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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:
12 CHRISTOPHER HOLDEN, M.D.
438 East Katella Avenue, Suite B
13 Orange, California 92867
14 Physician's and Surgeon's Certificate
No. G 75635,
15
16 Respondent.

Case No. 800-2015-011300

A C C U S A T I O N

17 Complainant alleges:

18 **PARTIES**

- 19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer
21 Affairs (Board).
22 2. On or about December 2, 1992, the Board issued Physician's and Surgeon's
23 Certificate Number G 75635 to Christopher Holden, M.D. (Respondent). That license was in full
24 force and effect at all times relevant to the charges brought herein and will expire on July 31,
25 2018, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board under the authority of the following
28 laws. All section references are to the Business and Professions Code unless otherwise indicated.

1 4. Section 2001.1 of the Code states:

2 “Protection of the public shall be the highest priority for the Medical Board of California in
3 exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the
4 public is inconsistent with other interests sought to be promoted, the protection of the public shall
5 be paramount.”

6 5. Section 2227 of the Code states:

7 “(a) A licensee whose matter has been heard by an administrative law judge of the Medical
8 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
9 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
10 action with the board, may, in accordance with the provisions of this chapter:

11 “(1) Have his or her license revoked upon order of the board.

12 “(2) Have his or her right to practice suspended for a period not to exceed one year upon
13 order of the board.

14 “(3) Be placed on probation and be required to pay the costs of probation monitoring upon
15 order of the board.

16 “(4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the board.

18 “(5) Have any other action taken in relation to discipline as part of an order of probation, as
19 the board or an administrative law judge may deem proper.

20 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
21 review or advisory conferences, professional competency examinations, continuing education
22 activities, and cost reimbursement associated therewith that are agreed to with the board and
23 successfully completed by the licensee, or other matters made confidential or privileged by
24 existing law, is deemed public, and shall be made available to the public by the board pursuant to
25 Section 803.1.”

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1 determine whether a resident needed to visit with him and, if so, Respondent would travel to the
2 facility and provide medical care and treatment.

3 8. During this period of time, Respondent treated Patient A,² then a 91-year-old female,
4 as a patient at Oceanside Senior Home. Respondent visited Patient A approximately once each
5 month between February and December 2013.

6 9. On February 27, 2013, Respondent made his first visit to treat Patient A at Oceanside
7 Senior Home. Respondent performed a routine history and physical examination of Patient A and
8 agreed to accept her as his patient moving forward. Respondent started treating Patient A for a
9 variety of medical conditions including, but not limited to: dementia with psychosis; congestive
10 heart failure; chronic obstructive pulmonary disease; hypertension; hypothyroidism; degenerative
11 joint disease; insomnia; anxiety; poor vision; and later a coccyx decubitus ulcer.³

12 10. On April 29, 2013, Respondent again visited Patient A after the facility had called
13 him for an evaluation secondary to worsening of her anxiety. At the time, Patient A was taking 1
14 milligram of Ativan⁴ daily, as needed. Respondent prescribed 25 milligrams of Seroquel⁵ to be
15 taken twice daily in addition to the Ativan. However, Respondent did not inform Patient A's
16 daughter of this change in medication.

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19 ² The patient herein is referred to as Patient A to protect her privacy.

20 ³ A coccyx decubitus ulcer is a pressure sore on the patient's body commonly referred to as a "bed
21 sore." These injuries to the skin often manifest near the patient's tailbone and result from the patient sitting
22 in bed for hours or days at a time. Complications from pressure ulcers can be life-threatening if left
untreated. For example, the ulcer may lead to an infection of the skin and connected soft tissues
(Cellulitis), an infection of the bone and joints, squamous cell carcinoma (Cancer), and sepsis.

23 ⁴ Lorazepam, commonly referred to and marketed as "Ativan," is a benzodiazepine that is used to
24 treat and manage anxiety disorders or anxiety-related symptoms. It works by enhancing the effects of
25 gamma-aminobutyric acid (GABA) in the brain and the central nervous system. There are many potential
side effects including, but not limited to: weakness; fatigue; and low blood pressure. Lorazepam is a
Schedule IV controlled substance according to the Controlled Substances Act.

26 ⁵ Quetiapine, commonly referred to and marketed as "Seroquel," is an anti-psychotic drug that is
27 used to treat certain mental conditions, such as schizophrenia and bipolar disorder. It works by operating as
28 a dopamine, serotonin, and adrenergic antagonist to help restore the balance of neurotransmitters in the
brain. There are many potential side effects including, but not limited to: low blood pressure; and high
blood sugar.

1 11. In approximately October 2013, Patient A developed a wound in the left sided coccyx
2 region. Respondent visited with Patient A at Oceanside Senior Home on November 22, 2013.
3 Respondent evaluated Patient A and wrote in her medical records that the coccyx wound was a
4 stage three decubitus ulcer.⁶ Respondent placed an order to Accent Care, a home health care
5 service, for a home health evaluation for further evaluation and treatment of this ulcer. However,
6 Accent Care failed to come to the facility to evaluate Patient A.

7 12. Patient A's caregiver at Oceanside Senior Home called Respondent multiple times
8 and reported Accent Care's failure to evaluate and treat the coccyx decubitus ulcer to
9 Respondent's assistant. Regardless, Respondent did not return to Oceanside Senior Home and his
10 November 22nd visit was his last with Patient A.

11 13. In approximately November 2013, Patient A's daughter learned of the coccyx
12 decubitus ulcer and its severity during a hospice evaluation. She opted for medical management
13 of Patient A over hospice care. Respondent had not notified Patient A's daughter, who was the
14 designated power of attorney for Patient A, of his prior identification of the coccyx wound as a
15 stage three decubitus ulcer.

16 14. Patient A's coccyx wound eventually developed into a stage four decubitus ulcer in
17 the left sided coccyx region.⁷ She was eventually transferred from Oceanside Senior Home to
18 Hoag Wound Care Center on December 19, 2013, where Patient A was diagnosed with the stage
19 four ulcer. As a result, Patient A required surgical debridement of the infectious and/or necrotic
20 tissues, as well as wound management.

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24 ⁶ A coccyx decubitus ulcer is generally categorized as either stage one, two, three, or four.
25 Generally, a stage three bed sore has spread to the second layer of skin into the fat tissue of the body. The
26 sore will often look like a crater and may have a bad odor. Signs of infection include red edges, pus, odor,
27 heat, and/or drainage. The tissue in or around the bed sore may be dead, which will manifest as blackened
28 tissue.

⁷ A stage four bed sore has spread to the muscles and ligaments. The sore will often appear deep
and big with blackened skin. Signs of infection include red edges, pus, odor, heat, and/or drainage.
Tendons, muscles, and bone may be visible to the examining healthcare provider.

1 STANDARD OF CARE

2 15. **Treating a Patient with a Stage Three or Four Decubitus Ulcer.** The community
3 standard of care in medical practice in the State of California is to treat a patient with a greater
4 than stage two decubitus ulcer by transferring the patient out of a Residential Care Facility for the
5 Elderly (RCFE) and into a higher level of care, such as an emergency wound or skilled nursing
6 facility.

7 16. **Ordering a Home Health Evaluation of a Serious Medical Problem.** The
8 community standard of care in medical practice in the State of California when placing an order
9 for a home health evaluation of a serious medical condition is to have processes in place to assure
10 that the order is acted upon. This may include, but is not necessarily limited to, following up with
11 the administrator of the RCFE to determine the outcome of the home health order.

12 17. **Prescribing Psychoactive Medication to a Patient Lacking Decision-Making**
13 **Capacity.** The community standard of care in medical practice in the State of California is to
14 obtain permission from the patient’s designated power of attorney before prescribing psychoactive
15 medications to a patient lacking decision-making capacity, except when there is a medical
16 emergency requiring the immediate usage of medication for safety reasons.

17 FIRST CAUSE FOR DISCIPLINE

18 (Gross Negligence)

19 18. Respondent’s license is subject to disciplinary action under Section 2234, subdivision
20 (b) of the Code, in that Respondent was grossly negligent in his care and treatment of Patient A.

21 The circumstances are as follows:

22 19. Complainant refers to and, by this reference, incorporates paragraphs 7 through 17
23 above, as though fully set forth herein.

24 20. The following acts and omissions, considered individually and collectively, constitute
25 gross negligence in Respondent’s practice as a physician and surgeon:

26 A. Diagnosing Patient A with a stage three coccyx decubitus ulcer and failing to request
27 and arrange with the patient’s designated power of attorney or Oceanside Senior Home for the

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1 transfer of Patient A, a patient lacking decision-making capacity, to a higher level of care such as
2 an emergency wound or skilled nursing facility.

3 B. Ordering a home health evaluation of Patient A to be performed by Accent Care and
4 failing to follow up with either the patient's designated power of attorney or the administrator of
5 Oceanside Senior Home to determine the outcome of his home health evaluation order, which
6 resulted in a significant delay in the treatment of Patient A's serious medical condition.

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts)**

9 21. Respondent's license is further subject to disciplinary action under Section 2234,
10 subdivision (c) of the Code, in that Respondent committed repeated negligent acts during his care
11 and treatment of Patient A. The circumstances are as follows:

12 22. Complainant refers to and, by this reference, incorporates paragraphs 7 through 17
13 above, as though fully set forth herein.

14 23. The following acts and omissions, considered individually and collectively, constitute
15 gross negligence in Respondent's practice as a physician and surgeon:

16 A. Diagnosing Patient A with a stage three coccyx decubitus ulcer and failing to request
17 and arrange with the patient's designated power of attorney or Oceanside Senior Home for the
18 transfer of Patient A, a patient lacking decision-making capacity, to a higher level of care such as
19 an emergency wound or skilled nursing facility.

20 B. Ordering a home health evaluation of Patient A to be performed by Accent Care and
21 failing to follow up with either the patient's designated power of attorney or the administrator of
22 Oceanside Senior Home to determine the outcome of his home health evaluation order, which
23 resulted in a significant delay in the treatment of Patient A's serious medical condition.

24 C. Diagnosing Patient A with insomnia and anxiety, and prescribing Seroquel, a
25 psychoactive medication, to Patient A, a patient lacking decision-making capacity, without
26 contacting the patient's designated power of attorney for permission to prescribe this medication.

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1 **DISCIPLINARY CONSIDERATIONS**

2 24. To determine the degree of discipline, if any, to be imposed on Respondent,
3 Complainant alleges that on or about March 24, 2017, in a prior disciplinary action entitled *In the*
4 *Matter of the Accusation Against Christopher Holden, M.D.*, before the Medical Board of
5 California, in Case Number 800-2014-002494, Respondent's license was revoked, stayed, and
6 placed on three (3) years of probation with the following terms and conditions: education course;
7 medical record keeping course; and all standard terms and conditions of probation. The basis for
8 disciplining Respondent's medical license stemmed from his gross negligence and repeated
9 negligent acts in treating a patient between 2008 and 2012, as well as Respondent's failure to
10 maintain adequate and accurate records of his care and treatment of the same patient. That
11 Decision is now final and is incorporated by reference as if fully set forth herein.

12 **PRAYER**

13 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
14 and that following the hearing, the Medical Board of California issue a decision:

- 15 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 75635
16 issued to Christopher Holden, M.D.;
- 17 2. Revoking, suspending or denying approval of his authority to supervise physician
18 assistants pursuant to Section 3527 of the Code, and advanced practice nurses;
- 19 3. If placed on probation, ordering Christopher Holden, M.D. to pay the Board the costs
20 of probation monitoring; and
- 21 4. Taking such other and further action as deemed necessary and proper.

22
23 DATED: December 28, 2017


24 KIMBERLY KIRCHMEYER
25 Executive Director
26 Medical Board of California
27 Department of Consumer Affairs
28 State of California
Complainant

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