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

In the Matter of the First Amended Accusation Against: George Robert Knull, M.D. Physician's and Surgeon's Certificate No. G 34669 Respondent.	Case No.: 800-2018-047852

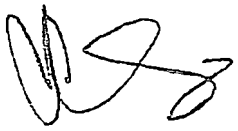
DECISION

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 April 14, 2022.

IT IS SO ORDERED: March 15, 2022.

MEDICAL BOARD OF CALIFORNIA



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

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **GEORGE ROBERT KNULL, M.D.** **1936 E. Anaheim St.** **Long Beach, CA 90813-3908** **Physician's and Surgeon's Certificate No. G 34669,** Respondent.	Case No. 800-2018-047852 OAH No. 2021080570 **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 Karolyn M. Westfall, Deputy Attorney General.

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2. Respondent George Robert Knull, M.D. (Respondent) is represented in this proceeding by attorney David M. Balfour, Esq., whose address is: Buchalter APC, 655 W. Broadway, Suite 1600, San Diego, CA 92101.

3. On or about July 1, 1977, the Board issued Physician's and Surgeon's Certificate No. G 34669 to George Robert Knull, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-047852, and will expire on April 30, 2023, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-047852, which supersedes the Accusation filed on June 25, 2021, was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 25, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of First Amended Accusation No. 800-2018-047852 is attached hereto as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2018-047852. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent admits that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 800-2018-047852, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. G 34669 to disciplinary action.

10. Respondent further agrees that if he ever petitions for modification or early termination of probation, or if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2018-047852 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

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

CONTINGENCY

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 34669 issued to Respondent George Robert Knull, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years from the effective date of this Decision on the following terms and conditions:

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

Educational courses completed after the acts that gave rise to the charges in the First Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition for the first year of probation only, if the courses would have been approved by the Board or its designee had the courses been taken after the effective date of this Decision.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent.

Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

4. PROHIBITED PRACTICE. During probation, Respondent is prohibited from holding any ownership interest in a medical office or clinic.

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

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

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

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

8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $1,206.25 (one thousand two hundred six dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

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

16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which

may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, David M. Balfour Esq. 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: 2/7/22

GEORGE ROBERT KNULL, M.D.
Respondent

I have read and fully discussed with Respondent George Robert Knull, 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: 2/7/22

DAVID M. BALFOUR, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: 2/7/22

Respectfully submitted,

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

KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-047852

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BEFORE THE
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STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **GEORGE ROBERT KNULL, M.D.** **1936 E. Anaheim St.** **Long Beach, CA 90813-3908** **Physician's and Surgeon's Certificate No. G 34669,** Respondent.	Case No. 800-2018-047852 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about July 1, 1977, the Board issued Physician's and Surgeon's Certificate No. G 34669 to George Robert Knull, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2023, unless renewed.

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JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on June 25, 2021, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

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

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> ...

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

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
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> ...
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
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> ...

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

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7. California Code of Regulations, Title 17, section 2500, "Reporting to the Local Health Authority," states, in pertinent part:

(a) The following definitions shall govern the interpretation of this Subchapter.

...

(4) 'Acute HIV infection' means detectable HIV-1 RNA or p24 antigen in serum or plasma in the setting of a negative or indeterminate HIV-1 antibody test result for patients tested using a currently approved HIV test algorithm, as defined in section 2641.57.

(5) 'Case' means (A) a person who has been diagnosed by a health care provider, who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition listed in subsection (j); or (B) a person who is considered to have a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and/or CSTE; or (C) an animal that has been determined, by a person authorized to do so, to have a disease or condition made reportable by these regulations; or (D) a person who has been diagnosed with HIV infection using a currently approved HIV test algorithm, as defined in section 2641.57.

(6) 'Clinical signs' means the objective evidence of disease.

(7) 'Clinical symptoms' means the subjective sensation of disease felt by the patient.

(8) 'Communicable disease' means an illness due to a specific microbiological or parasitic agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

...

(15) 'Health care provider' means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

(16) 'Health officer' and 'local health officer' as used in this subchapter includes county, city, and district health officers.

(17) 'In attendance' means the existence of the relationship whereby a health care provider renders those services which are authorized by the health care provider's licensure or certification.

...

(19) 'Laboratory findings' means (A) the results of a laboratory examination of any specimen derived from the human body which yields microscopic, culture, immunologic, serologic, molecular, pathologic, or other evidence suggestive of a disease or condition made reportable by these regulations; or (B) the results of a laboratory examination of any specimen derived from an animal which yields evidence of a disease or condition in animals made reportable by these regulations.

...

(24) 'Sexually Transmitted Diseases' means Chancroid, Lymphogranuloma venereum, Syphilis, Gonorrhea, and Chlamydia.

(25) 'Suspected case' means (A) a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in subsection (j); or (B) a person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC or CSTE; or (C) an animal which has been determined by a veterinarian to exhibit clinical signs or which has laboratory findings suggestive of a disease or condition in animals made reportable by these regulations.

...

(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed in subsection (j) of this section, to report to the local health officer for the jurisdiction where the patient resides as required in subsection (h) of this section. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed in subsection (j) of this section may make such a report to the local health officer for the jurisdiction where the patient resides.

...

(d) Each report made pursuant to subsection (b) shall include all of the following information if known:

(1) name of the disease or condition being reported; the date of onset; the date of diagnosis; the name, address, telephone number, occupation, race, ethnicity, Social Security number, current gender identity, sex assigned at birth, sexual orientation, pregnancy status, age, and date of birth for the case or suspected case; the date of death if death has occurred; and the name, address and telephone number of the person making the report.

(2) If the disease reported pursuant to subsection (b) is hepatitis, syphilis, or tuberculosis, then the report shall include the following applicable information, if known: (A) for hepatitis, the type-specific laboratory findings and sources of exposure, (B) for syphilis, syphilis-specific laboratory findings, and (C) for tuberculosis, information on the diagnostic status of the case or suspected case, bacteriologic, radiologic and tuberculin skin test findings, information regarding the risk of transmission of the disease to other persons, and a list of the anti-tuberculosis medications administered to the patient.

...

(h) The urgency of reporting is identified by symbols in the list of diseases and conditions in subsection (j) of this section. Those diseases with a diamond (◆) are considered emergencies and shall be reported immediately by telephone. Those diseases and conditions with a cross (+) shall be reported by mailing, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case, except for acute HIV infection reporting which shall be

reported by telephone (see (k) for specific requirements). Those diseases and conditions not otherwise identified by a diamond or a cross shall be reported by mailing a written report, telephoning, or electronically transmitting a report within seven (7) calendar days of the time of identification.

...

(j) Health care providers shall submit reports for the following diseases or conditions.

...

+ Human Immunodeficiency Virus (HIV), acute infection, (see (k) for additional reporting requirements)

Human Immunodeficiency Virus (HIV) infection, any stage

Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)

...

+ Syphilis (all stages, including congenital)

...

(+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.

(No diamond or cross symbol) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.

...

(k) In addition to routine reporting requirements set forth in section 2643.5, for acute HIV infection reporting, health care providers shall report all cases within one (1) working day to the local health officer of the jurisdiction in which the patient resides by telephone. If evidence of acute HIV infection is based on presence of HIV p24 antigen, providers shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

COST RECOVERY

8. Section 125.3 of the Code states:

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

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

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

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board 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.

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

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

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

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

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FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. G 34669 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A through O[1], as more particularly alleged hereinafter:

10. In or around 2016, Respondent established the Long Beach Corner Clinic (LBCC) in Long Beach, CA. LBCC is a health care clinic specializing in internal family medicine. Respondent is the sole owner of the clinic and has employed nurse practitioner, R.U., N.P., (NP R.U.) to work at LBCC.

11. On or about December 1, 2016, Respondent and NP R.U. entered into a Nurse Practitioner and Physician Agreement. Under this agreement, Respondent agreed to serve as NP R.U.'s supervising physician at LBCC, and NP R.U. agreed to be responsible for all aspects of patient care and maintaining documentation. Respondent's supervision of NP R.U. mainly consisted of being available by phone as needed and coming to the clinic one day each week to review charts and to discuss complex cases. Respondent did not see patients at the clinic unless he was covering for NP R.U.'s absence.

12. In or around June 2017, in an effort to boost the clinic's census, Respondent applied to be a Family Practice, Access, Care, and Treatment (Family PACT)[2] provider.

PATIENT A

13. On or about October 30, 2017, Patient A, a male Family PACT patient with a date of birth of 12/11/68, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient A informed NP R.U. that he was single, had one sexual partner in the last six months, and had no history of sexually transmitted

[1] To protect the privacy of the patients involved, the patients' names have not been included in this pleading. Respondent is aware of the identity of the patients referred to herein.

[2] Family PACT is a state funded program offering comprehensive family planning services to eligible low-income California residents. Services include, but are not limited to, birth control, family planning counseling, and sexually transmitted disease testing and treatment.

diseases (STDs). NP R.U. performed a physical examination of Patient A that did not include the genitourinary[3] (GU) tract. At the conclusion of the visit, NP R.U. referred Patient A for STD testing that was performed that same day.

14. On or about November 4, 2017, Patient A's lab results revealed reactive syphilis[4] enzyme immunoassay (EIA),[5] non-reactive rapid plasma reagin (RPR),[6] positive treponema pallidum particle agglutination assay (TPPA), and non-reactive human immunodeficiency virus (HIV).

15. On or about December 15, 2017, Patient A returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not inquire whether Patient A had previously been treated for syphilis, did not perform a physical examination, did not treat the patient's syphilis, and did not refer the patient to the local health department for treatment. NP R.U. informed Patient A that his lab results were normal and no one at LBCC reported Patient A's abnormal syphilis test to the local health department at any time.

PATIENT B

16. On or about November 3, 2017, Patient B, a male Family PACT patient with a date of birth of 3/29/70, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient B informed NP R.U. that he was single, had two sexual partners in the last six months, and had no history of STDs. NP R.U.

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[3] The genitourinary tract includes, but is not limited to, the groin, scrotum/testes, penis, perenium, anus/rectum, and urethra.

[4] Syphilis is a sexually transmitted infection caused by the spirochete Treponema Pallidum.

[5] Treponemal tests, like syphilis EIA and TPPA, detect syphilis-specific antibodies. Once an individual has been infected with syphilis, these tests will usually remain positive for life, and thus they are no longer useful in distinguishing new versus prior infection.

[6] Non-treponemal tests, like RPR, detect antibodies to cellular components released during tissue damage caused by syphilis. As a result, they are less specific, and can be elevated due to other conditions, including autoimmune diseases or acute febrile illnesses. These tests are reported as tires, which are used to monitor response to treatment or to ascertain reinfection in people with positive treponemal tests. With or without treatment, non-treponemal tests titres will decline over time.

performed a physical examination of Patient B that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient B for STD testing that was performed that same day.

17. On or about November 6, 2017, Patient B's lab results revealed reactive syphilis EIA, weakly reactive RPR at a 1:1 dilution, and non-reactive HIV.

18. On or about December 26, 2017, Patient B returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not document a discussion with Patient B regarding the abnormal lab results, did not inquire whether Patient B had previously been treated for syphilis, did not perform a physical examination, did not treat the patient's syphilis, and did not refer the patient to the local health department for treatment. No one at LBCC reported Patient B's abnormal syphilis test to the local health department at any time.

PATIENT C

19. On or about December 12, 2017, Patient C, a female Family PACT patient with a date of birth of 10/24/76, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient C informed NP R.U. that she was single, had one sexual partner in the last six months, and had no history of STDs. NP R.U. performed a physical examination of Patient C that did not include a gynecological examination. At the conclusion of the visit, NP R.U. referred Patient C for STD testing that was performed that same day.

20. On or about December 14, 2017, Patient C's lab results revealed reactive syphilis EIA, weakly reactive RPR at a 1:1 dilution, and non-reactive HIV.

21. On or about January 5, 2018, Patient C returned to LBCC to obtain her lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not document a discussion with Patient C regarding the abnormal lab results, did not inquire whether Patient C had previously been treated for syphilis, did not perform a physical examination, did not treat the patient's syphilis, and did not refer the patient to the local health

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department for treatment. No one at LBCC reported Patient B's abnormal syphilis test to the local health department at any time.

PATIENT D

22. On or about December 5, 2017, Patient D, a male Family PACT patient with a date of birth of 4/8/64, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient D informed NP R.U. that he was single, had two sexual partners in the last six months, and had no history of STDs. NP R.U. performed a physical examination of Patient B that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient D for STD testing that was performed that same day.

23. On or about December 6, 2017, Patient D's lab results revealed non-reactive syphilis EIA, and non-reactive HIV.

24. On or about February 2, 2018, Patient D returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. informed Patient D that his lab results were normal.

PATIENT E

25. On or about November 27, 2017, Patient E, a male Family PACT patient with a date of birth of 6/6/66, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient E informed NP R.U. that he was single, had two sexual partners in the last six months, and had no history of STDs. NP R.U. performed a physical examination of Patient E that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient E for STD testing that was performed that same day.

26. On or about November 30, 2017, Patient E's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and non-reactive HIV.

27. On or about February 12, 2018, Patient E returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not have a documented discussion with Patient E regarding the abnormal lab results, did

not inquire whether Patient E had previously been treated for syphilis, did not perform a physical examination, did not treat the patient's syphilis, and did not refer the patient to the local health department for treatment. No one at LBCC reported Patient E's abnormal syphilis test to the local health department at any time.

PATIENT F

28. On or about October 18, 2017, Patient F, a male Family PACT patient with a date of birth of 1/23/90, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient F informed NP R.U. that he was divorced, had four sexual partners in the last six months, and had no history of STDs. NP R.U. performed a physical examination of Patient F that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient F for STD testing that was performed that same day.

29. On or about October 24, 2017, Patient F's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and positive HIV.

30. On or about November 10, 2017, LBCC sent a letter to Patient F asking him to contact the office to discuss his test results. The letter was subsequently returned as undeliverable.

31. On or about December 22, 2017, LBCC sent an HIV/AIDS case report form for Patient F to the Long Beach Department of Health and Human Services. Patient F did not return to LBCC for a follow-up visit and no one at LBCC reported Patient F's abnormal syphilis test to the local health department at any time.

PATIENT G

32. On or about October 4, 2017, Patient G, a male Family PACT patient with a date of birth of 5/5/84, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient G informed NP R.U. that he was single and had four sexual partners in the last six months. NP R.U. performed a physical examination of Patient G that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient G for STD testing that was performed that same day.

33. On or about October 10, 2017, Patient G's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and non-reactive HIV.

34. On or about November 20, 2017, Patient G returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not have a documented discussion with Patient G regarding the abnormal lab results, did not inquire whether Patient G had previously been treated for syphilis, did not perform a physical examination, and did not treat the patient's syphilis, but did refer the patient to the local health department for treatment.

PATIENT H

35. On or about November 27, 2017, Patient H, a male Family PACT patient with a date of birth of 1/21/69, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient H informed NP R.U. that he was single, had two sexual partners in the last six months, and had no history of STDs. NP R.U. performed a physical examination of Patient H that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient H for STD testing that was performed that same day.

36. On or about November 30, 2017, Patient H's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and non-reactive HIV.

37. On or about February 19, 2018, Patient H returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not have a documented discussion with Patient H regarding the abnormal lab results, did not inquire whether Patient H had previously been treated for syphilis, did not perform a physical examination, did not treat the patient's syphilis, and did not refer the patient to the local health department for treatment. No one at LBCC reported Patient H's abnormal syphilis test to the local health department at any time.

PATIENT I

38. On or about December 20, 2017, Patient I, a male Family PACT patient with a date of birth of 9/8/68, presented to LBCC for family planning and was seen by NP R.U. The patient's

chart is largely illegible on this date, but it appears Patient I informed NP R.U. that he was single, had one sexual partner in the last six months, and had no history of STDs. NP R.U. performed a physical examination of Patient I that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient I for STD testing that was performed that same day.

39. On or about December 28, 2017, Patient I's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and non-reactive HIV.

40. On or about January 11, 2018, Patient I returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not document a discussion with Patient I regarding the abnormal lab results, did not inquire whether Patient I had previously been treated for syphilis, did not perform a physical examination, did not treat the patient's syphilis, and did not refer the patient to the local health department for treatment. No one at LBCC reported Patient I's abnormal syphilis test to the local health department at any time.

PATIENT J

41. On or about November 3, 2017, Patient J, a female Family PACT patient with a date of birth of 3/28/70, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient J informed NP R.U. that she was single, had three sexual partner in the last six months, and had no history of STDs. NP R.U. performed a physical examination of Patient J that did not include a gynecological examination. At the conclusion of the visit, NP R.U. referred Patient J for STD testing that was performed that same day.

42. On or about November 17, 2017, Patient J's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and non-reactive HIV.

43. On or about December 15, 2018, Patient J returned to LBCC to obtain her lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not document a discussion with Patient J regarding the abnormal lab results, did not inquire whether Patient J had previously been treated for syphilis, did not perform a physical examination, did not treat the patient's syphilis, and did not refer the patient to the local health

department for treatment. No one at LBCC reported Patient J's abnormal syphilis test to the local health department at any time.

PATIENT K

44. On or about September 27, 2017, Patient K, a male Family PACT patient with a date of birth of 2/27/68, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient K informed NP R.U. that he was single, had four sexual partners in the last six months, and had a history of previously treated syphilis. NP R.U. performed a physical examination of Patient K that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient K for STD testing that was performed that same day.

45. On or about September 30, 2017, Patient K's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and non-reactive HIV.

46. On or about October 16, 2017, Patient K returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. provided the patient's lab results on that date.

PATIENT L

47. On or about October 24, 2017, Patient L, a male Family PACT patient with a date of birth of 5/29/88, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient L informed NP R.U. that he was single, had two sexual partners in the last six months, and had no history of STDs. At the conclusion of the visit, NP R.U. referred Patient L for STD testing that was performed that same day.

48. On or about October 26, 2017, Patient L's lab results revealed non-reactive syphilis EIA and positive HIV.

49. On or about November 8, 2017, LBCC sent a letter to Patient M asking him to contact the office to discuss his test results.

50. On or about December 22, 2017, LBCC sent an HIV/AIDS case report form for Patient L to the Long Beach Department of Health and Human Services.

PATIENT M

51. On or about August 21, 2017, Patient M, a male Family PACT patient with a date of birth of 5/29/88, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient M informed NP R.U. that he was single, had no sexual partners in the last six months, and had a prior positive test for syphilis. NP R.U. performed a physical examination of Patient M that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient M for STD testing that was performed that same day.

52. On or about August 26, 2017, Patient M's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and positive HIV.

53. On or about November 8, 2017, LBCC sent a letter to Patient M asking him to contact the office to discuss his test results. The letter was subsequently returned as undeliverable.

54. On or about December 22, 2017, LBCC sent an HIV/AIDS case report form for Patient M to the Long Beach Department of Health and Human Services. Patient M did not return to LBCC for a follow-up visit and no one at LBCC reported Patient M's abnormal syphilis test to the local health department at any time.

PATIENT N

55. On or about October 6, 2017, Patient N, a female Family PACT patient with a date of birth of 12/15/83, presented to LBCC for family planning and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient N informed NP R.U. that she had four sexual partners in the last six months and had no history of STDs. NP R.U. performed a physical examination of Patient N that did not include a gynecological exam. At the conclusion of the visit, NP R.U. referred Patient N for STD testing that was performed that same day.

56. On or about October 10, 2017, Patient N's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and positive HIV.

57. On or about November 8, 2017, and on or about November 30, 2017, LBCC sent letters to Patient N asking her to contact the office to discuss her test results.

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58. On or about December 27, 2017, LBCC sent an HIV/AIDS case report form for Patient N to the Long Beach Department of Health and Human Services. Patient N did not return to LBCC for a follow-up visit and no one at LBCC reported Patient N's abnormal syphilis test to the local health department at any time.

PATIENT O

59. On or about November 28, 2017, Patient O, a male Family PACT patient with a date of birth of 12/11/89, presented to LBCC and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears Patient O informed NP R.U. that he was single, had one sexual partner in the last six months, and had no history of STDs. NP R.U. performed a physical examination of Patient O that did not include the GU tract. At the conclusion of the visit, NP R.U. referred Patient O for STD testing that was performed that same day.

60. On or about December 2, 2017, Patient O's lab results revealed reactive syphilis EIA, non-reactive RPR, reactive TPPA, and non-reactive HIV.

61. On or about December 20, 2017, Patient O returned to LBCC to obtain his lab results and was seen by NP R.U. The patient's chart is largely illegible on this date, but it appears NP R.U. did not document a discussion with Patient O regarding the abnormal lab results, did not inquire whether Patient O had previously been treated for syphilis, did not perform a physical examination, did not treat the patient's syphilis, and did not refer the patient to the local health department for treatment. No one at LBCC reported Patient O's abnormal syphilis test to the local health department at any time.

62. On or about February 21, 2018, the Department of Health Care Services (DHCS) made an unannounced site visit to LBCC and audited Family PACT patient charts.

63. On or about April 16, 2018, Respondent was interviewed by an investigator for DHCS. During that interview, Respondent admitted he was the owner of LBCC and the supervising physician of NP R.U. When asked about his supervision of NP R.U., Respondent indicated that he does not "micromanage" NP R.U., that he is available for consultation 24/7, and comes into the office for approximately one to one and a half hours each week to review "problem charts" for patients with thyroid problems, older diabetics, and atypical chest pain.

When asked about sexually transmitted illness reporting, Respondent stated that he was unsure of the process, but had informed NP R.U. to report all diseases.

64. On or about September 25, 2020, NP R.U. participated in an interview with an investigator for the Board. During this interview, NP R.U. indicated that Respondent reviews approximately 1% of his charts and although he and Respondent had discussed cases, Respondent never sat down and trained him on how to interpret syphilis and AIDS test results.

65. On or about November 16, 2020, Respondent participated in an interview with an investigator for the Board. During this interview, Respondent indicated that prior to the DHCS audit, he was not specifically reviewing any Family PACT charts, and stated, "[NP R.U.] is a public health nurse and trained in reportable diseases specifically...this is the last thing I thought I would need to supervise." In response to NP R.U.'s documentation, Respondent stated, "I'm not satisfied with his handwriting whatsoever. I've told him that many times." With regards to NP R.U.'s reporting of sexually transmitted diseases, Respondent stated that he was completely dissatisfied with the care provided to these patients.

66. Respondent committed repeated negligent acts in his care and treatment of Patients A through O, which included, but was not limited to, the following:

(a) Failing to adequately supervise NP R.U. in the care and treatment of Patient A;

(b) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient A;

(c) Failing to ensure mandated public health reporting of Patient A's abnormal syphilis test;

(d) Failing to adequately supervise NP R.U. in the care and treatment of Patient B;

(e) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient B;

(f) Failing to ensure mandated public health reporting of Patient B's abnormal syphilis test;

(g) Failing to adequately supervise NP R.U. in the care and treatment of Patient C;

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(h) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient C;

(i) Failing to ensure mandated public health reporting of Patient C's abnormal syphilis test;

(j) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient D;

(k) Failing to adequately supervise NP R.U. in the care and treatment of Patient E;

(l) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient E;

(m) Failing to ensure mandated public health reporting of Patient E's abnormal syphilis test;

(n) Failing to ensure mandated public health reporting of Patient F's abnormal syphilis test;

(o) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient G;

(p) Failing to adequately supervise NP R.U. in the care and treatment of Patient H;

(q) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient H;

(r) Failing to ensure mandated public health reporting of Patient H's abnormal syphilis test;

(s) Failing to adequately supervise NP R.U. in the care and treatment of Patient I;

(t) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient I;

(u) Failing to ensure mandated public health reporting of Patient I's abnormal syphilis test;

(v) Failing to adequately supervise NP R.U. in the care and treatment of Patient J;

(w) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient J;

(x) Failing to ensure mandated public health reporting of Patient J's abnormal syphilis test;

(y) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient K;

(z) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient L;

(aa) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient M;

(bb) Failing to ensure mandated public health reporting of Patient M's abnormal syphilis test;

(cc) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient N;

(dd) Failing to ensure mandated public health reporting of Patient N's abnormal syphilis test;

(ee) Failing to adequately supervise NP R.U. in the care and treatment of Patient O; and

(ff) Failing to fulfill requirements of medical record keeping in the care and treatment of Patient O;

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

67. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 34669 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patients A-O, as more particularly alleged in paragraphs 9 through 66(ff), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

68. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 34669 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 66(ff), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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. G 34669, issued to Respondent, George Robert Knull, M.D.;

2. Revoking, suspending or denying approval of Respondent, George Robert Knull, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, George Robert Knull, M.D., to pay the Board the costs of the investigation and enforcement of this case, and 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: FEB 0 1 2022

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

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