

State of Rhode Island  
Department of Health  
Board of Medical Licensure and Discipline



**IN THE MATTER OF:**  
**David Coia, DO**  
**License No.: DO 00632**  
**Case No.: C200377**

### **CONSENT ORDER**

David Coia, DO (“Respondent”) is licensed as a physician in Rhode Island. The Rhode Island Board of Medical Licensure and Discipline (“Board”) has reviewed and investigated the above-referenced complaint pertaining to Respondent through its Investigative Committee. The Board makes the following

### **FINDINGS OF FACT**

1. Respondent has been a licensed physician in the State of Rhode Island since June 11, 2008. Respondent graduated from Nova Southeastern University College of Osteopathic Medicine.
2. Respondent was the attending physician for Patient A (alias).
3. The Board received a complaint relative to Respondent’s care of Patient A from a nurse employed at the office of Patient A’s pediatrician (“Complainant”) , that Respondent had reasonable cause to suspect that Patient A had been abused, which Respondent did not report to DCYF.
4. Pursuant to R.I. Gen. Laws § 40-11-3(a), “Any person who has reasonable cause to know or suspect that any child has been abused or neglected . . . shall, within twenty-four (24) hours,

transfer that information to [DCYF], or its agent.” R.I. Gen. Laws § 40-11-2(1)(a) and (b) define “abused or neglected child” as including a child whose “physical or mental health or welfare is harmed, or threatened with harm, when his or her parent . . . [i]nflicts, or allows to be inflicted, upon the child physical or mental injury, including excessive corporal punishment” or “[c]reates, or allows to be created, a substantial risk of physical or mental injury to the child, including excessive corporal punishment.”

5. Respondent telephonically appeared before the Investigative Committee on May 27, 2020, at which time Respondent acknowledged that Patient A was a minor child who was brought to see him by his mother because of an injury on Patient A’s face that Patient A and his mother acknowledged had been caused by a belt buckle. It is documented in the medical record that Patient A’s mother had been angry at Patient A and attempted to discipline Patient A with a belt. The record reflects that Patient A’s mother was attempting to strike Patient A’s backside with the belt when the child moved, causing the belt buckle to strike Patient A in the face. The record further reflects that the injury occurred on a Wednesday, but that Patient A was brought to the urgent care on the following Saturday.

5. Respondent sent a report of his examination to Patient A’s pediatrician, but did not forward his report to DCYF.

6. At his May 27, 2020 appearance, Respondent admitted to knowing the mandatory reporting requirements codified in R.I. General Laws § 40-11-3 set forth above, but volunteered that having weighed the circumstances presented, failed to forward his report to DCYF.

7. Respondent documented in the medical record a diagnosis of “superficial hemorrhage.” Respondent did not document as a differential diagnosis that there was a possibility that Patient A had suffered non-accidental trauma and been a victim of abuse or neglect.

8. The Investigative Committee concluded that Respondent had reasonable cause to know or suspect that Patient A had been abused and failed to report such information to DCYF, as required by R.I. Gen. Laws § 40-11-3.

9. The Respondent acknowledges the mandatory reporting requirements of R.I. Gen. Laws § 40-11-3.

The Investigative Committee concluded that Respondent violated R.I. Gen. Laws § 5-37-5.1(9) and (19), which define “unprofessional conduct” as including, respectively, “[w]illfully omitting to file or record, or willfully impeding or obstructing a filing or recording, or inducing another person to omit to file or record, medical or other reports as required by law” and “any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing medical practice in his or her area of expertise as is determined by the board.”

**Based on the foregoing, the parties agree as follows:**

1. Respondent admits to and agrees to remain under the jurisdiction of the Board.
2. Respondent has agreed to this Consent Order and understands that it is subject to final approval of the Board and is not binding on Respondent until final ratification by the Board.
3. If ratified by the Board, Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Board;
  - b. The right to produce witnesses and evidence on his behalf at a hearing;
  - c. The right to cross examine witnesses;
  - d. The right to have subpoenas issued by the Board;
  - e. The right to further procedural steps except for those specifically contained herein;
  - f. Any and all rights of appeal of this Consent Order;

g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review; and

h. Any objection to the fact that this Consent Order will be reported to the National Practitioner Data Bank and Federation of State Medical Boards and posted to the Rhode Island Department of Health (“RIDOH”) public website.

4. Respondent agrees to pay, within 5 days of the ratification of this Consent Order, an administrative fee of \$1100.00 for costs associated with investigating the above-referenced complaint. Such payment shall be made by certified check, made payable to “**Rhode Island General Treasurer**,” and sent to Rhode Island Department of Health, 3 Capitol Hill, Room 205, Providence, RI 02908, Attn: Lauren Lasso. Respondent will send notice of compliance with this condition to [DOH.PRCCompliance@health.ri.gov](mailto:DOH.PRCCompliance@health.ri.gov) within 30 days of submitting the above-referenced payment.

5. Respondent hereby agrees to this reprimand.

6. Within six months of ratification of this Consent Order, Respondent will complete a Board approved course in recognition, diagnosis, treatment and management of child abuse/neglect or successfully complete the CPEP Probe course.

7. If Respondent violates any term of this Consent Order after it is signed and accepted, the Director of RIDOH (“Director”) shall have the discretion to impose further disciplinary action, including immediate suspension of Respondent’s medical license in accordance with R.I. Gen. Laws § 5-37-8. If the Director imposes further disciplinary action, Respondent shall be given notice and shall have the right to request an administrative hearing within 20 days of the suspension and/or further discipline. The Director shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. The

Administrative Hearing Officer may suspend Respondent's license, or impose further discipline, for the remainder of Respondent's licensing period if the alleged violation is proven by a preponderance of evidence.

Signed this 28 day of July, 2020.

David J Coia D.O.  
David Coia, MD

Ratified by the Board of Medical Licensure and Discipline on the 12th day of Sept, 2020.

Jim McCall MD  
JV McCall MD