Esq. 7900 West Sahara Avenue, Suite 200 Las Vegas, Nevada 89117 <i>Attorneys for Defendants Tariq and Neurology Clinics of Nevada, LLC</i>	HALL PRANGLE & SCHOONVELD, LLC Kenneth M. Webster, Esq. Tyson J. Dobbs, Esq. Trent L. Earl, Esq. 1140 N. Town Center Dr., Ste. 350 Las Vegas, NV 89144 <i>Attorneys for Defendant Valley Health System LLC dba Desert Springs Hospital Medical Center</i>
McBRIDE HALL Robert C. McBride, Esq. Sean M. Kelly, Esq. 8329 W. Sunset Road, Suite 260 Las Vegas, Nevada 89113 <i>Attorneys for Defendants Ali Haq, M.D., Charles Kim Danish, D.O. and Platinum Hospitalists, LLP</i>	LEWIS BRISBOIS BISGAARD & SMITH LLP S. BRENT VOGEL Brent.Vogel@lewisbrisbois.com HEATHER ARMANTROUT Nevada Bar No. 14469 Heather.Armantrout@lewisbrisbois.com 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 <i>Attorneys for Defendants Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC</i>

/s/ Amanda Doughty

An employee of the Brenske Andreevski & Krametbauer

# EXHIBIT 11



1 **JOIN**

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3 Nevada Bar No. 4976

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5 Laura S. Lucero

6 Nevada Bar No. 8843

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10 Las Vegas, Nevada 89119

11 (702) 979-2132 Telephone

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13 *Attorneys for Defendant*

14 *Amir Qureshi, M.D.*

15 **DISTRICT COURT**

16 **CLARK COUNTY, NEVADA**

17 LASHAWANDA WATTS,

18 Plaintiffs,

19 vs.

20 VALLEY HEALTH SYSTEM, LLC d/b/a  
21 DESERT SPRINGS HOSPITAL; ABDUL  
22 TARIQ, D.O.; NEUROLOGY CLINICS OF  
23 NEVADA, LLC; HOLAVANAHALLI  
24 KESHAVA-PRASAD, M.D.; H. KESHAVA  
25 PRASAD, M.D., PLLC; AMIR QURESHI,  
26 M.D.; ROE AMIR QURESHI, M.D.  
27 EMPLOYER; ALI HAQ, M.D.; ROE ALI  
28 HAQ, M.D. EMPLOYER; CHARLES KIM  
DANISH, D.O.; PLATINUM  
HOSPITALISTS; LLP; DOES 1-35; ROE  
CORPORATIONS 1-35, inclusive.

Defendants.

CASE NO.: A-21-838308-C

DEPT. NO.: 26

**DEFENDANT AMIR QURESHI, M.D.'S  
SUBSTANTIVE JOINDER TO  
DEFENDANTS' HOLAVANAHALLI  
KESHAVA-PRASAD, M.D. AND H.  
KESHAVA PRASAD, M.D., PLLC'S,  
REPLY IN SUPPORT OF MOTION TO  
DISMISS PLAINTIFF'S COMPLAINT**

COMES NOW Defendant AMIR QURESHI, M.D. by and through his attorneys of record, PATRICIA DAEHNKE, and the law firm of COLLINSON DAEHNKE INLOW & GRECO, and hereby files this Substantive Joinder to Defendants', Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, M.D., PLLC's, Reply in Support of Motion to Dismiss Plaintiff's Complaint (hereafter "Defendants' Reply").

1 This Substantive Joinder is based on the arguments set forth in Defendants' Reply, as  
2 those arguments apply equally to this joining Defendant. As such, Defendant Dr. Qureshi  
3 hereby incorporates by reference as if fully set forth herein the points and authorities set forth  
4 in Defendants' Reply. This Substantive Joinder is also based upon the Points and Authorities  
5 set forth below, all the pleadings, papers and records on file, and upon such oral argument as  
6 may be permitted at the time of the hearing in this matter.

7 **MEMORANDUM OF POINTS AND AUTHORITIES**

8 **I.**

9 **ARGUMENT**

10 The Nevada Supreme Court has clearly held that an affiant need not practice in the  
11 same area of medicine as the defendant, but it must be an area "substantially similar".  
12 *Borger v. Eighth Judicial District Court*, 120 Nev. 1021, 1028, 102 P.3d 600, 605 (2004).  
13 The Court went on to reason that to be substantially similar, the diagnosis and treatment  
14 rendered by defendant must implicate the expert's area of expertise. *Id.* In her Opposition,  
15 Plaintiff essentially asserts that a doctor of *any* specialty could offer an opinion regarding the  
16 care and treatment rendered by infectious disease doctor Dr. Qureshi because the alleged  
17 breach in the standard of care was within any doctors' knowledge. However, in so asserting,  
18 Plaintiff misinterprets the holding and rationale in *Borger*. Here, Dr. Qureshi was consulted  
19 to offer his opinions and expertise with regard to whether there was an infectious disease  
20 cause for Plaintiff's medical condition and management of antibiotic treatment. *See*  
21 Complaint at ¶ 29. Dr. Qureshi's scope of treatment does not implicate either rheumatology  
22 or general surgery, the expertise of Plaintiff's experts, Dr. Shepherd or Dr. Smith. As such,  
23 Plaintiff's Complaint does not comply with NRS 41A.071 and should be dismissed.

24  
25 ///

26 ///

27 ///

II.

**CONCLUSION**

Based on the foregoing, Defendant Dr. Qureshi respectfully requests that his Substantive Joinder to Defendants' Motion to Dismiss Plaintiff's Complaint be granted.

DATED: October 4, 2021

**COLLINSON, DAEHNKE, INLOW & GRECO**

BY: /s/ Laura S. Lucero

PATRICIA EGAN DAEHNKE

Nevada Bar No. 4976

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*Attorneys for Defendant*

*Amir Qureshi, M.D.*

**CERTIFICATE OF SERVICE**

I hereby certify that on this 4th day of October, 2021, a true and correct copy of **DEFENDANT AMIR QURESHI, M.D.'S SUBSTANTIVE JOINDER TO DEFENDANTS' HOLAVANAHALLI KESHAVA-PRASAD, M.D. AND H. KESHAVA PRASAD, M.D., PLLC'S, REPLY IN SUPPORT OF MOTION TO DISMISS PLAINTIFF'S COMPLAINT** was served by electronically filing with the Clerk of the Court using the Odyssey File & Serve system and serving all parties with an email address on record, who have agreed to receive Electronic Service in this action.

William R. Brenske Jennifer R. Andreevski Ryan D. Krametbauer BRENSKE, ANDREEVSKI & KRAMETBAUER 3800 Howard Hughes Parkway, Suite 500 Las Vegas, NV 89169 <a href="mailto:bak@baklawlv.com">bak@baklawlv.com</a>	Attorneys for Plaintiff Lashawanda Watts
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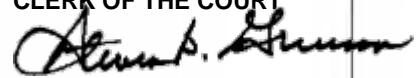
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D.O. and Platinum Hospitalists, LLP

By /s/ Deborah Rocha

An employee of COLLINSON, DAEHNKE,  
INLOW & GRECO

# EXHIBIT 12



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*Attorneys for Defendants Tariq, D.O.  
and Neurology Clinics of Nevada, LLC*

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

vs.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL, ABDUL  
TARIQ, D.O, NEUROLOGY CLINICS OF  
NEVADA, LLC., HOLAVANHALLI  
KESHAVA-PRASAD, M.D.; H KESHAVA  
PRASAD, MD, PLLC, AMIR QUERESHI,  
M.D., ROE AMIR QUERESHI, M.D.  
EMPLOYER; ALI HAQ, M.D., ROE ALI  
HAQ, M.D. EMPLOYER, CHARLES KIM  
DANISH, D.O.; PLATINUM  
HOSPITALISTS, LLP, DOES 1-35; ROE  
CORPORATIONS 1-35, inclusive

Defendants.

CASE NO.: **A-21-838308**  
DEPT. NO: **26**

**DEFENDANTS TARIQ AND  
NEUROLOGY CLINICS OF  
NEVADA, LLC'S REPLY TO  
PLAINTIFF'S OPPOSITION TO  
MOTION TO DISMISS**

**DATE OF HEARING: 10/12/21  
TIME OF HEARING: 9:30 A.M.**


Defendants ABDUL TARIQ, D.O., AND NEUROLOGY CLINICS OF NEVADA, LLC,  
(hereinafter, "Defendants") by and through their counsel of record, John H. Cotton, Esq., and  
Michael D. Navratil, Esq., of the law firm of JOHN H. COTTON & ASSOCIATES, LTD.  
hereby REPLIES to Plaintiff's Opposition to their pending Motion to Dismiss due to Plaintiff's

1 failure to attach the proper expert witness affidavit in support of the allegations in the Complaint  
2 against Dr. Tariq.

3 This Reply is based upon, the papers and pleadings on file, the attached exhibits hereto,  
4 the Memorandum of Points and Authorities attached hereto, and any oral argument that may be  
5 given at the time of hearing on this matter.

6  
7 DATED this 5<sup>th</sup> day of October 2021.

8 **JOHN H. COTTON & ASSOCIATES, LTD.**

9  
10  
11   
12 JOHN H. COTTON, ESQ.  
13 MICHAEL D. NAVRATIL, ESQ.  
14 7900 West Sahara Ave., Suite 200  
15 Las Vegas, Nevada 89117  
16 *Attorneys for Defendant.*  
17  
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19  
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## MEMORANDUM OF POINTS AND AUTHORITIES

### **I. Introduction**

Dr. Tariq is a neurologist. Plaintiff has attached expert affidavits in support of the allegations in the Complaint: Rebecca Shepherd, M.D. (rheumatology) and Mark A. Smith, M.D., (general surgery). Neither of these two witnesses is a Board Certified neurologist. None of Plaintiff's experts have training in neurology nor would they be permitted to offer standard of care opinions against a Board Certified Neurologist at the time of trial. Plaintiff has failed to comply with NRS 41A.071 as it pertains to Dr. Tariq and therefore, the case as to him must be dismissed.

### **II. Law and Argument**

NRS 41A.071 requires the following:

#### **41A.071. Dismissal of action filed without affidavit of medical expert.**

If an action for professional negligence is filed in the district court, the district court shall dismiss the action, without prejudice, if the action is filed without an affidavit that:

1. Supports the allegations contained in the action;
2. Is submitted by a medical expert who *practices or has practiced in an area that is substantially similar* to the type of practice engaged in at the time of the alleged professional negligence;
3. Identifies by name, or describes by conduct, each provider of health care who is alleged to be negligent; and
4. Sets forth factually a specific act or acts of alleged negligence separately as to each defendant in simple, concise and direct terms. NRS 41A.071 (Emphasis added)

Plaintiff makes a couple of statements in her opposition that further support the granting of this motion. First, Plaintiff states, "Ms. Watts was not in the hospital because she had a neurological issue. She was in the hospital because her feet were painful and were turning blue. Plaintiff's expert affidavits criticize the care provided by Ms. Watts' doctors during that same hospital stay." See Plaintiff's Opposition, page 3: 15-17. Plaintiff then argues that all of the doctors can be criticized because they should have referred her to a rheumatologist and makes an



1 analogy to a cut and claims that "all doctors" could have treated this condition or should have  
2 known to refer her to a rheumatologist.

3 There are several issues with this position that run contrary to the intent and purpose of  
4 NRS 41A.071. First, if the patient indeed did not have a "neurological" condition, then why was  
5 Dr. Tariq even called and involved in the care? (Defendant does not have any medical records as  
6 of yet, and this motion can only be based upon the allegations in the Complaint.) But it would  
7 seem unlikely that a neurologist was called to see the patient, became involved in the care, but  
8 there were no neurological issues in the case.  
9

10 A neurologist is trained to evaluate patients based upon his/her training and experience.  
11 A neurologist goes through training different from a rheumatologist or general surgery and  
12 evaluates patients from a different perspective than those providers. In fact, the very nature of  
13 the Plaintiff's claim suggests that rheumatology is a separate and distinct specialty from  
14 neurology, as Plaintiff's claim is that one specialty was improperly involved and another was  
15 needed. So it is somewhat disingenuous to claim that "any" doctor could have treated the  
16 patient's condition like a cut, but that a particular type of specialist was needed in the case.  
17

18 The question purportedly raised by Plaintiff's Complaint is whether Dr. Tariq, a  
19 neurologist should have referred the patient to a rheumatologist. The question requires an expert  
20 to step into the shoes of Dr. Tariq and determine whether a reasonably prudent neurologist would  
21 have referred the patient to a rheumatologist. Maybe Dr. Tariq, as a neurologist, would not even  
22 be responsible for making such a referral. Maybe Dr. Tariq as a neurologist provided  
23 appropriate care as a neurologist and performed his role in the case appropriately. Just because a  
24 rheumatologist may have done something differently, does not mean that Dr. Tariq did  
25 something wrong.  
26

27 Additionally, most experts from different Boards are precluded by their respective boards  
28

1 from offering opinions outside of their area of expertise. See Exhibit A. AMA Medical Ethics  
2 Opinion 9.7.1 (“Physicians who testify as expert witnesses must...testify only in areas in which  
3 they have appropriate training and recent, substantive experience and knowledge.”) Here,  
4 neither Dr. Shepherd nor Dr. Smith have any training in neurology nor have they even practiced  
5 in the field. They would be precluded from offering standard of care opinions regarding a  
6 neurologist’s care and treatment at the time of trial. That is why NRS 41A.071(2) requires that  
7 the experts offer opinions from the *same or substantially similar* from the practice engaged in at  
8 the time of the alleged negligence. The word “substantially” should not be lost on the court.  
9 Rheumatology/general surgery are not similar fields to neurology, or there would be no basis for  
10 Plaintiff’s Complaint that a referral should have been made to a rheumatologist.

12 The entire point of NRS 41A.071 is to save Dr. Tariq the time, expense, and burden of  
13 having to defend a case when no expert from his specialty has criticized his care. No neurologist  
14 has said he did anything wrong. He is a specialist who treats specific conditions and has a  
15 specific set of training. Nobody who has shared his training has supported the claims against  
16 him.

18 Failure to comply with the affidavit requirement of NRS 41A.071 mandates dismissal  
19 without leave to amend. See *Borger v. District Court*, 120 Nev. 1021, 1029 (2004). A complaint  
20 filed without a supporting medical expert affidavit is void ab initio and must be dismissed.  
21 Because a void complaint does not legally exist, it cannot be amended. *Washoe Medical Center*  
22 *v. Second Judicial District Court*, 122 Nev. 1298, 1302, 148 P.3d 790, 793 (2006). Here,  
23 without an expert affidavit from an expert who practices in the same or similar specialty as Dr.  
24 Tariq, the complaint is void and must be dismissed.

### 26 **III. Conclusion**

27 Plaintiff obviously feels that “close enough” is “good enough” here. That is not the intent  
28

1 of the statute. As to Dr. Tariq, no health care provider in the same or similar field of medicine  
2 has offered any criticisms of his care. That means that the Complaint as to Dr. Tariq and his  
3 company MUST be dismissed without prejudice pursuant to NRS 41A.071. It is a mandatory  
4 dismissal and the intent of the statute is to preclude unsupported claims from going forward and  
5 forcing doctors to defend claims without proper expert support.  
6

7 Based upon the foregoing, Defendant Tariq, M.D., requests that the Plaintiff's Complaint  
8 be dismissed pursuant to NRS 41A.071.

9 Dated this 5<sup>th</sup> day of October 2021.

10 **JOHN H. COTTON & ASSOCIATES, LTD.**  
11 7900 West Sahara Avenue, Suite 200  
12 Las Vegas, Nevada 89117

13   
14 \_\_\_\_\_  
15 JOHN H. COTTON, ESQ.  
16 MICHAEL D. NAVRATIL, ESQ.  
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John H. Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

CERTIFICATE OF ELECTRONIC SERVICE

I hereby certify that on the 5th day of October 2021, I served a true and correct copy of the foregoing DEFENDANT TARIQ, D.O., AND NEUROLOGY CLINICS OF NEVADA, LLC.'S REPLY TO PLAINTIFF'S OPPOSITION TO MOTION TO DISMISS by electronic means Pursuant to EDCR 8.05(a), and was submitted electronically for filing and/or service with the Eighth Judicial District Court, made in accordance with the E-Service List, to the following individuals:

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An Employee of John H. Cotton & Associates

# EXHIBIT A

# EXHIBIT A

## Medical Testimony

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### Code of Medical Ethics Opinion 9.7.1

Medical evidence is critical in a variety of legal and administrative proceedings. As citizens and as professionals with specialized knowledge and experience, physicians have an obligation to assist in the administration of justice.

Whenever physicians serve as witnesses they must:

- (a) Accurately represent their qualifications.
  - (b) Testify honestly.
  - (c) Not allow their testimony to be influenced by financial compensation. Physicians must not accept compensation that is contingent on the outcome of litigation.
- Physicians who testify as fact witnesses in legal claims involving a patient they have treated must hold the patient's medical interests paramount by:
- (d) Protecting the confidentiality of the patient's health information, unless the physician is authorized or legally compelled to disclose the information.
  - (e) Delivering honest testimony. This requires that they engage in continuous self-examination to ensure that their testimony represents the facts of the case.
  - (f) Declining to testify if the matters could adversely affect their patients' medical interests unless the patient consents or unless ordered to do so by legally constituted authority.
  - (g) Considering transferring the care of the patient to another physician if the legal proceedings result in placing the patient and the physician in adversarial positions.

Physicians who testify as expert witnesses must:

- (h) Testify only in areas in which they have appropriate training and recent, substantive experience and knowledge.

(i) Evaluate cases objectively and provide an independent opinion.

(j) Ensure that their testimony:

1. Reflects current scientific thought and standards of care that have gained acceptance among peers in the relevant field.
2. Appropriately characterizes the theory on which testimony is based if the theory is not widely accepted in the profession.
3. Considers standards that prevailed at the time the event under review occurred when testifying about a standard of care.

Organized medicine, including state and specialty societies and medical licensing boards, has a responsibility to maintain high standards for medical witnesses by assessing claims of false or misleading testimony and issuing disciplinary sanctions as appropriate.

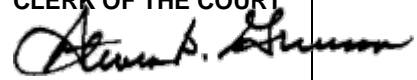
*AMA Principles of Medical Ethics: II, IV, V, VII*

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Code of Medical Ethics: Professional Self-Regulation

Visit the Ethics main page to access additional Opinions, the Principles of Medical Ethics and more information about the Code of Medical Ethics.

# EXHIBIT 13



1 RTRAN

2  
3  
4  
5 DISTRICT COURT  
6 CLARK COUNTY, NEVADA

7 LASHAWANDA WATTS,  
8 Plaintiff,

CASE#: A-21-838308-C  
DEPT. XXVI

9 vs.

10 VALLEY VIEW HEALTH SYSTEMS  
11 LLC, ET AL.,  
12 Defendants.

13 BEFORE THE HONORABLE GLORIA STURMAN  
14 DISTRICT COURT JUDGE

15 TUESDAY, OCTOBER 12, 2021

16 **RECORDER'S TRANSCRIPT OF PENDING MOTIONS**

17  
18 APPEARANCES VIA BLUEJEANS:

19 For Plaintiff: WILLIAM R. BRENSKE, ESQ.  
20 For Defendant: SHADY SIRSY, ESQ.  
21 For Defendant: TYSON J. DOBBS, ESQ.  
22 For Defendant: MICHAEL D. NAVRATIL, ESQ.  
23 For Defendant: SEAN M. KELLY, ESQ.  
24 For Defendant: LINDA RURANGIRWA, ESQ.

25 RECORDED BY: KERRY ESPARZA, COURT RECORDER



1 Las Vegas, Nevada, Tuesday, October 12, 2021

2

3 [Case called at 10:26 a.m.]

4 THE COURT: A838308.

5 MR. BRENSKE: Good morning, Your Honor. Attorney Bill  
6 Brenske, bar number 1806 on behalf of Plaintiff.

7 THE COURT: Mr. Brenske, thank you.

8 MR. SIRSY: Good morning, Your Honor. Attorney Shady  
9 Sirsy on behalf of Defendant Dr. Keshava-Prasad. Bar number 15818.

10 THE COURT: Mr. Sirsy, hi.

11 MR. NAVRATIL: Good morning, Your Honor. Michael  
12 Navratil for Dr. Tariq.

13 THE COURT: Mr. Navratil, hi.

14 MR. NAVRATIL: Good morning.

15 MR. DOBBS: Tyson Dobbs for Desert Springs Hospital.

16 THE COURT: Thank you, Mr. Dobbs.

17 MR. KELLY: Good morning, Your Honor. Sean Kelly on  
18 behalf of Platinum Hospitalists and Drs. Hag and Danish.

19 THE COURT: Mr. Kelly.

20 MS. RURANGIRWA: Good morning, Your Honor. Linda  
21 Rurangirwa on behalf of Dr. Qureshi.

22 THE COURT: Thank you.

23 All right. Counsel, so this motion is a motion to dismiss and  
24 there were a number of joinders to it. And so we have -- I think that was  
25 -- Mr. Sirsy is going to argue that?

1 MR. SIRSY: Yes, Your Honor.

2 THE COURT: Okay. Thank you.

3 MR. SIRSY: So I believe our issues have been thoroughly  
4 outlined in our brief, so it should be quick as it pertains to Dr. Keshava-  
5 Prasad. But our bottom line is Dr. Keshava-Prasad, he specializes in  
6 oncology and hematology. He was called in to do a hematology  
7 evaluation on Plaintiff. He went in there, saw that there was no definitive  
8 evidence of any hematologic disorder. He agreed with other  
9 recommendations from the other physicians that it was probable  
10 vasculitis. He agreed with their recommendations, and that was pretty  
11 much it.

12 Plaintiff filed a complaint with the expert affidavits of a  
13 general surgeon and a rheumatologist. And we just don't see how  
14 they're qualified to give an opinion as it relates to an oncologist and a  
15 hematologist as it relates to Dr. Keshava-Prasad.

16 THE COURT: Okay. So let me ask you how you interpret  
17 what this statute means when it says practicing in a similar area? I did  
18 not see any criticism of what the physician did as an oncologist.

19 MR. SIRSY: Right.

20 THE COURT: In other words, Dr. Smith -- I think her name  
21 was -- whatever, we're not saying he's not a good oncologist, he didn't  
22 give the right chemotherapy. That's not what they're saying. They're  
23 saying when somebody presents to you, and you are an oncologist, and  
24 you're patient presents to you with this symptom, you should bring in  
25 somebody from our specialty. It's a failure to refer her to the right kind



1 of specialist, not that they're criticizing what he did as an oncologist in  
2 his -- or hematologist in his treatment with respect to chemo or whatever  
3 treatment regime she was on, but when you see these symptoms you  
4 need to refer it to -- because that's what we do.

5 So that's his failure, was the failure to refer. So that was kind  
6 of my problem. Was do you have to be in the same specialty as an  
7 oncologist and say it was a failure as an oncologist not to refer? You see  
8 that was kind of where I was not quite sure how you interpret this -- how  
9 you interpret the statute.

10 MR. SIRSY: So we see it as similar. So it would be a doctor  
11 involved in a similar type of procedure or a similar type of body system.  
12 We don't think a hematologist and what they're saying the failure was  
13 with rheumatologist, they're related. A rheumatologist deals with  
14 connective tissues, a hematologist would deal with the blood and the  
15 blood disorders themselves.

16 THE COURT: Okay. All right. Great. Thanks.

17 And I know that there was some joinders. Anybody who  
18 may have a joinder who wishes to be heard before we hear from Mr.  
19 Brenske.

20 MR. NAVRATIL: Your Honor, this is Michael Navratil. We  
21 also did our own motion for Dr. Tariq and the Neurology Clinics of  
22 Nevada. And it is the same issue. Dr. Tariq is a board certified  
23 neurologist. Plaintiff's experts are rheumatologists and general  
24 surgeons, vascular surgeons. Neither of them have any training in  
25 neurology. None of them are board certified in neurology.

1 THE COURT: Okay. But again here's -- it's the same question  
2 I just --

3 MR. NAVRATIL: And I understand --

4 THE COURT: -- asked Mr. Sirsy. And it's like how -- when we  
5 see the statute, do you have to be in the same field as the physician who  
6 they're saying we get referrals with people with this kind of condition to  
7 us from neurologists, from hematologists, from oncologists, because we  
8 deal with this. And when they didn't refer it for treatment with a vascular  
9 -- or rheumatologist, that was a failure. That's --

10 MR. NAVRATIL: Right.

11 THE COURT: They're not saying you aren't a good  
12 neurologist. You misdiagnosed some neurological condition. They're  
13 saying you failed to make a referral that would have been an appropriate  
14 referral.

15 MR. NAVRATIL: So this comes back to the language of the  
16 statute that the legislature used when they drafted the statute, which is  
17 that the expert must be in the same, meaning the identical, or  
18 substantially similar to the defendant at issue in the case. The term  
19 substantial is important there, Your Honor. The legislature could have  
20 very easily used terminology like you're describing and like the Plaintiff  
21 has argued in their motion, just in the area of medicine at issue in the  
22 case, or something close to what's involved in the case.

23 But, instead, they focused on the Defendant. They focused  
24 on the Defendant in the case and said the expert who is critical of the  
25 Defendant must be in the same or substantially similar area of practice.

1 Like neurosurgery versus orthopedics --

2 THE COURT: Okay.

3 MR. NAVRATIL: -- spine surgery. That's the type of  
4 distinction they're talking here. Simply just having a rheumatologist  
5 saying you should have referred to me does not address the standard of  
6 care for a neurologist who is a board -- who is coming into the case with  
7 their years of experience as a neurologist coming into the case. So they  
8 have to have an expert who steps into that type of shoes and says you  
9 fell fellow below the standard of care.

10 THE COURT: Well, because again we're talking here about  
11 the initial affidavit. So just to file the case.

12 MR. NAVRATIL: Right.

13 THE COURT: Whether that -- and it seems to me that that  
14 really goes to weight ultimately. Whether ultimately they're going to  
15 want to have different kinds of experts on specific standards may be a  
16 different issue for a future date, but we're just talking what it takes to get  
17 past the threshold of filing the case.

18 Okay. Well, thanks. Anybody else --

19 MR. NAVRATIL: And that's exactly what it takes.

20 THE COURT: I'm sorry.

21 MR. NAVRATIL: I'm sorry. Do you want me to -- I just said  
22 that's exactly what the statute -- is the purpose of the statute. It's not --  
23 the purpose of the statute was to keep plaintiffs from shooting first and  
24 asking questions later.

25 THE COURT: Okay.

1 MR. NAVRATIL: You know, it's not -- you're not supposed to  
2 have a doctor sit through two years of discovery and sort of let the  
3 plaintiff figure out the case along the way. They need to have the expert,  
4 who is in that defendant's specialty, before they're allowed to go forward  
5 with the case so that doctors aren't roped into these cases where the  
6 plaintiffs take a shotgun approach and just name everybody, and then  
7 whittle it down as things go on or as they get the right kind of expert to  
8 start looking at the case. They're supposed to do that on the front end.

9 The only question before this Court right now is a  
10 rheumatologist and a general vascular surgeon in the same or  
11 substantially similar area of practice to neurology, and it's not. And that  
12 mandates dismissal. If they can't show a neurologist or somebody  
13 substantially similar to a neurologist criticizing Dr. Tariq, then the case  
14 has to be dismissed. It mandates dismissal --

15 THE COURT: Okay. Thank you.

16 MR. NAVRATIL: -- because they failed to comply with  
17 41A.071.

18 THE COURT: Thanks. Anybody else with a joinder or a  
19 separate motion who wishes to be heard on this issue before Mr.  
20 Brenske responds?

21 MR. DOBBS: Yes, Your Honor. Tyson Dobbs for Desert  
22 Springs Hospital. I'm not going to address the substantially similar  
23 arguments. We've joined that. To the extent this Court agrees that  
24 they're not substantially similar, any vicarious liability claim against the  
25 hospital should be dismissed.

1 But I didn't know -- did you want me to address my partial  
2 motion to dismiss right now or would you --

3 THE COURT: No.

4 MR. DOBBS: -- want to wait on that issue?

5 THE COURT: No, we're just talking about any joinders --

6 MR. DOBBS: What's that?

7 THE COURT: -- to this particular -- joinders or separate  
8 motions on this particular affidavit issue.

9 MR. DOBBS: Okay. Your Honor, the claims that Plaintiff had  
10 asserted against Desert Springs Hospital are, 1) hospital negligence; and,  
11 2) vicarious liability for all the named physicians. We're seeking  
12 dismissal of the hospital negligence claim. What Plaintiff's opposition --

13 THE COURT: Okay. So that's a different issue. We'll move  
14 on to that in a moment. I just wanted to address this motion first.

15 MR. DOBBS: Okay.

16 THE COURT: We've got several motions pending.

17 MR. DOBBS: Okay.

18 THE COURT: All right. So anything else then with respect to  
19 Dr. Tariq or Dr. Qureshi's issues?

20 MR. KELLY: Yes, Your Honor. Your Honor, this is Sean  
21 Kelley on behalf of Drs. Haq and Danish, and Platinum Hospitalists.  
22 Similar to what Mr. Navratil and Mr. Sirsy argued, my clients are  
23 hospitalists. Plaintiff's experts are a surgeon and a rheumatologist.

24 Now Dr. Shepherd, while being board certified in internal  
25 medicine, has not worked as a hospitalist according to her CV, since 2002

1 or 2003. And in addition to 41A.071, stating that the plaintiffs must have  
2 an expert who practices in an area that's the same or substantially  
3 similar as a defendant, it also says that that practice engaged in at the  
4 time of the alleged professional negligence. The alleged professional  
5 negligence in this case is 2020. That's 18 years after Dr. Shepherd  
6 practiced as a hospitalist for one year during her fellowship.

7 So similar to the other Defendants, Plaintiffs do not have an  
8 expert that satisfies NRS 41A.071 as to my clients.

9 THE COURT: Thank you.

10 MR. KELLY: Thank you.

11 MS. RURANGIRWA: Your Honor, this is Linda Rurangirwa on  
12 behalf of Dr. Qureshi. Dr. Qureshi is an infectious disease specialist, and  
13 so I would join in the arguments of Mr. Navratil and Mr. Sirsy.

14 THE COURT: Thanks. All right. So, Mr. Brenske.

15 MR. BRENSKE: Thank you, Your Honor. First of all, the  
16 Court hit the nail on the head concerning what the criticisms of these  
17 physicians is. We're not criticizing a neurologist because he's a  
18 neurologist. We're not criticizing an oncologist because he's an  
19 oncologist. We're not criticizing an infectious disease doctor because  
20 he's an infectious disease doctor. What we're doing, Your Honor, is  
21 under 41A, we're following the statute as it was designed.

22 The Nevada Supreme Court has clearly stated that the  
23 purpose of an affidavit requirement is not to foreclose legitimate claims,  
24 but to prevent frivolous claims. And in this particular case, what our  
25 doctors are saying is that any doctor, any medical doctor who was a

1 physician, who examines this woman who's got black and blue feet and  
2 whose toes eventually start falling off because of vasculitis, must refer  
3 that patient to a specialist for vaculitis [sic] -- for vasculitis. I apologize  
4 for that.

5               So it doesn't matter what specialty they're in. We're not  
6 saying that the neurologist didn't review an MRI properly or the  
7 oncologist misdiagnosed the cancer. That's not what we're doing here.  
8 The fact that Dr. Shepherd is a rheumatologist is simply to allow me to  
9 help understand the case because, obviously, that's where this patient  
10 should have gone.

11              In this case, what happened was my client went to the  
12 hospital. She's got black and blue feet. She starts -- you know, she ends  
13 up having her toes amputated or what's called self-amputation. They fell  
14 off her body. Now these doctors and this hospital were the initial  
15 medical providers to assist this woman, and they were in charge of her  
16 care.

17              So we're not saying -- I don't -- I believe the Court is correct.  
18 We don't need an oncologist, we don't need a neurologist, we don't need  
19 an infectious disease doctor, we need a medical doctor who says -- and  
20 any doctor. We don't care if it's a hematologist, an internist, a  
21 hospitalist. If you're presented with this particular set of facts, you need  
22 to get this person to a rheumatologist because there's a likely diagnosis  
23 of vasculitis.

24              Now what happened in this case, all right -- so each one of  
25 these Defendants examined this patient and allowed this patient to be

1 discharged from the hospital to a tertiary rehabilitative hospital. And the  
2 minute that the doctors at the rehabilitation hospital saw this patient,  
3 they sent her to UMC because it was an inappropriate place for this  
4 patient to be for the condition that she had. And she ended up in Utah.  
5 And we don't know if she's going to lose both of her feet yet or not.  
6 She's still in treatment.

7 THE COURT: Okay.

8 MR. BRENSKE: So the threshold issue here is, does the  
9 affidavit sufficiently indicate what the doctors failed to do? And if you  
10 look at Dr. Shepherd's affidavit, I will read paragraph 8. "While I do not  
11 expect the providers to undertake and commit to the treatment of  
12 vasculitis, each provider has the training and capability to initiate IV for  
13 corticosteroids to rest inflammatory process while awaiting further  
14 workup and management."

15 Paragraph 10. "The standard of care for all medical providers  
16 is to obtain and review results of tests ordered by that provider and to do  
17 so in a timely manner." Paragraph 11. "The providers at Desert Springs  
18 fell below the standard of care for Ms. Watts by not seeking expertise  
19 from rheumatology or transfer the patient to a higher level of care at a  
20 tertiary care center as soon as the diagnosis of vasculitis was being  
21 considered." Those are some of the paragraphs of this doctor.

22 THE COURT: Okay.

23 MR. BRENSKE: She's testifying as a medical doctor --

24 THE COURT: Now so when the statute says that you have to  
25 have --



1 MR. BRENSKE: -- not as a rheumatologist.

2 THE COURT: -- when you have to have from a medical  
3 expert who has practiced in an area substantially similar to the type of  
4 practice engaged in at the time of the alleged professional negligence,  
5 that seems to be the issue that everybody is taking. They don't seem to  
6 be attacking the description by conduct of the healthcare providers that's  
7 required, or the specific acts or acts of alleged negligence. Those  
8 subparts, which we usually see in these motions to dismiss are not at  
9 issue here.

10 This is -- it seems all these motions are directed specifically  
11 to this question of my doctor is a board certified X, Y, Z, and she's only  
12 an A, B, C. And so that -- your argument there is when you talk about  
13 substantially similar to the type of practice engaged in, it does not  
14 require that you have to have the same, because it doesn't say that, it  
15 says substantially similar.

16 And what we have here, the similar factor, is that all these  
17 people who saw this woman when she was in this hospital, should have  
18 responded in the same way, which is, oh, this is a very specific thing. It  
19 requires very specific treatment. None of them did it. And we're not  
20 talking about how they practice their individual specialty, but rather  
21 treatment of this Plaintiff and how it fell below the standard of care.

22 Thanks. All right. So moving on then if we have anything in  
23 response. We have a couple of other motions to get to, so I don't know if  
24 we want Mr. Sirsy or Mr. Navratil to respond.

25 MR. SIRSY: I have nothing further, Your Honor.

1 THE COURT: Okay. Thank you.

2 MR. NAVRATIL: I would add, Your Honor, just briefly. That  
3 very allegations Mr. Brenske makes proves our motion. The fact that  
4 he's saying that we should have -- the doctor should have made a  
5 referral to a different kind of specialist proves on the face of his  
6 complaint that there -- his expert is from a different specialty than the  
7 Defendants in the case. The question is would a board certified  
8 neurologist, given the facts of this case, made a referral to a  
9 rheumatologist? Was it even the neurologist's responsibility to make  
10 that type of thing? That's the kind of expert analysis he has to have in  
11 order to proceed in this case, and he doesn't have that --

12 THE COURT: Okay.

13 MR. NAVRATIL: -- and the case must be dismissed.

14 THE COURT: Okay. With all due respect, I'm going to deny  
15 this motion and all joinders and separate motions. The statute says  
16 practiced in an area that is substantially similar. It doesn't say the  
17 identical same specialty. It's substantially similar to the type of practice  
18 engaged in at the time of the alleged professional negligence.

19 As I said, I didn't see anything in these affidavits that  
20 criticizes the acts of prescribing chemotherapy for an oncologist. They  
21 aren't attacking that. They're saying, this is a very specific thing that we  
22 typically expect to see referrals come from any specialist who sees it,  
23 they know to refer it to us. That's what it seemed to me they were  
24 saying. I think that's adequate.

25 So I'm going to deny the motion to dismiss based on the

1 statute as I believe the affidavit is compliant. As I said, I didn't see the  
2 other issues being raised, that we typically see it raised. It seemed to me  
3 to be an adequate affidavit, in short.

4 Okay. So moving on then. So we've got Tariq and Qureshi's  
5 motions, and I think we've got -- so with respect to our joinders, Haq and  
6 -- I just want to make sure we've got them all.

7 MR. BRENSKE: Your Honor, if could --

8 THE COURT: The next motion we have --

9 MR. BRENSKE: Your Honor, I believe --

10 THE COURT: -- is we have the motion to dismiss by Valley  
11 Health Systems, which seems to me to be different. That's a different  
12 issue.

13 MR. DOBBS: That is a different issue, Your Honor.

14 THE COURT: Okay. All right. Do you want to be heard?

15 MR. DOBBS: Would you like me to proceed?

16 THE COURT: Yes.

17 MR. DOBBS: Yeah. Your Honor, we filed a motion to  
18 dismiss the hospital negligence claim. You'll notice in the complaint  
19 there are two causes of action asserted against the hospital. One is for  
20 hospital negligence; one is for vicarious liability for the physicians. We  
21 acknowledge, given this Court's ruling the vicarious liability claim  
22 against the hospital or the physicians, that's viable. That's in the  
23 complaint. We're not seeking dismissal of that claim.

24 What we are seeking dismissal of is the hospital negligence  
25 claim. If you look at the pleadings there's no allegation that the hospital

1 itself breached any duty to the Plaintiff. Plaintiff's opposition makes that  
2 clear that this is a direct claim of negligence against the hospital. So  
3 there's no allegation that any -- you know, for example, that the hospital  
4 should have had some sort of policy that it didn't or that there was some  
5 sort of negligent credentialing or anything like that. There's no  
6 allegations that the hospital itself was negligent in the actual allegations  
7 of the complaint.

8           Likewise, there are no allegations in the affidavits of either  
9 expert that the hospital itself did anything negligent. And I know in the  
10 opposition they're like, hey, well, they say providers at Desert Springs  
11 Hospital. Well, if you actually read through the complaint, the breach of  
12 the standard of care identified by the experts is Dr. so and so, Dr. so and  
13 so, Dr. so and so, as follows. And then rather than rename this, you  
14 know, so many experts over and over again, they say the providers. The  
15 providers at Desert Springs Hospital. That is clear as day in the affidavits  
16 that they are only addressing the specific conduct of these doctors.

17           And we know, Your Honor, that 41A.071 says that the  
18 allegations of negligence, the conduct of the defendants needs to be  
19 separately set out as to each defendant. The affidavits simply do not  
20 establish any direct claim of hospital negligence or whatever you want to  
21 call it against Desert Springs Hospital. The hospital is in the case, I get it,  
22 for vicarious liability for these physicians, but that's it. If Plaintiff wants  
23 to amend the complaint later if somehow something comes up, then  
24 they can amend the complaint and try to bring that claim later. It's not  
25 appropriate to just assert this claim in advance.

1 And I know, Your Honor, the -- in my experience, generally  
2 when the response by Plaintiff is -- it's a notice pleading state, Your  
3 Honor, that means there's absolutely no allegations in the complaint that  
4 that Defendant did anything wrong. That's the case here, Your Honor.  
5 This is a vicarious liability case against the hospital for the conduct of  
6 these physicians. It shouldn't be anything else.

7 And we bring this motion because I've had an experience  
8 just now, Your Honor, where I was under the impression for two years of  
9 the case that this -- it was a vicarious liability case. They get the experts,  
10 and they've disclosed seven different experts saying that the hospital did  
11 all these various things wrong. That is exactly what NRS 41A.071 is  
12 designed to protect. The hospital needs to know what the allegations are  
13 against it. And all that has been supported in this case under 41A.071 is  
14 vicarious liability.

15 THE COURT: Okay. Thank you. So the allegation that she  
16 should have been transferred to a hospital that could handle a higher  
17 level of care is insufficient?

18 MR. DOBBS: That's a physician decision, Your Honor. A  
19 hospital can't just ship somebody off. That's got to be a physician  
20 medical decision made.

21 THE COURT: Got it. Okay.

22 MR. DOBBS: So that's the criticism of these physicians.

23 THE COURT: All right. Thanks. Okay. So looking at the first  
24 cause of action with respect to Desert Springs. Got it. Okay. Thanks.  
25 Mr. Brenske.

1 MR. BRENSKE: Thank you so much, Your Honor. Mr. Dobbs  
2 is correct, and I completely agree with him that this is a notice pleading  
3 state. And we brought a separate cause of action against the hospital for  
4 its own negligence. And the basis of that negligence is allowing this  
5 patient to go from this hospital to a very inappropriate rehabilitation  
6 center.

7 Now remember, Your Honor, the purpose of any affidavit is  
8 just to provide -- to prevent frivolous claims. In this particular case, what  
9 Mr. Dobbs would like us to do is to identify every doctor, nurse, or  
10 medical practitioner that was involved in the decision to make this  
11 patient go somewhere where she wasn't supposed to go. We are not the  
12 hospital. We have not done any discovery. This is a motion to dismiss.  
13 This is -- taking all the facts in Plaintiff's favor, there's no way the Court  
14 should be able to dismiss this claim.

15 The most -- one of the most important things about this is,  
16 you know, the hospital has control over their documents, their policies,  
17 their -- we've done -- I mean, there's 1,000 things I need to find out from  
18 this hospital before I could determine who exactly did what. The  
19 hospital has that knowledge. We put the hospital on notice of their own  
20 independent negligence.

21 Now Mr. Dobbs said a very important thing in his argument.  
22 He goes, well, you know, the Plaintiff can always amend their complaint.  
23 Well I will bet you dollars to donuts, and a donut cost about a buck now  
24 anyway, but I'll bet you dollars to donuts if we -- if you grant this and  
25 dismiss the hospital on its own negligence and we, through our

1 discovery, find the actual individual, the policies that were put in place  
2 that were violated, Mr. Dobbs is going to file another motion. He's going  
3 to file a motion that we blew the statute of limitations, and we should  
4 have filed a complaint against him in the original complaint, and that's  
5 what we've done.

6           So given this is a motion to dismiss, given that we've cited in  
7 our affidavits what we believe to be the negligence, the conduct that's  
8 involved, not necessarily the individual, because we don't know them  
9 yet, it would be premature to dismiss that claim. If through discovery  
10 our allegations prove not to be correct, then that would be the time to  
11 file a motion for summary judgment on that issue. But --

12           THE COURT: Yeah, that was going to be my question,  
13 because looking at the affidavit of -- I forget which it was -- okay,  
14 Shepherd. Dr. Shepherd says in her affidavit, the providers at Desert  
15 Springs. And as Mr. Dobbs noticed this, they talk about providers just as  
16 a group. They lumped them altogether. So the question, you know, is  
17 that adequate to put them on notice?

18           So I think between -- the very specific nature of this  
19 complaint that divides all the allegations into -- starting with cause of  
20 action number 1, Desert Springs, independent. Desert Springs  
21 independent liability. Then it goes through each of the doctors. Then  
22 cause of action number 7, which is vicarious liability for the hospital, and  
23 then goes through vicarious liability for all the doctors. It puts  
24 everybody, I think, on pretty clear notice as to all the allegations against  
25 each of them. And as I said, I already think the affidavit is sufficient.

1                   Okay. Thanks. So anything in response for the hospital?

2                   MR. DOBBS: Yes, Your Honor. Yeah. No, what Mr. Brenske  
3 said was that he would have to identify every provider that was  
4 negligent. I didn't write 41A.071, but that's exactly what it says, is that if  
5 he's going to bring an allegation of negligence against a provider of  
6 healthcare, which a hospital is specifically defined as a provider of  
7 healthcare, he has to provide an affidavit that supports the allegations of  
8 negligence separately as to that Defendant.

9                   So and I'm not going to argue about a potential motion to  
10 amend later, but that's the procedural avenue that needs to be taken in  
11 this case.

12                  THE COURT: Well, so here's -- if you read the case law, it  
13 says you read the complaint with the affidavit. Both of the complaints  
14 [sic] say --

15                  MR. DOBBS: Yes.

16                  THE COURT: -- the doctors at Desert Springs. They don't say  
17 the doctors and Desert Springs. They just say the doctors at. But you  
18 read the complaint with the affidavit. And as I said, where you've got a  
19 complaint that has very carefully cause of action number 1, negligence of  
20 the hospital, then falls to every doctor. Cause of action number 7,  
21 vicarious liability of the hospital, vicarious liability of all the physicians.  
22 The complaint very carefully separates it out and drafts it as to each and  
23 every individual, which read together with the complaint, puts the  
24 hospital on notice that they are pursuing, whether they've got all the  
25 evidence they need now to proceed with it as Mr. Brenske's indicated, is



1 a question for another day.

2 But it's a question -- this statute is a question of putting you  
3 on notice, and we are told to read the complaint with the affidavit. But  
4 this is a really thorough complaint, and I think it puts everybody on  
5 notice of what's being alleged with respect to them. It's not just the  
6 affidavit. The affidavit is merely there to support that there will be expert  
7 opinions necessary to support these causes of action. It doesn't  
8 establish what the cause of action is. It's there to, as was said earlier,  
9 weed out frivolous complaints.

10 I don't think this is frivolous. The complaint is very thorough,  
11 and I believe provides adequate notice to all the participants as to all the  
12 possible exposure. They have affidavits of physicians who support these  
13 claims. So it's not entirely frivolous. I think when read together  
14 everybody is on notice. So unless there's anything further -- I think we  
15 had Valley Hospital, the different physicians, and unless there's anything  
16 else, I think those were the two separate issues. The one with respect to  
17 the doctors, and the other one with respect to the hospital. Is there  
18 anything else at this time, counsel?

19 MR. BRENSKE: Not from the Plaintiff, Your Honor.

20 THE COURT: All right. So my question then would be with  
21 respect to who's doing orders? Did you want Mr. Brenske to do those or  
22 do the respective parties who brought their own motion wish to their  
23 own motions -- their own orders? They're all denied, so you may not  
24 want to. You may want to task Mr. Brenske with --

25 MR. BRENSKE: Well, Your Honor, I can prepare them all and

1 get them all to counsel for signature.

2 THE COURT: All right. Thank you very much. We'll await  
3 Mr. Brenske's orders then. Thank you.

4 MR. BRENSKE: Thank you, Your Honor.

5 MR. SIRSY: Thank you, Your Honor.

6 MR. NAVRATIL: Thank you, Your Honor.

7 MR. DOBBS: Thank you, Your Honor.

8 THE COURT: Okay.

9 [Proceedings concluded at 10:55 a.m.]

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20 ATTEST: I do hereby certify that I have truly and correctly transcribed the  
21 audio-visual recording of the proceeding in the above entitled case to the  
best of my ability.

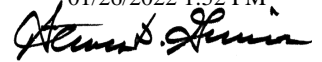
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# EXHIBIT 14

  
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*Attorneys for Plaintiff Lashawanda Watts*

**EIGHTH JUDICIAL DISTRICT COURT  
CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,  
  
Plaintiff,  
  
v.

Case No.: A-21-838308-C  
Dept. No.:26

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H.  
KESHAVA PRASAD, MD, PLLC; AMIR  
QURESHI, M.D.; ROE AMIR QURESHI,  
M.D. EMPLOYER; ALI HAQ, M.D.; ROE  
ALI HAQ, M.D. EMPLOYER; CHARLES  
KIM DANISH, D.O.; PLATINUM  
HOSPITALISTS, LLP; DOES 1-35; ROE  
CORPORATIONS 1-35, inclusive,

**ORDER REGARDING DEFENDANT  
HOLAVANAHALLI KESHEVA-PRASAD,  
M.D. AND H. KESHAVA PRASAD, MD,  
LLC'S MOTION TO DISMISS  
PLAINTIFF'S COMPLAINT AND ALL  
SUBSTANTIVE JOINDERS THERETO**

Date of Hearing: October 12, 2021  
Time of Hearing: 9:30am

Defendants.

Defendant Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, LLC's Motion to Dismiss Plaintiff's Complaint came before this Honorable Court on October 12, 2021 at 9:30am. Defendants' Motion was substantively joined by Defendants Amir Qureshi, M.D., Ali Haq, M.D., Charles Kim Danish, D.O., Platinum Hospitalists, LLP, and Valley Health System, LLC d/b/a Desert Springs Hospital Medical Center.

**Brenske Andreevski & Krametbauer**

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William R. Brenske, Esq. of Brenske Andreevski & Krametbauer appeared on behalf of Plaintiff. Tyson Dobbs, Esq. of Hall Prangle & Schoonveld, LLC appeared on behalf of Defendant Valley Health System LLC d/b/a Desert Springs Hospital Medical Center. Sean Kelly, Esq. of McBride Hall appeared on behalf of Defendants Charles Kim Danish, D.O., Ali Haq, M.D., and Platinum Hospitalists LLM. Michael Navratil, Esq. of John H. Cotton & Associates, Ltd. appeared on behalf of Defendant Abdul Tariq, D.O. and Neurology Clinics of Nevada LLC. Linda Rurangirwa, Esq. of Collinson, Daehnke, Inlow & Greco appeared on behalf of Defendant Amir Qureshi, M.D. Sirsy Shady, Esq. of Lewis Brisbois appeared on behalf of Defendant Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC. After review of the pleadings and papers on file herein, this Court hereby:

**ORDERS, ADJUDGES AND DECREES** Defendant Holavanahalli Kesheva-Prasad, M.D. and H. Keshava Prasad, M.D., LLC's Motion to Dismiss Plaintiff's Complaint and All Substantive Joinders Thereto, are hereby **DENIED**.

DATED this \_\_\_\_ day of November 2021.

Dated this 26th day of January, 2022



Hon. Gloria J. Sturman, District Court Judge

**E0B D8C A43D 4569**

**Gloria Sturman**

**District Court Judge**

<i>Submitted by:</i>	<i>Approved as to form and content by:</i>
DATED this 23 <sup>rd</sup> day of November, 2021.	DATED this 24 <sup>th</sup> day of November 2021.
<i>/s/ Ryan Krametbauer</i>	<i>/s/ Sirsy Shady</i>
WILLIAM R. BRENSKE, ESQ. Nevada Bar No. 1806 JENNIFER R. ANDREEVSKI, ESQ. Nevada Bar No. 9095 RYAN D. KRAMETBAUER, ESQ. Nevada Bar No. 12800 BRENSKE ANDREEVSKI & KRAMETBAUER 3800 Howard Hughes Parkway, Suite 500	SIRSY SHADY, ESQ. Nevada Bar No. 15818 LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 <i>Attorneys for Defendants</i> <i>Holavanahalli Keshava-Prasad, M.D. and</i> <i>H. Keshava Prasad, MD, PLLC</i>

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<p><i>Approved as to form and content by:</i></p> <p>DATED this 24<sup>th</sup> day of November, 2021.</p>	<p><i>Approved as to form and content by:</i></p> <p>DATED this 24<sup>th</sup> day of November, 2021.</p>
<p>/s/ Sean Kelly</p> <hr/> <p>SEAN M. KELLY, ESQ.  Nevada Bar No. 10102  McBRIDE HALL  8329 W. Sunset Road, Suite 260  Las Vegas, Nevada 89113  Attorneys for Defendants  Ali Haq, M.D., Charles Kim Danish, D.O.  and Platinum Hospitalists, LLP</p>	<p>/s/ Michael Navratil</p> <hr/> <p>MICHAEL D. NAVRATIL, ESQ.  Nevada Bar No. 7460  JOHN H. COTTON &amp; ASSOCIATES, LTD.  7900 West Sahara Avenue, Suite 200  Las Vegas, Nevada 89117  Attorneys for Defendants Abdul Tariq, D.O.  and Neurology Clinics of Nevada, LLC</p>
<p><i>Approved as to form and content by:</i></p> <p>DATED this 23<sup>rd</sup> day of November, 2021.</p>	<p><i>Approved as to form and content by:</i></p> <p>DATED this 24<sup>th</sup> day of November, 2021.</p>
<p>/s/ Tyson Dobbs</p> <hr/> <p>TYSON J. DOBBS, ESQ.  Nevada Bar No. 11953  HALL PRANGLE &amp; SCHOONVELD, LLC  1140 N. Town Center Dr., Ste. 350  Las Vegas, NV 89144  Attorneys for Defendant  Valley Health System LLC dba  Desert Springs Hospital Medical Center</p>	<p>/s/ Laura Lucero</p> <hr/> <p>LAURA LUCERO, ESQ.  Nevada Bar No. 8843  COLLINSON, DAEHNKE, INLOW  &amp; GRECO  2110 E. Flamingo Road, Suite 212  Las Vegas, Nevada 89119  Attorneys for Defendant  Amir Qureshi, M.D.</p>

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**To:** [Michael Navratil](#); [Sean M. Kelly](#); [Tyson Dobbs](#); [Ryan Krametbauer](#); [Nicole M. Etienne](#); [Amy Doughty](#); [Rokni, Roya](#); [Risco-Sallade, Alexandra](#); [lacey.ambro@cdiglaw.com](#); [Deborah.Rocha@cdiglaw.com](#); [Vogel, Brent](#); [Jessica Pincombe](#); [laura.lucero@cdiglaw.com](#); [Scott Brenske](#); [Brenske Andreevski & Krametbauer](#); [Linda K. Rurangirwa](#)  
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Thanks,

Shady



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**Subject:** RE: Watts: draft orders re: mtns to dismiss

You may use my e-signature on all three as well.

I hope you all have a Happy Thanksgiving!

Best Regards-

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**Subject:** RE: Watts: draft orders re: mtns to dismiss

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Thank you,

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**Sent:** Tuesday, November 23, 2021 4:35 PM

**To:** Nicole M. Etienne <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>; Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>; Shady.Sirsy@lewisbrisbois.com; [roya.rokni@lewisbrisbois.com](mailto:roya.rokni@lewisbrisbois.com); [alexandra.risco-sallade@lewisbrisbois.com](mailto:alexandra.risco-sallade@lewisbrisbois.com); [lacey.ambro@cdiglaw.com](mailto:lacey.ambro@cdiglaw.com); [Deborah.Rocha@cdiglaw.com](mailto:Deborah.Rocha@cdiglaw.com); [brent.vogel@lewisbrisbois.com](mailto:brent.vogel@lewisbrisbois.com); [jpincombe@jhcottonlaw.com](mailto:jpincombe@jhcottonlaw.com); [mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com); [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com); [laura.lucero@cdiglaw.com](mailto:laura.lucero@cdiglaw.com); Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>; [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com); Scott Brenske <[sbrenske@baklawlv.com](mailto:sbrenske@baklawlv.com)>; Brenske Andreevski & Krametbauer <[bak@baklawlv.com](mailto:bak@baklawlv.com)>; Linda K. Rurangirwa <[Linda.Rurangirwa@cdiglaw.com](mailto:Linda.Rurangirwa@cdiglaw.com)>

**Subject:** Watts: draft orders re: mtns to dismiss

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Attached, please find the proposed orders regarding the various motions to dismiss. 1) Valley's mtn to dismiss, 2) Dr. Keshava-Prasad's mtn to dismiss + all substantive joinders thereto, and 3) Dr. Tariq's mtn to dismiss. Apologies in advance for any misspellings.

Should you approve as to form and content, please email back with authority to affix your e-signature.

Happy Thanksgiving.

Ryan D. Krametbauer, Esq.

**BRENSKE ANDREEVSKI & KRAMETBAUER**

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Las Vegas, Nevada 89169

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Fax: (702) 385-3823

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**From:** "Nicole M. Etienne" <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>

**Date:** Monday, November 22, 2021 at 8:57 AM

**To:** Ryan Krametbauer <[rkrametbauer@baklawlv.com](mailto:rkrametbauer@baklawlv.com)>, Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>, "Shady.Sirsy@lewisbrisbois.com" <[Shady.Sirsy@lewisbrisbois.com](mailto:Shady.Sirsy@lewisbrisbois.com)>, "roya.rokni@lewisbrisbois.com" <[roya.rokni@lewisbrisbois.com](mailto:roya.rokni@lewisbrisbois.com)>, "alexandra.risco-sallade@lewisbrisbois.com" <[alexandra.risco-sallade@lewisbrisbois.com](mailto:alexandra.risco-sallade@lewisbrisbois.com)>, "lacey.ambro@cdiglaw.com" <[lacey.ambro@cdiglaw.com](mailto:lacey.ambro@cdiglaw.com)>, "Deborah.Rocha@cdiglaw.com" <[Deborah.Rocha@cdiglaw.com](mailto:Deborah.Rocha@cdiglaw.com)>, "Vogel, Brent" <[brent.vogel@lewisbrisbois.com](mailto:brent.vogel@lewisbrisbois.com)>, "jpincombe@jhcottonlaw.com" <[jpincombe@jhcottonlaw.com](mailto:jpincombe@jhcottonlaw.com)>, "mnavratil@jhcottonlaw.com" <[mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com)>, "smkelly@mcbridehall.com" <[smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com)>, "smkelly@mcbridehall.com" <[smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com)>, Laura Lucero <[laura.lucero@cdiglaw.com](mailto:laura.lucero@cdiglaw.com)>, Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>, "smkelly@mcbridehall.com" <[smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com)>

**Subject:** RE: Watts - Revised JCCR

Great thanks Ryan.



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F: 702.384.6025

**Nicole Etienne**  
*Legal Assistant*  
O: 702.212.1446  
Email: [netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)

**Legal Assistant to:**  
Casey Tyler  
Michael Shannon  
Tyson Dobbs

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**Subject:** RE: Watts - Revised JCCR

Morning,

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**From:** Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>

**Sent:** Monday, October 04, 2021 11:17 AM

**To:** [Shady.Sirsy@lewisbrisbois.com](mailto:Shady.Sirsy@lewisbrisbois.com); [roya.rokni@lewisbrisbois.com](mailto:roya.rokni@lewisbrisbois.com); [alexandra.risco-sallade@lewisbrisbois.com](mailto:alexandra.risco-sallade@lewisbrisbois.com); [lacey.ambro@cdiglaw.com](mailto:lacey.ambro@cdiglaw.com); [Deborah.Rocha@cdiglaw.com](mailto:Deborah.Rocha@cdiglaw.com); [brent.vogel@lewisbrisbois.com](mailto:brent.vogel@lewisbrisbois.com); [jpincombe@jhcottonlaw.com](mailto:jpincombe@jhcottonlaw.com); Camie DeVoge <[cdevoge@HPSLAW.COM](mailto:cdevoge@HPSLAW.COM)>; Nicole M. Etienne <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>; [mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com); [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com); [laura.lucero@cdiglaw.com](mailto:laura.lucero@cdiglaw.com); Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>; [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com); Ryan Krametbauer <[rkrametbauer@baklawlv.com](mailto:rkrametbauer@baklawlv.com)>

**Subject:** Watts - Revised JCCR

[External Email] CAUTION!.

Good afternoon everyone,

Please find the revised JCCR attached.

Please let me know if you have any additional changes. If there are no changes please confirm if I may use your electronic signature.

Thank you,

Amy Doughty,

Paralegal

Brenske Andreevski & Krametbauer

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F: 702-385-3823

**From:** [Laura Lucero](#)  
**To:** [Ryan Krametbauer](#); [Nicole M. Etienne](#); [Amy Doughty](#); [Shady.Sirsy@lewisbrisbois.com](#); [roya.rokni@lewisbrisbois.com](#); [alexandra.risco-sallade@lewisbrisbois.com](#); [Lacey Ambro](#); [Deborah Rocha](#); [brent.vogel@lewisbrisbois.com](#); [jpincombe@jhcottonlaw.com](#); [mnavratil@jhcottonlaw.com](#); [smkelly@mcbridehall.com](#); [Tyson Dobbs](#); [smkelly@mcbridehall.com](#); [Scott Brenske](#); [Brenske Andreevski & Krametbauer](#); [Linda K. Rurangirwa](#)  
**Subject:** RE: Watts: draft orders re: mtns to dismiss  
**Date:** Wednesday, November 24, 2021 10:11:35 AM  
**Attachments:** [image003.png](#)

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You may use my electronic signature on all 3. Thanks!



**Laura S. Lucero** | Attorney  
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Should you approve as to form and content, please email back with authority to affix your e-signature.

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**From:** Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>  
**Sent:** Monday, October 04, 2021 11:17 AM  
**To:** [Shady.Sirsy@lewisbrisbois.com](mailto:Shady.Sirsy@lewisbrisbois.com); [roya.rokni@lewisbrisbois.com](mailto:roya.rokni@lewisbrisbois.com); [alexandra.risco-sallade@lewisbrisbois.com](mailto:alexandra.risco-sallade@lewisbrisbois.com); [lacey.ambro@cdiglaw.com](mailto:lacey.ambro@cdiglaw.com); [Deborah.Rocha@cdiglaw.com](mailto:Deborah.Rocha@cdiglaw.com); [brent.vogel@lewisbrisbois.com](mailto:brent.vogel@lewisbrisbois.com); [jpincombe@jhcottonlaw.com](mailto:jpincombe@jhcottonlaw.com); Camie DeVoge <[cdevoge@HPSLAW.COM](mailto:cdevoge@HPSLAW.COM)>; Nicole M. Etienne <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>; [mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com); [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com); [laura.lucero@cdiglaw.com](mailto:laura.lucero@cdiglaw.com); Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>; [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com); Ryan Krametbauer <[rkrametbauer@baklawlv.com](mailto:rkrametbauer@baklawlv.com)>  
**Subject:** Watts - Revised JCCR

**[External Email] CAUTION!.**

Good afternoon everyone,

Please find the revised JCCR attached.

Please let me know if you have any additional changes. If there are no changes please confirm if I may use your electronic signature.

Thank you,

Amy Doughty,

Paralegal

Brenske Andreevski & Krametbauer

3800 Howard Hughes Parkway, Suite 500

Las Vegas, Nevada 89169

T: 702-385-3300

F: 702-385-3823



1 **CSERV**

2  
3 DISTRICT COURT  
4 CLARK COUNTY, NEVADA

5  
6 Lashawanda Watts, Plaintiff(s) | CASE NO: A-21-838308-C  
7 vs. | DEPT. NO. Department 26  
8 Valley Health Systems LLC,  
9 Defendant(s)

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

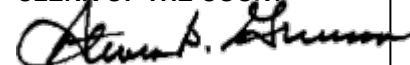
12 This automated certificate of service was generated by the Eighth Judicial District  
13 Court. The foregoing Order Denying was served via the court's electronic eFile system to all  
14 recipients registered for e-Service on the above entitled case as listed below:

15 Service Date: 1/26/2022

16 E-File Admin	efile@hpslaw.com
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28		

# EXHIBIT 15



WILLIAM R. BRENSKE, ESQ.  
Nevada Bar No. 1806  
JENNIFER R. ANDREEVSKI, ESQ.  
Nevada Bar No. 9095  
RYAN D. KRAMETBAUER, ESQ.  
Nevada Bar No. 12800  
SCOTT M. BRENSKE, ESQ.  
Nevada Bar No. 15874  
BRENSKE ANDREEVSKI & KRAMETBAUER  
3800 Howard Hughes Parkway, Suite 500  
Las Vegas, NV 89169  
Telephone: (702) 385-3300  
Facsimile: (702) 385-3823  
Email: bak@baklawlv.com  
*Attorneys for Plaintiff Lashawanda Watts*

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,

Plaintiff,

v.

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H. KESHAVA  
PRASAD, MD, PLLC; AMIR QURESHI, M.D.;  
ROE AMIR QURESHI, M.D. EMPLOYER;  
ALI HAQ, M.D.; ROE ALI HAQ, M.D.  
EMPLOYER; CHARLES KIM DANISH, D.O.;  
PLATINUM HOSPITALISTS, LLP; DOES 1-  
35; ROE CORPORATIONS 1-35, inclusive,

Defendants.

Case No.: A-21-838308-C

Dept. No.:26

**NOTICE OF ENTRY OF ORDER RE:  
ORDER REGARDING DEFENDANT  
HOLAVANAHALLI KESHEVA-  
PRASAD, M.D. AND H. KESHAVA  
PRASAD, MD, LLC'S MOTION TO  
DISMISS PLAINTIFF'S COMPLAINT  
AND ALL SUBSTANTIVE JOINDERS  
THERE TO**

...

...

...

1 YOU WILL PLEASE TAKE NOTICE that an Order was entered on the 26th day of January  
2 2022. A true and correct copy of the Order is attached hereto.

3  
4 DATED this 27<sup>th</sup> day of January 2022.

5  
6 /s/ Ryan Krametbauer

7 WILLIAM R. BRENSKE, ESQ.

Nevada Bar No. 1806

8 JENNIFER R. ANDREEVSKI, ESQ.

Nevada Bar No. 9095

9 RYAN D. KRAMETBAUER, ESQ.

Nevada Bar No. 12800

10 SCOTT M. BRENSKE, ESQ.

Nevada Bar No. 15874

11 BRENSKE ANDREEVSKI & KRAMETBAUER

3800 Howard Hughes Parkway, Suite 500

12 Las Vegas, NV 89169

13 Attorneys for Plaintiff Lashawanda Watts  
14  
15  
16  
17  
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**CERTIFICATE OF SERVICE**

I am employed with Brenske Andreevski & Krametbauer. I am over the age of 18 and not a party to the within action; my business address is 3800 Howard Hughes Pkwy., Ste. 500, Las Vegas, Nevada 89169. I am “readily familiar” with the firm’s practice of collection and processing correspondence for mailing. Under its practice mail is to be deposited with the U. S. Postal Service on that same day as stated below, with postage thereon fully prepaid.

I served the foregoing document described as “**NOTICE OF ENTRY OF ORDER RE: ORDER REGARDING DEFENDANT HOLAVANAHALII KESHEVA-PRASAD, M.D. AND H. KESHA PRASAD, MD, LLC’S MOTION TO DISMISS PLAINTIFF’S COMPLAINT AND ALL SUBSTANTIVE JOINDERS THERETO** ” on this 27<sup>th</sup> day of January 2022 to all interested parties as follows:

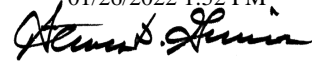
- ☐ BY MAIL: Pursuant to N.R.C.P. 5(b), I placed a true copy thereof enclosed in a sealed envelope addressed as follows:
- ☐ BY FACSIMILE: Pursuant to EDCR 7.26, I transmitted a copy of the foregoing document this date via telecopier to the facsimile number shown below:
- ☒ BY ELECTRONIC SERVICE: by electronically filing and serving the foregoing document with the Eighth Judicial District Court's electronic filing system:

JOHN H. COTTON & ASSOCIATES, LTD. John Cotton, Esq. Michael D. Navratil, Esq. 7900 West Sahara Avenue, Suite 200 Las Vegas, Nevada 89117 <i>Attorneys for Defendants Abdul Tariq, D.O. and Neurology Clinics of Nevada, LLC</i>	HALL PRANGLE & SCHOONVELD, LLC Kenneth M. Webster, Esq. Tyson J. Dobbs, Esq. Trent L. Earl, Esq. 1140 N. Town Center Dr., Ste. 350 Las Vegas, NV 89144 <i>Attorneys for Defendant Valley Health System LLC dba Desert Springs Hospital Medical Center</i>
McBRIDE HALL Robert C. McBride, Esq. Sean M. Kelly, Esq. 8329 W. Sunset Road, Suite 260	LEWIS BRISBOIS BISGAARD & SMITH LLP S. Brent Vogel, Esq. Heather Armantrout, Esq.

<p>Las Vegas, Nevada 89113  Attorneys for Defendants  <i>Ali Haq, M.D., Charles Kim Danish, D.O.  and Platinum Hospitalists, LLP</i></p>	<p>6385 S. Rainbow Boulevard, Suite 600  Las Vegas, Nevada 89118  Attorneys for Defendants  <i>Holavanahalli Keshava-Prasad, M.D. and  H. Keshava Prasad, MD, PLLC</i></p>
<p>COLLINSON, DAEHNKE, INLOW  &amp; GRECO  Patricia Egan Daehnke  Laura S. Lucero  2110 E. Flamingo Road, Suite 212  Las Vegas, Nevada 89119  Attorneys for Defendant  <i>Amir Qureshi, M.D.</i></p>	

/s/ Amanda Doughty

An employee of the Brenske Andreevski &  
Krametbauer

  
CLERK OF THE COURT

WILLIAM R. BRENSKE, ESQ.  
Nevada Bar No. 1806  
JENNIFER R. ANDREEVSKI, ESQ.  
Nevada Bar No. 9095  
RYAN D. KRAMETBAUER, ESQ.  
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Facsimile: (702) 385-3823  
Email: bak@baklawlv.com  
*Attorneys for Plaintiff Lashawanda Watts*

**EIGHTH JUDICIAL DISTRICT COURT  
CLARK COUNTY, NEVADA**

LASHAWANDA WATTS,  
  
Plaintiff,  
  
v.

Case No.: A-21-838308-C  
Dept. No.:26

VALLEY HEALTH SYSTEM, LLC d/b/a  
DESERT SPRINGS HOSPITAL; ABDUL  
TARIQ, D.O.; NEUROLOGY CLINICS OF  
NEVADA LLC; HOLAVANAHALLI  
KESHAVA-PRASAD, M.D.; H.  
KESHAVA PRASAD, MD, PLLC; AMIR  
QURESHI, M.D.; ROE AMIR QURESHI,  
M.D. EMPLOYER; ALI HAQ, M.D.; ROE  
ALI HAQ, M.D. EMPLOYER; CHARLES  
KIM DANISH, D.O.; PLATINUM  
HOSPITALISTS, LLP; DOES 1-35; ROE  
CORPORATIONS 1-35, inclusive,

**ORDER REGARDING DEFENDANT  
HOLAVANAHALLI KESHEVA-PRASAD,  
M.D. AND H. KESHAVA PRASAD, MD,  
LLC'S MOTION TO DISMISS  
PLAINTIFF'S COMPLAINT AND ALL  
SUBSTANTIVE JOINDERS THERETO**

Date of Hearing: October 12, 2021  
Time of Hearing: 9:30am

Defendants.

Defendant Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, LLC's Motion to Dismiss Plaintiff's Complaint came before this Honorable Court on October 12, 2021 at 9:30am. Defendants' Motion was substantively joined by Defendants Amir Qureshi, M.D., Ali Haq, M.D., Charles Kim Danish, D.O., Platinum Hospitalists, LLP, and Valley Health System, LLC d/b/a Desert Springs Hospital Medical Center.

Brenske Andreevski & Krametbauer  
3800 Howard Hughes Parkway, Suite 500  
Las Vegas, Nevada 89169  
(702) 385-3300 · Fax (702) 385-3823



William R. Brenske, Esq. of Brenske Andreevski & Krametbauer appeared on behalf of Plaintiff. Tyson Dobbs, Esq. of Hall Prangle & Schoonveld, LLC appeared on behalf of Defendant Valley Health System LLC d/b/a Desert Springs Hospital Medical Center. Sean Kelly, Esq. of McBride Hall appeared on behalf of Defendants Charles Kim Danish, D.O., Ali Haq, M.D., and Platinum Hospitalists LLM. Michael Navratil, Esq. of John H. Cotton & Associates, Ltd. appeared on behalf of Defendant Abdul Tariq, D.O. and Neurology Clinics of Nevada LLC. Linda Rurangirwa, Esq. of Collinson, Daehnke, Inlow & Greco appeared on behalf of Defendant Amir Qureshi, M.D. Sirsy Shady, Esq. of Lewis Brisbois appeared on behalf of Defendant Holavanahalli Keshava-Prasad, M.D. and H. Keshava Prasad, MD, PLLC. After review of the pleadings and papers on file herein, this Court hereby:

**ORDERS, ADJUDGES AND DECREES** Defendant Holavanahalli Kesheva-Prasad, M.D. and H. Keshava Prasad, M.D., LLC's Motion to Dismiss Plaintiff's Complaint and All Substantive Joinders Thereto, are hereby **DENIED**.

DATED this \_\_\_\_ day of November 2021.

Dated this 26th day of January, 2022



Hon. Gloria J. Sturman, District Court Judge

**E0B D8C A43D 4569**

**Gloria Sturman**

**District Court Judge**

<i>Submitted by:</i>	<i>Approved as to form and content by:</i>
DATED this 23 <sup>rd</sup> day of November, 2021.	DATED this 24 <sup>th</sup> day of November 2021.
<i>/s/ Ryan Krametbauer</i>	<i>/s/ Sirsy Shady</i>
WILLIAM R. BRENSKE, ESQ. Nevada Bar No. 1806 JENNIFER R. ANDREEVSKI, ESQ. Nevada Bar No. 9095 RYAN D. KRAMETBAUER, ESQ. Nevada Bar No. 12800 BRENSKE ANDREEVSKI & KRAMETBAUER 3800 Howard Hughes Parkway, Suite 500	SIRSY SHADY, ESQ. Nevada Bar No. 15818 LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 <i>Attorneys for Defendants</i> <i>Holavanahalli Keshava-Prasad, M.D. and</i> <i>H. Keshava Prasad, MD, PLLC</i>

<p>Las Vegas, NV 89169  Telephone: (702) 385-3300  Facsimile: (702) 385-3823  Email: bak@baklawlv.com  Attorneys for Plaintiff</p>	
<p><i>Approved as to form and content by:</i></p> <p>DATED this 24<sup>th</sup> day of November, 2021.</p>	<p><i>Approved as to form and content by:</i></p> <p>DATED this 24<sup>th</sup> day of November, 2021.</p>
<p>/s/ Sean Kelly</p> <hr/> <p>SEAN M. KELLY, ESQ.  Nevada Bar No. 10102  McBRIDE HALL  8329 W. Sunset Road, Suite 260  Las Vegas, Nevada 89113  Attorneys for Defendants  Ali Haq, M.D., Charles Kim Danish, D.O.  and Platinum Hospitalists, LLP</p>	<p>/s/ Michael Navratil</p> <hr/> <p>MICHAEL D. NAVRATIL, ESQ.  Nevada Bar No. 7460  JOHN H. COTTON &amp; ASSOCIATES, LTD.  7900 West Sahara Avenue, Suite 200  Las Vegas, Nevada 89117  Attorneys for Defendants Abdul Tariq, D.O.  and Neurology Clinics of Nevada, LLC</p>
<p><i>Approved as to form and content by:</i></p> <p>DATED this 23<sup>rd</sup> day of November, 2021.</p>	<p><i>Approved as to form and content by:</i></p> <p>DATED this 24<sup>th</sup> day of November, 2021.</p>
<p>/s/ Tyson Dobbs</p> <hr/> <p>TYSON J. DOBBS, ESQ.  Nevada Bar No. 11953  HALL PRANGLE &amp; SCHOONVELD, LLC  1140 N. Town Center Dr., Ste. 350  Las Vegas, NV 89144  Attorneys for Defendant  Valley Health System LLC dba  Desert Springs Hospital Medical Center</p>	<p>/s/ Laura Lucero</p> <hr/> <p>LAURA LUCERO, ESQ.  Nevada Bar No. 8843  COLLINSON, DAEHNKE, INLOW  &amp; GRECO  2110 E. Flamingo Road, Suite 212  Las Vegas, Nevada 89119  Attorneys for Defendant  Amir Qureshi, M.D.</p>

**From:** [Sirsy, Shady](#)  
**To:** [Michael Navratil](#); [Sean M. Kelly](#); [Tyson Dobbs](#); [Ryan Krametbauer](#); [Nicole M. Etienne](#); [Amy Doughty](#); [Rokni, Roya](#); [Risco-Sallade, Alexandra](#); [lacey.ambro@cdiglaw.com](#); [Deborah.Rocha@cdiglaw.com](#); [Vogel, Brent](#); [Jessica Pincombe](#); [laura.lucero@cdiglaw.com](#); [Scott Brenske](#); [Brenske Andreevski & Krametbauer](#); [Linda K. Rurangirwa](#)  
**Subject:** Re: Watts: draft orders re: mtns to dismiss  
**Date:** Wednesday, November 24, 2021 8:42:40 AM  
**Attachments:** [image001.png](#)  
[Logo\\_e6253148-26a1-47a9-b861-6ac0ff0bc3c4.png](#)

---

You can use my e-signature for all 3 as well.

Thanks,

Shady



**Shady Sirsy**  
**Attorney**  
[Shady.Sirsy@lewisbrisbois.com](mailto:Shady.Sirsy@lewisbrisbois.com)  
**T: 702.693.4311 F: 702.366.9563**

6385 South Rainbow Blvd., Suite 600, Las Vegas, NV 89118 | [LewisBrisbois.com](http://LewisBrisbois.com)

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**Sent:** Wednesday, November 24, 2021 8:31:56 AM  
**To:** Sean M. Kelly <smkelly@mcbriehall.com>; Tyson Dobbs <tdobbs@HPSLAW.COM>; Ryan Krametbauer <rkrmetbauer@baklawlv.com>; Nicole M. Etienne <netienne@HPSLAW.COM>; Amy Doughty <Amy@baklawlv.com>; Sirsy, Shady <Shady.Sirsy@lewisbrisbois.com>; Rokni, Roya <Roya.Rokni@lewisbrisbois.com>; Risco-Sallade, Alexandra <Alexandra.Risco-Sallade@lewisbrisbois.com>; lacey.ambro@cdiglaw.com <lacey.ambro@cdiglaw.com>; Deborah.Rocha@cdiglaw.com <Deborah.Rocha@cdiglaw.com>; Vogel, Brent <Brent.Vogel@lewisbrisbois.com>; Jessica Pincombe <jpincombe@jhcottonlaw.com>; laura.lucero@cdiglaw.com <laura.lucero@cdiglaw.com>; Scott Brenske <sbrenske@baklawlv.com>; Brenske Andreevski & Krametbauer <bak@baklawlv.com>; Linda K. Rurangirwa <Linda.Rurangirwa@cdiglaw.com>  
**Subject:** RE: Watts: draft orders re: mtns to dismiss

You may use my e-signature on all three as well.

I hope you all have a Happy Thanksgiving!

Best Regards-

Michael D. Navratil, Esq.  
John H. Cotton & Associates, Ltd.  
7900 West Sahara Avenue, Suite 200  
Las Vegas, Nevada 89117  
[mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com)  
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---

**From:** Sean M. Kelly <[smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com)>

**Sent:** Wednesday, November 24, 2021 8:20 AM

**To:** Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>; Ryan Krametbauer <[rkrametbauer@baklawlv.com](mailto:rkrametbauer@baklawlv.com)>; Nicole M. Etienne <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>; Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>; Shady.Sirsy@lewisbrisbois.com; roya.rokni@lewisbrisbois.com; alexandra.risco-sallade@lewisbrisbois.com; lacey.ambro@cdiglaw.com; Deborah.Rocha@cdiglaw.com; brent.vogel@lewisbrisbois.com; Jessica Pincombe <[jpincombe@jhcottonlaw.com](mailto:jpincombe@jhcottonlaw.com)>; Michael Navratil <[mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com)>; laura.lucero@cdiglaw.com; Scott Brenske <[sbrenske@baklawlv.com](mailto:sbrenske@baklawlv.com)>; Brenske Andreevski & Krametbauer <[bak@baklawlv.com](mailto:bak@baklawlv.com)>; Linda K. Rurangirwa <[Linda.Rurangirwa@cdiglaw.com](mailto:Linda.Rurangirwa@cdiglaw.com)>

**Subject:** RE: Watts: draft orders re: mtns to dismiss

You can use my e-signature on all 3 as well.

Thank you,

**Sean M. Kelly, Esq.**

[smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com) | [www.mcbridehall.com](http://www.mcbridehall.com)

8329 West Sunset Road  
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Telephone: (702) 792-5855  
Facsimile: (702) 796-5855



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ATTORNEYS AT LAW

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**From:** Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>

**Sent:** Tuesday, November 23, 2021 4:48 PM

**To:** Ryan Krametbauer <[rkrametbauer@baklawlv.com](mailto:rkrametbauer@baklawlv.com)>; Nicole M. Etienne <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>; Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>; Shady.Sirsy@lewisbrisbois.com; roya.rokni@lewisbrisbois.com; alexandra.risco-sallade@lewisbrisbois.com; lacey.ambro@cdiglaw.com; Deborah.Rocha@cdiglaw.com; brent.vogel@lewisbrisbois.com; jpincombe@jhcottonlaw.com; mnavratil@jhcottonlaw.com; Sean M. Kelly <[smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com)>; laura.lucero@cdiglaw.com; Sean M. Kelly <[smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com)>; Scott Brenske <[sbrenske@baklawlv.com](mailto:sbrenske@baklawlv.com)>; Brenske Andreevski & Krametbauer <[bak@baklawlv.com](mailto:bak@baklawlv.com)>; Linda K. Rurangirwa <[Linda.Rurangirwa@cdiglaw.com](mailto:Linda.Rurangirwa@cdiglaw.com)>

**Subject:** RE: Watts: draft orders re: mtns to dismiss

You can use my e-signature on all three. Thanks.



**Tyson Dobbs**  
Partner

O: 702.212.1457

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**From:** Ryan Krametbauer <[rkrametbauer@baklawlv.com](mailto:rkrametbauer@baklawlv.com)>

**Sent:** Tuesday, November 23, 2021 4:35 PM

**To:** Nicole M. Etienne <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>; Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>; Shady.Sirsy@lewisbrisbois.com; [roya.rokni@lewisbrisbois.com](mailto:roya.rokni@lewisbrisbois.com); [alexandra.risco-sallade@lewisbrisbois.com](mailto:alexandra.risco-sallade@lewisbrisbois.com); [lacey.ambro@cdiglaw.com](mailto:lacey.ambro@cdiglaw.com); [Deborah.Rocha@cdiglaw.com](mailto:Deborah.Rocha@cdiglaw.com); [brent.vogel@lewisbrisbois.com](mailto:brent.vogel@lewisbrisbois.com); [jpincombe@jhcottonlaw.com](mailto:jpincombe@jhcottonlaw.com); [mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com); [smkelly@mcbriehall.com](mailto:smkelly@mcbriehall.com); [laura.lucero@cdiglaw.com](mailto:laura.lucero@cdiglaw.com); Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>; [smkelly@mcbriehall.com](mailto:smkelly@mcbriehall.com); Scott Brenske <[sbrenske@baklawlv.com](mailto:sbrenske@baklawlv.com)>; Brenske Andreevski & Krametbauer <[bak@baklawlv.com](mailto:bak@baklawlv.com)>; Linda K. Rurangirwa <[Linda.Rurangirwa@cdiglaw.com](mailto:Linda.Rurangirwa@cdiglaw.com)>

**Subject:** Watts: draft orders re: mtns to dismiss

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All,

Attached, please find the proposed orders regarding the various motions to dismiss. 1) Valley's mtn to dismiss, 2) Dr. Keshava-Prasad's mtn to dismiss + all substantive joinders thereto, and 3) Dr. Tariq's mtn to dismiss. Apologies in advance for any misspellings.

Should you approve as to form and content, please email back with authority to affix your e-signature.

Happy Thanksgiving.

Ryan D. Krametbauer, Esq.

**BRENSKE ANDREEVSKI & KRAMETBAUER**

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Las Vegas, Nevada 89169

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Fax: (702) 385-3823

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**From:** "Nicole M. Etienne" <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>

**Date:** Monday, November 22, 2021 at 8:57 AM

**To:** Ryan Krametbauer <[rkrametbauer@baklawlv.com](mailto:rkrametbauer@baklawlv.com)>, Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>, "Shady.Sirsy@lewisbrisbois.com" <[Shady.Sirsy@lewisbrisbois.com](mailto:Shady.Sirsy@lewisbrisbois.com)>, "roya.rokni@lewisbrisbois.com" <[roya.rokni@lewisbrisbois.com](mailto:roya.rokni@lewisbrisbois.com)>, "alexandra.risco-sallade@lewisbrisbois.com" <[alexandra.risco-sallade@lewisbrisbois.com](mailto:alexandra.risco-sallade@lewisbrisbois.com)>, "lacey.ambro@cdiglaw.com" <[lacey.ambro@cdiglaw.com](mailto:lacey.ambro@cdiglaw.com)>, "Deborah.Rocha@cdiglaw.com" <[Deborah.Rocha@cdiglaw.com](mailto:Deborah.Rocha@cdiglaw.com)>, "Vogel, Brent" <[brent.vogel@lewisbrisbois.com](mailto:brent.vogel@lewisbrisbois.com)>, "jpincombe@jhcottonlaw.com" <[jpincombe@jhcottonlaw.com](mailto:jpincombe@jhcottonlaw.com)>, "mnavratil@jhcottonlaw.com" <[mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com)>, "smkelly@mcbriehall.com" <[smkelly@mcbriehall.com](mailto:smkelly@mcbriehall.com)>, "smkelly@mcbriehall.com" <[smkelly@mcbriehall.com](mailto:smkelly@mcbriehall.com)>, Laura Lucero <[laura.lucero@cdiglaw.com](mailto:laura.lucero@cdiglaw.com)>, Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>, "smkelly@mcbriehall.com" <[smkelly@mcbriehall.com](mailto:smkelly@mcbriehall.com)>

**Subject:** RE: Watts - Revised JCCR

Great thanks Ryan.



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F: 702.384.6025

**Nicole Etienne**  
*Legal Assistant*  
O: 702.212.1446  
Email: [netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)

**Legal Assistant to:**  
Casey Tyler  
Michael Shannon  
Tyson Dobbs

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**Date:** Wednesday, November 17, 2021 at 9:28 AM

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**Subject:** RE: Watts - Revised JCCR

Morning,

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**From:** Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>

**Sent:** Monday, October 04, 2021 11:17 AM

**To:** [Shady.Sirsy@lewisbrisbois.com](mailto:Shady.Sirsy@lewisbrisbois.com); [roya.rokni@lewisbrisbois.com](mailto:roya.rokni@lewisbrisbois.com); [alexandra.risco-sallade@lewisbrisbois.com](mailto:alexandra.risco-sallade@lewisbrisbois.com); [lacey.ambro@cdiglaw.com](mailto:lacey.ambro@cdiglaw.com); [Deborah.Rocha@cdiglaw.com](mailto:Deborah.Rocha@cdiglaw.com); [brent.vogel@lewisbrisbois.com](mailto:brent.vogel@lewisbrisbois.com); [jpincombe@jhcottonlaw.com](mailto:jpincombe@jhcottonlaw.com); Camie DeVoge <[cdevoge@HPSLAW.COM](mailto:cdevoge@HPSLAW.COM)>; Nicole M. Etienne <[netienne@HPSLAW.COM](mailto:netienne@HPSLAW.COM)>; [mnavratil@jhcottonlaw.com](mailto:mnavratil@jhcottonlaw.com); [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com); [laura.lucero@cdiglaw.com](mailto:laura.lucero@cdiglaw.com); Tyson Dobbs <[tdobbs@HPSLAW.COM](mailto:tdobbs@HPSLAW.COM)>; [smkelly@mcbridehall.com](mailto:smkelly@mcbridehall.com); Ryan Krametbauer <[rkrametbauer@baklawlv.com](mailto:rkrametbauer@baklawlv.com)>

**Subject:** Watts - Revised JCCR

[External Email] CAUTION!.

Good afternoon everyone,

Please find the revised JCCR attached.

Please let me know if you have any additional changes. If there are no changes please confirm if I may use your electronic signature.

Thank you,

Amy Doughty,

Paralegal

Brenske Andreevski & Krametbauer

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F: 702-385-3823

**From:** [Laura Lucero](#)  
**To:** [Ryan Krametbauer](#); [Nicole M. Etienne](#); [Amy Doughty](#); [Shady.Sirsy@lewisbrisbois.com](#); [roya.rokni@lewisbrisbois.com](#); [alexandra.risco-sallade@lewisbrisbois.com](#); [Lacey Ambro](#); [Deborah Rocha](#); [brent.vogel@lewisbrisbois.com](#); [jpincombe@jhcottonlaw.com](#); [mnavratil@jhcottonlaw.com](#); [smkelly@mcbriehall.com](#); [Tyson Dobbs](#); [smkelly@mcbriehall.com](#); [Scott Brenske](#); [Brenske Andreevski & Krametbauer](#); [Linda K. Rurangirwa](#)  
**Subject:** RE: Watts: draft orders re: mtns to dismiss  
**Date:** Wednesday, November 24, 2021 10:11:35 AM  
**Attachments:** [image003.png](#)

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You may use my electronic signature on all 3. Thanks!



**Laura S. Lucero** | Attorney  
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Should you approve as to form and content, please email back with authority to affix your e-signature.

Happy Thanksgiving.



Ryan D. Krametbauer, Esq.

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**From:** Amy Doughty <[Amy@baklawlv.com](mailto:Amy@baklawlv.com)>  
**Sent:** Monday, October 04, 2021 11:17 AM  
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**Subject:** Watts - Revised JCCR

[External Email] CAUTION!.

Good afternoon everyone,

Please find the revised JCCR attached.

Please let me know if you have any additional changes. If there are no changes please confirm if I may use your electronic signature.

Thank you,

Amy Doughty,

Paralegal

Brenske Andreevski & Krametbauer

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1 **CSERV**

2  
3 DISTRICT COURT  
4 CLARK COUNTY, NEVADA

5  
6 Lashawanda Watts, Plaintiff(s) | CASE NO: A-21-838308-C  
7 vs. | DEPT. NO. Department 26  
8 Valley Health Systems LLC,  
9 Defendant(s)

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District  
13 Court. The foregoing Order Denying was served via the court's electronic eFile system to all  
14 recipients registered for e-Service on the above entitled case as listed below:

15 Service Date: 1/26/2022

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