BEFORE THE
PHYSICIAN ASSISTANT BOARD
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
SARAH JOI CRAFT, P.A.	)	**Case No. 950-2013-000075**
Physician Assistant License No. PA 18737	)	
Respondent	)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Physician Assistant Board, Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 11, 2017.

IT IS SO ORDERED July 14, 2017.

PHYSICIAN ASSISTANT BOARD

By: Robert E. Sachs

Robert E. Sachs, P.A., Chair

XAVIER BECERRA
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BEFORE THE
PHYSICIAN ASSISTANT BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SARAH JOI CRAFT, P.A.** 1948 Main Street Fortuna , CA 95540-2718 Physician Assistant License No. No. PA 18737 Respondent.	Case No. 950-2013-000075 OAH No. 2017030022 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Maureen L. Forsyth (Complainant) is the Executive Officer of the Physician Assistant Board (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Mara Faust, Deputy Attorney General.

2. Respondent Sarah Joi Craft, P.A. (Respondent) is representing herself in this proceeding and has chosen not to exercise her right to be represented by counsel.

3. On or about November 15, 2006, the Board issued Physician Assistant License No. PA 18737 to Sarah Joi Craft, P.A. (Respondent). The Physician Assistant License No. PA 18737

was in full force and effect at all times relevant to the charges brought in Accusation No. 950-2013-000075, and will expire on June 30, 2018, unless renewed.

JURISDICTION

4. Accusation No. 950-2013-000075 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 12, 2016. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 950-2013-000075 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 950-2013-000075. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 950-2013-000075, if proven at a hearing, constitute cause for imposing discipline upon her Physician Assistant License No.PA 18737. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No.

950-2013-000075 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

11. Respondent agrees that her Physician Assistant License No. PA 18737 is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CIRCUMSTANCES IN MITIGATION

12. Respondent Sarah Joi Craft, P.A. has never been the subject of any disciplinary action. She is admitting responsibility at an early stage in the proceedings.

CONTINGENCY

13. This stipulation shall be subject to approval by the Physician Assistant Board. Respondent understands and agrees that counsel for Complainant and the staff of the Physician Assistant Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following

Disciplinary Order:

DISCIPLINARY ORDER

1. IT IS HEREBY ORDERED that Physician Assistant License No. No. PA 18737 issued to Respondent Sarah Joi Craft, P.A. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

2. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. The course shall be Category I certified, limited to classroom, conference, or seminar settings. Respondent shall successfully complete the course within the first 6 months of probation.

Respondent shall pay the cost of the course.

Respondent shall submit a certification of successful completion to the Board or its designee within 15 days after completing the course.

3. EDUCATION COURSE Within 60 days of the effective date of the decision, respondent shall submit to the Board or its designee for its prior approval an educational program or course from an accredited program which shall not be less than 20 hours of Category 1 CME for the first year of probation. The education course shall be aimed at correcting any areas of deficient practice or knowledge. The course shall be Category I certified, limited to classroom, conference, seminar, or web-based/online settings. Respondent shall successfully complete the course within the first year of probation. These hours are in addition to the normal CME's required to retain a physician assistant license.

Respondent shall pay the cost of the course.

Respondent shall submit a certification of successful completion to the Board or its designee within 15 days after completing the course.

4. ETHICS COURSE Within 60 days of the effective date of this decision, respondent shall submit to the Board or its designee for its prior approval a course in ethics. The course shall be limited to classroom, conference, seminar, or web-based/online settings. Respondent shall successfully complete the course within the first year of probation.

Respondent shall pay the cost of the course.

Respondent shall submit a certification of successful completion to the Board or its designee within 15 days after completing the course.

5. PRESCRIBING PRACTICES COURSE Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

Respondent shall pay the cost of the course. The program shall determine whether respondent successfully completes the course.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the decision, whichever is later. Respondent will receive full credit for the November 15, 2015 CAPA controlled substances education course that she attended.

6. MAINTENANCE OF PATIENT MEDICAL RECORDS

All medical records originated by the respondent shall be reviewed, initialed, and dated daily by the supervising physician.

This condition shall be required for the first year of probation).

7. ON-SITE SUPERVISION

The supervising physician shall be on site at least 50% of the time respondent is practicing if she leaves her employment with Planned Parenthood of Northern California clinics.

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8. APPROVAL OF SUPERVISING PHYSICIAN Within 30 days of the effective date of this decision, respondent shall submit to the Board or its designee for its prior approval the name and license number of the supervising physician and a practice plan detailing the nature and frequency of supervision to be provided. Respondent shall not practice until the supervising physician and practice plan are approved by the Board or its designee.

Respondent shall have the supervising physician submit quarterly reports to the Board or its designee.

If the supervising physician resigns or is no longer available, respondent shall, within 15 days, submit the name and license number of a new supervising physician for approval. Respondent shall not practice until a new supervising physician has been approved by the Board or its designee.

9. NOTIFICATION OF EMPLOYER AND SUPERVISING PHYSICIAN Respondent shall notify his/her current and any subsequent employer and supervising physician(s) of the discipline and provide a copy of the Accusation, Decision, and Order to each employer and supervising physician(s) during his/her period of probation, before accepting or continuing employment. Respondent shall ensure that each employer informs the Board or its designee, in writing within 30 days, verifying that the employer and supervising physician(s) have received a copy of the Accusation, Decision, and Order.

This condition shall apply to any change(s) in place of employment.

The respondent shall provide to the Board or its designee the names, physical addresses, mailing addresses, and telephone numbers of all employers, supervising physicians, and work site monitor, and shall inform the Board or its designee in writing of the facility or facilities at which the person practices as a physician assistant.

Respondent shall give specific, written consent to the Board or its designee to allow the Board or its designee to communicate with the employer, supervising physician, or work site monitor regarding the licensee's work status, performance, and monitoring.

10. OBEY ALL LAWS Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine as a physician assistant in California, and remain in full

compliance with any court ordered criminal probation, payments, and other orders.

11. QUARTERLY REPORTS Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board or its designee, stating whether there has been compliance with all the conditions of probation.

12. OTHER PROBATION REQUIREMENTS Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board and probation unit informed of respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Board and probation unit. Under no circumstances shall a post office box serve as an address of record, except as allowed by California Code of Regulations 1399.523.

Respondent shall appear in person for an initial probation interview with Board or its designee within 90 days of the decision. Respondent shall attend the initial interview at a time and place determined by the Board or its designee.

Respondent shall, at all times, maintain a current and renewed physician assistant license.

Respondent shall also immediately inform the probation unit, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

13. INTERVIEW WITH MEDICAL CONSULTANT Respondent shall appear in person for interviews with the Board's medical or expert physician assistant consultant upon request at various intervals and with reasonable notice.

14. NON-PRACTICE WHILE ON PROBATION Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days. Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not practicing as a physician assistant. Respondent shall not return to practice until the supervising physician is approved by the Board or its designee.

If, during probation, respondent moves out of the jurisdiction of California to reside or practice elsewhere, including federal facilities, respondent is required to immediately notify the Board in writing of the date of departure and the date of return, if any.

Practicing as a physician assistant in another state of the United States or federal jurisdiction while on active probation with the physician assistant licensing authority of that state or jurisdiction shall not be considered non-practice.

All time spent in a clinical training program that has been approved by the Board or its designee, shall not be considered non-practice. Non-practice due to a Board ordered suspension or in compliance with any other condition or probation, shall not be considered a period of non-practice.

Any period of non-practice, as defined in this condition, will not apply to the reduction of the probationary term.

Periods of non-practice do not relieve respondent of the responsibility to comply with the terms and conditions of probation.

It shall be considered a violation of probation if for a total of two years, respondent fails to practice as a physician assistant. Respondent shall not be considered in violation for non-practice as long as respondent is residing and practicing as a physician assistant in another state of the United States and is on active probation with the physician assistant licensing authority of that state, in which case the two-year period shall begin on the date probation is completed or terminated in that state.

15. UNANNOUNCED CLINICAL SITE VISIT The Board or its designee may make unannounced clinical site visits at any time to ensure that respondent is complying with all terms and conditions of probation.

16. CONDITION FULFILLMENT A course, evaluation, or treatment completed after the acts that gave rise to the charges in the accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of the condition.

17. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., cost recovery, probation costs) no later than 60 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's license will be fully restored.

18. VIOLATION OF PROBATION If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

19. COST RECOVERY The respondent is hereby ordered to reimburse the Physician Assistant Board the amount of $4,856.00, within 90 days from the effective date of this decision for its investigative costs. In the alternative, respondent may make monthly payments for the first thirty-five months of probation consisting of $ 138.74 per month. Failure to reimburse the Board's costs for its investigation shall constitute a violation of the probation order, unless the Board agrees in writing to payment by an installment plan because of financial hardship. The filing of bankruptcy by the respondent shall not relieve the respondent of his/her responsibility to reimburse the Board for its investigative costs.

20. PROBATION MONITORING COSTS Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. The costs shall be made payable to the Physician Assistant Board and delivered to the Board no later than January 31 of each calendar year.

21. VOLUNTARY LICENSE SURRENDER Following the effective date of this probation, if respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may request, in writing, the voluntarily surrender of respondent's license to the Board. Respondent's written request to surrender his or her license shall include the following: his or her name, license number, case number, address of record, and an explanation of the reason(s) why respondent seeks to surrender his or her license. The Board reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Respondent shall not be relieved of the requirements of his or her probation unless the Board or its designee notifies respondent in writing that respondent's request to surrender his or her license has been accepted. Upon formal acceptance

of the surrender, respondent shall, within 15 days, deliver respondent's wallet and wall certificate to the Board or its designee and shall no longer practice as a physician assistant. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent re-applies for a physician assistant license, the application shall be treated as a petition for reinstatement of a revoked license.

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Physician Assistant License No. PA 18737. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Physician Assistant Board.

DATED: 5/8/17

SARAH JO CRAFT, P.A.
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Physician Assistant Board.

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

MARA FAUST
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

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DATED: _____

SARAH JOI CRAFT, P.A.
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Physician Assistant Board.

Dated: May 8, 2017

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

Mara Faust

MARA FAUST
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 950-2013-000075

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Dec. 12 2016
BY R. Firdaus ANALYST

BEFORE THE
PHYSICIAN ASSISTANT BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SARAH JOI CRAFT** 1948 Main Street Fortuna, CA 95540 Physician Assistant License No. PA 18737 Respondent.	Case No. 950-2013-000075 OAH No. **ACCUSATION**

Complainant alleges:

PARTIES

1. Maureen L. Forsyth (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Physician Assistant Board, Department of Consumer Affairs.

2. On or about November 15, 2006, the Physician Assistant Board issued Physician Assistant License No. PA18737 to Sarah Joi Craft (Respondent). The Physician Assistant License was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2018, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Physician Assistant Board (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 3527 of the Code provides that the board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a physician assistant license for unprofessional conduct.

5. Section 3502[1] of the Code states:

"(a) Notwithstanding any other provision of law, a physician assistant may perform those medical services as set forth by the regulations adopted under this chapter when the services are rendered under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

"(b) Notwithstanding any other provision of law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient specific orders from the supervising physician and surgeon.

"The supervising physician and surgeon shall be physically available to the physician assistant for consultation when such assistance is rendered. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

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[1] Business and Professions Code section 3502 was amended by Stats. 2015, Ch. 536, Sec. 2. Effective January 1, 2016.

"(c)

(1) A physician assistant and his or her supervising physician and surgeon shall establish written guidelines for the adequate supervision of the physician assistant. This requirement may be satisfied by the supervising physician and surgeon adopting protocols for some or all of the tasks performed by the physician assistant. The protocols adopted pursuant to this subdivision shall comply with the following requirements:

"(A) A protocol governing diagnosis and management shall, at a minimum, include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be provided to the patient.

"(B) A protocol governing procedures shall set forth the information to be provided to the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow up care.

"(C) Protocols shall be developed by the supervising physician and surgeon or adopted from, or referenced to, texts or other sources.

"(D) Protocols shall be signed and dated by the supervising physician and surgeon and the physician assistant.

"(2) The supervising physician and surgeon shall review, countersign, and date a sample consisting of, at a minimum, 5 percent of the medical records of patients treated by the physician assistant functioning under the protocols within 30 days of the date of treatment by the physician assistant. The physician and surgeon shall select for review those cases that by diagnosis, problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the patient.

"(3) Notwithstanding any other provision of law, the Medical Board of California or board may establish other alternative mechanisms for the adequate supervision of the physician assistant.

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"(d) No medical services may be performed under this chapter in any of the following areas:

"(1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.

"(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.

"(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

"(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).

"(e) This section shall not be construed in a manner that shall preclude the performance of routine visual screening as defined in Section 3501."

6. Section 3502.1 of the Code states:

"(a) In addition to the services authorized in the regulations adopted by the Medical Board of California, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

"(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.

"(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided or issued. The drugs listed in the protocols shall constitute the

formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.

"(b) "Drug order" for purposes of this section, means an order for medication which is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician, (2) all references to 'prescription' in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

"(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician before it is filled or carried out.

"(1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

"(2) A physician assistant may not administer, provide or issue a drug order for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for the particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the board. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled

substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the board prior to the physician assistant's use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.

"(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon's practice.

"(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient's medical record in a health facility or medical practice, shall contain the printed name, address, and phone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient's medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant and shall otherwise comply with the provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon's prescription blank to show the name, license number, and if applicable, the federal controlled substances registration number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.

"(e) The medical record of any patient cared for by a physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out shall be reviewed and countersigned and dated by a supervising physician and surgeon within seven days.

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"(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).

"(g) The board shall consult with the Medical Board of California and report during its sunset review required by Division 1.2 (commencing with Section 473) the impacts of exempting Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to review and countersign the affected medical record of a patient."

7. Section 2234 of the Code states, in pertinent part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

8. California Code of Regulations, title 16, section 1399.540 states:

(a) A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training,

and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant.

(b) The writing which delegates the medical services shall be known as a delegation of services agreement. A delegation of services agreement shall be signed and dated by the physician assistant and each supervising physician. A delegation of services agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. A physician assistant may provide medical services pursuant to more than one delegation of services agreement.

(c) The committee or division or their representative may require proof or demonstration of competence from any physician assistant for any tasks, procedures or management he or she is performing.

(d) A physician assistant shall consult with a physician regarding any task, procedure or diagnostic problem which the physician assistant determines exceeds his or her level of competence or shall refer such cases to a physician.

9. California Code of Regulations, title 16, section 1399.545, states:

"(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

"(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

"(c) A supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

"(d) The physician assistant and the supervising physician shall establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises.

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"(e) A physician assistant and his or her supervising physician shall establish in writing guidelines for the adequate supervision of the physician assistant which shall include one or more of the following mechanisms:

"(1) Examination of the patient by a supervising physician the same day as care is given by the physician assistant;

"(2) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant;

"(3) The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant. The supervising physician shall review, countersign, and date a minimum of 5% sample of medical records of patients treated by the physician assistant functioning under these protocols within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient;

"(4) Other mechanisms approved in advance by the board.

"(f) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision."

10. California Code of Regulations, Title 16, Section 1399.610 describes the elements of a controlled substance education course that should be deemed approved by the board.

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licentiate to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DRUGS

12. Methadone – Generic name for the drugs Methadose and others. Methadone is classified as a synthetic opiate agonist and substance abuse agent indicated for the treatment of severe pain, opiate dependence and opiate withdrawal. Methadone is a Federal Schedule II Controlled Substance, as well as a Schedule II Controlled substance in California, pursuant to Health and Safety Code section 11055, subdivision (c)(14). Methadone is a Dangerous Drug as defined by California Business and Professions Code section 4022. Practitioners who use methadone for the treatment of opiate dependence must register and comply with Title 21 United States Code section 823(g).

13. Oxycodone – Generic name for the drug Oxycontin. Oxycodone is a long acting opioid analgesic used to treat moderate to severe pain. It has a higher danger of abuse and can lead to addiction. It is a Schedule II controlled substance, as designated by Health and Safety Code section 11055, subdivision (b)(1)(M), and a close relative of morphine, heroin, codeine, fentanyl, and methadone. It is a dangerous drug within the meaning of Code section 4022.13.

14. Lorazepam – Generic name for Ativan. Lorazepam is a member of the benzodiazepine family and is a fast acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

15. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and Lortab/Lorcet. Hydrocodone with acetaminophen is classified as an opioid analgesic

combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e).[2] Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

16. Tylenol with Codeine is an opioid medication classified a Schedule III Controlled Substance pursuant to California Health and Safety Code section 11056(e)(2) and a Dangerous Drug as defined by California Business and professions Code section 4022.

17. Lyrica (pregabalin) is an anti-epileptic and/or anti-convulsant drug sometimes used to treat restless leg syndrome. It is a Dangerous Drug as defined by California Business and Professions Code section 4022.

18. Zanaflex (tizanidine) is a muscle relaxant medication. It is a Dangerous Drug as defined by California Business and Professions Code section 4022.

19. Depakote, the trade name for divalproex sodium, is a drug that can treat seizure disorders. It is a Dangerous Drug as defined by California Business and Professions Code section 4022.

20. Trazodone Hydrochloride, the generic name for Oleptro and Desyrel, can treat major depression. It is a Dangerous Drug as defined by California Business and Professions Code section 4022.

21. Gabapentin, the generic name for Neurontin which can control seizures. It is a Dangerous Drug as defined by California Business and Professions Code section 4022.

22. Xopenex Inhaler, is a short acting bronchodilator that relaxes the muscles in the airways. Van be used to treat COPD. It is a Dangerous Drug as defined by California Business and Professions Code section 4022.

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[2] On October 6, 2014, Hydrocodone combination products were reclassified as Schedule II controlled substances. Federal Register Volume 79, Number 163. Code of Federal Regulations Title 21 section 1308.12.

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence-Patient W.W.)

23. Respondent has subjected her license to disciplinary action under sections 3527, 3502, 3502.1, 2234, subdivision (b), and Title 16 CCR section 1399.545 for unprofessional conduct in that she was grossly negligent. The circumstances are as follows:

24. On or about November 15, 2011, to October 11, 2012, Respondent was employed by Dr. Harold S. Budhram at 5145 Shasta Dam Road, Shasta Lake, CA (hereinafter referred to as the "Shasta Lake Office"). In or about July 1, 2012 through December 31, 2012 the Department of Heath Services conducted a field audit of Dr. Budhram's medical practice and found that under the period of review that Dr. Budhram's supervision of Respondent as a P.A. was inadequate. On or about December 9, 2013, the Department of Health Services wrote a letter to both the Medical Board and the Physician Assistant Board indicating that their audit revealed that there was a lack of protocols pertaining to the PA's care of patients (including furnishing protocols), a lack of physician co-signature on the PA's charts, particularly on visits involving transmission of Schedule II drug orders, and a delegation of services agreement that was inconsistent with the clinical practice.

25. Though Dr. Budhram had a delegation of services agreement with Respondent , he did not have any written protocols or formularies for Respondent's prescribing practices. In addition, Respondent had not taken a required prescribing course which is necessary if she was going to prescribe to patient's independently of having Dr. Budhram approve and co-sign each of the patient charts.

26. On or about August 7, 2012, Respondent undertook the care of Patient W.W., a 52-year-old male who recently fell on a log and scratched his leg, the wound on his thigh was to be treated with antibiotics, he requested a dermatology referral for jock itch and had ongoing COPD, and essential tremor. Respondent renewed prescriptions for 90 Lorcet 650 mg-10 mgs, 90 Depakote 500 mg; 60 Ativan 1 mg., 30 Trazodone Hydrochloride 50 mg, 90 Gabapentin 300 mgs, and Xopenex Inhaler 45 mcg/inh. The chart note is not signed or dated by supervising physician Harold Budhram M.D.

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27. On or about August 21, 2012, Respondent again saw Patient W.W. for a requested increase in the patient's Lorcet. The chart note was not signed by either Respondent nor her supervising physician. On or about September 19, 2012, Respondent saw Patient W.W. with an attitude problem which may be due to medication, and a complaint of constipation. The chart note is not signed or dated by supervising physician.

28. On or about September 24, 2012, Respondent saw Patient W.W. again. The patient had a concern over his lab results as he had a history of Hepatitis C and had a liver biopsy pending. The patient also complained of hesitancy and difficulty emptying his bladder. The duration of this symptom was not recorded. The patient denied any abdominal pain or visible blood in his urine. The record of the visit also shows that the patient had trace red blood cells in his urine at the last office visit and that his liver enzymes were elevated AST/ALT[3] at 65 and 68. Labs for the previous visit show red blood cell count of 3.8 (normal is 4.4-5.6) and the MCV and MCH[4] are elevated but the values are not documented. No neurological nor rectal examination was performed. Respondent's impression was chronic hepatitis C, Anemia unspecified and Hematuria. Respondent's treatment plan was a referral to urology with a CT scan of ureters and bladder. The chart note is not signed or dated by supervising physician.

29. Respondent has subjected her license to disciplinary action under section 3527 and 2234, subdivision (b), for unprofessional conduct in that she was grossly negligent. As set forth above in paragraphs 24-28 above, Respondent was grossly negligent in her overall care and treatment of Patient W.W. for each of the acts including but not limited to the following:

a. Respondent failed to do a proper history, exam and documentation of even a basic work up for a patient with a complaint of urine retention. Urine retention is not listed in the final diagnosis.

b. Failing to provide documentation for diagnosis of hematuria.

c. Failing to provide documentation for the diagnosis of anemia.

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[3] AST stands for aspartate aminotransferase and ALT is alanine aminotransferase each helps determine is the liver is diseased or damaged.

[4] MCV stands for mean corpuscular volume (the measurement of the average size of a single red blood cell) and MCH is the mean corpuscular hemoglobin concentration or amount of hemoglobin per each red blood cell.

d. Failing to present the patient's history and exam findings to the supervising physician and her failure to do so meant that she treated this patient outside the parameters of her delegation of services agreement with Dr. Budhram.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts-Patient W.W.)

30. Respondent has subjected her license to disciplinary action under section 3527, 3502, 3502.1, 2234, subdivision (c), and Title 16 CCR section 1399.545 for unprofessional conduct in that she engaged in repeated negligent acts in the care and treatment of Patient W.W. as follows:

31. Paragraphs 24 through 28 above are repeated here as if fully set forth.

32. Respondent was repeatedly negligent as a physician assistant in her care and treatment of Patient W.W. including, but not limited to the following:

a. Failing to have the supervising physician sign the chart note for August 7, 2012, particularly in light of the fact that Respondent authorized the refill of Schedule II controlled substance medication.

b. Failing to sign and have the supervising physician sign the chart note for August 21, 2012.

c. Failing to have the supervising physician sign the chart note for September 19, 2012.

d. Failing to have the supervising physician sign the chart note for September 24, 2012.

THIRD CAUSE FOR DISCIPLINE
(Repeated Negligent Acts-Patient R.H.)

33. Respondent has subjected her license to disciplinary action under section 3527, 3502, 3502.1, 2234, subdivision (c), Title 16 CCR sections 1399.549 and 1399.610 for unprofessional conduct in that she engaged in repeated negligent acts in the care and treatment of Patient R.H. as follows:

34. On or about September 18, 2012, Respondent undertook the care of Patient R.H., a 49 year old male who was again asking for nitroglycerin because of concern that his heart stops. The record noted that the patient had been to cardiology about this concern previously but the patient did not recall the visit. This patient had a history of Paranoid Schizophrenia and was a

poor historian. Respondent's plan was to obtain old records from the cardiology visit to discuss with the patient. Respondent noted that prescriptions were refilled but did not note which drugs as the patient was taking at least four different medications including 90 Tylenol with Codeine 300 mg-30mg. The chart note is not signed or dated by supervising physician.

35. On or about October 9, 2012, Respondent again saw Patient R.H. to discuss heart issues and to get medication refills. This time all medications were refilled. The chart note is not signed or dated by supervising physician.

36. Respondent was repeatedly negligent as a physician assistant in her care and treatment of Patient R. H. including, but not limited to the following:

a. Failing to have the supervising physician sign the chart note for September 18, 2012, particularly in light of the fact that Respondent authorized the refill of Schedule III controlled substance medication.

b. Failing to list which medications were refilled on September 18, 2012.

c. Failing to sign and have the supervising physician sign the chart note for October 9, 2012 particularly in light of the fact that Respondent authorized the refill of Schedule III controlled substance medication.

FOURTH CAUSE FOR DISCIPLINE
(Gross Negligence-patient D.C.)

37. Respondent has subjected her license to disciplinary action under sections 3527, 3502, 3502.1, 2234, subdivision (b), and Title 16 CCR sections 1399.549 and 1399.610 for unprofessional conduct in that she was grossly negligent. The circumstances are as follows:

38. On or about September 10, 2012, Respondent undertook the care of patient D.C., a 47-year-old male, to discuss his medications, his chronic pain and to reduce the drug gabapentin due to bladder retention. D.C. was taking many medications including OxyContin Hydrochloride, 15 mg, and Methadone Hydrochloride 10 mg, both Schedule II controlled substance. Respondent discontinued the Trazadone prescription for D.C. and started the patient on Meloxicam 7.5 mg once a day and Sinequan 75 mg daily. Respondent failed to have her supervising physician cosign the chart note.

39. This patient was again seen by Respondent on or about September 27 2012, to discuss worsening lower back, buttock, hip and right leg pain. In addition, the patient complained about body jerking at night with Doxipen (should be Doxepin) and urine retention. The patient related to Respondent that his urination symptoms were positional. The patient's medications are listed as: Lidoderm patch apply one patch q 12 hrs prn; Meloxicam 7.5 mg one q day; Oxycodone hydrochloride 15 mg one BID; Pamelor 50 mg one bid; docusate sodium 250 mg one bid; Xanaflex 4 mg one bid prn spasm; Claritin 10 mg one a day; Methadone hydrochloride 10 mg one tid; Norco 10/325 mg one QID; Cymbalta 30 mg one a day.

40. For this appointment, it was documented that this patient had a past surgical history including neck fusion at two levels in 2003, right sciatica, thorascic and lumbar spine pain, shoulder dislocation, low back syndrome and left scapula bone spurs removed in 1991. Respondent's documentation of patient D.C.'s exam was templated with no gait exam described, no other reflexes were described other than patellar, and no rectal exam described. There is no documentation that any lab or imaging studies were ordered.

41. Respondent's impression for this patient was displacement of Lumbar Intervertebral Disc without Myelopathy. Respondent instructed D.C. to remove his Lidoderm patches, prescribed Lyrica 25mg bid for possible restless leg syndrome, stopped the patient's Neurotin and Doxepin and increased the Zanaflex without consultation with her supervising physician.

42. Respondent has subjected her license to disciplinary action under section 3527 and 2234, subdivision (b), for unprofessional conduct in that she was grossly negligent. As set forth above in paragraphs 38-41 above, Respondent was grossly negligent in her overall care and treatment of Patient D.C. for each of the acts including but not limited to the following:

a. Failing to have the supervising physician sign the chart note for both September 10, 2012 and September 27, 2012, particularly in light of the fact that Respondent reviewed the use of schedule II controlled substances and where new drugs were prescribed and others discontinued.

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b. Respondent failed on September 27, 2012, to do a complete neurological exam; order appropriate lab and imaging studies and obtain the supervising physician consult on a patient who presents with an inability to urinate, involuntary body movements and sciatica symptoms with a past history of spinal surgery and a current history of poly-pharmacy.

SIXTH CAUSE FOR DISCIPLINE
(Repeated Negligent Acts Negligence-Patient D.W. and D.C.)

43. Respondent has subjected her license to disciplinary action under section 3527, 3502, 3502.1, 2234, subdivision (c), and Title 16 CCR sections 1399.549 and 1399.610 for unprofessional conduct in that she engaged in repeated negligent acts in the care and treatment of Patient D. W. as follows:

44. On or about September 6, 2012, Respondent undertook the care of patient D.W. a 47-year-old woman for a well woman examination. The patient complained about pain with intercourse and pelvic cramps a day after intercourse. Respondent performed a pelvic exam and found that the patient had vaginitis and vulvovaginitis, pelvic dysparunea secondary to adhesions and endometriosis. Respondent prescribed Diflucan 150 mg tablet for the vaginitis and sent urine cultures for Chlamydia and Gonorrhea. Respondent also renewed the patient's prescription for Norco 325 mg.

45. On or about September 19, 2012, patient D.W. was again seen by Respondent to complete the well woman exam. This patient had an additional complaint of urine frequency and urination discomfort. The patient related that her husband was recently treated for a urinary tract infection. Respondent's assessment was urinary tract infection and the patient was started on Bactrim DS antibiotic, which was then changed to macrobid antibiotic due to the patient not tolerating the Bacterim.

46. Respondent was repeatedly negligent as a physician assistant in her care and treatment of Patient D.W. including, but not limited to the following:

a. Failing to have the supervising physician sign the chart note for September 6, 2012, particularly in light of the fact that Respondent reviewed the use of scheduled controlled, refilled a Schedule III controlled substance and prescribed new drugs.

b. Failing to have the supervising physician sign the chart note for September 19, 2012, particularly in light of the fact that Respondent reviewed the use of scheduled controlled substances and where new drugs were prescribed.

c. Treating a urinary tract infection with no laboratory confirmation of infection on September 19, 2012.

47. Paragraphs 38-41, above are repeated here as if fully set forth.

48. Respondent was negligent as a physician assistant in her care and treatment of Patient D.C. including, but not limited to the following:

a. Failing to have the supervising physician sign the chart note for September 10, 2012, particularly in light of the fact that Respondent reviewed the use of controlled substances and where new drugs were prescribed.

b. Failing to have the supervising physician sign the chart note for September 27, 2012, particularly in light of the fact that Respondent reviewed the use of scheduled controlled substances and where new drugs were prescribed.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Physician Assistant Board issue a decision:

1. Revoking or suspending Physician Assistant License No. PA 18737, issued to Respondent Sarah Joi Craft.;

2. Ordering Respondent Sarah Joi Craft to pay the Physician Assistant Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

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3. Taking such other and further action as deemed necessary and proper.

DATED: December 12, 2016

MAUREEN L. FORSYTH
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California
Complainant

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