

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

In the Matter of the Accusation Against:

Mohammed Zakhireh, M.D.

Physician's and Surgeon's
Certificate No. A 61113

Respondent.

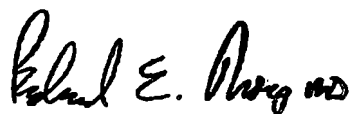
Case No. 800-2018-042087

**ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN DECISION**

On its own motion, the Medical Board of California (hereafter "Board") finds that there are clerical errors in the Decision of the above-entitled matter, and that such clerical errors shall be corrected.

IT IS HEREBY ORDERED that the Decision in the above-entitled matter be and is hereby amended and corrected nunc pro tunc as of the date of entry of the Order to reflect that Respondent's name is *Mohammed Zakhireh, M.D.*; the Chair of Panel B is *Richard E. Thorp, M.D.*; and the Effective Date of the Decision and Order is *November 12, 2021*.

October 15, 2021



Richard E. Thorp, M.D., Chair
Panel B

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

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

Mohammad Zakhireh, M.D.

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Certificate No A 61113,**

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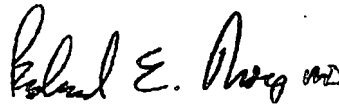
DECISION

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 13, 2021.

IT IS SO ORDERED October 14, 2021.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorpe, Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 REBECCA L. SMITH
Deputy Attorney General
4 State Bar No. 179733
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6475
Facsimile: (916) 731-2117
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 MOHAMMED ZAKHIREH, M.D.
14 Cosmetic Surgery Institute
73710 Alessandro Drive
15 Palm Desert, CA 92260

16 Physician's and Surgeon's Certificate
No. A 61113,

17
18 Respondent.

Case No. 800-2018-042087

OAH No. 2021030952

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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. William Prasifka (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by Rebecca L. Smith, Deputy
26 Attorney General.

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2018-042087, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent does not contest that, at an administrative hearing, Complainant could
6 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
7 2018-042087, a true and correct copy of which is attached hereto as Exhibit A, and that he has
8 thereby subjected his Physician's and Surgeon's Certificate, No. A 61113 to disciplinary action.

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

12 **CONTINGENCY**

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

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

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

1 **DISCIPLINARY ORDER**

2 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 61113
3 issued to Respondent Mohammed Zakhireh, M.D., M.D. is publicly reprimanded pursuant to
4 California Business and Professions Code section 2227, subdivision (a)(4), with the following
5 attendant terms and conditions.

6 **A. PUBLIC REPRIMAND.**

7 This Public Reprimand, which is issued in connection with Respondent's care and
8 treatment of Patient 1 as set forth in Accusation No. 800-2018-042087, is as follows:

9 In 2015, you committed acts constituting negligence and a failure to maintain
10 adequate and accurate medical records in violation of Business and Professions
11 Code sections 2234, subdivision (c), and 2266, in your care and treatment of
12 Patient 1, by failing to properly document the initial consultation with the patient
13 and by failing to conduct and/or document an appropriate patient consent for
14 surgery.

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

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

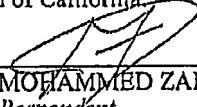
1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than fifteen (15) calendar days after successfully completing the course, or not
3 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

4 If Respondent fails to enroll, participate in, or successfully complete the medical record
5 keeping course within the designated time period, Respondent shall receive a notification from
6 the Board or its designee to cease the practice of medicine within three (3) calendar days after
7 being so notified. Respondent shall not resume the practice of medicine until enrollment or
8 participation in the medical record keeping course has been completed. Failure to successfully
9 complete the medical record keeping course outlined above shall constitute unprofessional
10 conduct and is grounds for further disciplinary action.

11 ACCEPTANCE


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

17 DATED: 8/2/21


18 MOHAMMED ZAKHIREH, M.D.
Respondent

19 I have read and fully discussed with Respondent Mohammed Zakhireh, M.D. the terms and
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
21 I approve its form and content.

22 DATED: 8.2.21


23 JEFFREY G. KEANE
24 Attorney for Respondent

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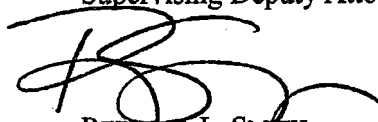
ENDORSEMENT

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

DATED: August 4, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General



REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-042087

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 REBECCA L. SMITH
Deputy Attorney General
4 State Bar No. 179733
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6475
Facsimile: (916) 731-2117
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:

Case No. 800-2018-042087

13 MOHAMMED ZAKHIREH, M.D.
14 Cosmetic Surgery Institute
73710 Alessandro Drive
15 Palm Desert, CA 92260

A C C U S A T I O N

16 Physician's and Surgeon's Certificate
No. A 61113,

17 Respondent.
18

19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
22 (Board).

23 2. On or about October 25, 1996, the Board issued Physician's and Surgeon's Certificate
24 Number A 61113 to Mohammed Zakhireh, M.D. (Respondent). That license was in full force and
25 effect at all times relevant to the charges brought herein and will expire on August 31, 2021,
26 unless renewed.

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28 ///

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following provisions of the California Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. 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.

6. 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:

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

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.

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1 FACTUAL SUMMARY

2 8. On May 14, 2015, Patient 1,¹ a 52-year-old female, presented to Respondent, a plastic
3 surgeon, for a breast augmentation consultation. She was noted to have previously had implants
4 placed submuscularly and sought a reduction and lift. Respondent noted that the patient's bra
5 size was 36DD and that she did not have a history of breast cancer. Upon examination of the
6 patient's breasts, Respondent noted bilateral ptotic hypermastia (excessive enlargement) without
7 palpable masses. His plan was a mastopexy (breast lift) to balance out the patient's body to
8 possibly a C cup.

9 9. On May 24, 2015, Patient 1 e-mailed a picture of breasts to Respondent's patient
10 coordinator, B.B. Patient 1 stated that the picture depicted the surgical results that her husband
11 wanted and that her husband was also interested in the breast being rounded on the top. Patient 1
12 stated that the size she wanted, as previously discussed, was a C+ or D-. Patient 1 requested that
13 B.B. provide the picture to Respondent.

14 10. On May 26, 2015, B.B. e-mailed Patient 1 confirmation that she would share the
15 picture with Respondent. On May 28, 2015, Patient 1 e-mailed B.B. thanking her for showing the
16 picture to Respondent and again stated that she would like her breasts size reduced from DD to a
17 C + or D-.

18 11. In the summary of Patient 1's care and treatment that Respondent provided to the
19 Board, he stated that after Patient 1 e-mailed the breast picture and expressed her breast size
20 wishes, Respondent explained to the patient that she had abundant breast tissue, her implants
21 were small and to put any size of implants back in, even the smallest 200 cc implants, would
22 make her a full D. Respondent further stated to the Board that he advised Patient 1 that he would
23 size her on the table during surgery and his primary goal, with or without implants, would be to
24 attempt to achieve the look of the picture the patient provided. Respondent also claimed that the
25 patient agreed that if he could achieve the results without implants, she would prefer not to have
26 foreign material in her breasts. He further claimed that the patient again reiterated that she did

27
28 ¹ For privacy purposes, the patient in this Accusation is referred to as Patient 1, with the identity of
the patient disclosed to Respondent in discovery.

1 not want to be any bigger than the breasts depicted in the picture she had provided. This
2 discussion was not documented in Patient 1's medical records.

3 12. Patient 1 filled out a Health Questionnaire, dated June 24, 2015, listing her current
4 medications: Plaquenil (an autoimmune disease medication), Amitriptyline (antidepressant),
5 Synthroid (hypothyroid medication), and Temazepam (sleep aid). She denied being a current or
6 former smoker and noted that she is allergic to penicillin and Sulfa.

7 13. On June 25, 2015, Patient 1 executed an authorization for surgery for removal and
8 replacement of old implants with silicone as well as breast augmentation/reduction/lift.

9 14. The consent form signed by the patient does not reference the patient's desired breast
10 size or the option of not replacing the patient's old implants at the time of the removal surgery.
11 That same day, the patient was given a quote for surgery which included the cost of silicone
12 implants and mastopexy/augmentation. The patient paid for the surgery and implants.

13 15. On June 27, 2015, Respondent was provided a note from family practitioner, Dr.
14 K.B., that stated that Patient 1 was cleared for surgery.

15 16. In an e-mail to Respondent's patient coordinator, B.B., dated July 8, 2015, Patient 1
16 stated that she had follow up questions regarding her upcoming July 24, 2015 surgery, including a
17 request to let Respondent know that Patient 1 decided on a D size for her implants, as a C cup
18 would be "too much of a letdown for [her]."

19 17. On July 20, 2015, Patient 1 again e-mailed the photo previously emailed for shape
20 and indicated that she was excited about her upcoming surgery.

21 18. On July 24, 2015, Respondent documented that he performed a physical examination.
22 He noted that Patient 1 had ptotic hypermastia for which he proposed the explant of her bilateral
23 breast implants, capsulectomy versus capsulotomy,² replace silicone implants and mastopexy. He
24 noted that the patient had been medically cleared for surgery by Dr. K.B. There is no
25 documentation of any discussions regarding the patient's desired breast size or the option of not
26 replacing the patient's old implants at the time of the removal surgery.

27 ² Capsulectomy is the surgical removal of scar tissue or capsule that has become thickened and
28 hardened around a breast implant. In a capsulotomy, the capsule is opened and is partially removed or
released to create more space for the implant.

1 19. On July 24, 2015, Respondent removed Patient 1's saline 300 cc implants and
2 performed a mastopexy. In his operative report, Respondent noted he did not place new implants
3 because the patient had adequate breast tissue to achieve the result she had expressed prior to
4 surgery. Specifically, Respondent stated "[t]he patient wants to have the implants removed and
5 wants to be a C cup after mastopexy to balance her body." He further noted that the implant
6 capsules were left in place due to concerns about blood supply to the nipple areolar complexes.
7 Drains were not placed during the procedure. One gram of Ancef (an antibiotic) was
8 administered during the procedure.

9 20. In the summary of care Respondent provided to the Board, he stated that the patient
10 was informed in recovery that implants were not placed and that she was pleased. This was not
11 documented in the patient's medical records.³

12 21. On July 25, 2015, Respondent noted that he spoke with Patient 1 via telephone and
13 reviewed photographs of the patient's breasts sent to him which showed excellent healing.
14 Respondent also noted that Patient 1 complained that she was beginning to feel pain around the
15 breasts. She was instructed to medicate ahead of pain and take pain medication routinely for 1 to
16 3 days. She was told that she could shower and should return to see Respondent on July 27th.

17 22. On August 4, 2015, Respondent noted that the patient had "excellent healing" and
18 instructed her to return in 4 weeks or as needed.

19 23. On August 19, 2015, Respondent noted that the patient "looks great." A residual
20 stitch was removed. At that visit, the patient was instructed to return in one month.

21 24. On August 26, 2015, the patient e-mailed Respondent stating that her left breast had
22 some draining over the last few days and she was concerned about infection. She requested to see
23 Respondent.

24 25. Respondent saw Patient 1 the following morning, August 27, 2015, at which time
25 Respondent noted that the patient had a left inframammary fold (IMF) T-junction opening of 2
26

27 ³ As of September 17, 2015, when Patient 1 was seen in the Wound Care Clinic at Eisenhower
28 Medical Center, she reported that she had new implants placed on July 24, 2015. On September 29, 2015,
Respondent reimbursed Patient 1 for the implants that were not placed during the July 24, 2015 surgery.

1 centimeters and a right nipple areola complex, one-half centimeter opening at 6 o'clock. She also
2 had bilateral lower erythema. The wounds and her nostrils were cultured to rule out Methicillin-
3 resistant staphylococcus aureus (MRSA). Patient 1 was given antibiotics (Ciprofloxacin and
4 Doxycycline).

5 26. On August 31, 2015, Respondent received the patient's culture results. The right and
6 left breasts grew out beta hemolytic streptococcus sensitive to Penicillin and Ampicillin. The
7 culture from her nose grew out heavy Klebsiella. Upon examination, Respondent noted that the
8 patient's IMFs were still inflamed and draining serosanguineous fluid. Respondent recommended
9 removing the capsule. Patient 1 executed a consent for bilateral breast capsulectomy versus
10 capsulotomy and drain placement. That same day, Respondent performed an incision and
11 drainage of bilateral seroma pockets with bilateral capsulectomy. Respondent noted that there
12 was no evidence of infection or inflammation. Seroma inside the capsules was drained. Bilateral
13 formal capsulectomy was performed. Drains were placed and Ciproflacillin, an antibiotic, was
14 given during the procedure. Following the procedure, the patient was transferred to the recovery
15 room in stable condition.

16 27. On September 8, 2015, Respondent removed the patient's four drains. He noted that
17 the patient was healing well with no signs or symptoms of infection. Sterile gauze was placed
18 over the drain sites. The patient was instructed to rest, keep arm motion to a minimum and return
19 in a week.

20 28. On September 11, 2015, Respondent noted that the patient was in the care of
21 infectious disease specialists, Drs. V.P. and S.P., who had started the patient on intravenous
22 antibiotic, Rocephin, that day for onset of redness and warmth on the distal bilateral breasts.

23 29. Patient 1 presented to Respondent on October 1, 2015. Upon examination,
24 Respondent noted that the breasts were clean, dry and symmetric with no erythema. Patient 1
25 complained of pain and Respondent prescribed pain medication to address her complaints.
26 Patient 1 told Respondent that she was still flushing the left IMF as instructed by the wound
27 clinic. Respondent advised the patient to discontinue the flushing as fluid was being pushed into
28 the pocket preventing healing. Respondent instructed Patient 1 to place Vaseline gauze on the

1 IMF and return in one week. Patient 1 had no further care and treatment by Respondent. Patient
2 1 continued her wound care treatment with Dr. V.P. By October 15, 2015, Dr. V.P. noted that the
3 patient's local infection of the skin and subcutaneous tissue was improving and she was instructed
4 to return as needed.

5 30. Patient 1 eventually underwent placement of 500 cc silicone implants by another
6 plastic surgeon, Dr. M.S.⁴

7 **FIRST CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts)**

9 31. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
10 the Code in that he engaged in repeated acts of negligence in the care and treatment of Patient 1.
11 The circumstances are as follows:

12 32. Complainant refers to and, by this reference, incorporates herein, paragraphs 8
13 through 30, above, as though fully set forth herein.

14 33. The standard of care requires that a physician maintain accurate, legible, timely, and
15 complete medical records regarding patient evaluation, physical examination, assessment and
16 plan, therapy, and follow-up.

17 34. At the time of Respondent's initial consultation with Patient 1, he failed to document
18 the different options discussed with the patient as well as her breast augmentation preferences.
19 Respondent noted "C cup" in Patient 1's chart, which implies a reduction in breast size either by
20 placing smaller implants or not placing implants at all. The different options discussed with the
21 patient as well as her choice should have been included in the records. The patient sent several e-
22 mails to Respondent's office regarding breast size. Respondent stated to the Board that after he
23 received the patient's exemplar picture and size requests, he discussed breast size with the patient
24 as well as the possibility of not placing implants at the time of her surgery. There is no
25 documentation of any such discussions. This is a simple departure from the standard of care.

26 35. When recommending a surgical procedure, the standard of care requires that a
27 physician discuss the risks and benefits of the proposed procedure, as well as possible alternative

28 ⁴ The implants were 200 cc larger than the saline ones removed by Respondent.

1 courses of treatment. An important option that must be discussed when performing cosmetic
2 procedures is to "Do Nothing." The discussions should be documented in the patient's medical
3 records.

4 36. Respondent failed to conduct and/or document an appropriate patient consent for
5 surgery. Respondent stated that he was able to achieve the patient's aesthetic goal during the
6 surgery without the placement of implants and chose not to insert the implants during the
7 operation. There is no documentation of preoperative discussions with the patient about her
8 aesthetic goals other than his plan to balance out the patient's body to possibly a C cup.
9 Respondent should have discussed the patient's aesthetic goals with her and whether those goals
10 included breast implants. The patient paid for the implants prior to the surgery. The consent
11 executed by the patient was for the removal and replacement of implants. If the patient was
12 consented for the possibility of not placing implants, the consent should have reflected the
13 "possible" placement of implants. This would have documented the preoperative discussion with
14 the patient and her understanding of the decision process. There was no documentation of
15 Respondent's post operative discussion with the patient regarding implants not being placed.

16 37. Respondent's acts and/or omissions as set forth in 8 through 36, above, whether
17 proven individually, jointly, or in any combination thereof, constitute repeated acts of negligence
18 pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline exists.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Failure to Maintain Adequate Records)**

21 38. Respondent's license is subject to disciplinary action under section 2266 of the Code
22 in that he failed to maintain adequate and accurate records concerning the care and treatment of
23 Patient 1. The circumstances are as follows:

24 39. Complainant refers to and, by this reference, incorporates Paragraphs 8 through 37,
25 above, as though set forth fully herein.


26 **PRAYER**

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

- 1 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 61113,
- 2 issued to Mohammed Zakhireh, M.D.;
- 3 2. Revoking, suspending or denying approval of Mohammed Zakhireh, M.D.'s authority
- 4 to supervise physician assistants and advanced practice nurses;
- 5 3. Ordering Mohammed Zakhireh, M.D., if placed on probation, to pay the Board the
- 6 costs of probation monitoring; and
- 7 4. Taking such other and further action as deemed necessary and proper.

8 **FEB 24 2021**

9 DATED: _____

10 
11 WILLIAM PRASIFKA
12 Executive Director
13 Medical Board of California
14 Department of Consumer Affairs
15 State of California
16 Complainant

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