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

In the Matter of the Accusation Against: **Paul F. Reardon, M.D.** **Physician's and Surgeons** **Certificate No. A 49699** **Respondent.**	**Case No. 800-2017-037841**

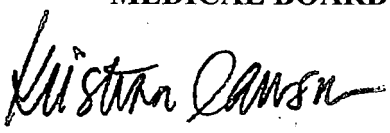
DECISION

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 10, 2020.

IT IS SO ORDERED: June 10, 2020.

MEDICAL BOARD OF CALIFORNIA



Kristina D. Lawson, J.D., Chair
Panel B

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

In the Matter of the Accusation Against: **PAUL F. REARDON, M.D.** **Newport Coast Mental Health Assoc.** **15 Corporate Plaza Drive, Ste. 140** **Newport Beach, CA 92660** **Physician's and Surgeon's Certificate No. A 49699** Respondent.	Case No. 800-2017-037841 OAH No. 2019080021 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney General.

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2. Respondent Paul F. Reardon, M.D. (Respondent) is represented in this proceeding by attorney Marvin H. Firestone, whose address is: 1700 South El Camino Real, Suite 408 San Mateo, CA 94402.

3. On or about July 3, 1991, the Board issued Physician's and Surgeon's Certificate No. A 49699 to Paul F. Reardon, 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. 800-2017-037841, and will expire on May 31, 2021, unless renewed.

JURISDICTION

4. On June 21, 2019, Accusation No. 800-2017-037841 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 21, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-037841 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2017-037841. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent does not contest that at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2017-037841 and that he has thereby subjected his license to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2017-037841 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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

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ADDITIONAL PROVISIONS

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

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

15. In consideration of the foregoing admissions and stipulations, the parties agree the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 49699 issued to Respondent Paul F. Reardon, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for seven (7) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

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2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

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

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4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The

program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.]

6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to

compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

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

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

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within

15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

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

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

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10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations.

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

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

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

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

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Marvin H. Firestone. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 6 APRIL 2020

PAUL F. REARDON, M.D.
Respondent

I have read and fully discussed with Respondent Paul F. Reardon, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: Apr. 7, 2020

MARVIN H. FIRESTONE
Attorney for Respondent

ENDORSEMENT

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

DATED: 4/8/20

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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REARDON - Stipulated Settlement and Disciplinary Order - HQE - s.docx

Exhibit A

Accusation No. 800-2017-037841

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Paul F. Reardon, M.D.** **Newport Coast Mntl. Hlth. Assoc.** **15 Corporate Plaza Drive, Ste. 140** **Newport Beach, CA 92660** **Physician's and Surgeon's Certificate No. A 49699,** Respondent.	Case No. 800-2017-037841 **A C C U S A T I O N**

Complainant alleges:

PARTIES

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

2. On or about July 3, 1991, the Medical Board issued Physician's and Surgeon's Certificate Number A 49699 to Paul F. Reardon, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought

herein and will expire on May 31, 2021, unless renewed.

JURISDICTION

3. 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.

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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5. Section 2234 of the Code, states:

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

". . .

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

"..."

6. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

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7. 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."

8. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 49699 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

10. On or about October 4, 2013, Respondent began treating Patient A. Respondent noted that Patient A was a sixty-six (66) year-old female, with a chief complaint of waking with terrible anxiety, panic attacks, and severe insomnia for five years. Respondent also noted that Patient A made a suicide attempt by jumping off the third story of a four-story parking structure, and had a history of other suicide attempts, and an overdose of pills. Respondent failed to obtain Patient A's prior medical and/or hospital records. Respondent failed to obtain and/or failed to document having obtained information related to Patient A's family psychiatric history. Respondent failed to obtain and/or failed to document having obtained information regarding Patient A's previous medication trials. Respondent diagnosed Patient A with "PTSD (Post Traumatic Stress Disorder),[2] s/p head trauma, major depression, sexual abuse as a child" and

[1] References to "Patient A" are used to protect patient privacy.

[2] Post traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying event.

noted that the goals were to "address insomnia, depression, PTSD." Respondent prescribed to Patient A Trazodone[3] 200 mg hs,[4] started a prescription for Lexapro[5] 10 mg in the morning, and started a prescription for Rozerem[6] 8 mg at bedtime. At this time, in addition to Trazodone, Lexapro and Rozerem, Respondent continued Patient A's prescriptions for Effexor,[7] Lithium,[8] Seroquel,[9] Tegretol,[10] and Neurontin,[11] which were started by another health care professional.

11. On or about October 15, 2013, Patient A returned to Respondent. Respondent noted that Effexor was not helpful for Patient A's depression and decreased it to 75 mg / day for 4 days and then discontinued it, without documenting why. Respondent increased Seroquel 200 mg to 400 or 600 mg, if needed. Respondent maintained Patient A's prescriptions for Trazadone, Tegretol, Neurontin, Lithium, Rozerem, and Lexapro.

12. On or about October 22, 2013, Patient A saw Respondent. Respondent noted, "severe insomnia, wakes at midnight with severe panic, up all night in spite of increased dose of Seroquel, nightmares when asleep." Respondent increased Seroquel to 1000 mg at bedtime. Respondent maintained Patient A's prescriptions for Lexapro, Trazadone, Tegretol, Neurontin, Lithium, and Rozerem.

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[3] Trazadone is a sedative and antidepressant.

[4] H.s. (hora somni) refers to "at bedtime."

[5] Lexapro (Escitalopram) is used to treat depression and anxiety.

[6] Rozerem (Ramelteon) can be used to treat insomnia.

[7] Effexor (Venlafaxine) is used to treat depression, generalized anxiety disorder, panic disorder, and social anxiety disorder.

[8] Lithium compounds, also known as lithium salts are primarily used as a psychiatric medication.

[9] Seroquel (quetiapine) is an antipsychotic that can be used to treat schizophrenia, bipolar disorder, and depression.

[10] Tegretol (Carbamazepine) may be used to treat seizures, nerve pain, and bipolar disorder.

[11] Neurontin (Gabpentin) can be used to treat seizures and pain caused by shingles.

13. On or about October 30, 2013, Patient A returned to Respondent. Respondent noted, "Severe insomnia for years, 10:30 to bed, sleeps 1 hour then awake all night!" Respondent increased Lithium 300 mg AM, 300 mg PM, increased Lexapro to 10 mg AM and 10 mg qhs,[12] and started Clonidine .1 mg ½ qam.[13] At this time, in addition to Lithium, Lexapro, and Clonidine.[14] Respondent maintained Patient A's prescriptions for Trazadone, Seroquel, Neurontin, Tegretol, Rozerem, and Lexapro.

14. On or about November 7, 2013, Patient A returned to Respondent. Respondent noted, "Doubtful if Tegretol 200 bid is helpful. Rozerem is also not helpful for sleep. Falling reported. Not oversedated. 'Legs just give out.'" Respondent decreased Tegretol to 1 tablet for 3 days, then discontinued it. Respondent increased Clonidine to .1 mg / day. Respondent maintained Patient A's prescriptions for Trazadone, Seroquel, Lithium, and Neurontin.

15. On or about November 30, 2013, Patient A saw Respondent. Respondent noted, "tearful, anxious. Ambien[15] started to help sleep. PTSD nightmares. Rozerem ineffective. Will give Ambien for sleep." Respondent discontinued Rozerem. Respondent maintained Patient A's prescriptions for Lexapro, Trazadone, Seroquel, Clonidine, Neurontin, and Lithium.

16. On or about January 7, 2014, Patient A visited Respondent. Respondent maintained Patient A's prescriptions for Lexapro, Trazadone, Seroquel, Clonidine, Neurontin, and Lithium and increased Ambien to 12.5 mg 2 hs.

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[12] Q.h.s. ("quaque hora somni" in Latin) means twice a day.

[13] Q.a.m. ("quaque ante meridiem" in Latin) means every morning.

[14] Clonidine is a medication that can be used to treat Attention Deficit Hyperactivity Disorder (ADHD).

[15] Zolpidem Tartrate (Ambien®), a centrally acting hypnotic-sedative, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the short-term treatment of insomnia characterized by difficulties with sleep initiation.

17. On or about January 9, 2014, Patient A visited Respondent. Respondent started prescribing Abilify[16] 5 mg hs to Patient A. Respondent decreased Seroquel to 800 mg hs, discontinued Ambien CR 12.5 mg, started Ambien 10 mg hs, decreased Clonidine to .1 mg hs, and decreased Trazodone to 200 mg hs. In addition, Respondent maintained Patient A's prescriptions for Neurontin, Lexapro, Lithium, and Trazadone.

18. On or about January 21, 2014, Patient A returned to Respondent. Respondent noted, "frequent episodes of panic, anxiety persistent, depressed & tearful about constant anxiety." Respondent increased Abilify to 10 mg hs and maintained Patient A's prescriptions for Seroquel, Neurontin, Ambien, Clonidine, Lithium, and Trazodone.

19. On or about February 13, 2014, Patient A visited Respondent. Respondent noted, among other things, "poor sleep (again), wakes in panic, almost every night." Respondent started prescribing Propranolol[17] 20 mg bid. Respondent failed to measure blood pressure or pulse, prior to initiating Propranolol on Patient A. Respondent maintained Patient A's prescriptions for Neurontin, Lexapro, Seroquel, Ambien, Abilify, Clonidine, Lithium, and Trazadone.

20. On or about February 27, 2014, Patient A returned to Respondent. Respondent noted, among other things, "tapering off lithium does not appear helpful." Respondent failed to check and/or failed to document having checked Patient A's serum lithium level to see if Patient A has attained a therapeutic level on this visit. Respondent also failed to do so during any of the previous visits by Patient A. Respondent maintained Patient A's prescriptions for Propranolol, Neurontin, Lexapro, Seroquel, Ambien, Abilify, Trazodone, Clonidine, and Lithium.

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[16] Abilify (Aripiprazole) can be used to treat schizophrenia, bipolar disorder, depression, and Tourette syndrome.

[17] Propranolol is a beta blocker that can be used to treat high blood pressure, chest pain (angina), and uneven heartbeat (atrial fibrillation).

21. On or about April 7, 2014, Patient A visited Respondent. Respondent noted, among other things, "Reducing Seroquel to see if sleep maintained. Anxiety comes & goes. Sleep stable. Plan: [Decrease] Seroquel to 600 mg hs." Respondent maintained Patient A's prescriptions for Propranolol, Lexapro, Clonidine, Ambien, Lithium, Trazodone, and Neurontin.

22. On or about April 22, 2014, Patient A saw Respondent. Respondent noted, among other things, "admitted to hospital for anemia for 4 days. Ativan[18] started in hospital for anxiety." Respondent discontinued Clonidine .1 mg hs, Lithium 300 mg hs, and Propranolol, and decreased Seroquel to 400 mg hs. Respondent continued Patient A's prescriptions for Lexapro, Ambien, Trazodone, and Abilify.

23. On or about April 25, 2014, Patient A saw Respondent. Respondent noted, among other things, "So far, taper of Seroquel is balanced by Abilify. Will continue taper to lower dose. No adverse rxn [reaction] to meds. Anxiety continues but some improvements. Plan: [Decrease] Seroquel 200 mg hs. if continues to be stable." Respondent maintained Patient A's prescriptions for Lexapro, Ambien, Trazodone, Neurontin, and Abilify.

24. On or about May 3, 2014, Patient A visited Respondent. Respondent noted, among other things, "Panic yesterday but some improvement today. Restart of Clonidine was helpful for anxiety. Will continue to taper Seroquel. Plan: Decrease Seroquel 200 mg hs. Continue other meds." Respondent maintained Patient A's prescriptions for Lexapro, Abilify, Neurontin, Clonidine, and Trazodone.

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[18] Ativan® (lorazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for the short term relief of anxiety or anxiety associated with depressive symptoms. Concomitant use of Ativan® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Ativan®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

25. On or about August 20, 2014, Patient A visited Respondent. Respondent noted, among other things, "Trial off Seroquel not helpful. Anxiety & Insomnia returned. Labile. Will restart Seroquel." Respondent maintained Patient A's prescriptions for Lexapro, Abilify, Neurontin, Ambien, Trazodone, and Clonidine.

26. On or about September 10, 2014, Patient A returned to Respondent. Respondent noted, among other things, "C/O Anxiety & Depression. More agitated at times. Anxiety attacks. Abilify appears to be more helpful at increased dose. Pt. requires antipsychotic [due] to overwhelming fear, paranoia, and hallucinations." Respondent increased Abilify to 15 mg bid, and discontinued Seroquel. Respondent maintained Patient A's prescriptions for Lexapro, Neurontin, Trazodone, Clonidine, Ambien, and Xanax.[19]

27. On or about September 22, 2014, Patient A visited Respondent. Respondent noted, among other things, "Depression severe. Tearful. Anxious. Unable to sleep more than several hours. Change Lexapro to Celexa.[20]" Respondent increased Trazodone to 400 mg hs. Respondent maintained Patient A's prescriptions for Abilify, Neurontin, Clonidine, Ambien, and Xanax.

28. On or about October 22, 2014, Patient A returned to Respondent. Respondent noted, among other things, "[Patient A]: I can't sleep. Need for Seroquel again to get better sleep. Depression significant in spite of Celexa." Respondent started prescribing Brintellix[21] 5 mg to Patient A and restarted Seroquel. Respondent maintained Patient A's prescriptions for Latuda,[22]

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[19] Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.) Respondent started prescribing Xanax to Patient A on or about September 1, 2014.

[20] Celexa (Citalopram) can be used to treat depression.

[21] Brintellix (Vortioxetine) is a medication used to treat major depressive disorder.

[22] Latuda (Lurasidone) is an antipsychotic that can be used to treat schizophrenia. Respondent started prescribing Latuda to Patient A on or about October 6, 2014.

Neurontin, Trazodone, Clonidine, Ambien, Xanax, and Celexa.

29. On or about November 10, 2014, Patient A saw Respondent. Respondent noted, among other things, "[Patient A]: 'I can't sleep at all without Seroquel.' Trial to hold Seroquel not helpful. Sleeps 6-8 hours with Seroquel, but cannot fall asleep without it. Plan: Continue Brintellix & Seroquel." Respondent maintained Patient A's prescriptions for Latuda, Neurontin, Trazodone, Clonidine, Ambien, Xanax, Celexa, Brintellix, and Seroquel.

30. On or about January 5, 2015, Patient A visited Respondent. Respondent noted, among other things, "My sleep is a little better. Depression better with Brintellix, Celexa not as helpful." Respondent decreased Celexa to 20 mg am, increased Prazosin[23] to 1 mg tid[24] and started a trial of Saphris[25] 10 mg for "sleep and psychosis." Respondent maintained Patient A's prescriptions for Latuda, Neurontin, Trazodone, Ambien, Celexa, Brintellix, and Seroquel.

31. On or about January 7, 2015, Patient A returned to Respondent. Respondent noted, among other things, "Pt. does have drooling with Saphris. No withdrawal on less Celexa. Plan: [Decrease] & Discontinue Celexa." Respondent discontinued Saphris. Respondent changed Latuda to 80 mg hs from 20 mg in a.m. and 60 mg qhs.[26] Respondent maintained Patient A's prescriptions for Latuda, Neurontin, Trazodone, Ambien, Xanax, Celexa, Brintellix, Seroquel, and Prazosin.

32. On or about January 26, 2015, Patient A saw Respondent. Respondent noted, among other things, "Dr. Chance (Neurology) dx [diagnosed] Parkinson's Disease. [Patient] Upset about diagnosis. Reassured that treatment helps." Respondent added a prescription for Amitriptyline[27] 10 mg hs "to decrease need for Seroquel." Respondent lowered Latuda to 60 mg hs. Respondent

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[23] Prazosin is a drug used to treat hypertension. Respondent started prescribing Prazosin to Patient A on or about December 29, 2014.

[24] Tid ("ter in die" in Latin)" means three times a day.

[25] Saphris (Asenapine) is an antipsychotic medication used to treat schizophrenia and acute mania associated with bipolar disorder.

[26] Qhs (Quaque hora somni) refers to every night at bed time.

[27] Amitriptyline is used to treat symptoms of depression.

maintained Patient A's prescriptions for Neurontin, Trazodone, Ambien, Xanax, Brintellix, Seroquel, and Prazosin.

33. On or about February 2, 2015, Patient A visited Respondent. Respondent noted, among other things, "Need to reduce Seroquel & Latuda. Has decreased sleep. Anxiety all day. Tearful at times. Plan: Decrease Seroquel to 300 mg hs. Increase Ambien to 20 mg hs." Respondent maintained Patient A's prescriptions for Latuda, Neurontin, Trazodone, Ambien, Xanax, Brintellix, Prazosin, and Amitriptyline.

34. On or about February 9, 2015, Patient A returned to Respondent. Respondent noted, among other things, "Can't sleep. Need to reduce Seroquel & Latuda. Has decreased sleep. Anxiety all day. Tearful at times." Respondent decreased Seroquel to 200 mg hs and increased Ambien to 20 mg hs. Respondent maintained Patient A's prescriptions for Latuda, Neurontin, Trazodone, Xanax, Brintellix, Prazosin, and Amitriptyline.

35. On or about March 16, 2015, Patient visited Respondent. Respondent noted, among other things, "Anxiety is bad today. Some days more tearful & anxious. More unstable since reduction of antipsychotics. Pt very uncomfortable. Tearful." Respondent decreased Latuda to 20 mg hs, decreased Seroquel to 100 mg hs, and started Klonopin[28] at 1.5 mg hs. Respondent maintained Patient A's prescriptions for Neurontin, Trazodone, Ambien, Xanax, Brintellix, Prazosin, and Amitriptyline.

36. On or about March 23, 2015, Patient A saw Respondent. Respondent noted, among other things, "[Patient A]: 'I get overwhelmed.' Anxiety seems better with Klonopin. C/O depression. '3 days I am up at dawn.' Reassurance needed. Plan: D/C [Discontinue] Latuda. D/C [Discontinue] Seroquel. Increase Klonopin. Increase Prazosin." Respondent maintained Patient A's prescriptions for Neurontin, Trazodone, Ambien, Xanax,[29] Brintellix, and Amitriptyline.

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[28] Klonopin (Clonazepam) can be used to treat seizures, panic disorder, and anxiety.

[29] Respondent discontinued prescribing Xanax to Patient A on or about March 30, 2015.

37. On or about June 15, 2015, Patient A returned to Respondent. Respondent noted, among other things, "Pt complains of worsening depression and anxiety. Patient A was purportedly hospitalized. Hospital M.D. started Celexa 20 mg AM and Mirtazapine[30] 15 mg hs." Respondent failed to obtain and/or failed to document having obtained Patient A's hospital records showing where Patient A was hospitalized, when, and why. Respondent restarted Celexa 20 mg AM and started Mirtazapine 15 mg hs. Respondent decreased Ambien CR 12.5 mg hs and decreased Brintellix to 10 mg hs three times a day, then discontinued it. Respondent maintained Patient A's prescriptions for Neurontin, Trazodone, Ambien, Prazosin, and Lithium. Respondent restarted prescription of Ativan. Respondent failed to monitor lithium and creatinine levels while Patient A was on Lithium.

38. On or about June 22, 2015, Patient A saw Respondent. Respondent noted, among other things, "'I am depressed.' Sleep disruptive. Cut Ambien. Causes inconsistent sleep." Respondent increased Celexa 20 mg bid and changed Ativan from 1 mg tid to .5 mg qid. Respondent maintained Patient A's prescriptions for Neurontin, Trazodone, Ambien, Prazosin, Mirtazapine, and Lithium.

39. On or about June 29, 2015, Patient A returned to Respondent. Respondent noted, among other things, "'I can't sleep.' Hours to get to sleep. Can't stay asleep. More anxious. C/O depression." Respondent increased Mirtazapine to 30 mg hs, added Benadryl[31] 25 mg hs, and added Risperidone[32] .5 mg bid. Respondent maintained Patient A's prescription for Neurontin, Trazodone, Ambien, Prazosin, Ativan, Lithium, and Celexa.

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[30] Mirtazapine is an antidepressant drug prescribed to treat Major Depressive Disorder, Obsessive Compulsive Disorder, and a range of anxiety disorders.

[31] Benadryl (Diphenhydramine) is an antihistamine that can be used to treat pain and itching, minor cuts, burns, etc. In its oral form, it can treat hay fever, allergies, cold symptoms, and insomnia.

[32] Risperidone is an antipsychotic that can be used to treat schizophrenia, bipolar disorder, and irritability caused by autism.

40. On or about July 7, 2015, Patient A presented to Respondent. Respondent noted, among other things, "'Anxiety comes and goes. Pt has anxiety and depression but meds helping. Metoprolol[33] changed to this MD." Respondent prescribed Metoprolol 25 mg hs. Respondent failed to measure Patient A's blood pressure before initiating Metoprolol, a beta blocker. Respondent maintained Neurontin, Trazodone, Ambien, Prazosin, Ativan, Lithium, Celexa, Mirtazapine, and Risperidone.

41. On or about August 26, 2015, Patient A returned to Respondent. Respondent noted, among other things, "'My sleep is messed up again. Will try off Neuroleptic Risperdal." Respondent decreased Risperidone to .5 mg 1 hs three times per day, then discontinued it. Respondent started Patient A on a trial of Methylphendiate[34] 5 mg then discontinued it. Respondent maintained Patient A's prescriptions for Trazodone, Ambien, Prazosin, Ativan, Lithium, Celexa, and Mirtazapine.

42. On or about September 8, 2015, Patient A saw Respondent. Respondent noted, among other things, "'I feel better. Still anxious. Admitted to psychiatric hospital for suicidal ideation. Becomes overwhelmed suddenly." Respondent failed to obtain and/or failed to document having obtained hospital records. Respondent maintained Patient A's prescriptions for Trazodone, Ambien, Prazosin, Ativan, Lithium, Celexa, and Mirtazapine.

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[33] Metoprolol is a beta blocker which can be used to treat high blood pressure, chest pain (angina), and heart failure.

[34] Methylphenidate (Ritalin®), a central nervous system stimulant, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

43. On or about September 21, 2015, Patient A visited Respondent. Respondent noted, among other things, "[Patient A]: 'Sleep is better.' Improved sleep with increased Seroquel. 8 hours. Wakes with anxiety until morning meds. Some fearful thoughts and anxiety. Plan: Cont[inue] meds." Respondent maintained Patient A's prescriptions for Trazodone, Ambien, Prazosin, Ativan, Lithium, Celexa, Mirtazapine, and Seroquel.[35]

44. On or about September 28, 2015, Patient A returned to Respondent. Respondent noted, among other things, "'I have anxiety and panic. Some episodes of panic. However, seems more calm on increased Seroquel. Not agitated. Sleep improved – 8 hours. I have old thoughts of suicidal acts. Sapharis 10 g used prn." Respondent failed to document why he lowered Lithium from 450 mg bid to 300 mg bid. Respondent failed to document why he added Saphris prescription. Respondent maintained Patient A's prescriptions for Trazodone, Ambien, Prazosin, Ativan, Celexa, Mirtazapine, and Seroquel.

45. On or about October 19, 2015, Patient A saw Respondent. Respondent noted, among other things, "[Patient A]: 'My anxiety is bad.' Pt tearful at times. Reassurance helps. Overall better with Seroquel. Some confusion noted. Word finding difficulty. Plan: Cont[inue] Meds." Respondent maintained Patient A's prescriptions for Trazodone, Ambien, Prazosin, Ativan, Lithium, Celexa, Mirtazapine, and Seroquel.

46. On or about November 30, 2015, Patient A visited Respondent. Respondent noted, among other things, "'I was back in the hospital. Pt returned to hospital secondary to SI [suicidal ideation] and husband being out of town. Tearful, labile, anxious. Celexa does not seem to be working." Respondent decreased Celexa then discontinued it. Respondent restarted Lexapro 10 mg up to 20 mg and restarted Ativan 1 mg tid." Respondent maintained Patient A's prescriptions for Trazodone, Ambien, Prazosin, Ativan, Lithium, Mirtazapine, and Seroquel.

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[35] Respondent restarted prescription of Seroquel on or about September 19, 2015.

47. On or about December 14, 2015, Patient A returned to Respondent. Respondent noted, among other things, "'Sleeping better. Pt describes anxiety in am. Sometimes by afternoon it is better. Some suicidal thoughts. Some confusion noted. Plan: Consider reduction Seroquel. Change to Rexulti.[36]" Respondent maintained Patient A's prescriptions for Lexapro, Trazodone, Ambien, Prazosin, Ativan, Lithium, and Seroquel.

48. On or about December 21, 2015, Patient A returned to Respondent. Respondent noted, among other things, "[Patient A]: 'I am tired in the morning.' Sedation in AM. No adverse reaction to d/c Mirtazapine.[37] Less anxiety in afternoon. Plan: [Decrease] Seroquel 400 mg hs. Respondent maintained Patient A's prescriptions for Lexapro, Trazodone, Ambien, Prazosin, Ativan, and Lithium.

49. On or about January 25, 2016, Patient A visited Respondent. Respondent noted, among other things, "'I am tired in the afternoon. Balance of energy is difficult. Lethargy may be contributed to because of Lithium." Respondent tapered Lithium to 300 mg hs, for three days, then discontinued it. Respondent maintained Patient A's prescriptions for Lexapro, Trazodone, Ambien, Ativan, and Seroquel.

50. On or about February 4, 2016, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'I am anxious and depressed.' Pt struggles with mood & anxiety. Sleep 8-9 hours. Tearful at times. Plan: Cont[inue] meds. Will decrease Seroquel over time." Respondent maintained Patient A's prescriptions for Lexapro, Trazodone, Ambien, and Ativan."

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[36] Rexulti (Brexpiprazole) is an antipsychotic.

[37] Respondent discontinued Mirtazapine on or about December 7, 2015, after Patient A complained of anxiety and feeling overwhelmed.

51. On or about February 8, 2016, Respondent saw Patient A. Respondent noted, among other things, "Admission & D/C [discharge] Newport Bay Hospital. Insomnia continues. Pt very sedated while in hospital. Now agitated. Not sleeping." Respondent started Patient A on Nuedexta[38] and Depakote.[39] Respondent restarted Patient A on Xanax. Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Trazodone, and Ambien.

52. On or about February 9, 2016, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Anxiety & depression.' Anxious more in the morning. Needing Seroquel to sleep through the night. Tearful. Plan: Seroquel 100 mg hs." Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax, and Ambien.

53. On or about March 8, 2016, Respondent saw Patient A. Respondent noted, among other things, "Some distress everyday. No adverse side effects to medications except constipation. Sleep improved with Seroquel prn.[40]" Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax,[41] Ambien, and Seroquel.

54. On or about May 9, 2016, Respondent saw Patient A. Respondent noted, among other things, "Pt doing better on increased Xanax. Trazodone 200-300 mg better for sleep. Some suicidal ideation. Sleeping better with increased Seroquel and Trazodone." Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax, Ambien, and Seroquel.

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[38] Nuedexta (Dextromethorphan / Quinidine) is a medication that can be used to treat uncontrollable crying or laughing.

[39] Depakote (Valproic acid) is a medication that can treat seizures and bipolar disorder.

[40] Prn (pro re nata) means as needed.

[41] Respondent increased Xanax on or about April 27, 2016 to 1 mg bid, 2 mg hs.

55. On or about May 25, 2016, Respondent saw Patient A. Respondent noted, among other things, "Very significant downturn in cognitive function last week. Pt becomes severely cognitively impaired with any infection. Obtunded and listless. Cannot speak. Profound muscle weakness." Respondent increased Rexulti to 2 mg am, 1 mg hs. Respondent increased Lexapro to 15 mg am, 10 mg hs. Respondent maintained Patient A's prescriptions for Lexapro, Nuedexta, Depakote, Trazodone, Xanax, Ambien, and Seroquel.

56. On or about June 23, 2016, Respondent saw Patient A. Respondent noted, among other things, "Started Wellbutrin XL 150 mg for worsening depression on 6/14/16. 'Some improvement noted. Continues with anxiety. Needs to be reassured about her condition getting better." Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax, Ambien, and Seroquel.

57. On or about July 6, 2016, Respondent saw Patient A. Respondent noted, among other things, "Often wakes at 3 am and cannot return to sleep. Tries to get out of bed by herself. Risk of falling [increased] with insomnia untreated. Anxiety continues. Xanax much more helpful with PRN. Plan: Cont[inue] prn Xanax ½ - 1 bid 2 hs. [Increase] Rexulti to 2 mg bid." Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax, Ambien, Seroquel, and Wellbutrin.[42] Respondent failed to monitor valproic acid levels, liver functions tests, and ammonia levels while Patient A was on Depakote.

58. On or about July 22, 2016, Respondent saw Patient A. Respondent noted, among other things, "Pt continues to look depressed. Reports depression. Worsening reports depression. Sleep somewhat improved. Increased Seroquel and Rexulti. Pt very resistant to medications. Probably due to Parkinson's and Lewey Body D/O." Respondent increased Wellbutrin XL to 300 mg am. Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax, and Ambien.

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[42] Wellbutrin (Bupropion) is an antidepressant that can be used to treat depression and help people quit smoking. Respondent started Patient A on Wellbutrin on or about June 24, 2016.

59. On or about October 6, 2016, Respondent saw Patient A. Respondent noted, among other things, "Less AM sedation with decreased Trazodone. Less anxiety noted. Depression continues despite [increased] Lexapro and Wellbutrin. Will maintain meds." Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax, Ambien, Seroquel, and Wellbutrin."

60. On or about December 8, 2016, Respondent saw Patient A. Respondent noted, among other things, "[Patient A] has persistent new anxiety. Medications not suppressing anxiety. Buspar[43] is non-addictive anti-anxiety medicine." Respondent started Buspar 15 mg bid. Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax, Ambien, Seroquel, and Wellbutrin.

61. On or about February 6, 2017, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Depressed.' Improvement in depression has been lost. Low energy, depressed. Anxiety increasing. Worse in AM." Respondent started Luvox[44] 100 mg AM. Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax, Ambien, Seroquel, Wellbutrin, and Buspar.

62. On or about March 2, 2017, Respondent saw Patient A. Respondent noted, among other things, "Sudden change in mental status. Lethargic. Weak. Poor balance. Unable to ambulate. Confused & disoriented. Suspect UTI [Urinary Tract Infection]." Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, Buspar, and Luvox.

63. On or about May 22, 2017, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Not so bad.' Pt appears more rested and calmer. Caregiver reports some awakening but much better sleep pattern. Plan: Cont[inue] meds." Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Buspar, and Luvox.

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[43] Buspar (Buspirone) is a medication that can be used to treat anxiety.

[44] Luvox (Fluvoxamine) is a Selective Serotonin Reuptake Inhibitor (SSRI) that can be used to treat obsessive-compulsive disorder (OCD).

64. On or about July 28, 2017, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Depressed.' Pt very upset. Anxious. More depressed. Obsessive quality to depression. Luvox may be helpful at increased dose. Agitated. Tearful. Anxious all day. Tearful all day." Respondent increased Luvox to 50 mg bid and titrated it to 100 mg bid. Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, Buspar, and Luvox.

65. On or about October 3, 2017, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Today I am anxious.' 'Anxiety comes and goes.' Continue to decrease and d/c [discontinue] Lexapro and Luvox. No significant change in depression. But less sedated with decrease of Luvox." Respondent discontinued Luvox. Respondent maintained Patient A's prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, and Buspar.

66. On or about December 31, 2017, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Depression is about the same.' Pt is alert, talkative, and responsive, but anxious. She has some intrusive thoughts about fear of what she did, jumping off parking structure 'onto the rocks.' Discussed her safety and reassured her. Plan: Cont[inue] medications." Respondent maintained Patient A's prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Seroquel, Wellbutrin, and Buspar.

67. On or about January 25, 2018, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Mornings are bad.' (Anxiety). Delusional about mom being at facility. Plan: Consider [increasing] Seroquel for morning agitation." Respondent maintained Patient A' prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, and Buspar.

68. On or about February 27, 2018, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'I feel better in the morning.' Staff also report improvement in AM following addition of Seroquel 50 mg AM dose of Seroquel. Not overstated. Depression improved. Not anxious during day. Plan: Continue additional 50 mg of Seroquel in AM – Monitor psychotic symptoms." Respondent maintained Patient A's prescriptions for Rexulti,

Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, and Buspar.

69. On or about March 26, 2018, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Better, but anxiety comes and goes.' Neurontin will be titrated to help with mood stabilization and anxiety and agitated symptom clusters. Will attempt then to reduce Rexulti. Depakote level – 24.5 mg/ L." Respondent maintained Patient A's prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, and Buspar.

70. On or about May 21, 2018, Patient A saw Respondent. Respondent noted, among other things, "[Patient A]: 'I am doing well.' No complaints. Pt seems to be doing well with Neurontin. No sedation. Alert, conversational." Respondent maintained Patient A's prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, Neurontin, and Buspar.

71. On or about September 11, 2018, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Anxiety keeps coming back.' No adverse effects with medications. Dr. Reed added Zoloft[45] 100 mg AM [on] 6/14. Since Zoloft started will d/c Wellbutrin. Neurontin tolerated well. Plan: Increase Neurontin to 300 mg tid. D/C Wellbutrin since Zoloft introduced." Respondent maintained Patient A's prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Neurontin, and Buspar.

72. On or about September 23, 2018, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'I can't take it (anxiety).' Requested by patient and staff to visit [Patient A] due to agitation and panic (unable to reach Dr. Reed). Pt is tearful, restless, up at night, 'can't sit still.' Climbing out of bed up and down all night. Shortness of breath. Panic. Tearful. Will [increase] Neurontin for stabilization and continue to decrease Rexulti and d/c." Respondent increased Neurontin to 300 mg bid, 600 mg hs. Respondent decreased Rexulti to .5 mg bid times 4 days, then discontinued it. Respondent maintained Patient A's prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Buspar, and Zoloft.

[45] Zoloft (Sertraline) is a Selective Serotonin Reuptake Inhibitor (SSRI) which can be used to treat depression, obsessive-compulsive disorder (OCD), PTSD, social anxiety disorder, and panic disorder.

73. On or about September 30, 2018, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'Anxiety is better.' Some anxiety some days over last week but much more stable. Sleep: better 8 hours – no agitation, appetite: ok. Not trying to get out of bed and chair. More peaceful. Able to discuss situation of meds and transition of Neurontin to decrease other meds. Rexulti d/c'd for 1 week. [Increased] Neurontin to compensate for Rexulti." Respondent maintained Patient A's prescriptions for Nuedexta, Depakote, Trazodone, Ambien, Xanax, and Seroquel.

74. On or about October 21, 2018, Respondent saw Patient A. Respondent noted, among other things, "[Patient A]: 'I am not well, please help.' Anxiety, panic, delusional. [Patient A] has been increasingly agitated and restless since d/c of Rexulti. Tearful, moving constantly, trying to get out of chair without assistance but unsafe to be unattended. All day requires 1:1 attention from staff. Unable to be left alone, falls if not assisted. Pt cannot stand or maintain balance. Plan: Husband reports to Dr. Reed to restart Rexulti. Staff closely attending to Pt." Respondent maintained Patient A's prescriptions for Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, and Buspar.

75. During the course of his care and treatment of Patient A from approximately October 2013 through October 2018, Respondent's treatment sessions often lasted for approximately two hours each time; Respondent failed to monitor and/or failed to document having monitored hemoglobin A1Cs while Patient A was on atypical antipsychotics such as Seroquel, Risperdal, Latuda, Saphris, and Abilify; Respondent failed to measure and/or failed to document having measured Patient A's blood pressure or pulse, prior to starting medications which can affect blood pressure or pulse such as Propranolol, Prazosin, Clonidine, and Metoprolol; Respondent failed to monitor lithium and creatinine levels while Patient A was on Lithium; and Respondent failed to monitor Tegretol levels and/or Complete Blood Count (CBC) while patient A was on Tegretol.

76. On or about September 27, 2018, during an interview with Division of Investigation, Healthy Quality Investigation Unit, Respondent stated that the maximum dosage for Rexulti is 6 mg, when in fact, it is 3 mg. Respondent failed to accurately portray Patient A's status.

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77. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

(a) Respondent failed to decrease the dosage and the number of psychiatric medications for Patient A who was on a multi-drug regimen and showed confusion and word-finding difficulty.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

78. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 49699 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A as more particularly alleged herein:

79. Paragraphs 9 through 77, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(a) Respondent failed to decrease the dosage and the number of psychiatric medications for Patient A, even though she was on a multi-drug regimen and showed adverse effects such as confusion and word-finding difficulty;

(b) Respondent continued antidepressants for many months after they had proven ineffective;

(c) Respondent retried antidepressant medications for months, even though they had previously failed an adequate trial;

(d) Respondent repeatedly used ineffective medications to treat a serious mood disorder;

(e) Respondent failed to obtain medical records of previous treatment providers and current medications prescribed by other physicians;

(f) Respondent failed to obtain and/or failed to document having obtained Patient A's family psychiatric history;

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(g) Respondent failed to document Patient A's history of past medication trials;

(h) Respondent provided excessive treatment by often having visitation sessions which lasted approximately two hours;

(i) Respondent failed to monitor Patient A's drug levels and/or failed to order appropriate laboratory studies to screen for side effects;

(j) Respondent failed to measure and/or failed to document having measured Patient A's blood pressure or pulse, prior to starting medications which can affect blood pressure or pulse;

(k) Respondent discontinued Effexor too rapidly without a stated urgent need for doing so;

(l) Respondent discontinued medications that were helpful to Patient A, including, but not limited to, Seroquel;

(m) Respondent used a stimulant, Methylphenidate, on Patient A, who was severely depressed, anxious, and had no history of ADHD;

(n) Respondent tapered Patient A off of lithium in just over three (3) days, instead of a longer time period, without any documented urgent reason(s) for doing so;

(o) Respondent failed to adequately monitor for drug interactions even though he used a multi-drug regimen on Patient A;

(p) Respondent used Wellbutrin on an agitated patient and/or failed to recognize that Wellbutrin made Patient A worse;

(q) Respondent prescribed Rexulti at a dose more than the maximum dose; and

(r) Respondent failed to accurately portray Patient A's clinical status.

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THIRD CAUSE FOR DISCIPLINE

(Incompetence)

80. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 49699 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (d), of the Code, in that he was incompetent in his care and treatment of Patient A, as more particularly alleged hereinafter:

81. Paragraphs 9 through 79, above, are hereby incorporated by reference and realleged as if fully set forth herein.

82. Respondent was incompetent, in his care and treatment of Patient A, including, but not limited to, the following:

(a) Respondent failed to adequately conduct ongoing diagnostic assessment and/or to adjust diagnosis and treatment on the basis of new information; and

(b) On or about September 27, 2018, during an interview with Division of Investigation, Healthy Quality Investigation Unit, Respondent stated that the maximum dosage for Rexulti is 6 mg, when in fact, it is 3 mg.

FOURTH CAUSE FOR DISCIPLINE

(Excessive Treatment)

83. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 49699 to disciplinary action under sections 2227 and 2234, as defined by section 725, of the Code, in that he provided excessive treatment to Patient A, as more particularly alleged hereinafter:

84. Paragraphs 9 through 78, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

85. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 49699 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 79, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

86. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 49699 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 85, above, which are hereby incorporated by reference as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

87. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that in a prior disciplinary action entitled In the Matter of the Accusation against Paul F. Reardon, M.D. before the Medical Board of California, in Case Number 04-2003-143882, effective on or about June 21, 2006, Respondent was publicly reprimanded with conditions. That decision is now final and is incorporated by reference as if fully set forth.

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 Number A 49699, issued to Paul F. Reardon, M.D.;

2. Revoking, suspending or denying approval of Paul F. Reardon, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Paul F. Reardon, 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: June 21, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant