

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

**In the Matter of the Accusation)
Against:)
)
)
Isaac Nageeb Beshay, M.D.)
)
Physician's and Surgeon's)
Certificate No. A 89039)
)
Respondent)
_____)**

Case No. 800-2017-035284


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 November 27, 2019.

IT IS SO ORDERED October 30, 2019.

MEDICAL BOARD OF CALIFORNIA



**Ronald H. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CHRISTINE R. FRIAR
Deputy Attorney General
4 State Bar No. 228421
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6472
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **ISAAC NAGEEB BESHAY, M.D.**

14 2200 Harbor Blvd., Ste. B210
Costa Mesa, CA 92627

15 Physician's and Surgeon's Certificate
16 No. A 89039,

17 Respondent.

Case No. 800-2017-035284

OAH No. 2019010055

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
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 Christine R. Friar,
26 Deputy Attorney General.

27 ///

28 ///

1 **DISCIPLINARY ORDER**

2 **A. PUBLIC REPRIMAND.**

3 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. A 89039,
4 issued to Isaac Nageeb Beshay, M.D., shall be and is hereby publicly reprimanded pursuant to
5 California Business and Professions Code section 2227, subdivision (a)(4). This public
6 reprimand, which is issued in connection with the allegations set forth in Accusation No. 800-
7 2017-035284, is as follows:

8 "In 2012, you failed to adequately manage and document the care and treatment of one
9 patient, in violation of the Business and Professions Code, as more fully described in
10 Accusation No. 800-2017-035284."

11 **B. PRESCRIBING PRACTICES COURSE.**

12 **IT IS FURTHER ORDERED THAT** within sixty (60) calendar days of the effective date
13 of this Decision, Respondent shall enroll in a course in prescribing practices approved in
14 advance by the Board or its designee. Respondent shall provide the approved course provider
15 with any information and documents that the approved course provider may deem pertinent.
16 Respondent shall participate in and successfully complete the classroom component of the
17 course not later than six (6) months after Respondent's initial enrollment. Respondent shall
18 successfully complete any other component of the course within one (1) year of enrollment. The
19 prescribing practices course shall be at Respondent's expense and shall be in addition to the
20 Continuing Medical Education (CME) requirements for renewal of licensure.

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

26 If Respondent fails to enroll, participate in, or successfully complete the prescribing
27 practices course within the designated time period, Respondent shall receive a notification from
28 the Board or its designee to cease the practice of medicine within three (3) calendar days after

1 being so notified. Respondent shall not resume the practice of medicine until enrollment or
2 participation in the prescribing practices course has been completed. Failure to successfully
3 complete the prescribing practices course outlined above shall constitute unprofessional conduct
4 and is grounds for further disciplinary action.

5 **C. MEDICAL RECORD KEEPING COURSE.**

6 **IT IS FURTHER ORDERED THAT** within sixty (60) calendar days of the effective date
7 of this Decision, Respondent shall enroll in a course in medical record keeping approved in
8 advance by the Board or its designee. Respondent shall provide the approved course provider
9 with any information and documents that the approved course provider may deem pertinent.
10 Respondent shall participate in and successfully complete the classroom component of the course
11 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
12 complete any other component of the course within one (1) year of enrollment. The medical
13 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
14 Medical Education (CME) requirements for renewal of licensure.

15 A medical record keeping course taken after the acts that gave rise to the charges in the
16 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
17 or its designee, be accepted towards the fulfillment of this condition if the course would have
18 been approved by the Board or its designee had the course been taken after the effective date of
19 this Decision.

20 Respondent shall submit a certification of successful completion to the Board or its
21 designee not later than fifteen (15) calendar days after successfully completing the course, or not
22 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

23 If Respondent fails to enroll, participate in, or successfully complete the medical record
24 keeping course within the designated time period, Respondent shall receive a notification from
25 the Board or its designee to cease the practice of medicine within three (3) calendar days after
26 being so notified. Respondent shall not resume the practice of medicine until enrollment or
27 participation in the medical record keeping course has been completed. Failure to successfully
28 complete the medical record keeping course outlined above shall constitute unprofessional

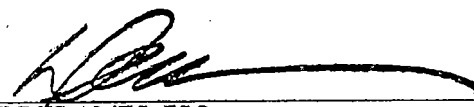
1 conduct and is grounds for further disciplinary action.

2 ACCEPTANCE

3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
4 discussed it with my attorneys, Dennis Ames and Pogey Henderson. I understand the stipulation
5 and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
6 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
7 bound by the Decision and Order of the Medical Board of California.

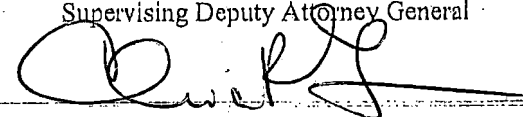
8 DATED: 9/27/19 
9 ISAAC NAGEEB BESHAY, M.D.
Respondent

10 I have read and fully discussed with Respondent Isaac Nageeb Beshay, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13 DATED: 9/27/19 
14 DENNIS AMES, ESQ.
15 POGY HENDERSON, ESQ.
Attorneys for Respondent

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: 9/30/2019
21 Respectfully submitted,
22 XAVIER BECERRA
Attorney General of California
23 E. A. JONES III
Supervising Deputy Attorney General
24 
25 CHRISTINE R. FRIAR
26 Deputy Attorney General
Attorneys for Complainant

27 LA2018502952
28 Beshay Stipulated Settlement.pdf.docx

Exhibit A

Accusation No. 800-2017-035284

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 CHRISTINE R. FRIAR
Deputy Attorney General
4 State Bar No. 228421
California Department of Justice
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO NOV. 9 20 18
BY ANA PESTO ANALYST

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

12 In the Matter of the Accusation Against:

Case No. 800-2017-035284

13 **ISAAC NAGEEB BESHAY, M.D.**

A C C U S A T I O N

14 2200 Harbor Blvd., Ste. B210
15 Costa Mesa, CA 92627

16 Physician's and Surgeon's Certificate
17 No. A 89039,

Respondent.

18
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 (Board).

25 2. On or about October 6, 2004, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 89039 to Isaac Nageeb Beshay, M.D. (Respondent). That license was in
27 full force and effect at all times relevant to the charges brought herein and will expire on July 31,
28 2020, unless renewed.

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4 4. Section 2227 of the Code provides that a licensee who is found guilty under the
5 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
6 one year, placed on probation and required to pay the costs of probation monitoring, or such other
7 action taken in relation to discipline as the Board deems proper.

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

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

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

14 “... ”

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

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

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

25 “... ”

26 6. Section 2266 of the Code states:

27 “The failure of a physician and surgeon to maintain adequate and accurate records relating
28 to the provision of services to their patients constitutes unprofessional conduct.”

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 7. Respondent is subject to disciplinary action under Code section 2234, subdivision
4 (c), in that he committed repeated negligent acts in his care and treatment of Patient A.¹ The
5 circumstances are as follows:

6 8. During the relevant time period, Respondent practiced family medicine in Costa
7 Mesa, California.

8 9. Patient A, a 31 year-old male, first presented to Respondent on February 17, 2012, for
9 allergies, panic and medication refill. Patient A was taking Propranolol (a beta blocker),
10 citalopram (generic for Celexa, an anti-depressant) and Xanax (a Schedule IV benzodiazepine).

11 10. Patient A returned to Respondent on March 10, 2012, for a medication refill, review
12 of lab results and anxiety. Patient A's blood pressure was recorded at 160/120. Respondent did
13 not note any changes in Patient A's medical history or any pertinent details relating to the history
14 of Patient A's present illness, including interval changes. Respondent referred Patient A to a
15 psychiatrist and refilled his medications.

16 11. On March 20, 2012, Patient A returned to Respondent complaining of lower back
17 pain after a two-story fall. Patient A requested pain medication. Patient A's blood pressure was
18 recorded at 130/100. Respondent examined Patient A's back and ordered x-rays.

19 12. Respondent next saw Patient A on June 26, 2012. On that day, Patient A requested
20 hydrocodone-acetaminophen (generic for Norco, a Schedule II opiate), citalopram, and
21 alprazolam (generic for Xanax), each of which Respondent refilled. Patient A's blood pressure
22 was recorded at 140/100. Pertinent details relating to the history of Patient A's present illness,
23 including interval changes, are again missing from Respondent's records for Patient A.

24 13. On August 31, 2012, Patient A next presented to Respondent. Patient A requested
25 medication refills. Pertinent details relating to the history of Patient A's present illness, including

26 ¹ In this Accusation, the patient is referred to as "Patient A" to protect his right of privacy.
27 The patient's full name was disclosed to Respondent during the course of Board Investigation No.
28 800-2017-035284 and will be disclosed to Respondent again when discovery is provided pursuant
to Government Code section 11507.6.

1 interval changes, are again absent from his records. Patient A's "Assessment" is listed as
2 backache, anxiety and dyslipidemia (high cholesterol). Respondent advised diet and exercise and
3 prescribed Ativan (a Schedule IV benzodiazepine) and Adderall (a Schedule II central nervous
4 system stimulant). There is no documentation as to why these medications were prescribed.
5 Respondent has stated that he believes he prescribed Ativan and Adderall to wean Patient A off of
6 more addictive medications.

7 14. On October 12, 2012, Patient A had a follow-up visit with Respondent after being
8 treated in the Emergency Room for a panic attack. Respondent prescribed Patient A Xanax.

9 15. On October 21, 2012, Patient A was admitted to Hoag Memorial Hospital
10 Presbyterian after being found unresponsive from a drug overdose. A urine toxicology screen
11 revealed amphetamines, benzodiazepines, opioids and marijuana. Patient A passed away that
12 same day from accidental acute poly drug intoxication.

13 16. During the relevant time period, the applicable standard of care in the medical
14 community required that a physician providing care to a patient: 1) obtain and document a
15 pertinent history or review of symptoms, both positive and negative; 2) perform a reasonable
16 physical examination and document its findings; 3) document assessments consistent with the
17 patient's presentation and develop and document a differential diagnosis; 4) develop and
18 document reasonable plans for evaluating and/or treating the patient's presenting complaints; and
19 5) maintain legible records.

20 17. During the relevant time period, the applicable standard of care in the medical
21 community required that a treating physician observe the following principles when prescribing
22 controlled substances: 1) establish appropriate medical indication for use of controlled
23 substances; 2) establish therapeutic goals before starting therapy to limit the potential for physical
24 and psychological dependence and to include the patient in the process; 3) once a therapeutic dose
25 is established, attempt to limit dosage to this level; 4) attempt the use of other treatments instead
26 of non-controlled substances – especially in chronic management – to lesson pronounced
27 withdrawal symptoms on discontinuance; 5) frequently evaluate continuing therapy and the
28 patient's need for opioids and 6) if an addictive behavior presents itself, or if the patient admits to

1 being an addict, to discontinue use of controlled medication and to refer to the patient to a drug
2 addiction treatment facility.

3 18. During the course of Respondent's care and treatment of Patient A, the applicable
4 standard of care in the medical community required that a treating physician recognize chronic
5 medical problems and manage them according to community standard of care. In the case of
6 hypertension (high blood pressure), a history should be created of the hypertension, elevated
7 blood pressure readings should be assessed, appropriate blood work should be ordered, and
8 treatment options should be offered and discussed, such as medication.

9 19. Respondent's care and treatment of Patient A departed from the applicable standard
10 of care as follows:

11 A. Respondent failed to perform an adequate history of Patient A's medical problems at
12 multiple visits;

13 B. Respondent failed to document adequate indication for Adderall use; and

14 C. Respondent failed to adequately recognize and address Patient A's hypertension.

15 20. Respondent's acts and/or omissions as set forth in paragraphs 9 through 19, inclusive
16 above, whether proven individually, jointly, or in any combination thereof, constitute repeated
17 negligent acts in violation of section 2234, subdivision (c), of the Code. As such, cause for
18 discipline exists.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Inadequate Record Keeping)**

21 21. Respondent is subject to disciplinary action under Code sections 2234, subdivision
22 (a), and 2266, in that he failed to maintain adequate and accurate records for Patient A. The
23 circumstances are as follows:

24 22. Paragraphs 7 through 18 are incorporated by reference and re-alleged as if fully set
25 forth herein.

26 23. Respondent's acts and/or omissions as set forth in paragraphs 9 through 19 and 22,
27 above, whether proven individually, jointly, or in any combination thereof, constitute the failure
28 to maintain adequate and accurate records pursuant to section 2266 of the Code. As such, cause

1 for discipline exists.

2 **PRAYER**

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

- 5 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 89039,
6 issued to Isaac Nageeb Beshay, M.D.;
- 7 2. Revoking, suspending or denying approval of Isaac Nageeb Beshay, M.D.'s authority
8 to supervise physician assistants and advanced practice nurses;
- 9 3. Ordering Isaac Nageeb Beshay, M.D., if placed on probation, to pay the Board the
10 costs of probation monitoring; and
- 11 4. Taking such other and further action as deemed necessary and proper.

12
13 DATED: November 9, 2018


14 KIMBERLY KIRCHMEYER
15 Executive Director
16 Medical Board of California
17 Department of Consumer Affairs
18 State of California
19 Complainant

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