LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130 www.lsbme.la.gov



iclioptione (504) 568-6820 FAX (504) 568-6893 Writer's Dais (100

In The Matter of:

In The Matter of:

CONSENT ORDER

JOSHUA TYSON WORLEY, DPM

Certificate No. DPM. 200043

Respondent

Respondent

X

CONSENT ORDER

FOR REPRIMAND

Certificate No. DPM. 200043

An investigation was conducted by the Investigating Officer of the Louisiana State Board of Medical Examiners (the "Board") of Joshua Tyson Worley, DPM ("Dr. Worley"), a podiatrist, who at all times pertinent was practicing in and around Shreveport, Louisiana. The investigation revealed that Dr. Worley failed to maintain medical records in an appropriate fashion by not timely recording patient interactions and not timely providing completed charts to the clinic where he had been employed. As indicated by Dr. Worley, he has failed to maintain approximately 200 medical records.

Dr. Worley has fully cooperated with the Board and has attempted to complete the charts; however Dr. Worley acknowledges that proof of the foregoing information upon an administrative evidentiary hearing could establish grounds under the Louisiana Podiatry Practice Act, La. Rev. Stat. §§37: 611 et. seq., ("the Act") for the imposition of such terms, conditions and restrictions on his license to practice podiatry in this state as the Board may deem appropriate, pursuant to La. Rev. Stat.§37:624A (19) and (20). In consideration of this finding, accordingly, and on the recommendation of the Investigating Officer respecting the pending investigation, the Board has concluded that its responsibility to ensure the health, safety and welfare of the citizens of this state against the unprofessional, unqualified and unsafe practice of podiatry, will be effectively served by entry of the Order set forth hereinafter by consent.

Recognizing his right to have notice and administrative adjudication of any charges that may be filed in this matter, at which time he would be entitled to be represented by legal counsel, to call witnesses and to present evidence on his own behalf in defense or in mitigation of any charges made and to a decision thereon by the Board based upon written findings of fact and conclusions of law, pursuant to La. Rev. Stat. §§49:951 et seq., Dr. Worley nonetheless, hereby waives his right to notice and formal adjudication and pursuant to La. Rev. Stat. §49:955(D),

¹. The board may refuse to issue, suspend or institute proceedings in any court of competent jurisdiction to revoke any license, permit, or certificate issued under this Chapter for any of the following causes: (19) Unprofessional conduct; (20) Continuing or recurring podiatric practice which fails to satisfy the prevailing and usually accepted standards of podiatric practice in this state.

consents to entry of the Order set forth hereinafter. By his subscription hereto, Dr. Worley also acknowledges that he waives any right to which he may be entitled pursuant to the Louisiana Administrative Procedure Act, La. Rev. Stat. §§49:951 et seq., or which otherwise may be afforded to him by law, to contest his agreement to or the force and effect of this document in any court or other forum relating to the matters referred to herein. By his subscription hereto, Dr. Worley also hereby authorizes the Investigating Officer designated by the Board with respect hereto to present this Consent Order to the Board for its consideration and to fully disclose to and discuss with the Board the nature and results of the investigation and he waives any objection to such disclosures under La. Rev. Stat. §49:960. Dr. Worley expressly acknowledges that the disclosure of information to the Board by the Investigating Officer shall be without prejudice to the Investigating Officer's authority to pursue formal administrative charges against him or to the Board's capacity to adjudicate such charges should the Board decline to approve this Consent Order. Accordingly, in consideration of the foregoing and pursuant to the authority vested in the Board by La. Rev. Stat. §37:624 and La. Rev. Stat. §49:955(D):

IT IS ORDERED that the Joshua Tyson Worley, DPM is hereby *Officially Reprimanded* for the conduct described hereinabove.

IT IS FURTHER ORDERED that within six (6) months of the effective date of this Order, Dr. Worley shall attend and successfully complete a course (or courses) on medical record keeping. The course shall be approved in advance by the Board. On or before the expiration of six (6) months from the effective date of this Order, Dr. Worley shall cause to be submitted to the Board written certification of satisfaction of the requirements of this provision.

IT IS FURTHER ORDERED that within one (1) year from the effective date of this Order, Dr. Worley shall pay to the Board a fine in the amount of One Thousand (\$1,000.00) Dollars.

IT IS FURTHER ORDERED that any violation or failure of strict compliance with any of the terms or restrictions set forth by this Order by Dr. Worley shall be deemed adequate and sufficient cause, upon proof of such violation or failure, for such further action against Dr. Worley's license to practice podiatry in the state of Louisiana as the Board may deem appropriate, as if such violations were enumerated among the causes provided in La. Rev. Stat. §37:624.

IT IS FURTHER ORDERED that this Consent Order shall be, and shall be deemed to be, a public record. New Orleans, Louisiana, this 38 H day of 10 an ch 1, 2022.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

By:

Lester W. Johnson, MD

Presiden

In the Matter of:	
Joshua Tyson Worley, DPM	[

Consent Order For Reprimand

3

//

Acknowledgment and Consent Follows on Next Page

//

ACKNOWLEDGMENT AND CONSENT

STATE OF LOUISIANA PARISH OF	
and that all of its terms and conditions have be understand them. I further acknowledge that I app and foregoing Order without duress and of my February, 2022.	een fully explained to me and/or that I fully brove, accept and consent to entry of the above own free will and accord, this 16 day of DSHYA TYSON WORLEY DPM
WITNES	SES:
Signature Signature	Signature —
Typed Name	Typed Name
308 W. Glen Meadow Dr. Address	Address
Clenn Heights TX 75154 City/State/Zip Code	Aughn 1X 78759 City/State/Zip Code
Sworn to and subscribed before me this	day of February, 2022,
in the presence of the two stated witnesses.	
for the	WINGALVIN BACK
Notary Public (Signature & Seal)	TARY
CAININ Browne	Sal
Printed Name & Notary or Bar Number	07 TENS 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.