

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

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

**Glenda Darlene Goodwin, M.D.**

**Physician's and Surgeon's  
Certificate No. A 71660**

**Case No.: 800-2019-061872**

**Respondent.**

**DECISION**

**The attached Stipulated Settlement 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 25, 2022.**

**IT IS SO ORDERED: February 23, 2022.**

**MEDICAL BOARD OF CALIFORNIA**



**Laurie Rose Lubiano, J.D., Chair  
Panel A**

1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 JOHN S. GATSCHET  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:  
**GLEND A DARLENE GOODWIN, M.D.**  
2335 American River Drive, Suite 402  
Sacramento, CA 95825-7065  
  
Physician's and Surgeon's Certificate No. A  
71660  
  
Respondent.

Case No. 800-2019-061872  
OAH No. 2021030048  
**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. William Prasifka ("Complainant") is the Executive Director of the Medical Board of California ("Board"). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by John S. Gatschet, Deputy Attorney General.

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

3 **CULPABILITY**

4 9. Respondent understands and agrees that the charges and allegations in Accusation  
5 No. 800-2019-061872, a true and correct copy of which is attached hereto as Exhibit A, if proven  
6 at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's  
7 Certificate.

8 10. Respondent agrees that, at a hearing, Complainant could establish a *prima facie* basis  
9 for the charges in the Accusation, and that Respondent hereby gives up her right to contest those  
10 charges.

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

14 **RESERVATION**

15 12. The admissions made by Respondent herein are only for the purposes of this  
16 proceeding, or any other proceedings in which the Medical Board of California or other  
17 professional licensing agency is involved, and shall not be admissible in any other criminal or  
18 civil proceeding.

19 **CONTINGENCY**

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

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1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 14. Respondent agrees that if she ever petitions for early termination or modification of  
4 probation, or if an accusation and/or petition to revoke probation is filed against her before the  
5 Board, all of the charges and allegations contained in Accusation No. 800-2019-061872 shall be  
6 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
7 other licensing proceeding involving Respondent in the State of California.

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

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

14 **DISCIPLINARY ORDER**

15 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 71660  
16 issued to Respondent Glenda Darlene Goodwin, M.D. is revoked. However, the revocation is  
17 stayed and Respondent is placed on probation for four (4) years on the following terms and  
18 conditions:

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

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

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

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

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

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

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

9 4. **MONITORING - PRACTICE/BILLING.** Within 30 calendar days of the  
10 effective date of this Decision, Respondent shall submit to the Board or its designee for prior  
11 approval as a practice monitor(s), the name and qualifications of one or more licensed physicians  
12 and surgeons whose licenses are valid and in good standing, and who are preferably American  
13 Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current  
14 business or personal relationship with Respondent, or other relationship that could reasonably be  
15 expected to compromise the ability of the monitor to render fair and unbiased reports to the  
16 Board, including but not limited to any form of bartering, shall be in Respondent's field of  
17 practice, and must agree to serve as Respondent's monitor. Respondent may choose to use a  
18 practice monitor to satisfy the practice monitor condition that the Board has previously approved  
19 to monitor Respondent's practice so long as the Board, in its discretion, approves the use of the  
20 prior practice monitor and the proposed practice monitor remains in good standing with the  
21 Board. Respondent shall pay all monitoring costs.

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

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

6           Following, the first year of probation, Respondent's practice monitor shall provide a final  
7 report to the Board indicating, in their discretion, whether Respondent is able to safely practice  
8 medicine without a practice monitor. Should the Board learn from the practice monitor that  
9 Respondent is not safe to practice medicine safely without a monitor, Respondent may be  
10 determined by the Board to be in violation of probation and the Board may take any action it  
11 deems to necessary to protect the public, including bringing a petition to revoke probation and/or  
12 extending the practice monitor condition through the length of probation.

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

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

24           If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
25 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
26 name and qualifications of a replacement monitor who will be assuming that responsibility within  
27 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
28 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a



1 notification from the Board or its designee to cease the practice of medicine within three (3)  
2 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
3 replacement monitor is approved and assumes monitoring responsibility.

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

9 Respondent may choose to select the same person to both monitor Respondent's practice,  
10 conduct in-person clinical training and clinical proctoring as set forth in the prohibited practice  
11 condition exception for laser hair removal. If Respondent chooses to use the same person,  
12 Respondent shall notify their probation monitor of that decision and the probation monitor, in  
13 their sole discretion, will determine if that person is qualified to both monitor Respondent's  
14 practice and proctor Respondent on laser hair removal techniques. The Board recognizes that use  
15 of the same person to both perform practice monitoring and proctoring in laser hair removal  
16 increases public safety by ensuring that Respondent's clinical skills comply with her charting  
17 skills.

18 5. **PROHIBITED PRACTICE.** During probation, Respondent is prohibited from  
19 performing cosmetic laser procedures<sup>1</sup>, prohibited from supervising anyone performing cosmetic  
20 laser procedures and/or prohibited from directly profiting in any way from the performance of  
21 cosmetic laser procedures being done by her or someone under her supervision. After the  
22 effective date of this Decision, all patients being treated by the Respondent shall be notified that  
23 the Respondent is prohibited from performing cosmetic laser procedures. Any new patients must  
24 be provided this notification at the time of their initial appointment if they request a cosmetic  
25 laser procedure. This practice prohibition shall not prevent Respondent from performing laser

26 <sup>1</sup> Cosmetic Laser Procedure includes, but is not limited to, any cosmetic procedure that  
27 uses a laser to provide clinical treatment both electively and acutely. Cosmetic Laser Procedure  
28 includes ablative lasers such as the carbon dioxide laser, the erbium laser and combination  
systems. Cosmetic Laser Procedure also includes nonablative lasers such as IPL (Intense Pulsed  
Light) devices

1 hair removal as specifically set forth in the paragraphs entitled "Exemption to Practice  
2 Prohibition." This practice prohibition may be terminated as specifically set forth in the  
3 paragraphs entitled "Procedure for Termination of Practice Prohibition."

4 Respondent shall maintain a log of all patients to whom the required oral notification was  
5 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's  
6 medical record number, if available; 3) the full name of the person making the notification; 4) the  
7 date the notification was made; and 5) a description of the notification given. Respondent shall  
8 keep this log in a separate file or ledger, in chronological order, shall make the log available for  
9 immediate inspection and copying on the premises at all times during business hours by the Board  
10 or its designee, and shall retain the log for the entire term of probation.

11 EXEMPTION TO PRACTICE PROHIBITION - Laser Hair Removal

12 The practice prohibition and its notifications shall not apply to cosmetic laser hair  
13 removal<sup>2</sup> subject to the following terms and conditions related to the exemption to the practice  
14 prohibition.

15 Within 60 days of the effective date of the Order and Decision, Respondent agrees to  
16 submit a training and proctoring plan to her probation monitor in order to comply with the  
17 exemption to the practice prohibition that allows for her to perform laser hair removal procedures.  
18 Respondent's failure to submit and/or receive approval from the Board for an in-person training  
19 program as set forth below within 60 days of the effective date of the Order and Decision shall  
20 result in the waiver of the Exemption to Practice Restriction by Respondent and Respondent shall  
21 not perform laser hair removal procedures as long as the practice prohibition is in place.

22 Respondent's training plan shall set forth a licensed physician and surgeon in good standing  
23 with the Board who is adequately trained and/or certified in laser hair removal and who will agree  
24 to provide four hours of in-person clinical instruction in laser hair removal to Respondent. The  
25 proposed clinical instruction shall include patient selection, medical record documentation, use of

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27 <sup>2</sup> Cosmetic Laser Hair Removal refers to a noninvasive laser technique that uses highly  
28 concentrated light to penetrate hair follicles and inhibit further growth. It is the Board's  
understanding that the Respondent uses the Alma Soprano laser for this procedure and that laser  
device is covered by this exemption.

1 the hair removal laser, treatment of possible complications from the hair removal laser, and  
2 education in how the hair removal laser works. The in-person clinical training can be performed  
3 in the Respondent's clinic with the use of Respondent's equipment at the discretion of the training  
4 physician. The in-person clinical trainer can be but does not have to be the same person as the  
5 Respondent's practice monitor. The Respondent shall be responsible for paying all in-person  
6 clinical training costs.

7       Upon approval of Respondent's training and proctoring plan, the Board, in its sole  
8 discretion may allow Respondent to move forward with her in-person clinical training plan  
9 related to laser hair removal. Respondent shall complete the in-person clinical training within 30  
10 days of receiving approval from the Board to move forward with her in-person laser hair removal  
11 clinical training program. Following conclusion of the four-hour training, the in-person clinical  
12 trainer shall submit a report to the Board setting forth what was taught to the Respondent, and  
13 whether Respondent successfully completed the training. Respondent shall remain solely  
14 responsible for the report to be submitted to the Board. Failure to submit the in-person clinical  
15 training report within 30 days of receiving approval from the Board to move forward with in-  
16 person training shall result in the waiver of the Exemption to Practice Restriction by Respondent  
17 and Respondent shall not perform laser hair removal procedures as long as the practice  
18 prohibition is part of her probation terms.

19       Following the in-person clinical training, Respondent shall schedule fifteen (15) laser hair  
20 removal procedures for the same in-person clinical training physician to proctor as Respondent  
21 performs laser hair removal. As noted above, the proctor may also serve as Respondent's practice  
22 monitor. Respondent shall inform patients that the proctoring physician is proctoring the  
23 procedure as additional training and education and obtain necessary waivers of consent from the  
24 patients for the proctor to perform their role as a clinical proctor and for the Medical Board to  
25 review patient records as necessary for the review of the clinical proctoring process. Following  
26 approval of Respondent's clinical proctor and proctoring plan, the clinical proctor shall provide  
27 reports on a quarterly basis to the Board that sets forth a brief summary of Respondent's progress  
28 on proctoring, the types of case that were proctored, and the outcomes of the proctored cases.

1 The clinical proctor shall notify the Board of any complications that occurred for any of the  
2 proctored cases and whether the complications are related to the Respondent's performance of the  
3 laser hair removal procedures. Respondent shall remain solely responsible for the costs of the  
4 clinical proctor and for ensuring that the clinical proctor's reports are submitted to the Board on a  
5 quarterly basis. Failure to complete the fifteen (15) proctored cases within one year from the  
6 effective date of the decision and/or ensure submission of the quarterly proctoring reports shall  
7 result in the waiver of the Exemption to Practice Restriction by Respondent and Respondent shall  
8 not perform laser hair removal procedures as long as the practice prohibition is in place.

9 Following the completion of fifteen (15) proctoring cases, the clinical proctor shall provide  
10 a final report to the Board detailing the training the Respondent received and whether the  
11 proctoring was completed successfully. The clinical proctor, in their sole discretion, will  
12 determine whether Respondent successfully completed or unsuccessfully completed proctoring  
13 and make a recommendation on whether Respondent should be allowed to continue performing  
14 laser hair removal as an exemption to the practice prohibition. If the Board, based on the  
15 recommendation of the proctor, determines that Respondent has successfully completed the in-  
16 person education and proctoring requirement, the exemption to the practice prohibition allowing  
17 for Respondent to perform laser hair removal shall become permanent and Respondent shall be  
18 able to perform laser hair removal through the duration of probation. If the Board, based on the  
19 recommendation of the proctor, determines the in-person education and proctoring was not  
20 successfully completed, the Board shall notify Respondent that completion of the proctoring was  
21 unsuccessful and the exemption to perform laser hair removal shall immediately terminate.

22 Following the termination of the exemption due to unsuccessful completion, Respondent will be  
23 prohibited from performing laser hair removal as part of the practice prohibition.

#### 24 PROCEDURE FOR TERMINATION OF PRACTICE PROHIBITION

25 Respondent may apply in writing to the Medical Board to have this practice prohibition  
26 held in abeyance during her period of probation. Before the Medical Board, in its sole discretion,  
27 determines whether to hold the Prohibited Practice term in abeyance, Respondent shall enroll in a  
28 clinical competence assessment program approved in advance by the Board or its designee and

1 successfully complete the program. Respondent shall successfully complete the program not later  
2 than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees  
3 in writing to an extension of that time.

4 The program shall consist of a comprehensive assessment of Respondent's physical and  
5 mental health and the six general domains of clinical competence as defined by the Accreditation  
6 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
7 Respondent's current or intended area of practice. The assessment will include the use and  
8 operation of cosmetic lasers. The program shall take into account data obtained from the pre-  
9 assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other  
10 information that the Board or its designee deems relevant. The program shall require  
11 Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as  
12 determined by the program for the assessment and clinical education evaluation. Respondent  
13 shall pay all expenses associated with the clinical competence assessment program.

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

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

23 If Respondent, after applying for permission to lift this practice restriction, fails to enroll,  
24 participate in, or successfully complete the clinical competence assessment program within the  
25 designated time period, Respondent shall receive a notification from the Board or its designee to  
26 cease the practice of medicine within three (3) calendar days after being so notified. The  
27 Respondent shall not resume the practice of medicine until enrollment or participation in the  
28 outstanding portions of the clinical competence assessment program have been completed. If the

1 Respondent did not successfully complete the clinical competence assessment program, the  
2 Respondent shall not resume the practice of medicine until a final decision has been rendered on  
3 the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to  
4 the reduction of the probationary time period.

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

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

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

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

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

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

25       10.       **GENERAL PROBATION REQUIREMENTS.**  
26       Compliance with Probation Unit  
27       Respondent shall comply with the Board's probation unit.

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1           Address Changes

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

7           Place of Practice

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

11          License Renewal

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

14          Travel or Residence Outside California

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

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

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

24          12.        **NON-PRACTICE WHILE ON PROBATION.** Respondent shall notify the  
25 Board or its designee in writing within 15 calendar days of any periods of non-practice lasting  
26 more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-  
27 practice is defined as any period of time Respondent is not practicing medicine as defined in  
28 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month

1 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If  
2 Respondent resides in California and is considered to be in non-practice, Respondent shall  
3 comply with all terms and conditions of probation. All time spent in an intensive training  
4 program which has been approved by the Board or its designee shall not be considered non-  
5 practice and does not relieve Respondent from complying with all the terms and conditions of  
6 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
7 on probation with the medical licensing authority of that state or jurisdiction shall not be  
8 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
9 period of non-practice.

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

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

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

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

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

25 14. **VIOLATION OF PROBATION.** Failure to fully comply with any term or  
26 condition of probation is a violation of probation. If Respondent violates probation in any  
27 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke  
28 probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to



1 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,  
2 the Board shall have continuing jurisdiction until the matter is final, and the period of probation  
3 shall be extended until the matter is final.

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

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

19 17. **FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or reapply  
20 for a new license or certification, or petition for reinstatement of a license, by any other health  
21 care licensing action agency in the State of California, all of the charges and allegations contained  
22 in Accusation No. 800-2019-061872 shall be deemed to be true, correct, and admitted by  
23 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
24 restrict license.

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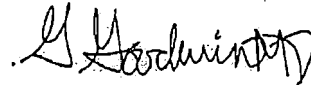
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**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Patricia H. Perry. 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 agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/02/2021



\_\_\_\_\_  
GLENDA DARLENE GOODWIN, M.D.  
*Respondent*

I have read and fully discussed with Respondent Glenda Darlene Goodwin, 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: 11/2/21



\_\_\_\_\_  
PATRICIA H. PERRY  
*Attorney for Respondent*

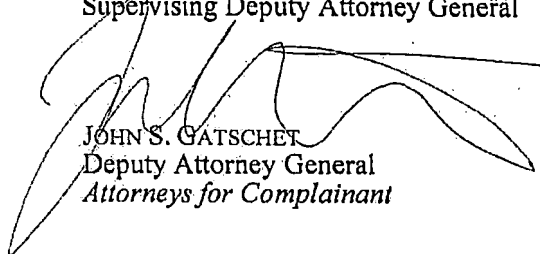
**ENDORSEMENT**

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

DATED: 11/2/21

Respectfully submitted,

ROB BONTA  
Attorney General of California  
STEVEN D. MUNI  
Supervising Deputy Attorney General



\_\_\_\_\_  
JOHN S. GATSCHET  
Deputy Attorney General  
*Attorneys for Complainant*

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Version 11.2.21 Proposed Settlement Goodwin.docx

Attachment: Accusation 800-2019-061872

1 XAVIER BECERRA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 VERONICA VO  
Deputy Attorney General  
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6 Telephone: (916) 210-7508  
Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

8

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

11

12

13

In the Matter of the Accusation Against:

Case No. 800-2019-061872

14

**Glenda Darlene Goodwin, M.D.  
2335 American River Drive, Suite 402  
Sacramento, CA 95825-7065**

**ACCUSATION**

15

16

**Physician's and Surgeon's Certificate  
No. A 71660,**

17

Respondent.

18

19

20

**PARTIES**

21

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

24

2. On or about May 15, 2000, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number A 71660 to Glenda Darlene Goodwin, M.D. (Respondent). The Physician's  
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on October 31, 2021, unless renewed.

28

///

1 JURISDICTION

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

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

9 5. Section 2234 of the Code, states:

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

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

14 (b) Gross negligence.

15 (c) Repeated negligent acts. To be repeated, there must be two or more  
16 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.

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

19 (2) When the standard of care requires a change in the diagnosis, act, or  
20 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  
21 licensee's conduct departs from the applicable standard of care, each departure  
constitutes a separate and distinct breach of the standard of care.

22 (d) Incompetence.

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

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

26 (g) The failure by a certificate holder, in the absence of good cause, to attend  
27 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.

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

4           7.       Section 2272 of the Code states: Any advertising of the practice of medicine in which  
5 the licensee fails to use his or her own name or approved fictitious name constitutes  
6 unprofessional conduct.

7           8.       Section 2285 of the Code states:  
8           The use of any fictitious, false, or assumed name, or any name other than his or her own  
9 by a licensee either alone, in conjunction with a partnership or group, or as the name of a  
10 professional corporation, in any public communication, advertisement, sign, or announcement of  
11 his or her practice without a fictitious-name permit obtained pursuant to Section 2415 constitutes  
12 unprofessional conduct. This section shall not apply to the following:

11                   (a) Licensees who are employed by a partnership, a group, or a professional  
12 corporation that holds a fictitious name permit.

13                   (b) Licensees who contract with, are employed by, or are on the staff of, any clinic  
14 licensed by the State Department of Health Services under Chapter 1 (commencing  
15 with Section 1200 ) of Division 2 of the Health and Safety Code.

15                   (c) An outpatient surgery setting granted a certificate of accreditation from an  
16 accreditation agency approved by the medical board.

17                   (d) Any medical school approved by the division or a faculty practice plan  
18 connected with the medical school.

19           9.       Section 2415 of the Code states:

20                   (a) Any physician and surgeon or any doctor of podiatric medicine, as the case  
21 may be, who as a sole proprietor, or in a partnership, group, or professional  
22 corporation, desires to practice under any name that would otherwise be a violation of  
23 Section 2285 may practice under that name if the proprietor, partnership, group, or  
24 corporation obtains and maintains in current status a fictitious-name permit issued by  
25 the Division of Licensing, or, in the case of doctors of podiatric medicine, the  
26 California Board of Podiatric Medicine, under the provisions of this section.

24                   (b) The division or the board shall issue a fictitious-name permit authorizing the  
25 holder thereof to use the name specified in the permit in connection with his, her, or its  
26 practice if the division or the board finds to its satisfaction that:

27                           (1) The applicant or applicants or shareholders of the professional corporation hold  
28 valid and current licenses as physicians and surgeons or doctors of podiatric medicine, as  
the case may be.

1 (2) The professional practice of the applicant or applicants is wholly owned and  
entirely controlled by the applicant or applicants.

2 (3) The name under which the applicant or applicants propose to practice is not  
3 deceptive, misleading, or confusing.

4 (c) Each permit shall be accompanied by a notice that shall be displayed in a  
5 location readily visible to patients and staff. The notice shall be displayed at each place of  
6 business identified in the permit.

7 (d) This section shall not apply to licensees who contract with, are employed by, or  
8 are on the staff of, any clinic licensed by the State Department of Health Care Services  
9 under Chapter 1 (commencing with Section 1200 ) of Division 2 of the Health and Safety  
Code or any medical school approved by the division or a faculty practice plan connected  
with that medical school.

10 (e) Fictitious-name permits issued under this section shall be subject to Article 19  
(commencing with Section 2421 ) pertaining to renewal of licenses.

11 (f) The division or the board may revoke or suspend any permit issued if it finds  
12 that the holder or holders of the permit are not in compliance with the provisions of this  
13 section or any regulations adopted pursuant to this section. A proceeding to revoke or  
suspend a fictitious-name permit shall be conducted in accordance with Section 2230 .

14 (g) A fictitious-name permit issued to any licensee in a sole practice is  
15 automatically revoked in the event the licensee's certificate to practice medicine or  
16 podiatric medicine is revoked.

17 (h) The division or the board may delegate to the executive director, or to another  
18 official of the board, its authority to review and approve applications for fictitious-name  
permits and to issue those permits.

19 (i) The California Board of Podiatric Medicine shall administer and enforce this  
20 section as to doctors of podiatric medicine and shall adopt and administer regulations  
21 specifying appropriate podiatric medical name designations.

## 22 FACTUAL ALLEGATIONS

### 23 Practice Information

24 10. Respondent is the Medical Director of Beyond Aesthetics, an office specializing in  
25 aesthetic medicine. Respondent advertises her practice by the name of Beyond Aesthetics.

26 11. The State of California, Secretary of State's database shows that Beyond Aesthetics is  
27 a professional corporation registered to another physician located in Southern California. The  
28 Medical Board of California issued a fictitious name permit for Beyond Aesthetics in Southern

1 California on December 31, 2015. That permit does not expire until December 31, 2021.

2 Respondent is in no way affiliated with this practice.

3 12. On or about October 30, 2019, the Secretary of State's database listed Respondent as  
4 the Chief Financial and Executive Officer of "Beyond Physical Medicine & Rehabilitation".

5 13. The Medical Board of California issued a fictitious name permit for Beyond Physical  
6 Medicine & Rehabilitation on or about March 29, 2015. As of January 30, 2020, that permit was  
7 delinquent with an expiration date of March 31, 2015.

8 Patient A<sup>1</sup>

9 14. On or about April 11, 2019, Patient A presented to Beyond Aesthetics for complaints  
10 of scarring and unwanted hair. During that consultation, Patient A filled out a Health  
11 Questionnaire, as well as The Fitzpatrick Skin-Type Chart, a questionnaire used to categorize  
12 different skin types. Based on her responses, Patient A's skin type was classified as a "Type 3:  
13 Sun sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Caucasians."

14 15. From on or about April 30, 2019, through October 22, 2019, Patient A received four  
15 laser hair removal treatments from Respondent. During this same period, Patient A also received  
16 facials with dermaplaning from the esthetician and partner at Beyond Aesthetics.

17 16. The medical records for Patient A include a "Laser Treatment Record" which details:  
18 date of treatment, treatment area, hand piece, fluence, pulse duration, total energy delivered, post  
19 care instructions, notes, and the provider. The Laser Treatment Record for Patient A lists her as  
20 having Skin Type II as opposed to Skin Type III.

21 17. On or about November 8, 2019, Patient A presented for "Laser360" with Respondent.  
22 Prior to the treatment, Patient A was directed to cleanse her face with baby wipes and an  
23 unknown liquid. Patient A took these items to a restroom located outside of the office and used by  
24 all the tenants in the building. After returning, the esthetician put some numbing cream on  
25 Patient A's face. While Patient A's face was prepared for the procedure, Patient A signed two  
26 consent forms: "Harmony Skin Rejuvenation Consent Form" and "Harmony Pixel Consent  
27

28 <sup>1</sup> To protect the privacy of all patients involved, patient names have not been included in  
this pleading. Respondent is aware of the identity of all patients referred herein.



1 Form". During the procedure, Patient A complained of extreme discomfort and pain. Reportedly,  
2 Respondent dismissed the discomfort as a normal level of pain for that type of treatment.

3 18. The medical notes for the procedure held on or about November 8, 2019, document  
4 IPL (intense pulsed light therapy) to the face at fluence 7, 1 pass at 12 ms, IPL at fluence 13, 1  
5 pass at 12 ms, followed by iPixel fluence 800, med pulse duration, 3 passes. According to the  
6 medical notes, Patient A tolerated the treatment well. After the procedure, Respondent gave post  
7 care instructions and applied Aquaphor to Patient A's face.

8 19. After the treatment, Patient A felt pain and discomfort. Beginning on or about  
9 November 9, 2019, Patient A communicated her issues with the esthetician via text messaging.  
10 Patient A described her face as "oozing", "yellow" and "crusty".

11 20. On or about November 10, 2019, Patient A sent a photograph of her face to the  
12 esthetician to inquire whether her face looked normal. The esthetician advised Patient A to  
13 continue putting Aquaphor on her face.

14 21. On or about November 11, 2019, Patient A sent another photograph of her face to the  
15 esthetician. Patient A complained her face was "way worse, so swollen and painful." Patient A  
16 explained that due to her discomfort, she used a different cream (Vanicream) than what was  
17 recommended. The esthetician assured Patient A that her experience was normal. The esthetician  
18 also advised against using Vanicream.

19 22. On or about November 12, 2019, Patient A sent a text message to the esthetician to  
20 seek advice about continued issues with her face. Patient A stated her face was still "bubbling  
21 pretty badly." Patient A also complained of pain. Patient A asked, "It's normal to blister like  
22 this?" The esthetician replied with, "Yes dr said do not pop let it heal just apply acophor (sp) on it  
23 ice it. Dr said you should of never put vani cream might if irritated it I think it has hydroquinone  
24 in which can not be used." The esthetician then suggested Patient A return to the office the  
25 following day to ease her concerns.

26 23. In the evening hours on or about November 12, 2019, Patient A had a phone  
27 consultation with a dermatologist. Based on photographs, the dermatologist prescribed  
28

1 valacyclovir and Keflex to cover for possible viral and bacterial infections. A further follow-up  
2 was scheduled for the following day.

3 24. On or about November 13, 2019, Patient A sought follow-up treatment from  
4 Respondent. Respondent noted moderate redness and pustules on Patient A's face and attributed  
5 the findings to Patient A's failure to comply with post-procedure instructions. Respondent  
6 advised a series of facials and scrubs with the esthetician, gave Patient A some make-up, provided  
7 a medical release from work, and recommended follow-up evaluation in two weeks. During this  
8 appointment, Respondent learned for the first time about Patient A's ethnic background.

9 25. After meeting with Respondent on or about November 13, 2019, Patient A followed  
10 up with the dermatologist she spoke with the night before. The dermatologist diagnosed Patient A  
11 with acute facial burns secondary to IPL and recommended antibiotics, antivirals, prescription  
12 topical medications and a referral to another specialist who could correct Patient A's scars.

13 26. On or about December 11, 2019, Respondent sought treatment from a board-certified  
14 dermatologist. Patient A discussed a treatment plan to decrease the scars left from the procedure  
15 with Respondent. That treatment plan was to last for several months.

16 27. On or about April 13, 2020, Respondent was interviewed by an investigator with the  
17 Division of Investigation (DOI). Respondent admitted she did not document Patient A's  
18 procedure on November 8, 2019. However, Respondent recalls speaking with Patient A to discuss  
19 the procedure and aftercare instructions. Prior to beginning the procedure, Respondent believed  
20 Patient A's background was Armenian and Caucasian. Since ethnicity is relevant to determine the  
21 appropriate degree of laser treatment, Respondent based her degree of treatment on the  
22 information she received from Patient A. Subsequent to the treatment, Respondent realized  
23 Patient A was not Armenian and Caucasian but rather Armenian and Native American. Despite  
24 this additional information, Respondent believes she treated Patient A appropriately. Respondent  
25 feels Patient A suffered complications as a result of applying Vanicream to her face, thus not  
26 following aftercare instructions. When questioned about the name Beyond Aesthetics,  
27 Respondent agreed that the corporate name for her business is Beyond Physical Medicine &

28

1 Rehabilitation. Respondent contends she filed a fictitious name permit with the city but did not  
2 realize her permit had expired with the Medical Board of California.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Repeated Negligence)**

5 28. Respondent's license is subject to disciplinary action under section 2234, subdivision  
6 (c), of the Code, in that she committed repeated negligent acts during the care and treatment of  
7 Patient A. The circumstances are set forth in paragraphs 14 through 27, and those paragraphs are  
8 incorporated by reference as if fully set forth herein. Additional circumstances are as follows:

9 29. Respondent committed the following negligent acts during the care and treatment of  
10 Patient A.

- 11 a) Failing to perform a thorough history and physical exam prior to treatment;
- 12 b) Failing to ensure the surgical site was properly cleaned prior to treatment;
- 13 c) Failing to adequately document Patient A's medical records;
- 14 d) Failing to avoid and manage laser complications.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Inadequate Medical Record Keeping)**

17 30. Respondent's license is subject to disciplinary action under section 2266 of the Code  
18 in that she failed to adequately and accurately maintain medical records. The circumstances are  
19 set forth in paragraphs 14 through 27, above, which are incorporated here by reference as if fully  
20 set forth herein.

21 **THIRD CAUSE FOR DISCIPLINE**

22 **(General Unprofessional Conduct)**

23 31. Respondent's license is further subject to disciplinary action under section 2227,  
24 2234, 2272 and 2285 of the Code in that she has engaged in conduct which breached the rules of  
25 ethical code of the medical profession, or conduct which is unbecoming a member in good  
26 standing of the medical profession, and which demonstrates an unfitness to practice medicine, as  
27 more particularly alleged in paragraphs 10 through 30, above, which are hereby incorporated by  
28 reference as if fully set forth herein.



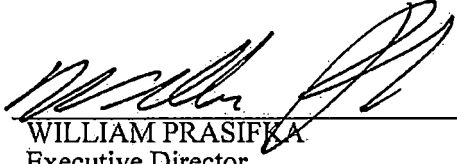
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 71660, issued to Glenda Darlene Goodwin, M.D.;
2. Revoking, suspending or denying approval of Glenda Darlene Goodwin, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Glenda Darlene Goodwin, 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: JAN 27 2021

  
\_\_\_\_\_  
WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

SA2020303668  
Corrected Accusation.docx