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

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| In the Matter of the First Amended Accusation Against:<br><br>Scott Dragosh Ispirescu, M.D.<br><br>Physician's and Surgeon's Certificate No. A 63583<br><br>Respondent. | Case No.: 800-2019-052107 |

## DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 13, 2023.

IT IS SO ORDERED: December 15, 2022.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
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*Attorneys for Complainant*

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

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| In the Matter of the First Amended Accusation Against:<br><br>**SCOTT DRAGOSH ISPIRESCU, M.D.**<br>**PO BOX 7260**<br>**LAGUNA NIGUEL CA 92607-7260**<br><br>**Physician's and Surgeon's Certificate No. A 63583**<br><br>Respondent. | Case No. 800-2019-052107<br><br>OAH No. 2022020594<br><br>**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 Jason J. Ahn, Deputy Attorney General.

/ / /

2. Respondent Scott Dragosh Ispirescu, M.D. (Respondent) is represented in this proceeding by attorney Edward Idell, Esq., whose address is: 355 South Grand Ave., Ste. 1750, Los Angeles, CA 90071-1562.

3. On or about October 3, 1997, the Board issued Physician's and Surgeon's Certificate No. A 63583 to 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. 800-2019-052107, and will expire on August 31, 2023, unless renewed.

**JURISDICTION**

4. On January 19, 2022, Accusation No. 800-2019-052107 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on October 21, 2022. Respondent timely filed his Notice of Defense contesting the Accusation. On October 20, 2022, First Amended Accusation No. 800-2019-052107 was filed before the Board. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on or about October 20, 2022. A copy of First Amended Accusation No. 800-2019-052107 is attached as Exhibit A and incorporated by reference.

**ADVISEMENT AND WAIVERS**

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 800-2019-052107. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

## CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 800-2019-052107, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 63583 to disciplinary action.

9. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2019-052107 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 63583 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

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

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12. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2019-052107 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.

**ADDITIONAL PROVISIONS**

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

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

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

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63583 issued to Respondent Scott Dragosh Ispirescu, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years 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 any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65

hours of CME of which 40 hours were in satisfaction of this condition.

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

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

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

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

A medical record keeping course taken after the acts that gave rise to the charges in the

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

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

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

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

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

medicine. Respondent shall comply with the program's recommendations.

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

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

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

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

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

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

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

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

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

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and 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.

7. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is prohibited from supervising physician assistants.

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

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, legal reviews, investigation(s), as applicable, in the amount of $17,820.25 (seventeen thousand eight hundred twenty 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.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

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

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10. 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.

11. 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.

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.

12. 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.

13. 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's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

14. 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. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

15. 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.

16. 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.

17. 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.

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2019-052107 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

## ACCEPTANCE

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

DATED: 10/21/2022

SCOTT DRAGOSH ISPIRESCU, M.D.
*Respondent*

I have read and fully discussed with Respondent Scott Dragosh Ispirescu, 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: 10-21-22

EDWARD IDELL, ESQ.
*Attorney for Respondent*

**ENDORSEMENT**

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

DATED: *10/21/2022*

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

*Jason J. Ahn*

JASON J. AHN
Deputy Attorney General
*Attorneys for Complainant*

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Stip Settlement and Disc Order - MBC-Osteopathic.docx

# Exhibit A

**First Amended Accusation No. 800-2019-052107**

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*Attorneys for Complainant*

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| In the Matter of the First Amended Accusation Against:<br><br>**Scott Dragosh Ispirescu, M.D.**<br>**PO BOX 7260**<br>**LAGUNA NIGUEL CA 92607-7260**<br><br>**Physician's and Surgeon's Certificate No. A 63583,**<br><br>Respondent. | Case No. 800-2019-052107<br><br>OAH No. 2022020594<br><br>**FIRST AMENDED A C C U S A T I O N** |

## 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 October 3, 1997, the Medical Board issued Physician's and Surgeon's Certificate No. A 63583 to Scott Dragosh Ispirescu, 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 August 31, 2023, unless renewed.

## JURISDICTION

3. This First Amended Accusation, which supersedes Accusation No. 800-2019-052107, filed on January 19, 2022, in the above-entitled matter, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code, states:

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

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

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

"..."

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.

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

## COST RECOVERY

8. Business and Professions Code section 125.3 states that:

(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.

## FIRST CAUSE FOR DISCIPLINE

**(Repeated Negligent Acts)**

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 63583 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A,[1] and Patient B, as more particularly alleged hereinafter:

**Patient A**

10. On or about October 18, 2018, Patient A first presented to Respondent. At that time, Patient A was forty-one (41) year-old female, who indicated that her son had passed away and she felt unable to return to work. She had received ketamine[2] infusions, which had been helpful, but were too sedating. Patient A also reported insomnia, poor concentration, and hopelessness.

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

[2] Ketamine is a medication primarily used for induction and maintenance of anesthesia.

Patient A stated that she was being prescribed Zoloft[3] 50 Qday[4], Pristiq[5] 80 Qday, Xanax[6] 0.5 Qday, Adderall[7] 20 TID.[8] Respondent noted Patient A's allergies, family history of mental illness, and her social history. . The mental status exam noted appropriate appearance, behavior, speech, affect, thought content, thought process, cognition, insight, and judgment but a depressed and anxious mood. Patient A was diagnosed with MDD[9] and ADHD.[10] The treatment plan included restarting Pristiq 50 Qday, Adderall 20 TID, and starting Remeron[11] 15 Qhs.[12] Respondent failed to document and/or assess Patient A's substance use history and/or disorder.

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[3] Zoloft is a Selective Serotonin Reuptake Inhibitor (SSRI), which can be used to treat depression, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), premenstrual dysphoric disorder (PMDD), social anxiety disorder, and panic disorder.

[4] Quaque die (q.d.) stands for once a day.

[5] Pristiq (Desvenlafaxine) is an antidepressant, which can be used to treat depression.

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

[7] Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central nervous system stimulant of the amphetamine class, and is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

[8] Ter in die (TID) stands for three times a day.

[9] Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Major Depressive Disorder, also called clinical depression, affects how a person feels, thinks, and behaves, and can lead to a variety of emotional and physical problems.

[10] Attention Deficit Hyperactivity Disorder (ADHD) is a chronic condition including attention difficulty, hyperactivity, and impulsiveness.

[11] Remeron (Mirtazaphine) is an antidepressant, which can be used to treat depression.

[12] Quaque hora somni (Qhs) refers to every night at bedtime.

Respondent also failed to obtain a CURES[13] report, despite prescribing controlled substances and despite Patient A's history of using controlled substances. Respondent failed to document and/or assess Patient A's suicide risk, despite Patient A's significant history of depression and prior treatment with ketamine.

11. On or about November 1, 2018, Patient A returned to Respondent, reporting that her medications were helpful, but she was having continued insomnia. The mental status exam was within normal limits with appropriate speech, behavior, thought process, fund of knowledge, mood, thought content, judgment, memory, attention, and concentration. Respondent again failed to check Patient A's CURES report(s).

12. On or about December 7, 2018, Patient A returned to Respondent, reporting that Remeron was causing edema and daytime sedation. The mental status exam was within normal limits. The treatment plan included discontinuing Remeron and starting trazadone[14] 12.5 Qhs.(define this in a footnote) Respondent failed to check Patient A's CURE report(s).

13. On or about January 10, 2019, Patient A returned to Respondent, reporting that the edema had subsided when she stopped Remeron, but that she experienced worsening depression with lower energy. Patient A reported that her insomnia had improved. The mental status exam was within normal limits. The treatment plan included starting Wellbutrin[15] XL 150 Qday. Respondent failed to check Patient A's CURES report(s).

14. On or about March 20, 2019, Patient A presented to Respondent, reporting that Wellbutrin was no longer effective. The mental status exam was within normal limits. The treatment plan included increasing Wellbutrin XL to 300 Qday and cross-tapering Cymbalta[16]

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[13] CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in California, serving the public health, regulatory oversight agencies, and law-enforcement.

[14] Trazadone in an antidepressant and a sedative, which can be used to treat depression.

[15] Wellbutrin (Bupropion) is an antidepressant, which can be used to treat depression.

[16] Cymbalta (Duloxetine) is an antidepressant and nerve pain medication, which can be used to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic muscle or bone pain.

and Pristiq over 1 week, with Cymbalta becoming 60 Qday.

15. On or about April 18, 2019, Patient A returned to Respondent, reporting that she prefers Pristiq over Cymbalta and that her insomnia had improved. The mental status exam was within normal limits. The treatment plan included discontinuing Cymbalta, discontinuing trazadone, restarting Pristiq 50 Qday, and changing Wellbutrin XL to Aplenzin[17] 348 Qday.

16. On or about May 21, 2019, Patient A returned to Respondent, reporting no complaints. The mental status exam was within normal limits and noted appropriate speech, thought process, thought content, judgment, memory, attention, concentration, behavior, fund of knowledge, and mood. The treatment plan was unchanged and included Adderall 20 TID, Pristiq 50 Qday, and Aplenzin 348 Qday.

17. On or about July 25, 2019, Patient A returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The treatment plan was unchanged.

18. On or about August 22, 2019, Patient A returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The only diagnosis listed was MDD. The treatment plan was unchanged.

19. On or about September 17, 2019, Patient A returned to Respondent, reporting hot flashes. Respondent discussed with Patient A going to the OB-GYN, hormones, and niacin. The mental status exam was within normal limits. The treatment plan was unchanged.

20. On or about October 24, 2019, Patient A returned to Respondent, reporting insomnia. The mental status exam was within normal limits. The treatment plan included starting Niacin,[18] vitamin C, and magnesium L-threonate. [19]

21. On or about November 25, 2019, Patient A returned to Respondent, reporting no complaints. The mental status exam was within normal limits and noted appropriate speech,

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[17] Aplenzin is an antidepressant, which can be used to treat depression and help people quit smoking.

[18] Niacin (Vitamin B3) is a chemical compound, which can be used to treat high cholesterol triglyceride levels as well as niacin deficiency.

[19] Magnesium L-Threonate is among the most absorbable forms of Magnesium pills.

thought process, thought content, judgment, memory, attention, concentration, behavior, fund of knowledge, and mood. The treatment plan was unchanged and included Adderall 20 TID, Pristiq 50 Qday, and Aplenzin 348 Qday, as well as Niacin, and magnesium.

22. On or about January 15, 2020, Patient A returned to Respondent, reporting no complaints. The treatment plan was unchanged.

23. On or about March 2, 2020, Patient A returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The diagnosis listed were MDD and ADHD. The treatment plan was unchanged.

24. On or about March 31, 2020, Patient A returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The treatment plan was unchanged.

25. On or about April 21, 2020, Patient A returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The treatment plan was unchanged.

26. On or about May 19, 2020, Patient A returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The treatment plan was unchanged.

27. On or about June 15, 2020, Patient A returned to Respondent, reporting diminished energy and insomnia. The mental status exam was within normal limits. The treatment plan was unchanged and included Adderall 20 TID, Pristiq 50 Qday, and Aplenzin 348.

28. During Respondent's care and treatment of Patient A, from on or about October 18, 2018 through June 15, 2020, Respondent failed to document, check, or obtain from the primary care provider, vital signs or physical examinations.

**Patient B**

29. On or about August 10, 2016, Patient B first presented to Respondent. At that time, Patient B was a sixty (60) year-old female. Patient B had completed a rehabilitation program for alcohol use disorder and was fifty-one (51) days sober. Patient B also had a history of 5 medical hospitalizations for kidney infections in the past year, a blood clot, hepatitis C, and high blood

pressure. Patient B was prescribed Celexa[20] 40 Qday, Seroquel[21] 100 Qhs., doxepin[22] 20 Qhs, Ambien[23] 10 Qhs., clonidine[24] 0.1 Qday as well as Warfarin 4 Qday, amlodipine 10 Qday. The treatment plan was to continue Celexa 40 Qday and Ambien 10 Qhs. Respondent failed to adequately obtain and/or failed to document having adequately obtained Patient B's substance use history. Respondent failed to obtain a CURES report and/or pharmacy records despite prescribing controlled substances to Patient B, Patient B's history of substance use disorder, and her history of using controlled substances. Respondent failed to assess and/or failed to document having assessed Patient B's suicide risk, despite Patient B's significant history of mood disorder and a substance use disorder.

30. On or about September 6, 2016, Patient B returned to Respondent, reporting low energy. The mental status exam was within normal limits with appropriate speech, thought process, thought content, and judgment. Patient B's diagnoses included substance-induced mood disorder, as well as alcohol dependence in remission. The treatment plan included Celexa 40 Qday, Ambien 10 Qhs as well as a recommendation to get a sleep study.

31. On or about October 3, 2016, Patient B returned to Respondent, reporting that her husband noticed her snoring and stopping to breathe at night, which may be associated with some recent weight gain. The mental status exam within normal limits. The treatment plan was unchanged.

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[20] Celexa (Citalopram) is a Selective Serotonin Reuptake Inhibitor (SSRI), which can be used to treat depression.

[21] Seroquel (Quetiapine) is an antipsychotic, which can be used to treat schizophrenia, bipolar disorder, and depression.

[22] Doxepin is an antidepressant and nerve pain medication, which can be used to treat depression, anxiety, and sleep disorders.

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

[24] Clonidine is a sedative and antihypertensive drug, which can be used to treat high blood pressure.

32. On or about October 21, 2016, Patient B returned to Respondent, reporting that she is now working, denied complaints, but mentioned suffering from insomnia, if she stops using Ambien. The mental status exam was within normal limits. The treatment plan was unchanged.

33. On or about November 14, 2016, Patient B returned to Respondent, reporting frequent awakenings at night. Patient B has completed a sleep study. The mental status exam was within normal limits. The treatment plan was unchanged.

34. On or about December 12, 2016, Patient B returned to Respondent, reporting no complaints. Patient B indicated that she had been sober for six (6) months. The mental status exam was within normal limits. The diagnoses now included obstructive sleep apnea. Respondent discussed treatment options for sleep apnea, though Respondent did not include in the note that Ambien can worsen sleep apnea.[25] The treatment plan was unchanged.

35. On or about January 10, 2017, Patient B returned to Respondent, reporting no psychiatric complaints. The mental status exam was within normal limits. The treatment plan was unchanged and noted that Patient B will attempt to quit smoking.

36. On or about February 9, 2017, Patient B returned Respondent, reporting that she is going to the hospital due to low blood pressure. Patient B also reported some continued insomnia. The mental status exam was within normal limits and notes appropriate speech, thought process, thought content, judgment, memory, behavior, fund of knowledge, appearance and mood. The treatment plan included starting gabapentin 300 Qhs and Wellbutrin XL 150 Qday.[26] The record also mentions that Patient B stopped clonidine and started Norvasc[27] for her blood pressure.

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[25] Sleep apnea refers to a potentially serious sleep disorder in which breathing repeatedly stops and starts.

[26] Q.d. means every day.

[27] Norvasc (Amlodipine) is a calcium channel blocker, which can be used to treat high blood pressure and chest pain (angina).

37. On or about June 20, 2017, Patient B returned to Respondent, reporting relapsing on alcohol, having hallucinations, being manic, and going to a facility. She was prescribed antipsychotics (Invega)[28], but it had been discontinued. The mental status exam was within normal limits. Patient B's recorded diagnosis was Bipolar. The treatment plan included initiating Lamictal[29] to 50 Qday, restarting Invega 6 Qday, as well as Celexa 40 Qday, and gabapentin[30] 600 QID. The record also mentions referral to Quotient test (test for ADHD).

38. On or about June 30, 2017, Patient B returned to Respondent, reporting that she had returned to work. Patient B's listed diagnosis now included Bipolar[31] and ADHD. The treatment plan included starting Adderall XR 20 Qam, continued titration of Lamictal to 100, decreasing Celexa to 20 Qday, as well as continuation of Ambien 10 Qhs, Invega 6 Qhs, and gabapentin 600 QID.

39. On or about July 28, 2017, Patient B returned to Respondent, reporting worsening depression. The mental status exam noted a more depressed mood, but it is otherwise within normal limits. Patient B's listed diagnosis now included a mood disorder not otherwise specified, and ADHD. The treatment plan included starting Dexedrine 10 BID, increasing Celexa to 40 Qday, increasing Lamictal to 100 BID, continuing gapapentin 600 QID,[32] continuing Ambien 10 Qhs, discontinuing Invega, and discontinuing Adderall.

40. On or about August 25, 2017, Patient B returned to Respondent, reporting stopping Lamictal, which made her dizzy and did not improve her mood. The mental status exam noted a discouraged mood but was otherwise within normal limits. The treatment plan included increasing Celaxa to 60 Qday, continuing Dexedrine 10 BID, gabapentin 600 QID, Ambien 10

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[28] Invega (Paliperidone) is an antipsychotic, which can be used to treat schizophrenia and schizoaffective disorder.

[29] Lamictal (Lamotrigine) is an anticonvulsant, which can be used to treat seizures and bipolar disorder.

[30] Gabapentin is an anticonvulsant and nerve pain medication, which can be used to treat seizures and pain caused by shingles.

[31] Bipolar disorder refers to a disorder associated with episodes of mood swings ranging from depressive lows to manic highs.

[32] Q.i.d. means four (4) times a day.

Qhs, and discontinuing Lamictal.

41. On or about September 25, 2017, Patient B returned to Respondent, reporting no complaint. The mental status exam was within normal limits. The treatment plan was unchanged.

42. On or about October 16, 2017, Patient B returned to Respondent, reporting that her blood pressure was running high, and having an injured eye blood vessel. There is no blood pressure reading in the medical records for this visit. The mental status exam was within normal limits. The treatment plan included unchanged medications and a recommendation to have her blood pressure examined by her primary care provider.

43. On or about November 13, 2017, Patient B returned to Respondent, reporting having had knee surgery and that her blood pressure was now controlled. The mental status exam was within normal limits. The treatment plan was unchanged.

44. On or about December 4, 2017, Patient B returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The treatment plan was unchanged.

45. On or about December 20, 2017, Patient B returned to Respondent, reporting no complaint. The mental status exam was within normal limits. The treatment plan was unchanged.

46. On or about January 4, 2018, Patient B returned to Respondent, reporting complaint. The mental status exam was within normal limits. The treatment plan was unchanged.

47. On or about January 25, 2018, Patient B returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The treatment plan was unchanged.

48. On or about February 26, 2018, Patient B returned to Respondent, reporting no complaints and being close to one year of sobriety. The mental status exam was within normal limits. The treatment plan was unchanged and included Celexa 60 Qday, Dexedrine[33] 10 BID, gabapentin 600 QID, and Ambien 10 Qhs.

[33] Dexedrine (Dextroamphetamine) is a stimulant, which can be used ADHD.

49. On or about March 26, 2018, Patient B returned to Respondent, reporting no complaints, but some knee pain. The mental status exam was within normal limits. The treatment plan was unchanged.

50. On or about April 16, 2018, Patient B returned to Respondent, reporting taking Celexa 40 Qday and that it was working well. The medical records do not indicated a mental status exam or diagnoses. The treatment plan was unchanged.

51. On or about May 16, 2018, Patient B returned to Respondent, reporting some loss of function in her leg. The mental status exam was within normal limits. No diagnoses are listed. The treatment plan was unchanged.

52. On or about July 10, 2018, Patient B returned to Respondent, reporting that she had received an epidural, which helped her with pain management, which in turn helped her with depression and concentration. The mental status exam was within normal limits. The treatment plan noted Celexa 40 Qday, Dexedrine 10 BID, gabapentin 600 QID, but not Ambien.

53. On or about August 29, 2018, Patient B returned to Respondent, reporting no complaint. The medical records do not indicate a mental status exam. The treatment plan included unchanged medications and a recommendation to exercise one hour every day.

54. On or about October 10, 2018, Patient B returned to Respondent, reporting no complaint. The mental status exam was within normal limits. The treatment plan was unchanged.

55. On or about November 20, 2018, Patient B returned to Respondent, reporting no complaint. The mental status exam was within normal limits. The treatment plan was unchanged.

56. On or about January 8, 2019, Patient B returned to Respondent, reporting no complaints, but indicated that she is being scheduled for a spinal block. The mental status exam was within normal limits. The treatment plan was unchanged.

57. On or about February 26, 2019, Patient B returned to Respondent, reporting no complaints. The mental status exam was within normal limits. The treatment plan was unchanged and included Celexa 40 Qday, Dexedrine 10 BID, gabapentin 600 QID, and Ambien

10 Qhs.

58. During the course of Respondent's care and treatment of Patient B, from on or about August 10, 2016 through February 26, 2019, Respondent failed to perform and/or failed to document having performed urine drug screens despite the following risk factors: Patient B had a history of alcohol (and possibly more substance) use disorder; Patient B was receiving prescriptions of Ambien above the maximum recommended dose; Patient B was receiving Ambien from multiple medical providers; Patient B was at times prescribed opioids in addition to Ambien, despite a history of alcohol use disorder; and Patient B was also prescribed stimulants since June 30, 2017, another medication of abuse.

59. During the course of Respondent's care and treatment of Patient B, from on or about August 10, 2016 through February 26, 2019, Respondent failed to obtain and/or failed to document having obtained CURES report(s) despite prescribing multiple controlled substances to Patient B, Patient B's history of substance use disorder, and Patient B's history of using controlled substances.

60. During the course of Respondent's care and treatment of Patient B, from on or about August 10, 2016 through February 26, 2019, Respondent failed to check CURES report(s) until at least on or about February 28, 2019.

61. During the course of Respondent's care and treatment of Patient B, from on or about August 10, 2016 through February 26, 2019, Respondent prescribed Ambien despite Patient B's history of alcohol use disorder and co-concomitant opioid prescriptions. Respondent also prescribed Ambien to Patient B, in a manner inconsistent with medical records. Respondent failed to adequately document the additional doses of Ambien he prescribed to Patient B. Respondent failed to inquire and/or failed to document having adequately inquire about other medical providers who may have been prescribing Ambien.

- Between August 10, 2016 and September 23, 2016, Patient B had four (4) prescriptions for #30 Ambien 10.

- Between October 3, 2016 and November 23, 2016, Patient B had six (6) prescriptions for #30 Ambien 10.

- On October 18, 2017, Patient B filled a 30-day supply of Ambien 5 Qhs from a Dr. Mohindra.

- From June 20, 2017 until December 20, 2017, Patient B received nine (9) 30-day supplies of Ambien in seven (7) months.

-On July 6, 2018 and on July 14, 2018, Patient B was prescribed 30-day supplies of Ambien 10 Qhs.

- In 2018, Patient B received seventeen (17) prescriptions for 30-day supplies of Ambien 10 Qhs in twelve (12) months, filled at four (4) different pharmacies.

-In January 2019, Patient B received three (3) prescriptions for 30-days supplies of Ambien 10 Qhs in one (1) month.

62. Respondent committed repeated negligent acts in his care and treatment of Patient A and Patient B, including, but not limited to:

a. Paragraphs 9 through 61, above, are hereby incorporated by reference and realleged as if fully set forth herein;

b. Respondent failed to obtain a CURES report at Patient A's initial encounter (intake);

c. Respondent failed to obtain a CURES of Patient A until at least February 28, 2019;

d. Respondent failed to assess and/or failed to document having assessed Patient A's suicide risk;

e. Respondent failed to check and/or obtain and/or document Patient A's physical examinations and vital signs;

f. Respondent failed to obtain a CURES report at Patient B's initial encounter (intake);

g. Respondent failed to obtain a CURES of Patient B until at least February 28, 2019;

h. Respondent failed to adequately assess and/or failed to document having adequately assessed the specific details of Patient B's substance use history and/or

disorder

i. Respondent failed to adequately obtain and/or failed to document having adequately obtained urine drug screens of Patient B;

j. Respondent failed to evaluate and/or justify, and/or failed to document having evaluated and/or justified the additional doses of Ambien Respondent to Patient B; and

k. Respondent failed to assess and/or failed to document having assessed Patient B's suicide risk.

**SECOND CAUSE FOR DISCIPLINE**

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

63. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 63583 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A and Patient B, as more particularly alleged in paragraphs 9 through 62, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

**THIRD CAUSE FOR DISCIPLINE**

**(General Unprofessional Conduct)**

64. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 63583 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 of 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 63, above, which are hereby incorporated by reference as if fully set forth herein.

**DISCIPLINARY CONSIDERATIONS**

65. To determine the degree of discipline, if any, to be imposed on Respondent Scott Dragosh Ispirescu, M.D., Complainant alleges that on or about August 17, 2012, in a prior disciplinary action entitled *In the Matter of the Accusation Against Scott Ispirescu, M.D.* before the Medical Board of California, in Case Number 04-2010-209853, Respondent's license was

placed on three years of probation under various terms and conditions, which included, among other things, completion of an ethics course and professional boundaries program, psychiatric evaluation, and standard terms and conditions of probation, based on Respondent's violation(s) of doctor-patient boundaries. That decision is now final and is incorporated by reference 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. A 63583, issued to Respondent Scott Dragosh Ispirescu, M.D.;

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

3. Ordering Respondent Scott Dragosh Ispirescu, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: OCT 20 2022

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

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First Amended Accusation.docx