

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

In the Matter of the First Amended
Accusation Against:

Nicole Poliquin, M.D.

Physician's and Surgeon's
Certificate No. A 30419

Respondent.

Case No.: 800-2018-042938

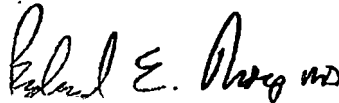
DECISION

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 March 17, 2022.

IT IS SO ORDERED: February 15, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9465
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the First Amended Accusation
14 Against:

15 **NICOLE POLIQUIN, M.D.**
16 **3151 Airway Ave., Suite T-2**
Costa Mesa, CA 92626-4607

17 **Physician's and Surgeon's Certificate**
18 **No. A 30419,**

19 Respondent.

Case No. 800-2018-042938

OAH No. 2021040595

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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 Karolyn M. Westfall,
26 Deputy Attorney General.

27 2. Respondent Nicole Poliquin, M.D. (Respondent) is represented in this proceeding by
28 attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, CA 92620.

1 CULPABILITY

2 9. Respondent admits that, at an administrative hearing, Complainant could establish a
3 *prima facie* case with respect to the charges and allegations contained in First Amended
4 Accusation No. 800-2018-042938, and agrees that she has thereby subjected her Physician's and
5 Surgeon's Certificate No. A 30419 to disciplinary action.

6 10. Respondent further agrees that if she ever petitions for modification or early
7 termination of probation, or if an accusation and/or petition to revoke probation is filed against
8 her before the Medical Board of California, all of the charges and allegations contained in First
9 Amended Accusation No. 800-2018-042938 shall be deemed true, correct, and fully admitted by
10 Respondent for purposes of any such proceeding or any other licensing proceeding involving
11 Respondent in the State of California or elsewhere.

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

15 CONTINGENCY

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

26 13. Respondent agrees that if she ever petitions for early termination or modification of
27 probation, or if an accusation and/or petition to revoke probation is filed against her before the
28 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-

1 042938 shall be deemed true, correct and fully admitted by Respondent for purposes of any such
2 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 30419 issued
11 to Respondent Nicole Poliquin, M.D., is revoked. However, the revocation is stayed and
12 Respondent is placed on probation for four (4) years from the effective date of this Decision on
13 the following terms and conditions:

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

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

28 ///

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

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

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

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

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

1 component. The professionalism program shall be at Respondent's expense and shall be in
2 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

16 The program shall consist of a comprehensive assessment of Respondent's physical and
17 mental health and the six general domains of clinical competence as defined by the Accreditation
18 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
19 Respondent's current or intended area of practice. The program shall take into account data
20 obtained from the pre-assessment, self-report forms and interview, and the Decision, First
21 Amended Accusation, and any other information that the Board or its designee deems relevant.
22 The program shall require Respondent's on-site participation for a minimum of three (3) and no
23 more than five (5) days as determined by the program for the assessment and clinical education
24 evaluation. Respondent shall pay all expenses associated with the clinical competence
25 assessment program.

26 At the end of the evaluation, the program will submit a report to the Board or its designee
27 which unequivocally states whether Respondent has demonstrated the ability to practice safely
28 and independently. Based on Respondent's performance on the clinical competence assessment,

1 the program will advise the Board or its designee of its recommendation(s) for the scope and
2 length of any additional educational or clinical training, evaluation or treatment for any medical
3 condition or psychological condition, or anything else affecting Respondent's practice of
4 medicine. Respondent shall comply with the program's recommendations.

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

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

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

25 The Board or its designee shall provide the approved monitor with copies of the Decision
26 and First Amended Accusation, and a proposed monitoring plan. Within 15 calendar days of
27 receipt of the Decision, First Amended Accusation, and proposed monitoring plan, the monitor
28 shall submit a signed statement that the monitor has read the Decision and First Amended

1 Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed
2 monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall
3 submit a revised monitoring plan with the signed statement for approval by the Board or its
4 designee.

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

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

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

20 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
21 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
22 name and qualifications of a replacement monitor who will be assuming that responsibility within
23 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
24 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
25 notification from the Board or its designee to cease the practice of medicine within three (3)
26 calendar days after being so notified. Respondent shall cease the practice of medicine until a
27 replacement monitor is approved and assumes monitoring responsibility.

28 ///

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

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

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

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

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

21 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
22 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
23 \$5,555.00 (five thousand five hundred fifty-five dollars and zero cents). Costs shall be payable to
24 the Medical Board of California. Failure to pay such costs shall be considered a violation of
25 probation.

26 Any and all requests for a payment plan shall be submitted in writing by Respondent to the
27 Board.

28 ///

1 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
2 to repay investigation and enforcement costs.

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

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

8 11. GENERAL PROBATION REQUIREMENTS.

9 Compliance with Probation Unit

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

11 Address Changes

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

17 Place of Practice

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

21 License Renewal

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

24 Travel or Residence Outside California

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

28 ///

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

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

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

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

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

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

28 ///

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

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

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

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

27 ///

28 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28


ENDORSEMENT

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

DATED: 1/26/22

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

SD2021800459
83233734.docx

Exhibit A

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9465
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the First Amended Accusation
14 Against:

Case No. 800-2018-042938

15 **NICOLE POLIQUIN, M.D.**
16 **3151 Airway Ave., Suite T-2**
Costa Mesa, CA 92626-4607

FIRST AMENDED ACCUSATION

17 **Physician's and Surgeon's Certificate**
18 **No. A 30419,**

Respondent.

19
20 **PARTIES**

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

24 2. On or about August 30, 1976, the Board issued Physician's and Surgeon's
25 Certificate No. A 30419 to Nicole Poliquin, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on August 31, 2022, unless renewed.

28 ///

JURISDICTION

1
2 3. This First Amended Accusation, which supersedes the Accusation filed on March 23,
3 2021, is brought before the Board, under the authority of the following laws. All section
4 references are to the Business and Professions Code (Code) unless otherwise indicated.

5 4. Section 2227 of the Code states, in pertinent part:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 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:

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

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

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

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

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

17 ...

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

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

21 (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.

22 (b) Gross negligence.

23 (c) Repeated negligent acts. To be repeated, there must be two or more
24 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
25 repeated negligent acts.

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

28 (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

1 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
2 licensee's conduct departs from the applicable standard of care, each departure
3 constitutes a separate and distinct breach of the standard of care.

4 (d) Incompetence.

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

8 COST RECOVERY

9 7. Section 125.3 of the Code states:

10 (a) Except as otherwise provided by law, in any order issued in resolution of a
11 disciplinary proceeding before any board within the department or before the
12 Osteopathic Medical Board upon request of the entity bringing the proceeding, the
13 administrative law judge may direct a licensee found to have committed a violation or
14 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
15 investigation and enforcement of the case.

16 (b) In the case of a disciplined licentiate that is a corporation or a partnership,
17 the order may be made against the licensed corporate entity or licensed partnership.

18 (c) A certified copy of the actual costs, or a good faith estimate of costs where
19 actual costs are not available, signed by the entity bringing the proceeding or its
20 designated representative shall be prima facie evidence of reasonable costs of
21 investigation and prosecution of the case. The costs shall include the amount of
22 investigative and enforcement costs up to the date of the hearing, including, but not
23 limited to, charges imposed by the Attorney General.

24 (d) The administrative law judge shall make a proposed finding of the amount
25 of reasonable costs of investigation and prosecution of the case when requested
26 pursuant to subdivision (a). The finding of the administrative law judge with regard
27 to costs shall not be reviewable by the board to increase the cost award. The board
28 may reduce or eliminate the cost award, or remand to the administrative law judge if
the proposed decision fails to make a finding on costs requested pursuant to
subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as
directed in the board's decision, the board may enforce the order for repayment in any
appropriate court. This right of enforcement shall be in addition to any other rights
the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be
conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or
reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

1 (2) Notwithstanding paragraph (1), the board may, in its discretion,
2 conditionally renew or reinstate for a maximum of one year the license of any
3 licensee who demonstrates financial hardship and who enters into a formal agreement
4 with the board to reimburse the board within that one-year period for the unpaid
5 costs.

6 (h) All costs recovered under this section shall be considered a reimbursement
7 for costs incurred and shall be deposited in the fund of the board recovering the costs
8 to be available upon appropriation by the Legislature.

9 (i) Nothing in this section shall preclude a board from including the recovery of
10 the costs of investigation and enforcement of a case in any stipulated settlement.

11 (j) This section does not apply to any board if a specific statutory provision in
12 that board's licensing act provides for recovery of costs in an administrative
13 disciplinary proceeding.

14 FIRST CAUSE FOR DISCIPLINE

15 (Gross Negligence)

16 8. Respondent has subjected her Physician's and Surgeon's Certificate No. A 30419 to
17 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
18 the Code, in that she was grossly negligent in her care and treatment of Patient A,¹ as more
19 particularly alleged hereinafter:

20 9. On or about December 3, 2013,² Patient A, a then sixty-five-year-old male patient,
21 was referred to Respondent by his endocrinologist for severe depression. Patient A's medical
22 issues included obesity, urinary incontinence, neuropathy in his feet, low testosterone, and type II
23 diabetes. Patient A had a lengthy history of depression spanning back to childhood that included
24 suicidal ideation and two prior suicide attempts. Patient A attempted suicide in 2005 with an
25 overdose of Tylenol PM and alcohol, and subsequently received inpatient psychiatric treatment at
26 the McDonald Center followed by two years of outpatient psychiatric treatment. Patient A had a
27 history of alcohol and phentermine³ abuse. Patient A's liver function test, completed in or around
28

¹ To protect the privacy of the patient involved, the patient's name has not been included
in this pleading. Respondent is aware of the identity of the patient referred to herein.

² Conduct occurring more than seven years before the filing of this Accusation is for
informational purposes only and is not alleged as a basis for disciplinary action. (Bus. & Prof.
Code, § 2230.5.)

³ Phentermine is an amphetamine-like stimulant medication used to suppress appetite. It
is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,
subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022.

1 2005, revealed poor results and he was told he may need a liver transplant. Patient A had
2 maintained his sobriety since 2005 and was active in Alcoholics Anonymous. At the time of the
3 referral, Patient A's medications included, but were not limited to, metformin,⁴ Actos,⁵
4 levothyroxine,⁶ Lipitor,⁷ losartan,⁸ Axiron,⁹ and Lexapro¹⁰ 10 mg.

5 10. On or about December 3, 2013, Patient A presented to Respondent for psychiatric
6 treatment with complaints of depression and anger issues. At this initial visit, Respondent
7 documented in the patient's chart a history of present illness, medication and psychiatric history,
8 and a mental status examination. Respondent noted Patient A had previously taken Prozac¹¹ and
9 Dexamyl,¹² but no further details were obtained about his use of these medications, or his prior
10 abuse of phentermine. At the conclusion of the visit, Respondent diagnosed Patient A with major
11 depression, recurrent, severe, nonpsychotic, and alcohol abuse, unspecified, in later remission.

12 _____
13 ⁴ Metformin is an anti-diabetic medication used to treat Type II diabetes. It is a dangerous
14 drug pursuant to Business and Professions Code section 4022.

15 ⁵ Actos (brand name for Pioglitazone) is an anti-diabetic medication used to treat Type II
16 diabetes. It is a dangerous drug pursuant to Business and Professions Code section 4022.

17 ⁶ Levothyroxine is a hormone medication used to treat hypothyroidism. It is a dangerous
18 drug pursuant to Business and Professions Code section 4022.

19 ⁷ Lipitor (brand name for atorvastatin) is a statin medication used to treat high cholesterol
20 and triglyceride levels. It is a dangerous drug pursuant to Business and Professions Code section
21 4022.

22 ⁸ Losartan is an antihypertensive medication used to treat high blood pressure. It is a
23 dangerous drug pursuant to Business and Professions Code section 4022.

24 ⁹ Axiron is a testosterone medication used to treat the symptoms of testosterone
25 deficiency. It is a dangerous drug pursuant to Business and Professions Code section 4022.

26 ¹⁰ Lexapro (brand name for escitalopram) is a selective serotonin reuptake inhibitor
27 (SSRI) antidepressant medication used to treat anxiety and major depressive disorder. It is a
28 dangerous drug pursuant to Business and Professions Code section 4022.

¹¹ Prozac (brand name for fluoxetine) is an SSRI antidepressant medication used to treat
anxiety and major depressive disorder. It is a dangerous drug pursuant to Business and
Professions Code section 4022.

¹² Dexamyl was a brand name combination drug composed of sodium amobarbital and
dextroamphetamine sulfate within the same pill. It was widely abused, and is no longer
manufactured.

1 Respondent maintained Patient A on his prior prescription of Lexapro 10 mg and added a
2 prescription of Abilify¹³ 2 mg. Prior to her initial visit with Patient A, or anytime thereafter,
3 Respondent did not order and/or document receipt and review of any prior treatment records, did
4 not order thyroid function tests and/or document receipt and review of Patient A's prior thyroid
5 function tests, did not order baseline labs and/or document receipt and review of Patient A's prior
6 liver function test results, and did not confer and document a discussion with Patient A's internist
7 or endocrinologist regarding the current nature and extent of his chronic liver failure.

8 11. On or about April 4, 2014, Patient A presented to Respondent for a follow-up visit.
9 At this visit, Respondent noted an increase in Patient A's anxiety and discussed a recent event
10 where he had lost his temper at work. At the conclusion of this visit, Respondent increased
11 Patient A's Lexapro dose to 20 mg, and prescribed gabapentin¹⁴ 300 mg. The chart notes for this
12 visit, or any visit thereafter, do not include a documented discussion with the patient regarding the
13 risks and benefits of gabapentin or an increased dose of Lexapro.

14 12. Between on or about April 4, 2014, and on or about August 2, 2019, Respondent
15 maintained Patient A on regular prescriptions of gabapentin 300 mg.

16 13. Between on or about April 4, 2014, and on or about May 15, 2016, Respondent
17 maintained Patient A on regular prescriptions of Lexapro 20 mg.

18 14. On or about April 25, 2014, Patient A presented to Respondent for a follow-up visit.
19 At this visit, Patient A expressed a desire for more energy. Respondent discussed Nuvigil¹⁵ and
20 Dexedrine¹⁶ with Patient A, noting he had previously taken this medication and "had no tendency

21 ¹³ Abilify (brand name for aripiprazole) is an antipsychotic medication used to treat
22 schizophrenia, bipolar disorder, depression, and Tourette syndrome. It is a dangerous drug
pursuant to Business and Professions Code section 4022.

23 ¹⁴ Gabapentin is an anticonvulsant and nerve pain medication. It is a dangerous drug
24 pursuant to Business and Professions Code section 4022.

25 ¹⁵ Nuvigil (brand name for armodafinil) is a controlled substance stimulant medication
used to treat sleepiness from narcolepsy, sleep apnea, or night shift work.

26 ¹⁶ Dexedrine (brand name for dextroamphetamine) is a stimulant medication used to treat
27 attention-deficit hyperactivity disorder (ADHD) and narcolepsy. It is a Schedule II controlled
28 substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous
drug pursuant to Business and Professions Code section 4022. This medication contains a "black

1 to abuse it." The patient's chart does not include when, why, and for how long Patient A had
2 previously taken these medications, what his response was to the medications, or why they were
3 discontinued. The chart notes also do not include a detailed discussion with the patient regarding
4 his prior abuse of phentermine. At the conclusion of this visit, Respondent prescribed Patient A
5 one (1) tab of Dexedrine 5mg twice per day for the treatment of depression. The chart notes for
6 this visit do not include a documented discussion with the patient regarding the risks and benefits
7 of Dexedrine, or any coordination of care with the patient's internist or endocrinologist prior to
8 prescribing Dexedrine.

9 15. On or about May 21, 2014, Patient A presented to Respondent for a follow-up visit.
10 At this visit, Respondent noted the patient had more energy on Dexedrine, and his motivation and
11 concentration were "ok." At the conclusion of this visit, Respondent increased the patient's
12 Dexedrine dose to one (1) 10 mg tab twice per day. The chart notes for this date do not include
13 the reason for the dose increase or the symptoms being targeted with this increase in medication.

14 16. On or about June 9, 2014, Patient A presented to Respondent for a follow-up visit. At
15 this visit, Respondent noted the patient's energy was stable, his motivation and concentration
16 were "ok," and he was not feeling depressed. At the conclusion of this visit, Respondent
17 increased the patient's Dexedrine dose to two (2) 10 mg tabs twice per day. The chart notes for
18 this date do not include the reason for the dose increase or the symptoms being targeted with this
19 increase in medication.

20 17. On or about June 30, 2014, Respondent prescribed Patient A 30 tabs of Lexapro 20
21 mg with six (6) refills. Between on or about June 30, 2014, and on or about October 4, 2019,
22 Respondent maintained Patient A on regular prescriptions of Lexapro 20 mg.

23 18. On or about July 21, 2014, Patient A presented to Respondent for a follow-up visit.
24 At this visit, Respondent noted the patient's energy and mood were improved, and that he was
25 feeling "200% better." Patient A informed Respondent that the two (2) tabs of Dexedrine had
26 helped him a lot, but admitted that he sometimes takes three (3) tabs. At the conclusion of this

27 _____
28 box warning" that it is contraindicated in patients with moderate to severe hypertension, advanced
arteriosclerosis, or symptomatic cardiac disease.

1 visit, Respondent increased the patient's Dexedrine dose to two (2) 10 mg tabs three (3) times per
2 day. The chart notes for this date do not include a documented discussion with the patient
3 regarding taking medications as prescribed, the reason for the dose increase, the symptoms being
4 targeted with this increase in medication, or the lack of any adverse side-effects from the
5 medication.

6 19. On or about October 28, 2014, Patient A presented to Respondent for a follow-up
7 visit. At this visit, Respondent noted the patient's energy was stable, his motivation and
8 concentration were "ok," he was not feeling depressed, and he had lost approximately 68 pounds
9 in six months. Patient A admitted to taking more Dexedrine than prescribed and running out of
10 his medication early. Respondent discussed addiction and misuse with the patient, and
11 documented that he "contracted for staying on track." At the conclusion of this visit, Respondent
12 maintained the patient on two (2) tabs of Dexedrine 10 mg tabs (3) three times per day.

13 20. On or about January 12, 2015, Patient A presented to Respondent for a follow-up
14 visit. At this visit, Respondent documented an ADHD diagnosis for the first time. The chart
15 notes for this visit do not identify specific DSM-V¹⁷ criteria to support that diagnosis at that time.

16 21. On or about March 6, 2015, Patient A presented to Respondent for a follow-up visit.
17 At this visit, Patient A admitted taking more Dexedrine than prescribed. Respondent reminded
18 Patient A that this medication can be addicting, but authorized him to take up to seven (7) tabs per
19 day. The chart notes for this visit, or any visit thereafter, do not include Respondent's reasoning
20 for increasing Patient A's dose of Dexedrine beyond the recommended daily dose.

21 22. On or about November 20, 2015, Patient A presented to Respondent for a follow-up
22 visit. At this visit, Patient A admitted taking more Dexedrine than prescribed due to his lack of
23 energy in the afternoon. At the conclusion of this visit, Respondent increased the patient's
24 Dexedrine dose to two (2) 15 mg tabs three (3) times per day.

25 ///

26 ¹⁷ The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is
27 the 2013 update to the Diagnostic and Statistical Manual of Mental Disorders, the taxonomic and
28 diagnostic tool published by the American Psychiatric Association. In the United States, the DSM
serves as the principal authority for psychiatric diagnoses.

1 23. On or about December 11, 2015, Respondent prescribed Patient A trazodone¹⁸ 150
2 mg three (3) times per day. The chart notes do not identify a clinical visit on that date, or the
3 reason for this prescription. Between on or about December 11, 2015, and on or about March 2,
4 2020, Respondent maintained Patient A on regular prescriptions of trazodone 150 mg. The
5 patient's progress notes throughout that time do not include any reference to this medication.

6 24. On or about December 17, 2015, Patient A presented to Respondent for a follow-up
7 visit. At this visit, Patient A admitted taking too much medication. Respondent discussed the
8 expected and potential side effects of the medication, and adjusted Respondent's prescription of
9 Dexedrine to three (3) 10 mg tabs three (3) times per day.

10 25. On or about January 14, 2016, Respondent prescribed Patient A 270 tabs of
11 Dexedrine 10 mg, but the chart notes do not identify a clinical visit or any other interaction with
12 the patient on that date.

13 26. On or about May 16, 2016, Respondent increased Patient A's Lexapro prescription to
14 two (2) 20 mg tabs per day. The chart notes do not identify a clinical visit on that date, the reason
15 for the increase in this prescription, or a documented discussion with the patient regarding the
16 risks and benefits of this dose of Lexapro. Respondent maintained Patient A on that dose until on
17 or about May 15, 2020.

18 27. On or about October 28, 2016, Patient A presented to Respondent for a follow-up
19 visit. At this visit, Patient A admitted overusing his Dexedrine. At the conclusion of this visit,
20 Respondent refilled Patient A's prescription, but gave him a "fair warning" that she will not refill
21 his next prescription until November 28, 2016.

22 28. On or about November 23, 2016, Respondent prescribed Patient A 270 tabs of
23 Dexedrine 10 mg. The chart notes do not identify a clinical visit or any other interaction with the
24 patient on that date.

25 29. On or about December 28, 2016, Patient A presented to Respondent for a follow-up
26 visit. At this visit, Patient A informed Respondent that he had called the office two days earlier
27

28 ¹⁸ Trazodone is an antidepressant and sedative medication used to treat depression. It is a dangerous drug pursuant to Business and Professions Code section 4022.

1 asking for an early refill of his medications. At the conclusion of this visit, Respondent
2 maintained Respondent on his prescription of three (3) tabs of Dexedrine 10 mg three (3) times
3 per day.

4 30. On or about January 13, 2017, Respondent received a letter from OptumRX
5 informing her that Patient A's prescription of Lexapro exceeded the manufacturer's maximum of
6 20 mg per day. A copy of his prescription profile for that month was attached. Respondent
7 initialed the receipt and review of this letter on or about January 19, 2017, but made no change to
8 the prescription at that time.

9 31. On or about January 31, 2017, Respondent received a letter from OptumRX
10 informing her that Patient A's prescription of Lexapro exceeded the manufacturer's maximum of
11 10 mg per day in geriatric patients. Respondent initialed the receipt and review of this letter on or
12 about February 13, 2017, and included a note stating, "ok will decrease," but made no change to
13 the prescription at that time.

14 32. On or about February 16, 2017, Respondent prescribed Patient A 252 tabs of
15 Dexedrine 10 mg. The chart notes do not identify a clinical visit or any other interaction with the
16 patient on that date.

17 33. On or about March 10, 2017, Respondent prescribed Patient A 60 tabs of Dexedrine
18 10 mg. The chart notes do not identify a clinical visit or any other interaction with the patient on
19 that date.

20 34. On or about March 21, 2017, Patient A presented to Respondent for a follow-up visit.
21 At this visit, Patient A admitted he has addictive tendencies, and informed Respondent that he ran
22 out of his medications one week early. The chart notes for this visit make no reference to Patient
23 A's Lexapro prescription in any way. At the conclusion of this visit, Respondent maintained
24 Respondent on his prescription of three (3) tabs of Dexedrine 10 mg three (3) times per day.

25 35. Between on or about March 22, 2017, and on or about May 15, 2020, Respondent
26 wrote monthly prescriptions to Patient A for three (3) tabs of Dexedrine 10 mg three (3) times per
27 day. Respondent only documented six (6) clinical encounters with the patient throughout that
28 time period, including progress notes on or about October 9, 2017, March 5, 2018, March 4,

1 2019, June 19, 2019, and May 15, 2020, and a patient intake form on or about December 16,
2 2019.

3 36. On or about April 19, 2017, Respondent prescribed Patient A 252 tabs of Dexedrine
4 10 mg. The chart notes do not identify a clinical visit with the patient on that date, but contains a
5 handwritten note from the patient thanking Respondent for allowing him to pick up his
6 prescription that day, and stating he will not ask for an early refill.

7 37. On or about July 12, 2017, Respondent prescribed Patient A two (2) tabs of Lexapro
8 20 mg per day, with six (6) refills.

9 38. On or about August 27, 2017, Respondent received a letter from OptumRX informing
10 her that Patient A's prescription of Lexapro exceeded the manufacturer's maximum of 20 mg per
11 day. A copy of his prescription profile for that month was attached. Respondent initialed the
12 receipt and review of this letter on or about August 29, 2017, and included a note stating that the
13 patient is supposed to take only one (1) 20 mg tab per day according to her records, but made no
14 change to the prescription at that time.

15 39. On or about October 9, 2017, Patient A presented to Respondent for a follow-up visit.
16 At this visit, Respondent noted the patient was doing well. The chart notes for this visit make no
17 reference to his Lexapro prescription in any way. At the conclusion of the visit, Respondent
18 made no changes to Patient A's medication regimen.

19 40. On or about February 15, 2018, Respondent prescribed Patient A two (2) tabs of
20 Lexapro 20 mg per day, with six (6) refills.

21 41. On or about September 3, 2020, Respondent was interviewed by an investigator for
22 the Board. During this interview, Respondent indicated that she believed the maximum
23 recommended daily dose of Lexapro was 40 mg, and the maximum recommended daily dose of
24 Dexedrine was 60 mg.

25 42. Respondent committed gross negligence in her care and treatment of Patient A, which
26 included, but was not limited to, the following:

27 ///

28 ///

1 (A) Prescribing a daily dose of 40 mg Lexapro to Patient A between in and around
2 May 2016, and in and around May 2020, and failing to appropriately manage the dosing
3 error once brought to her attention; and

4 (B) Providing Patient A with monthly prescriptions for medications, including
5 dextroamphetamine, between in or around March 2017 and in or around May 2020, while
6 only documenting five (5) progress notes and one (1) patient intake form during that time
7 period.

8 **SECOND CAUSE FOR DISCIPLINE**

9 **(Repeated Negligent Acts)**

10 43. Respondent has further subjected her Physician's and Surgeon's Certificate No.
11 A 30419 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
12 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in her care and
13 treatment of Patient A, as more particularly alleged hereinafter:

14 (A) Paragraphs 8 through 42(B), above, are hereby incorporated by reference and
15 realleged as if fully set forth herein.

16 (B) Failing to order thyroid function tests and/or obtain and document review of
17 Patient A's prior thyroid function tests at any time while treating Patient A for depression;

18 (C) Prescribing psychotropic medications to a patient with a history of liver failure
19 without ever ordering baseline labs to assess liver function, and/or obtaining and
20 documenting review of lab work previously performed, and/or conferring and
21 documenting a discussion with Patient A's internist or endocrinologist regarding the
22 current nature and extent of his possible chronic liver failure;

23 (D) Prescribing daily trazodone 150 mg tabs to Patient A between in and around
24 September 2017 and in and around May 2020, without ever documenting the inclusion of
25 this medication in the patient's treatment plan, progress notes, or medication sheets;

26 (E) Failing to obtain and document informed consent from Patient A when
27 prescribing gabapentin for anxiety and insomnia;

28 ///

1 (F) Failing to obtain a detailed and thorough prescription substance abuse history
2 from Patient A before prescribing Dexedrine;

3 (G) Failing to obtain and document informed consent from Patient A when
4 prescribing Dexedrine;

5 (H) Failing to document any coordination of care with Patient A's internist or
6 endocrinologist prior to prescribing Dexedrine;

7 (I) Failing to clearly document her rationale for increasing Patient A's dose of
8 Dexedrine on or about May 21, 2014, and again on or about June 9, 2014;

9 (J) Failing to document her reasoning for increasing Patient A's dose of Dexedrine
10 beyond the recommended daily dose;

11 (K) Failing to set firm limits and continuously providing refills of Dexedrine to
12 Patient A despite his substance abuse history and his repeated overuse of this medication;

13 (L) Diagnosing Patient A with ADHD without appropriately documenting DSM-V
14 criteria to support this diagnosis in the patient's chart; and

15 (M) Failing to document a patient encounter and prescription to Patient A for
16 Dexedrine on or about January 14, 2016.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **(Failure to Maintain Adequate and Accurate Records)**

19 44. Respondent has further subjected her Physician's and Surgeon's Certificate No.
20 A 30419 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
21 Code, in that Respondent failed to maintain adequate and accurate records regarding her care and
22 treatment of Patient A, as more particularly alleged in paragraphs 8 through 43(M), above, which
23 are hereby incorporated by reference and realleged as if fully set forth herein.

24 **FOURTH CAUSE FOR DISCIPLINE**

25 **(Incompetence)**

26 45. Respondent has further subjected her Physician's and Surgeon's Certificate No.
27 A 30419 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
28 subdivision (d), of the Code, in that Respondent has demonstrated incompetence in her care and

1 treatment of Patient A, as more particularly alleged in paragraphs 8 through 44, above, which are
2 hereby incorporated by reference and re-alleged as if fully set forth herein.

3 **DISCIPLINARY CONSIDERATIONS**

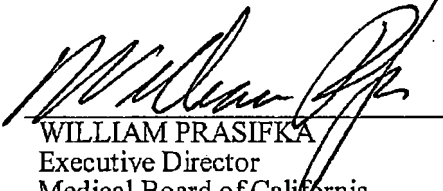
4 46. To determine the degree of discipline, if any, to be imposed on Respondent,
5 Complainant alleges that on or about June 15, 2011, the Board issued a Decision and Order that
6 became effective on or about July 15, 2011, in an action entitled, *In the Matter of the Accusation*
7 *Against Nicole Poliquin-Williams, M.D.*, Medical Board of California Case No. 06-2007-187121.
8 In that matter, and as a result of Respondent's negligent care and treatment of two patients,
9 Respondent's Physician's and Surgeon's Certificate No. A 30419 was publicly reprimanded. That
10 Decision is now final and is incorporated by reference as if fully set forth herein.

11 **PRAYER**

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

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 30419, issued
15 to Respondent, Nicole Poliquin, M.D.;
- 16 2. Revoking, suspending or denying approval of Respondent, Nicole Poliquin, M.D.'s
17 authority to supervise physician assistants and advanced practice nurses;
- 18 3. Ordering Respondent, Nicole Poliquin, M.D., to pay the Board the costs of the
19 investigation and enforcement of this case, and if placed on probation, the costs of probation
20 monitoring; and
- 21 4. Taking such other and further action as deemed necessary and proper.

22
23 DATED: JAN 11 2022


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

SD2021800459
83205182.docx