

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)

Leonor Alcaraz Ordnez, M.D.)

MBC File # 800-2015-016477

Physician's & Surgeon's)
Certificate No. A 82353)

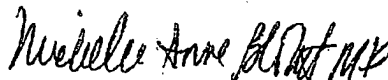
Respondent.)

**ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN "PAGE NUMBERING" OF DECISION**

On its own motion, the Medical Board of California (hereafter "board") finds that there is a clerical error in the "page numbering" of the Decision in the above-entitled matter and that such clerical error should be corrected so that the page numbers are correct as shown.

IT IS HEREBY ORDERED that page 22 of the Stipulated Settlement and Disciplinary Order in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as page 21.

June 30, 2017



Michelle Anne Bholat,
Chair
Panel B

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

Leonor Alcaraz Ordonez, M.D.

Case No. 800-2015-016477

**Physician's and Surgeon's
Certificate No. A 82353**

Respondent

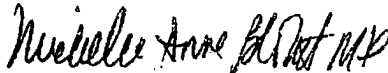
DECISION

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

This Decision shall become effective at 5:00 p.m. on July 28, 2017.

IT IS SO ORDERED: June 30, 2017.

MEDICAL BOARD OF CALIFORNIA



**Michelle Anne Bholat, M.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2015-016477

14 **LEONOR ALCARAZ ORDONEZ, M.D.**
1662 Picket Fence Drive
15 Chula Vista, CA 91915

OAH No. 2017020139

16 **Physician's and Surgeon's Certificate No.**
17 **A 82353**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 Respondent.

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Michael J. Yun,
26 Deputy Attorney General.

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2. Respondent Leonor Alcaraz Ordóñez, M.D. (respondent) is represented in this proceeding by attorney Robert W. Frank Esq., whose address is: 1010 Second Ave., Ste. 2500 San Diego, CA 92101-4959.

3. On or about March 19, 2003, the Board issued Physician's and Surgeon's Certificate No. A 82353 to Leonor Alcaraz Ordóñez, M.D. (respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-016477, and will expire on September 30, 2018, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-016477 was filed before the Medical Board of California, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 23, 2017. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-016477 is attached as Exhibit 1 and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and fully understands the charges and allegations in Accusation No. 800-2015-016477, and the effects of this Stipulated Settlement and Disciplinary Order on her Physician's and Surgeon's Certificate No. A 82353, and has fully reviewed and discussed same with her attorney of record, Robert W. Frank, Esq.

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 No. 800-2015-016477; 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, the California Code of Civil Procedure, and other applicable laws, having been fully advised of same by her attorney of record, Robert W. Frank, Esq. Respondent, having the benefit of

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1 counsel, hereby voluntarily, knowingly, and intelligently waives and gives up each and every one
2 of the rights set forth and/or referenced above.

3 **CULPABILITY**

4 8. Respondent admits the truth of each and every charge and allegation in Accusation
5 No. 800-2015-016477.

6 9. Respondent agrees that her Physician's and Surgeon's Certificate No. A 82353 is
7 subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in
8 the Disciplinary Order below.

9 **CONTINGENCY**

10 10. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
11 submitted to the Board for its consideration in the above-entitled matter and, further, that the
12 Board shall have a reasonable period of time in which to consider and act on this Stipulated
13 Settlement and Disciplinary Order after receiving it. By signing this stipulation, respondent fully
14 understands and agrees that she may not withdraw her agreement or seek to rescind this
15 stipulation prior to the time that the Board considers and acts upon it.

16 11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null
17 and void and not binding upon the parties unless approved and adopted by the Board, except for
18 this paragraph, which shall remain in full force and effect. Respondent fully understands and
19 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
20 Disciplinary Order, the Board may receive oral and written communication from its staff and/or
21 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
22 the Board, any member thereof, and/or any other person from future participation in this or any
23 other matter affecting or involving respondent. In the event that the Board, in its discretion, does
24 not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of
25 this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and
26 shall not be relied upon or introduced in any disciplinary action by either party hereto.

27 Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary
28 Order for any reason, respondent will assert no claim that the Board, or any member thereof, was

1 prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and
2 Disciplinary Order or of any matter or matters related hereto.

3 **ADDITIONAL PROVISIONS**

4 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
5 be an integrated writing representing the complete, final and exclusive embodiment of the
6 agreements of the parties in the above-entitled matter.

7 13. The parties understand and agree that copies of this Stipulated Settlement and
8 Disciplinary Order may be used, including copies of the signatures of the parties, in lieu of
9 original documents and signatures and, further, shall have the same force and effect as the
10 originals.

11 14. In consideration of the foregoing admissions and stipulations, the parties agree that
12 the Board may, without further notice or opportunity to be heard by respondent, issue and enter
13 the following Disciplinary Order:

14 **DISCIPLINARY ORDER**

15 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 82353 issued
16 to respondent Leonor Alcaráz Ordonez, M.D. is revoked. However, the revocation is stayed and
17 respondent is placed on probation for six (6) years from the effective date of the Decision on the
18 following terms and conditions.

19 1. **CONTROLLED SUBSTANCES - TOTAL RESTRICTION** Respondent shall
20 not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined
21 in the California Uniform Controlled Substances Act.

22 Respondent shall not issue an oral or written recommendation or approval to a patient or a
23 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
24 purposes of the patient within the meaning of Health and Safety Code section 11362.5.

25 If respondent forms the medical opinion, after an appropriate prior examination and a
26 medical indication, that a patient's medical condition may benefit from the use of marijuana,
27 respondent shall so inform the patient and shall refer the patient to another physician who,
28 following an appropriate prior examination and a medical indication, may independently issue a

1 medically appropriate recommendation or approval for the possession or cultivation of marijuana
2 for the personal medical purposes of the patient within the meaning of Health and Safety Code
3 section 11362.5. In addition, respondent shall inform the patient or the patient's primary
4 caregiver that respondent is prohibited from issuing a recommendation or approval for the
5 possession or cultivation of marijuana for the personal medical purposes of the patient and that
6 the patient or the patient's primary caregiver may not rely on respondent's statements to legally
7 possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall
8 fully document in the patient's chart that the patient or the patient's primary caregiver was so
9 informed. Nothing in this condition prohibits respondent from providing the patient or the
10 patient's primary caregiver information about the possible medical benefits resulting from the use
11 of marijuana.

12 2. **CONTROLLED SUBSTANCES - SURRENDER OF DEA PERMIT** Respondent
13 is prohibited from practicing medicine until respondent provides documentary proof to the Board
14 or its designee that respondent's DEA permit has been surrendered to the Drug Enforcement
15 Administration for cancellation, together with any state prescription forms and all controlled
16 substances order forms. Thereafter, respondent shall not reapply for a new DEA permit without
17 the prior written consent of the Board or its designee.

18 3. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE** Respondent shall
19 abstain completely from the personal use or possession of controlled substances as defined in the
20 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
21 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
22 apply to medications lawfully prescribed to respondent by another practitioner for a bona fide
23 illness or condition.

24 Within 15 calendar days of receiving any lawfully prescribed medications, respondent shall
25 notify the Board or its designee of the: issuing practitioner's name, address, and telephone
26 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
27 telephone number.

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1 4. **ALCOHOL - ABSTAIN FROM USE** Respondent shall abstain completely from
2 the use of products or beverages containing alcohol.

3 5. **PRESCRIBING PRACTICES COURSE** Within 60 calendar days of the effective
4 date of this Decision, respondent shall enroll in a course in prescribing practices approved in
5 advance by the Board or its designee. Respondent shall provide the approved course provider
6 with any information and documents that the approved course provider may deem pertinent.
7 Respondent shall participate in and successfully complete the classroom component of the course
8 not later than six (6) months after respondent's initial enrollment. Respondent shall successfully
9 complete any other component of the course within one (1) year of enrollment. The prescribing
10 practices course shall be at respondent's expense and shall be in addition to the Continuing
11 Medical Education (CME) requirements for renewal of licensure.

12 A prescribing practices course taken after the acts that gave rise to the charges in the
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
14 or its designee, be accepted towards the fulfillment of this condition if the course would have
15 been approved by the Board or its designee had the course been taken after the effective date of
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 6. **PROFESSIONALISM PROGRAM (ETHICS COURSE)** Within 60 calendar
21 days of the effective date of this Decision, respondent shall enroll in a professionalism program,
22 that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
23 Respondent shall participate in and successfully complete that program. Respondent shall
24 provide any information and documents that the program may deem pertinent. Respondent shall
25 successfully complete the classroom component of the program not later than six (6) months after
26 respondent's initial enrollment, and the longitudinal component of the program not later than the
27 time specified by the program, but no later than one (1) year after attending the classroom
28 component. The professionalism program shall be at respondent's expense and shall be in

1 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

2 A professionalism program taken after the acts that gave rise to the charges in the
3 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
4 or its designee, be accepted towards the fulfillment of this condition if the program would have
5 been approved by the Board or its designee had the program been taken after the effective date of
6 this Decision.

7 Respondent shall submit a certification of successful completion to the Board or its
8 designee not later than 15 calendar days after successfully completing the program or not later
9 than 15 calendar days after the effective date of the Decision, whichever is later.

10 7. **PSYCHOTHERAPY** Within 60 calendar days of the effective date of this
11 Decision, respondent shall submit to the Board or its designee for prior approval the name and
12 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who
13 has a doctoral degree in psychology and at least five years of postgraduate experience in the
14 diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall
15 undergo and continue psychotherapy treatment, including any modifications to the frequency of
16 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

17 The psychotherapist shall consider any information provided by the Board or its designee
18 and any other information the psychotherapist deems relevant and shall furnish a written
19 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
20 psychotherapist any information and documents that the psychotherapist may deem pertinent.

21 Respondent shall have the treating psychotherapist submit quarterly status reports to the
22 Board or its designee. The Board or its designee may require respondent to undergo psychiatric
23 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of
24 probation, respondent is found to be mentally unfit to resume the practice of medicine without
25 restrictions, the Board shall retain continuing jurisdiction over respondent's license and the period
26 of probation shall be extended until the Board determines that respondent is mentally fit to
27 resume the practice of medicine without restrictions.

28 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

1 8. **MONITORING - PRACTICE** Within 30 calendar days of the effective date of this
2 Decision, respondent shall submit to the Board or its designee for prior approval as a practice
3 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
4 licenses are valid and in good standing, and who are preferably American Board of Medical
5 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
6 relationship with respondent, or other relationship that could reasonably be expected to
7 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
8 but not limited to any form of bartering, shall be in respondent's field of practice, and must agree
9 to serve as respondent's monitor. Respondent shall pay all monitoring costs.

10 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
11 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
12 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
13 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
14 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
15 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
16 signed statement for approval by the Board or its designee.

17 Within 60 calendar days of the effective date of this Decision, and continuing throughout
18 probation, respondent's practice shall be monitored by the approved monitor. Respondent shall
19 make all records available for immediate inspection and copying on the premises by the monitor
20 at all times during business hours and shall retain the records for the entire term of probation.
21 Respondent shall make all records, including but not limited to treatment records from home
22 health visits, available for immediate inspection and copying by the monitor at all times during
23 business hours at Integrated Healthcare Alliance, located at 7801 Mission Center Dr., #250, San
24 Diego, CA 92108. In case of a change in employer, respondent shall immediately communicate
25 in writing to the Board or its designee the address for the office location of the new employer
26 where respondent shall make all records available for immediate inspection and copying by the
27 monitor during business hours.

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1 If respondent fails to obtain approval of a monitor within 60 calendar days of the effective
2 date of this Decision, respondent shall receive a notification from the Board or its designee to
3 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
4 shall cease the practice of medicine until a monitor is approved to provide monitoring
5 responsibility.

6 The monitor(s) shall submit a quarterly written report to the Board or its designee which
7 includes an evaluation of respondent's performance, indicating whether respondent's practices are
8 within the standards of practice of medicine, and whether respondent is practicing medicine
9 safely. It shall be the sole responsibility of respondent to ensure that the monitor submits the
10 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
11 preceding quarter.

12 If the monitor resigns or is no longer available, respondent shall, within 5 calendar days of
13 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
14 name and qualifications of a replacement monitor who will be assuming that responsibility within
15 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60
16 calendar days of the resignation or unavailability of the monitor, respondent shall receive a
17 notification from the Board or its designee to cease the practice of medicine within three (3)
18 calendar days after being so notified. Respondent shall cease the practice of medicine until a
19 replacement monitor is approved and assumes monitoring responsibility.

20 In lieu of a monitor, respondent may participate in a professional enhancement program
21 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
22 review, semi-annual practice assessment, and semi-annual review of professional growth and
23 education. Respondent shall participate in the professional enhancement program at respondent's
24 expense during the term of probation.

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1 **UNIFORM STANDARDS FOR SUBSTANCE-ABUSING LICENSEES**

2 9. **NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION** Within seven
3 (7) days of the effective date of this Decision, respondent shall provide to the Board the names,
4 physical addresses, mailing addresses, and telephone numbers of any and all employers and
5 supervisors. Respondent shall also provide specific, written consent for the Board, respondent's
6 worksite monitor, and respondent's employers and supervisors to communicate regarding
7 respondent's work status, performance, and monitoring.

8 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
9 Well Being Committee Chair, or equivalent, if applicable, when respondent has medical staff
10 privileges.

11 10. **BIOLOGICAL FLUID TESTING** Respondent shall immediately submit to
12 biological fluid testing, at respondent's expense, upon request of the Board or its designee.
13 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
14 follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall
15 make daily contact with the Board or its designee to determine whether biological fluid testing is
16 required. Respondent shall be tested on the date of the notification as directed by the Board or its
17 designee. The Board may order a respondent to undergo a biological fluid test on any day, at any
18 time, including weekends and holidays. Except when testing on a specific date as ordered by the
19 Board or its designee, the scheduling of biological fluid testing shall be done on a random basis.
20 The cost of biological fluid testing shall be borne by respondent.

21 During the first year of probation, respondent shall be subject to 52 to 104 random tests.
22 During the second year of probation and for the duration of the probationary term, up to five (5)
23 years, respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
24 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing
25 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
26 of random tests to the first-year level of frequency for any reason.

27 Prior to practicing medicine, respondent shall contract with a laboratory or service,

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1 approved in advance by the Board or its designee, that will conduct random, unannounced,
2 observed, biological fluid testing and meets all of the following standards:

3 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
4 Association or have completed the training required to serve as a collector for the United
5 States Department of Transportation.

6 (b) Its specimen collectors conform to the current United States Department of
7 Transportation Specimen Collection Guidelines.

8 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
9 by the United States Department of Transportation without regard to the type of test
10 administered.

11 (d) Its specimen collectors observe the collection of testing specimens.

12 (e) Its laboratories are certified and accredited by the United States Department of Health
13 and Human Services.

14 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
15 of receipt and all specimens collected shall be handled pursuant to chain of custody
16 procedures. The laboratory shall process and analyze the specimens and provide legally
17 defensible test results to the Board within seven (7) business days of receipt of the
18 specimen. The Board will be notified of non-negative results within one (1) business day
19 and will be notified of negative test results within seven (7) business days.

20 (g) Its testing locations possess all the materials, equipment, and technical expertise
21 necessary in order to test respondent on any day of the week.

22 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
23 for the detection of alcohol and illegal and controlled substances.

24 (i) It maintains testing sites located throughout California.

25 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
26 computer database that allows the Respondent to check in daily for testing.

27 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff

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1 access to drug test results and compliance reporting information that is available 24 hours a
2 day.

3 (l) It employs or contracts with toxicologists that are licensed physicians and have
4 knowledge of substance abuse disorders and the appropriate medical training to interpret
5 and evaluate laboratory biological fluid test results, medical histories, and any other
6 information relevant to biomedical information.

7 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
8 while practicing, even if respondent holds a valid prescription for the substance.

9 Prior to changing testing locations for any reason, including during vacation or other travel,
10 alternative testing locations must be approved by the Board and meet the requirements above.

11 The contract shall require that the laboratory directly notify the Board or its designee of
12 non-negative results within one (1) business day and negative test results within seven (7)
13 business days of the results becoming available. Respondent shall maintain this laboratory or
14 service contract during the period of probation.

15 A certified copy of any laboratory test result may be received in evidence in any
16 proceedings between the Board and respondent.

17 If a biological fluid test result indicates respondent has used, consumed, ingested, or
18 administered to herself a prohibited substance, the Board shall order respondent to cease practice
19 and instruct respondent to leave any place of work where respondent is practicing medicine or
20 providing medical services. The Board shall immediately notify all of respondent's employers,
21 supervisors and work monitors, if any, that respondent may not practice medicine or provide
22 medical services while the cease-practice order is in effect.

23 A biological fluid test will not be considered negative if a positive result is obtained while
24 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
25 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

26 After the issuance of a cease-practice order, the Board shall determine whether the positive
27 biological fluid test is in fact evidence of prohibited substance use by consulting with the

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specimen collector and the laboratory, communicating with the licensee, her treating physician(s), other health care provider, or group facilitator, as applicable.

For purposes of this condition, the terms “biological fluid testing” and “testing” mean the acquisition and chemical analysis of a respondent’s urine, blood, breath, or hair.

For purposes of this condition, the term “prohibited substance” means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by respondent and approved by the Board, alcohol, or any other substance respondent has been instructed by the Board not to use, consume, ingest, or administer to herself.

If the Board confirms that a positive biological fluid test is evidence of use of a prohibited substance, respondent has committed a major violation, as defined in section 1361.52(a), and the Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to any other terms or conditions the Board determines are necessary for public protection or to enhance respondent’s rehabilitation.

11. **SUBSTANCE ABUSE SUPPORT GROUP MEETINGS** Within thirty (30) days of the effective date of this Decision, respondent shall submit to the Board or its designee, for its prior approval, the name of a substance abuse support group which he or she shall attend for the duration of probation. Respondent shall attend substance abuse support group meetings at least once per week, or as ordered by the Board or its designee. Respondent shall pay all substance abuse support group meeting costs.

The facilitator of the substance abuse support group meeting shall have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or nationally certified organizations. The facilitator shall not have a current or former financial, personal, or business relationship with respondent within the last five (5) years. Respondent’s previous participation in a substance abuse group support meeting led by the same facilitator does not constitute a prohibited current or former financial, personal, or business relationship.

The facilitator shall provide a signed document to the Board or its designee showing respondent’s name, the group name, the date and location of the meeting, respondent’s

attendance, and respondent's level of participation and progress. The facilitator shall report any unexcused absence by respondent from any substance abuse support group meeting to the Board, or its designee, within twenty-four (24) hours of the unexcused absence.

12. **WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE** Within thirty (30) calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval as a worksite monitor, the name and qualifications of one or more licensed physician and surgeon, other licensed health care professional if no physician and surgeon is available, or, as approved by the Board or its designee, a person in a position of authority who is capable of monitoring respondent at work.

The worksite monitor shall not have a current or former financial, personal, or familial relationship with respondent, or any other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board or its designee. If it is impractical for anyone but respondent's employer to serve as the worksite monitor, this requirement may be waived by the Board or its designee, however, under no circumstances shall respondent's worksite monitor be an employee or supervisee of the licensee.

The worksite monitor shall have an active unrestricted license with no disciplinary action within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms and conditions of respondent's disciplinary order and agrees to monitor respondent as set forth by the Board or its designee.

Respondent shall pay all worksite monitoring costs.

The worksite monitor shall have face-to-face contact with respondent in the work environment on as frequent a basis as determined by the Board or its designee, but not less than once per week; interview other staff in the office regarding respondent's behavior, if requested by the Board or its designee; and review respondent's work attendance.

The worksite monitor shall verbally report any suspected substance abuse to the Board and respondent's employer or supervisor within one (1) business day of occurrence. If the suspected substance abuse does not occur during the Board's normal business hours, the verbal report shall be made to the Board or its designee within one (1) hour of the next business day. A written

1 report that includes the date, time, and location of the suspected abuse; respondent's actions; and
2 any other information deemed important by the worksite monitor shall be submitted to the Board
3 or its designee within 48 hours of the occurrence.

4 The worksite monitor shall complete and submit a written report monthly or as directed by
5 the Board or its designee which shall include the following: (1) respondent's name and
6 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)
7 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
8 worksite; (5) the dates respondent had face-to-face contact with the worksite monitor; (6) the
9 names of worksite staff interviewed, if applicable; (7) a report of respondent's work attendance;
10 (8) any change in respondent's behavior and/or personal habits; and (9) any indicators that can
11 lead to suspected substance abuse by respondent. Respondent shall complete any required
12 consent forms and execute agreements with the approved worksite monitor and the Board, or its
13 designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

14 If the worksite monitor resigns or is no longer available, respondent shall, within five (5)
15 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
16 approval, the name and qualifications of a replacement monitor who will be assuming that
17 responsibility within fifteen (15) calendar days. If respondent fails to obtain approval of a
18 replacement monitor within sixty (60) calendar days of the resignation or unavailability of the
19 monitor, respondent shall receive a notification from the Board or its designee to cease the
20 practice of medicine within three (3) calendar days after being so notified. Respondent shall
21 cease the practice of medicine until a replacement monitor is approved and assumes monitoring
22 responsibility.

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13. **VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING**
LICENSEES Failure to fully comply with any term or condition of probation is a violation of probation.

A. If respondent commits a major violation of probation as defined by section 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue an immediate cease-practice order and order respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at respondent's expense. The cease-practice order issued by the Board or its designee shall state that respondent must test negative for at least a month of continuous biological fluid testing before being allowed to resume practice. For purposes of determining the length of time a respondent must test negative while undergoing continuous biological fluid testing following issuance of a cease-practice order, a month is defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until notified in writing by the Board or its designee that she may do so.

(2) Increase the frequency of biological fluid testing.

(3) Refer respondent for further disciplinary action, such as suspension, revocation, or other action as determined by the Board or its designee.

B. If respondent commits a minor violation of probation as defined by section 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue a cease-practice order;

(2) Order practice limitations;

(3) Order or increase supervision of respondent;

(4) Order increased documentation;

(5) Issue a citation and fine, or a warning letter;

(6) Order respondent to undergo a clinical diagnostic evaluation to be conducted in

///

1 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
2 Regulations, at respondent's expense;

3 (7) Take any other action as determined by the Board or its designee.

4 C. Nothing in this Decision shall be considered a limitation on the Board's authority
5 to revoke respondent's probation if she has violated any term or condition of probation. If
6 respondent violates probation in any respect, the Board, after giving respondent notice and the
7 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
8 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
9 against respondent during probation, the Board shall have continuing jurisdiction until the matter
10 is final, and the period of probation shall be extended until the matter is final.

11 **STANDARD CONDITIONS**

12 14. **NOTIFICATION** Within seven (7) days of the effective date of this Decision,
13 respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
14 Chief Executive Officer at every hospital where privileges or membership are extended to
15 respondent, at any other facility where respondent engages in the practice of medicine, including
16 all physician and locum tenens registries or other similar agencies, and to the Chief Executive
17 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.
18 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar
19 days.

20 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

21 15. **SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED**
22 **PRACTICE NURSES** During probation, respondent is prohibited from supervising physician
23 assistants and advanced practice nurses.

24 16. **OBEY ALL LAWS** Respondent shall obey all federal, state and local laws, all rules
25 governing the practice of medicine in California and remain in full compliance with any court
26 ordered criminal probation, payments, and other orders.

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1 17. **QUARTERLY DECLARATIONS** Respondent shall submit quarterly declarations
2 under penalty of perjury on forms provided by the Board, stating whether there has been
3 compliance with all the conditions of probation.

4 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
5 of the preceding quarter.

6 18. **GENERAL PROBATION REQUIREMENTS**

7 **Compliance with Probation Unit**

8 Respondent shall comply with the Board's probation unit.

9 **Address Changes**

10 Respondent shall, at all times, keep the Board informed of respondent's business and
11 residence addresses, email address (if available), and telephone number. Changes of such
12 addresses shall be immediately communicated in writing to the Board or its designee. Under no
13 circumstances shall a post office box serve as an address of record, except as allowed by Business
14 and Professions Code section 2021(b).

15 **Place of Practice**

16 Respondent shall not engage in the practice of medicine in respondent's place of residence.

17 **License Renewal**

18 Respondent shall maintain a current and renewed California physician's and surgeon's
19 license.

20 **Travel or Residence Outside California**

21 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
22 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
23 (30) calendar days.

24 In the event respondent should leave the State of California to reside or to practice,
25 respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
26 departure and return.

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1 19. **INTERVIEW WITH THE BOARD OR ITS DESIGNEE** Respondent shall be
2 available in person upon request for interviews either at respondent's place of business or at the
3 probation unit office, with or without prior notice throughout the term of probation.

4 20. **NON-PRACTICE WHILE ON PROBATION** Respondent shall notify the Board
5 or its designee in writing within 15 calendar days of any periods of non-practice lasting more than
6 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is
7 defined as any period of time respondent is not practicing medicine as defined in Business and
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If
10 respondent resides in California and is considered to be in non-practice, respondent shall comply
11 with all terms and conditions of probation. All time spent in an intensive training program which
12 has been approved by the Board or its designee shall not be considered non-practice and does not
13 relieve respondent from complying with all the terms and conditions of probation. Practicing
14 medicine in another state of the United States or Federal jurisdiction while on probation with the
15 medical licensing authority of that state or jurisdiction shall not be considered non-practice. A
16 Board-ordered suspension of practice shall not be considered as a period of non-practice.

17 In the event respondent's period of non-practice while on probation exceeds 18 calendar
18 months, respondent shall successfully complete the Federation of State Medical Board's Special
19 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
20 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
21 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

22 Respondent's period of non-practice while on probation shall not exceed two (2) years.

23 Periods of non-practice will not apply to the reduction of the probationary term.

24 Periods of non-practice for a respondent residing outside of California will relieve
25 respondent of the responsibility to comply with the probationary terms and conditions with the
26 exception of this condition and the following terms and conditions of probation: Obey All Laws;
27 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
28 Controlled Substances; and Biological Fluid Testing.

1 21. **COMPLETION OF PROBATION** Respondent shall comply with all financial
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
3 completion of probation. Upon successful completion of probation, respondent's certificate shall
4 be fully restored.

5 22. **VIOLATION OF PROBATION** Failure to fully comply with any term or
6 condition of probation is a violation of probation. If respondent violates probation in any respect,
7 the Board, after giving respondent notice and the opportunity to be heard, may revoke probation
8 and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
9 Probation, or an Interim Suspension Order is filed against respondent during probation, the Board
10 shall have continuing jurisdiction until the matter is final, and the period of probation shall be
11 extended until the matter is final.

12 23. **LICENSE SURRENDER** Following the effective date of this Decision, if
13 respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
14 the terms and conditions of probation, respondent may request to surrender her license. The
15 Board reserves the right to evaluate respondent's request and to exercise its discretion in
16 determining whether or not to grant the request, or to take any other action deemed appropriate
17 and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent
18 shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its
19 designee and respondent shall no longer practice medicine. Respondent will no longer be subject
20 to the terms and conditions of probation. If respondent re-applies for a medical license, the
21 application shall be treated as a petition for reinstatement of a revoked certificate.

22 24. **PROBATION MONITORING COSTS** Respondent shall pay the costs associated
23 with probation monitoring each and every year of probation, as designated by the Board, which
24 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
25 California and delivered to the Board or its designee no later than January 31 of each calendar
26 year.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Robert W. Frank Esq. I fully understand the stipulation and the
4 effect it will have on my Physician's and Surgeon's Certificate No. A 82353. I enter into this
5 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
6 to be bound by the Decision and Order of the Medical Board of California.

7
8 DATED: 5/25/17

Leonor A. Ordóñez
LEONOR ALCARAZ ORDONEZ, M.D.
Respondent

10 I have read and fully discussed with respondent Leonor Alcaraz Ordóñez, M.D., the terms
11 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
12 Order. I approve its form and content.

13
14 DATED: 5-26-17

Robert W. Frank Esq.
ROBERT W. FRANK ESQ.
Attorney for Respondent

15
16
17 ENDORSEMENT

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
19 submitted for consideration by the Medical Board of California.

20 Dated: 5/26/17

Respectfully submitted,

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

24 Michael J. Yun
25 MICHAEL J. YUN
26 Deputy Attorney General
Attorneys for Complainant

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Exhibit 1

Accusation No. 800-2015-016477

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Dec. 23 20 16
BY R. Furdous ANALYST

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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2015-016477

14 **LEONOR ALCARAZ ORDONEZ, M.D.**
1662 Picket Fence Drive
15 Chula Vista, CA 91915

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 82353,**

18 Respondent.

19
20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer
24 Affairs, State of California.

25 2. On or about March 19, 2003, the Medical Board (Board) issued Physician's and
26 Surgeon's Certificate No. A 82353 to Leonor Alcaraz Ordonez, M.D. (respondent). The
27 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
28 charges brought herein and will expire on September 30, 2018.

3. On or about December 5, 2016, a stipulated Interim Order Imposing License Restrictions on respondent's Physician's and Surgeon's Certificate No. A 82353 was issued. The Interim Order required 1) that respondent abstain completely from unlawful use of controlled substances, 2) that she be completely prohibited from prescribing any controlled substances, 3) that she continue to submit to random biological fluid testing, 4) that she continue to enroll and participate in the University of California San Diego's Health Professional Program ("UCSD HPP") and continue to attend her therapy sessions with her psychiatrist and her therapist, 5) that she sign and deliver an authorization to UCSD HPP to release all documents and information related to her enrollment and participation in the monitoring and support services program to the Medical Board of California, 6) that respondent provide a copy of the Interim Order to UCSD HPP and all of her employers, and 7) that respondent sign and deliver an authorization to Affinity Lab to make available and/or provide written copies of all laboratory test results of all drug and/or alcohol testing pertaining to respondent.

JURISDICTION

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

5. Section 118 of the Code states, in pertinent part:

“ . . .

“(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

“ ”
...

///

1 6. Section 2227 of the Code states, in pertinent part:

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

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

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

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

11 “... ”

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

14 “... ”

15 7. Section 2228 of the Code states, in pertinent part:

16 “The authority of the board or the California Board of Podiatric Medicine to discipline a
17 licensee by placing him or her on probation includes, but is not limited to, the following:

18 “... ”

19 “(b) Requiring the licensee to submit to a complete diagnostic examination by one or more
20 physicians and surgeons appointed by the board. If an examination is ordered, the board shall
21 receive and consider any other report of a complete diagnostic examination given by one or more
22 physicians and surgeons of the licensee’s choice.

23 “(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including
24 requiring notice to applicable patients that the licensee is unable to perform the indicated
25 treatment, where appropriate.

26 “... ”

27 ///

28 ///

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

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

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

7 “...

8 “(e) The commission of any act involving dishonesty or corruption that is substantially
9 related to the qualifications, functions, or duties of a physician and surgeon.

10 “...”

11 9. Section 2236 of the Code states, in pertinent part:

12 “(a) The conviction of any offense substantially related to the qualifications, functions, or
13 duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this
14 chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive
15 evidence only of the fact that the conviction occurred.

16 “...

17 “(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to
18 be a conviction within the meaning of this section and Section 2236.1. The record of conviction
19 shall be conclusive evidence of the fact that the conviction occurred.”

20 10. Section 2237 of the Code states:

21 “(a) The conviction of a charge of violating any federal statutes or regulations or any statute
22 or regulation of this state, regulating dangerous drugs or controlled substances, constitutes
23 unprofessional conduct. The record of the conviction is conclusive evidence of such
24 unprofessional conduct. A plea or verdict of guilty or a conviction following a plea of nolo
25 contendere is deemed to be a conviction within the meaning of this section.

26 “(b) Discipline may be ordered in accordance with Section 2227 or the Division of
27 Licensing may order the denial of the license when the time for appeal has elapsed, or the
28 judgment of conviction has been affirmed on appeal, or when an order granting probation is made

1 suspending the imposition of sentence, irrespective of a subsequent order under the provisions of
2 Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and
3 to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
4 complaint, information, or indictment.”

5 11. Section 2238 of the Code states:

6 “A violation of any federal statute or federal regulation or any of the statutes or regulations
7 of this state regulating dangerous drugs or controlled substances constitutes unprofessional
8 conduct.”

9 12. Section 2239 of the Code states:

10 “(a) The use or prescribing for or administering to himself or herself, of any controlled
11 substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic
12 beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to
13 any other person or to the public, or to the extent that such use impairs the ability of the licensee
14 to practice medicine safely or more than one misdemeanor or any felony involving the use,
15 consumption, or self-administration of any of the substances referred to in this section, or any
16 combination thereof, constitutes unprofessional conduct. The record of the conviction is
17 conclusive evidence of such unprofessional conduct.

18 “(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is
19 deemed to be a conviction within the meaning of this section. The Division of Medical Quality
20 may order discipline of the licensee in accordance with Section 2227 or the Division of Licensing
21 may order the denial of the license when the time for appeal has elapsed or the judgment of
22 conviction has been affirmed on appeal or when an order granting probation is made suspending
23 imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4
24 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of
25 not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint,
26 information, or indictment.”

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28 ///

13. Section 2242 of the Code states, in pertinent part:

“(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

“ ”
...

14. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

15. California Code of Regulations, title 16, section 1360, states:

“For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act.”

FIRST CAUSE FOR DISCIPLINE

(Conviction of Crimes Substantially Related to Qualifications, Functions, or Duties of a Physician and Surgeon)

16. Respondent has subjected her Physician's and Surgeon's Certificate No. A 82353 to disciplinary action under sections 2227 and 2234, as defined by section 2236, subdivision (a), of the Code, and under title 16, section 1360 of the California Code of Regulations, in that she has been convicted of crimes substantially related to the qualifications, functions, or duties of a physician and surgeon, as more particularly alleged hereinafter:

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The December 14, 2015 Conviction

A. On or about September 2, 2015, Health Quality Investigations Unit (HQIU)'s Investigator T.C. received information over the phone from the San Diego Drug Enforcement Administration (the DEA) Diversion Investigator B.C. regarding respondent's use of her DEA number to prescribe controlled substances, including hydrocodone bitartrate¹ (hydrocodone), to her husband, J.G., and diverting the prescription medication for her personal use.

B. DEA Investigator B.C. told Investigator T.C. over the phone that she received information from a pharmacy to which respondent was calling in prescriptions using her DEA number and issuing them to J.G. but picking them up herself.

C. On or about September 2, 2015, Investigator T.C. received a copy of the Controlled Substance Utilization Review and Evaluation System (CURES) doctor's prescriber history report for respondent from September 2, 2012 to September 2, 2015. The 87 page report showed fifteen (15) prescriptions made to J.G. for Tylenol with codeine,² diazepam³ and hydrocodone,⁴ issued from April 17, 2013 to July 14, 2015.

D. On or about September 2, 2015, Investigator T.C. contacted and spoke with Medical Director E.L. (Director E.L.) of Imperial Beach Health Center (IBHC), respondent's place of employment. Director E.L. stated that respondent has been employed by IBHC since late 2006 and that she has been on a leave of absence since March 18, 2015.

¹ A Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

² A Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

³ 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.

⁴ A Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

1 E. On or about September 3, 2015, Investigator T.C. received a copy of the
2 CURES patient activity report for J.G. from September 3, 2012, to September 3,
3 2015. The CURES report revealed fifteen (15) of the seventeen (17) prescriptions
4 issued for J.G., respondent's husband, were prescribed by respondent.

5 F. On or about the morning of September 4, 2015, Investigator T.C. and HQUU
6 Investigator M.P. spoke with respondent on the phone. Respondent stated she has
7 been on medical leave since March 2015, due to depression and anxiety. When asked
8 about her prescribing hydrocodone to her husband in 2015, respondent replied she
9 prescribed it to him because he had suffered a rotator cuff injury in the past. Upon
10 further questioning, respondent admitted that J.G.'s injury took place approximately
11 thirteen (13) years ago and that his last visit to a physician for the same injury was
12 approximately 13 years ago when J.G. and respondent used to live in Philadelphia.
13 Respondent stated that since then J.G. has seen a medical provider in San Diego, but
14 not for his shoulder injury. Respondent told the investigators that J.G. was
15 complaining about pain in his shoulder and that it was the reason for her writing him a
16 prescription for hydrocodone beginning in January 2015, consisting of 90 pills per
17 prescription. Respondent further stated one (1) pill would be taken every six (6)
18 hours. Respondent has prescribed her husband hydrocodone on a total of nine (9)
19 occasions between January 2015 and July 2015, each of the nine (9) prescriptions
20 consisting of 90 pills. In addition, respondent prescribed J.G. 90 pills of Diazepam at
21 10 mg strength on January 1, 2015. Respondent told the investigators that she
22 renewed the prescription about one to two times a month and alleged the medication
23 was finished at such intervals.

24 G. When asked about her use of hydrocodone, respondent told the investigators
25 that she began taking J.G.'s pills around April 2015, taking approximately two to
26 three (2-3) pills a day. Respondent stated that she was suffering from migraines and
27 that she used J.G.'s medication to help relieve them. Respondent further stated that
28 she peaked using at about four (4) pills of hydrocodone a day. According to

1 respondent, her husband knew about her use of his medication and asked her to stop
2 using it. Respondent stated she stopped prescribing the pills in July 2015.

3 Respondent stated she then took Clonidine⁵ to help her wean off of Norco.⁶

4 Respondent told the investigators that the DEA had contacted her and ordered her to
5 surrender her hydrocodone pills by September 3, 2015. Respondent further stated that
6 she continued to take the hydrocodone pills until the morning of September 3, 2015,
7 just before surrendering them to the DEA. Finally, respondent told the investigators
8 during the same telephone conversation that she had an appointment on the next day
9 to see Dr. Y.C. for respondent's drug addiction. Respondent also stated she has seen
10 multiple doctors at the time including: R.F., M.F.T. for her depression and anxiety;
11 Dr. N.C. for depression and anxiety; and D.P., N.P. for her migraines.

12 H. Later that day on or about September 4, 2015, T.C., HQUI Investigator A.M.,
13 and Investigator M.P. met with respondent and J.G. at their residence located in Chula
14 Vista, California. Respondent signed authorizations for release of records from D.P.,
15 N.P., Dr. N.C., Dr. Y.C., and R.F., M.F.T. Respondent also signed the Voluntary
16 Agreement for Mental and Physical Examination. J.G. also signed a release for his
17 medical records from respondent. Upon further questioning regarding J.G.'s medical
18 records, respondent stated she has no records for J.G.

19 I. Prior to the end of the in-person interview, respondent consented to a voluntary
20 urine sample. Investigator A.M. collected respondent's urine sample and Investigator
21 M.P. filled out and completed the Alere Custody and Control Form. The sample was
22 sent via FedEx to Alere Toxicology on the same day. After providing the urine

23 ///

24 ⁵ A sympatholytic medication used to treat high blood pressure, attention deficit
25 hyperactivity disorder, anxiety disorders, withdrawal (from either alcohol, opioids, or smoking),
migraine, menopausal flushing, diarrhea, and certain pain conditions.

26 ⁶ A brand name for acetaminophen and hydrocodone bitartrate, a Schedule III controlled
27 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous
28 drug pursuant to Business and Professions Code section 4022.

sample, respondent stated her urine would test positive for opiates⁷ and benzodiazepines.⁸

J. Also on or about September 4, 2015, Investigators T.C. and M.P. went to CVS Pharmacy #9113 located at 645 East Palomar Road, Chula Vista, 91911. They spoke to a registered pharmacist, B.W., about respondent's prescription. B.W. said his pharmacy tech noticed the patient and physician had the same address. B.W. further said he contacted IBHC to verify J.G. as a patient and was told there was no record of J.G. as a patient with IBHC. B.W. stated he noticed something was wrong when he checked the chart and the insurance card of J.G., and verified that J.G. was the spouse of respondent. B.W. also said that, in July 2015, he personally saw respondent waiting for a prescription to be filled for J.G. at the same pharmacy. B.W. stated he confronted respondent at that time and asked if she was the prescribing physician for the medication she was picking up. Respondent replied no, took the prescription, walked out of the store and has not returned since. B.W. notified the San Diego County Sheriff's Department of his findings during the incident.

K. On or about September 4, 2015, B.W. provided Investigators T.C. and M.P. with a copy of J.G.'s CVS patient profile from May 2012 to August 2015 and a copy of respondent's CVS patient profile from July 2012 to August 2015. B.W. also provided them with five (5) copies of the prescriptions prescribed by respondent to J.G. The original prescriptions had already been seized by the DEA. The five (5) prescriptions revealed the following:

Date	Drug	Dosage	Prescriber	Pickup Date
3/16/2015	Norco 10/375	90	Leonor Ordonez	3/16/2015
5/8/2015	Norco 10/375	90	Leonor Ordonez	5/9/2015
6/19/2015	Norco 10/375	90	Leonor Ordonez	6/19/2015
7/1/2015	Norco 10/375	90	Leonor Ordonez	7/1/2015

⁷ Drugs with morphine like effects, derived from opium; they are analgesic alkaloid compounds found naturally in the opium poppy plant *Papaver somniferum*. The psychoactive compounds found in the opium plant include morphine, codeine, and thebaine.

⁸ 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.

7/14/2015	Norco 10/375	90	Leonor Ordonez	7/14/2015
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In addition to the five (5) copies of the aforementioned prescriptions, Investigator T.C. seized two (2) original prescriptions prescribed by respondent to J.G. They were impounded as evidence. The additional prescriptions revealed the following:

Date	Drug	Dosage	Prescriber	Pickup Date
1/5/2015	Norco 10/375	90	Leonor Ordonez	1/7/2015
2/23/2015	Norco 10/375	90	Leonor Ordonez	2/23/2015

L. On or about September 4, 2015, Investigator M.P. received a CURES patient profile for respondent. The report revealed eighteen (18) prescriptions including Tramadol,⁹ Temazepam¹⁰ and Diazepam¹¹ prescribed by D.P., N.P. from September 17, 2014 to June 25, 2015.

M. On or about September 11, 2015, Investigator M.P. received the Alere Drug Test Report for respondent's urine sample. According to the report, respondent tested positive for extended benzodiazepines¹² (four types), extended opiates¹³ and oxycodone¹⁴ and/or oxymorphone,¹⁵ indicating these drugs were above the cut off levels. Based on the positive results, the drug class metabolites revealed the

⁹ An opioid pain medication that is a dangerous drug pursuant to Business and Professions Code section 4022.

¹⁰ 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.

¹¹ 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.

¹² 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.

¹³ Drugs with morphine like effects, derived from opium; they are analgesic alkaloid compounds found naturally in the opium poppy plant *Papaver somniferum*. The psychoactive compounds found in the opium plant include morphine, codeine, and thebaine.

¹⁴ A Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

¹⁵ A Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

1 benzodiazepine of clonazepam/temazepam and opiates of hydrocodone /
2 hydromorphone / morphine / oxazepam / oxycodone / oxymorphone.

3 N. On or about September 11, 2015, Investigator M.P. spoke to J.G. J.G. told the
4 investigator that he spoke to respondent regarding his shoulder pain, that respondent
5 gave him a range of motion exam and rotator cuff test at home, not in a medical
6 office, and that no records were documented. J.G. stated respondent prescribed him
7 hydrocodone and that the prescription was for ninety (90) pills where one (1) was to
8 be taken, twice a day.

9 O. On or about September 22, 2015, Investigator M.P. sent requests for records
10 authorizations with releases signed by respondent to Dr. Y.C., Dr. N.C., D.P., N.P.,
11 and R.F., M.F.T. via certified mail.

12 P. On or about September 21, 2015, Investigator M.P. received a letter stating that
13 respondent is withdrawing her signatures from all forms she had previously signed.
14 She alleged that she was forced to sign them, particularly a form regarding her DEA
15 license. Respondent alleged she was under duress when she signed the forms and that
16 she was interviewed through intimidation tactics by the DEA.

17 Q. On or about September 21, 2015, in the Superior Court of California, County of
18 San Diego case entitled *The People of the State of California v. Leonor Ordonez*,
19 Case No. SCD263738, the San Diego County District Attorney's Office charged
20 respondent with twenty (20) Felony counts, consisting of six (6) counts of Penal Code
21 section 550(a)(5) [Insurance – Make Writing for False Claim], six (6) counts of Penal
22 Code section 550(b)(1) [Insurance – Presenting False Information Supporting Claim],
23 seven (7) counts of Health and Safety Code section 11173(a) [Obtaining Prescription
24 by Fraud/Deceit], and one (1) count of Health and Safety Code section 11368
25 [Obtaining a Narcotic by a Forged Prescription].

26 R. On or about September 22, 2015, Investigator M.P. received certified copies of
27 the CURES Patient Activity Reports for respondent and J.G.

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1 S. On or about November 17, 2015, Investigator M.P. received a copy of a minute
2 order reflecting a Superior Court order in respondent's criminal case. The minute
3 order stated that respondent cannot prescribe medication until her next readiness
4 hearing on December 14, 2015.

5 T. On or about December 7, 2015, Investigator M.P. received a copy of the
6 certification of records for patient J.G. from Attorney Frank on behalf of respondent.
7 The certification was signed and dated by respondent on December 7, 2015, and
8 reported there were no records kept for J.G.

9 U. On or about December 14, 2015, in the Superior Court of California, County of
10 San Diego case entitled *The People of the State of California v. Leonor Ordonez*,
11 Superior Court Case No. SCD263738, respondent pled Guilty and was convicted of
12 counts two and eighteen, violating Penal Code Section 550, subdivision (b),
13 subdivision (1) [Insurance – Presenting False Information Supporting Claim] and
14 Health and Safety Code section 11173, subdivision (a) [Obtaining Prescription by
15 Fraud/Deceit].

16 V. On or about January 28, 2016, in the Superior Court of California, County of
17 San Diego case entitled *The People of the State of California v. Leonor Ordonez*,
18 Superior Court Case No. SCD263738, respondent was sentenced to three (3) years
19 Formal probation and was ordered as part of probation to waive her 4th amendment
20 right.

21 W. On or about March 9, 2016, respondent underwent a physical evaluation by Lee
22 Ralph, M.D., who opined that respondent is physically able to safely practice
23 medicine under the condition of respondent continuing to receive outpatient substance
24 abuse treatment and psychiatric and psychological counseling.

25 X. On or about June 21, 2016, respondent underwent a mental evaluation from
26 David Sheffner, M.D., who opined the following, in summary:

27 "Dr. Ordonez suffered from Opioid Use Disorder. The nature and
28 magnitude of this disorder would render her impaired/unsafe to practice
medicine while under the influence of the abuse of such drugs.

1 Conversely, she is currently in remission, and when substance-free, she is
2 not impaired/unsafe to engage in the practice of medicine. The same can
3 be said of her past alcohol abuse.

4 “Dr. Ordonez requires continued treatment/a program and objective
5 monitoring in order to prevent re-addiction, and her ability to practice
6 medicine safely. Her quite substantial constructive efforts in this regard
7 and her current appreciation of her past addiction and the necessity for a
8 long-term program are favorable prognostic signs.

9 “While Dr. Ordonez has suffered from an anxiety and depressive disorder,
10 these symptoms have not been of the nature or magnitude to render her
11 impaired/unsafe to practice medicine safely (she noted in 2015 that
12 depressive symptomatology made it ‘very difficult’ for her to do her
13 work, but I have no data to indicate that she did not meet such a
14 challenge. These psychiatric symptoms are now improved; she’s been
15 receiving the indicated psychiatric treatment).”

16 Y. On or about July 29, 2016, Dr. Sheffner provided the following opinion, in
17 summary:

18 “Dr. Ordonez would be deemed safe to practice medicine if she continues
19 to participate in programs to treat her addiction. Dr. Ordonez would need
20 to provide objective confirmation that she is continuing in the programs
21 to treat her addiction which would include monitoring and random drug
22 testing. Dr. Ordonez’s participation in these programs as well as
23 monitoring and random drug testing will be a layer of safety which is
24 needed for Dr. Ordonez to be considered safe to practice medicine.

25 “Dr. Ordonez has potential for re-addiction if she does not participate in
26 the treatment programs which will make her unsafe to practice medicine.
27 Dr. Ordonez needs to be in continued care and monitoring for a couple of
28 years due to the potential of re-addiction. If Dr. Ordonez does not
29 continue with the treatment programs and monitoring, Dr. Sheffner would
30 consider Dr. Ordonez to be unsafe to practice medicine.”

31 Z. Dr. Sheffner also stated that because of the psychoactive effects of abuse of
32 alcohol or opiates, when respondent is abusing such substances, she is not safe to
33 practice medicine. Conversely, in Dr. Sheffner’s opinion, if respondent does not
34 suffer any other mental disorder of the nature or magnitude to compromise her ability
35 to practice medicine safely, if she is in remission (i.e. not abusing substances), it
36 follows that respondent is safe to practice medicine. Dr. Sheffner also added that in
37 order for respondent to maintain remission/sobriety, respondent requires continuation
38 of her addiction treatment program. To objectively document that she remains in

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1 remission, random drug/alcohol testing is necessary to ensure the safety of her
2 patients.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Illegal Prescribing of Controlled Substances - Self-Prescribing)**

5 17. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 82353
6 to disciplinary action under sections 2227 and 2234, as defined by section 2237, subdivision (a), and
7 section 2238, of the Code, in that she has illegally prescribed controlled substances by self-
8 prescribing; as more particularly alleged in paragraphs 16(A) through 16(Z), above, which are hereby
9 incorporated by reference and realleged as if fully set forth herein.

10 **THIRD CAUSE FOR DISCIPLINE**

11 **(Self Use of Controlled Substances)**

12 18. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 82353
13 to disciplinary action under sections 2227 and 2234, as defined by section 2239, subdivision (a), of
14 the Code, in that she has unlawfully used a controlled substance, to wit: hydrocodone, as more
15 particularly alleged in paragraphs 16(A) through 16(Z), above, which are hereby incorporated by
16 reference and realleged as if fully set forth herein.

17 **FOURTH CAUSE FOR DISCIPLINE**

18 **(Dishonest and Corrupt Acts)**

19 19. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 82353
20 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (e), of
21 the Code, and under title 16, section 1360 of the California Code of Regulations, in that she has
22 committed an act or acts involving dishonesty or corruption which is substantially related to the
23 qualifications, functions, or duties of a physician and surgeon, as more particularly alleged in
24 paragraphs 16(A) through 16(Z), above, which are hereby incorporated by reference and realleged as
25 if fully set forth herein.

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FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

20. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 82353 to disciplinary action under sections 2227 and 2234, as defined by section 2266 of the Code, in that she has failed to maintain adequate and accurate records relating to the provision of services to her alleged patient J.G., as more particularly alleged in paragraphs 16(A) through 16(Z), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

21. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 82353 to disciplinary action under sections 2227 and 2234, as defined by sections 2234, subdivisions (a) and (e), 2236, 2237, subdivision (a), 2238, 2239, subdivision (a), and 2242, of the Code, and under title 16, section 1360 of the California Code of Regulations, in that she has engaged in unprofessional conduct, as more particularly alleged in paragraphs 16(A) through 16(Z), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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PRAYER

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


1. Revoking or suspending Physician's and Surgeon's Certificate No. A 82353, issued to respondent Leonor Alcaraz Ordonez, M.D.;

2. Revoking, suspending or denying approval of respondent Leonor Alcaraz Ordonez, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering respondent Leonor Alcaraz Ordonez, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: December 23, 2016


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
State of California
Complainant

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