

IN THE MATTER OF

*

BEFORE THE

KERI A. JONES, L.Ac.,

*

MARYLAND

Respondent.

*

BOARD OF ACUPUNCTURE

License No.: U02269

*

OAG Case No. 23-06

* * * * *

CONSENT ORDER

On June 25, 2024, the Maryland State Board of Acupuncture (the “Board”) charged **KERI A. JONES, L.Ac., License No. U02269**, (the “Respondent”) with a violation of the Maryland Acupuncture Act (the “Act”), codified at Md. Code Ann., Health Occ. I §§ 1A-101 *et seq.* and the Board’s regulations under Md. Code Regs. (“COMAR”) 10.26 *et. seq.*

The Board charged the Respondent with violation of the following provisions under the Act:

§ 1A-309. Reprimands, probations, suspensions and revocations – Grounds.

Subject to the hearing provisions of §1A-310 of this subtitle, the Board, on the affirmative vote of a majority of its full authorized membership, may deny a license to practice acupuncture to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

- (10) Willfully makes or files a false report or record in the practice of acupuncture; [and]
- (17) Engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of acupuncture[.]

On July 26, 2024, a Case Resolution Conference (“CRC”) was held in this matter. Based on negotiations occurring as a result of this CRC, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

The Board finds the following:

1. At all times relevant to the charges herein, the Respondent was licensed to practice acupuncture in the State of Maryland under License Number U02269.
2. At all times relevant to the charges herein, the Respondent practiced acupuncture at a private practice located in Catonsville, Maryland.

Complaint and Investigation

3. On or about November 2, 2022, the Board received a complaint filed by Patient 1¹. The Complaint alleged that on October 19, 2022, Patient 1 attended an appointment with the Respondent and that at that time, the Respondent’s service environment was unclean. Patient 1 wrote that the practice location was “filthy and in disarray,” that there were “a dozen or more needles laying around in different places,” and that the Respondent’s acupuncture “tools” were “not even close to clean.” The Complaint also included allegations that the Respondent suggested fraudulently claiming an ailment to gain access to insurance benefits, failed to fully disclose and gain consent for treatment, and provided services that resulted in Patient 1 feeling abused and violated.
4. After receiving Patient 1’s Complaint, the Board initiated an investigation of the Respondent under Case Number 23-06.

¹ To maintain patient confidentiality, patient names will not be disclosed in this Consent Order.

5. On November 29, 2022, the Board issued a subpoena to the Respondent which required the Respondent to produce patient medical charts, including all billing documentation, notes, imaging, and reports. The charts were to be randomly selected by the Board Investigator and were to be dated from January 1, 2022 to November 29, 2022.

6. The Respondent provided acupuncture records for Patient 1, Patient 2, Patient 3, Patient 4, Patient 5, and Patient 6 to the Board's Investigator.

7. The acupuncture records were provided to a professional consultant (the "Consultant") for a review focused on the issues of standard of care and medical documentation.

8. The Consultant provided a Record Review Report and Recommendations to the Board based upon the records provided for Patient 1, Patient 2, Patient 3, Patient 4, Patient 5, and Patient 6.

Patient 1

9. According to Patient 1's acupuncture record, Patient 1's date of visit was October 19, 2022. Patient 1's acupuncture record included demographic information and health history and one medical note. The health history in Patient 1's acupuncture record did not include Patient 1's name, company letterhead, practitioner's signature, or date stamp. No chief complaint, subjective findings, TCM diagnosis, diagnosis code(s), point prescriptions or treatment plan or documentation of "face-to-face" time were listed in the medical note. Objective findings listed in the medical note appeared to be a combination of subjective and objective findings. The CPT codes listed in the medical note did not include a CPT code for scraping/gua sha. The date of service was October 19, 2022 however, the medical note was signed on April 3, 2023.

Patient 2

10. According to Patient 2's acupuncture record, Patient 2's date of visit was October 27, 2022. Patient 1's acupuncture record included one medical note. No subjective findings, measurement of pain scale, TCM diagnosis, treatment plan or documentation of "face-to-face" time were included in the medical note. The objective findings did not include information which would qualify as objective and did not support the diagnosis code listed. The CPT codes used in the medical note are improper or incorrect. The date of service was October 27, 2022 however, the medical note was not signed until April 3, 2023.

Patient 3

11. According to Patient 3's acupuncture record, Patient 3's dates of visits were October 31, 2022 and January 18, 2023. Patient 3's acupuncture record included two medical notes. No chief complaint, subjective findings, ICD code, CPT codes, TCM diagnosis, treatment plan or "face-to-face" time were documented in the medical notes. Length of treatment time was not recorded. The dates of service were October 31, 2022 and January 18, 2023 however, the medical notes were signed on April 3, 2023.

Patient 4

12. According to Patient 4's acupuncture record, Patient 4's dates of visits were October 25, 2022, November 1, 2022, and February 9, 2023. Patient 4's acupuncture record included three medical notes. No chief complaint, TCM diagnosis, treatment plan or face to face time was documented in the medical notes dated October 25, 2022 and November 1, 2022. Only objective findings were listed in the medical notes however, the information appeared to be subjective. The notes were not clear with regard to the length of time treatments were performed and included unclear terminology. The medical note from February 9, 2023 did not include a chief complaint,

TCM diagnosis or face to face documentation however, it included more documented codes regarding treatment. The services were provided on October 25, 2022, November 1, 2022, and February 9, 2023. The medical notes were signed on April 3, 2023.

Patient 5

13. According to Patient 5's acupuncture record, Patient 5 had 19 visits between May 2, 2019 and June 23, 2022². Patient 5's medical record included 19 medical notes. None of the medical notes included a TCM diagnosis, palpation findings, discovery from a positive or negative orthopedic test or measurement of pain scale, or treatment plan. The notes included incorrect and improper use of CPT codes and evaluation and management codes. Specifically, the medical note from January 26, 2022 did not include a chief complaint, TCM diagnosis, treatment plan, documentation of face to face, and no pain scale reference or description of quality of pain experienced by the patient. SOAP notes were minimal and lacked supporting evidence. Objective findings did not support diagnosis codes. CPT codes were not supported by the notes provided. The date of service was January 26, 2022 however, the medical note was signed on May 10, 2023.

Patient 6

14. According to Patient 6's acupuncture record, Patient 6 had 34 visits between September 20, 2020 and February 9, 2023³. None of the medical notes included a TCM diagnosis, objective findings, palpation findings, discovery from a positive or negative orthopedic test or measurement

² Patient 5's record include medical notes for the following visit dates: 05/02/2019, 05/08/2019, 05/16/2019, 06/07/2019, 06/21/2019, 03/09/2020, 03/20/2020, 04/03/2020, 04/22/2020, 05/12/2020, 06/29/2020, 07/27/2020, 08/24/2020, 02/11/2021, 01/26/2022, 05/02/2022, 05/18/2022, 06/16/2022, and 06/23/2022.

³ Patient 6's record include medical notes for the following visit dates: 10/30/2016, 03/21/2021, 04/21/2021, 06/09/2021, 08/23/2021, 05/03/2021, 05/26/2021, 06/23/2021, 07/14/2021, 09/08/2021, 09/26/2021, 10/06/2021, 11/02/2021, 11/29/2021, 12/15/2021, 01/12/2022, 02/02/2022, 02/23/2022, 03/16/2022, 04/06/2022, 04/27/2022, 06/20/2022, 07/18/2022, 08/04/2022, 08/22/2022, 09/2/2022, 09/20/2022, 10/06/2022, 10/24/2022, 11/16/2022, 12/07/2022, 01/03/2023, 01/25/2023, 02/09/2023.

of pain scale, or treatment plan. The notes included incorrect and improper use of CPT codes, evaluation and management codes and face to face documentation. Specifically, the medical note from April 27, 2022 did not include objective findings, TCM diagnosis, documentation of face to face, and no pain scale reference or treatment plan. CPT codes were not supported by the notes provided. The date of service was April 27, 2022 however, the medical note was signed on May 15, 2023.

15. The Consultant made the following observations:

- There was no chief complaint listed for nearly every medical note presented;
- None of the medical notes contained the “Objective” portion of the notes;
- “Objective” appeared to be the “Subjective” so it was either labeled incorrectly or the practitioner is not aware of the difference between objective and subjective;
- None of the medical notes included time “face-to-face” as required for insurance billing;
- “Scraping” was frequently performed but the service itself was not clearly identified and the time spent performing the service was not clearly indicated. No “face-to-face” time was documented for the service;
- The medical notes did not contain TCM diagnoses;
- None of the medical notes provided would have been acceptable/passable as a SOAP note either in accordance with the standard set forth on the Board’s website or for insurance billing purposes;
- Postings on social media of photographs of patients, including a photograph of minor patient in his underwear, as well as the patient's identification, length of treatment and condition for which the patient was treated, could be HIPPA violations and showed that the provider lacked a displayed understanding of HIPPA/professionalism; and

- Website posting stating that the practitioner is a doctor but failing to indicate what type of doctor could be misleading to laypersons.

16. The Consultant concluded that the documented care provided by the Respondent to Patients 1, 2, 3, 4, 5, and 6 was vague, inconclusive, and unsupported by the medical documentation provided.

17. The Consultant stated that the medical notes for Patients 1, 2, 3, 4, 5, and 6 were inconsistent, ambiguous, and incomplete.

18. The Consultant observed improper and below standard use of medical charting and inappropriate use of billing in the medical notes provided for Patients 1, 2, 3, 4, 5, and 6.

19. The Consultant attested that evidence provided for Patients 1, 2, 3, 4, 5, and 6 reflected a below standard level of care.

20. As part of its investigation, the Board corresponded with the Respondent on December 29, 2023 and requested that she provide a “supplemental response” to the Consultant’s report.

21. On or about January 5, 2024, the Respondent provided a supplemental response which stated, in part:

... Because I’m a small business owner, I don’t have an administrative assistant to help me, and as a result I am continually learning about standards that I was previously unaware of for the administrative aspect of running my business...

My charting software does have the SOAP note template, so I am definitely committed to being more thorough about entering all of this information appropriately going forward. This will allow me to ensure that the “Subjective” and “Objective” parts of the note are present, and also that a TCM (or sports acupuncture) diagnosis and treatment plan are outlined for continuity of care and billing purposes.

... Regarding the issues with my billing and the units, I did not realize that I was sometimes picking the wrong codes and documenting these codes improperly...

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent is guilty of engaging in a course of conduct that is inconsistent with generally accepted professional standards in the practice of acupuncture, in violation of Health Occ. § 1A-309(17). The Board hereby dismisses the charge for willfully making or filing a false report or record in the practice of acupuncture, in violation of Health Occ. § 1A-309(10).

ORDER

It is thus by a majority of a quorum of the Board hereby:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the **Order Terminating Suspension and Imposing Probation** dated June 22, 2023 shall be terminated; and it is further

ORDERED that the Respondent be placed on **PROBATION** until **June 22, 2026**.⁴

During probation, the Respondent shall comply with the following terms and conditions of probation:

1. Within **ONE YEAR** the Respondent is required to take and successfully complete two courses. One course shall be regarding insurance billing practices, which shall include topics related to proper SOAP notes, coding, and charting through the American Acupuncture Council. A second course shall be regarding compliance with HIPAA through the American Acupuncture Council. The following terms apply:
 - A. it is the Respondent's responsibility to locate, enroll in and obtain the Board's approval of the course before the course is begun;
 - B. the Respondent must provide documentation to the Board that the Respondent has successfully completed the course;
 - C. the course may not be used to fulfill the continuing education credits required for license renewal; and

⁴ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

D. the Respondent is responsible for the cost of the course.

2. The Respondent shall subscribe to the American Acupuncture Council Network for the term of the probation;
3. The Respondent's Acupuncture practice shall be supervised by a Board-approved peer supervisor/mentor proficient in insurance billing and Sports Medicine Acupuncture.
 - a. Within 30 days, the Respondent shall provide the panel with the name and professional background information of the supervisor whom she is offering for approval.
 - b. The Board will provide the Board-approved supervisor with the relevant Board orders and peer review reports concerning the Respondent.
 - c. The Respondent consents to the release of these documents to the supervisor.
 - d. Each month the supervisor shall review the patient records, chosen by the supervisor, of at least **TEN** of the Respondent's patients.
 - e. The supervisor shall meet in person with the Respondent at least once each month.
 - f. Discussion at their in-person meetings shall include the care the Respondent has provided for specific patients and detailed feedback from the supervisor on the Respondent's practices and recordkeeping and billing practices.
 - g. The supervisor shall be available to the Respondent for consultations on any patient and shall observe the Respondent's practice and have access to the Respondent's patients' records and shall maintain the confidentiality of all medical records and patient information.
 - h. The Respondent shall ensure that the supervisor provides the Board with quarterly reports.
 - i. The quarterly reports shall detail the quality of the Respondent's practices; deficiencies, concerns and needed improvements; and measures to improve patient care.
 - j. Reports from the Supervisor that do not show sufficient progress or any failure comply with the Supervisor's recommendations may be deemed a violation of probation or of this Consent Order.
 - k. If there are indications that the Respondent poses a substantive risk to patients, the supervisor shall immediately report his or her concerns to the Board.
 - l. In the event that the Respondent's supervisor discontinues supervising the Respondent's practice for any reason during the probationary period, the Respondent shall immediately notify the Board. The Respondent shall be solely responsible for submitting a request for Board-approved replacement.
4. The Respondent shall be subject to unannounced, periodic site visits and inspections of her office by Board staff and shall cooperate with the Board, and its employees or agents at all times in conducting the inspections. If an inspection reveals that her office is not maintained in a clean, orderly,

- professional and safe condition, her failure to do so shall constitute a violation of probation;
5. The Respondent shall use and dispose of needles in compliance with the CCAHM protocol;
 6. The Respondent shall follow CCAHM protocol with respect to the cleaning of medical devices;
 7. The Respondent shall not needle through clothing;
 8. The Respondent shall remove photographs of inappropriate practice from her social media and websites;
 9. The Respondent shall, at all times, comply with the Act and all applicable laws, statutes, and regulations;
 10. The Respondent shall at all times cooperate with the Board, any of its agents or employees, and with the Board-assigned investigator, in the monitoring, supervision, and investigation of the Respondent's compliance with the terms and conditions of the Consent Order;

IT IS FURTHER ORDERED that a violation of probation constitutes a violation of the Consent Order; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation, the Respondent may submit a written petition for termination of probation. The Respondent's probation may be administratively terminated through an order of the Board if the Respondent has complied with all probationary terms, upon the receipt of four satisfactory quarterly reports from the supervisor, and if there are no pending complaints relating to the charges; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the Board determines there is a genuine dispute as to a material fact, the hearing shall


be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a Board; and if the Board determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board; and it is further

ORDERED that after the appropriate hearing, if the Board determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the Board may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice acupuncture in Maryland. The Board may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the Board which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document. *See* Health Occ. §§ 1-607 and Gen. Prov. § 4-333(b)(6).

12/17/24
Date


Tiffany Smith-Williams, Executive Director
Maryland State Board of Acupuncture

CONSENT

I, Keri A. Jones, L.Ac., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the Board will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 1A-310 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

12.12.24
Date

Keri A Jones L.Ac
Keri Jones, L. Ac.

RECEIVED

DEC 16 2024

MARYLAND
BOARD OF ACUPUNCTURE

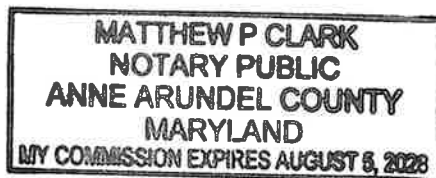
NOTARY

STATE OF Maryland

CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 12 day of December, 2024,
before me, a Notary Public of the State and County aforesaid, personally appeared Keri A. Jones,
L.Ac., and gave oath in due form of law that the foregoing Consent Order was her voluntary act
and deed.

AS WITNESS, my hand and Notary Seal.




Notary Public

My Commission Expires: 8/5/28

RECEIVED

DEC 16 2024

MARYLAND
BOARD OF ACUPUNCTURE