

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

In the Matter of the Accusation Against:

Olivia Valentina Garcia, M.D.

Physician's & Surgeon's
Certificate No. A 84219

Respondent.

Case No. 800-2019-058227

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 2, 2023.

IT IS SO ORDERED: January 31, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
Deputy Attorney General
4 State Bar No. 244388
California Department of Justice
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7 Facsimile: (916) 327-2247

8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

15 **OLIVIA VALENTINA GARCIA, M.D.**
The Permanente Medical Group
16 975 Sereno Dr.
Vallejo, CA 94589

17 Physician's and Surgeon's Certificate
18 No. A 84219

19 Respondent.

Case No. 800-2019-058227

OAH No. 2022040864

20
21 **STIPULATED SETTLEMENT AND**
22 **DISCIPLINARY ORDER**

23 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
24 entitled proceedings that the following matters are true:

25 **PARTIES**

26 1. William Prasifka ("Complainant") is the Executive Director of the Medical Board of
27 California ("Board"). He brought this action solely in his official capacity and is represented in
28 this matter by Rob Bonta, Attorney General of the State of California, by John S. Gatschet,
Deputy Attorney General.

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

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

7 **DISCIPLINARY ORDER**

8 **A. PUBLIC REPRIMAND**

9 **IT IS HEREBY ORDERED THAT** the Physician's and Surgeon's Certificate No. A
10 84219 issued to Respondent Olivia Valentina Garcia, M.D., shall be and is hereby publically
11 reprimanded pursuant to California Business and Professions Code section 2227, subdivision
12 (a)(4). This Public Reprimand, which is issued in connection with Accusation No. 800-2018-
13 042334, is as follows:

14 "Between April 1, 2015, and April 28, 2019, while treating Patient 1, you committed
15 repeated negligent acts while prescribing diazepam as more fully described in Accusation No.
16 800-2018-042334."

17 **B. PRESCRIBING PRACTICES COURSE**

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

27 A prescribing practices course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

4 Respondent shall successfully complete all coursework and provide proof of completion of
5 the Prescribing Practices Course to the Board within one year of the effective date of the Decision
6 and Order. This condition shall be monitored by the Probation Department.

7 **C. PROFESSIONALISM PROGRAM (ETHICS COURSE)**

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

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

23 Respondent shall successfully complete all coursework and provide proof of completion of
24 the Professionalism Program (Ethics Course) to the Board within one year of the effective date of
25 the Decision and Order. This condition shall be monitored by the Probation Department.

26 **D. INVESTIGATION/ENFORCEMENT COST RECOVERY**

27 Respondent is hereby ordered to reimburse the Board its costs of investigation and
28 enforcement, including, but not limited to, expert review, amended accusations, legal reviews,

1 investigation, as applicable, in the amount of \$11,000.00 (eleven thousand dollars). Costs shall
2 be due and payable to the Medical Board of California.

3 Payment must be made in full within one year of the effective date of the Order.

4 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to
5 repay investigation and enforcement costs, including expert review costs. This condition shall be
6 monitored by the Probation Department.

7 **E. FAILURE TO COMPLY**

8 If Respondent fails to enroll, participate in, or successfully complete the educational
9 program(s) or course(s), described in conditions B and C, within the designated time period,
10 Respondent shall receive and comply with a notification from the Board or its designee to cease
11 the practice of medicine within three (3) calendar days after being so notified. Respondent shall
12 not resume the practice of medicine until enrollment or participation in the educational
13 program(s) or course(s) has been completed as required by the express language of the Decision
14 and Order. In addition, failure to successfully complete the education program(s) or course(s)
15 outlined above shall also constitute general unprofessional conduct and is grounds for further
16 immediate disciplinary action.

17 If Respondent fails to reimburse the Board as described in condition D, within the
18 designated time period, Respondent shall receive and comply with a notification from the Board
19 or its designee to cease the practice of medicine within three (3) calendar days after being so
20 notified. Respondent shall not resume the practice of medicine until the full payment of the
21 investigative and enforcement costs have been paid to the Board. In addition, failure to
22 successfully reimburse the Board as outlined above shall also constitute general unprofessional
23 conduct and is grounds for further immediate disciplinary action.

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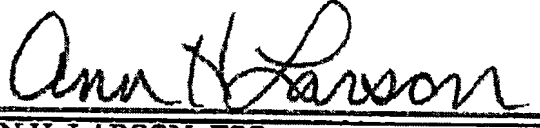
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Ann H. Larson, 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: 10/19/22  M.D.
OLIVIA VALENTINA GARCIA, M.D.
Respondent

I have read and fully discussed with Respondent Olivia Valentina Garcia, 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: 10/19/22 
ANN H. LARSON, 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: 10-20-22

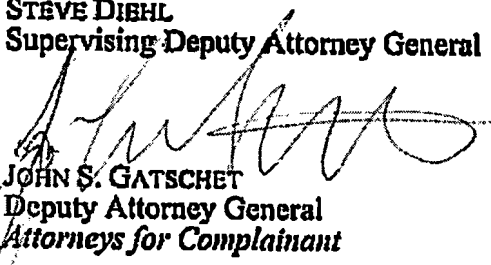
Respectfully submitted,
ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

JOHN S. GATSCHET
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2019-058227

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
Deputy Attorney General
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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2019-058227

15 **OLIVIA VALENTINA GARCIA, M.D.**
16 **The Permanente Medical Group**
17 **975 Sereno Drive**
18 **Vallejo, CA 94589**

A C C U S A T I O N

19 **Physician's and Surgeon's Certificate**
20 **No. A 84219,**

21 Respondent.

22 **PARTIES**

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

26 2. On or about August 6, 2003, the Board issued Physician's and Surgeon's Certificate
27 Number A 84219 to Olivia Valentina Garcia, M.D. ("Respondent"). That Certificate was in full
28

1 force and effect at all times relevant to the charges brought herein and will expire on February 28,
2 2023, unless renewed.

3 JURISDICTION

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

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

8 (a) A licensee whose matter has been heard by an administrative law judge of
9 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
10 Code, or whose default has been entered, and who is found guilty, or who has entered
11 into a stipulation for disciplinary action with the board, may, in accordance with the
12 provisions of this chapter:

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

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

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

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

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

23 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
24 medical review or advisory conferences, professional competency examinations,
25 continuing education activities, and cost reimbursement associated therewith that are
26 agreed to with the board and successfully completed by the licensee, or other matters
27 made confidential or privileged by existing law, is deemed public, and shall be made
28 available to the public by the board pursuant to Section 803.1.

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:

...

(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 (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
3 (2) When the standard of care requires a change in the diagnosis, act, or
4 omission that constitutes the negligent act described in paragraph (1), including, but
5 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 ...

7 COST RECOVERY

8 6. Section 125.3 of the Code states, in pertinent part:

9 (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
10 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
11 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
investigation and enforcement of the case.

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

13
14 (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
15 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
16 limited to, charges imposed by the Attorney General.

17 (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
18 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
19 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
20 (a).

21 (e) If an order for recovery of costs is made and timely payment is not made as
22 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
23 the board may have as to any licensee to pay costs.

24 (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.

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

27 (2) Notwithstanding paragraph (1), the board may, in its discretion,
28 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

1 with the board to reimburse the board within that one-year period for the unpaid
2 costs.

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

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

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

11 DEFINITIONS

12 7. Diazepam – Generic name for Valium. Diazepam is a long-acting member of the
13 benzodiazepine family used for the treatment of anxiety and panic attacks. Diazepam can cause
14 drowsiness, dizziness, tiredness, blurred vision, and unsteadiness. Diazepam is a Schedule IV
15 controlled substance pursuant to Code of Federal Regulations Title 21 section
16 1308.14 subdivision (c) and Health and Safety Code section 11057, subdivision (d), and a
17 dangerous drug pursuant to Business and Professions Code section 4022.

18 FACTUAL ALLEGATIONS

19 8. In 2012¹, Respondent began providing primary care to Patient 1² at U.C. Davis Health
20 System (U.C. Davis). At that time, Patient 1 was an approximately 45-year-old female patient.
21 While Patient 1 was on a number of controlled substances including an opioid and muscle relaxer
22 at the time Respondent took over her care, Patient 1 was not on a benzodiazepine. Patient 1's
23 past medical history included diagnoses of depression, hypertension, tachycardia, GERD, obesity,
24 and chronic back pain. In 2013, Patient 1 underwent successful bariatric surgery and experienced
25 weight loss. In November 2013, Respondent prescribed diazepam to Patient 1 to treat back pain
26 with radicular symptoms including achy legs. At a September 15, 2014, neurosurgery visit,
27 another medical provider noted Respondent was prescribing 60 tablets of 5 mg diazepam to
28

¹ All allegations alleged before April 1, 2015, are for reference only to explain Respondent's conduct after April 1, 2015, and do not serve as an independent basis for discipline.

² In order to protect patient confidentiality, the patient will be identified by an alphanumeric. All witnesses will be fully identified in discovery.

1 Patient 1 per month. On November 4, 2014, Respondent started Patient 1 on 60 tablets of 10 mg
2 diazepam per month. In January 2015, Patient 1's medical charts included a documented history
3 of falls. Respondent left U.C. Davis and began employment with Kaiser. Patient 1 changed her
4 insurance provider to Kaiser and ultimately sought out Respondent to reestablish care.

5 9. On April 14, 2015, Respondent saw Patient 1 to establish primary care at Kaiser
6 Permanente ("Kaiser"). Respondent documented that Patient 1 had experienced 30 falls since
7 January 2015. Respondent noted that Patient 1 was receiving 60 tablets of 10 mg diazepam per
8 month and taking up to three tablets a day. Under assessment and plan, Respondent documented
9 that Patient 1 had tremors that were being treated by neurology. Respondent documented that
10 Patient 1 was a tobacco smoker who was working to quit, and had a prior history of gastric
11 bypass. Respondent documented that Patient 1 would need surgery in the future to treat cervical
12 radiculopathy. Respondent did not document Patient 1's diazepam prescription in the assessment
13 and plan, nor did Respondent document providing Patient 1 with a full and informed consent
14 related to the prescription of benzodiazepines.

15 10. Between May 5, 2015, and April 28, 2019, on a monthly basis, Respondent
16 prescribed 60 tablets of 10 mg diazepam to Patient 1. In total, during that period, Respondent
17 prescribed approximately two thousand five hundred and twenty tablets of 10 mg diazepam to
18 Patient 1. On May 21, 2015, a nurse noted that Patient 1 used a walker when she feels unsteady
19 on her feet. On June 29, 2015, a Kaiser speech therapist noted that Patient 1 had mild cognitive
20 impairment affecting memory, attention, and visuospatial/executive skills consistent with
21 recurrent concussion and stress. On September 27, 2015, Patient 1 reported she had a fall, hit her
22 head and had concussion symptoms for two days. On October 15, 2015, Patient 1 reported she
23 was getting something out of a dishwasher and hit her head. October 27, 2015, Respondent
24 documented Patient 1 was taking medical cannabis, which in combination with diazepam can
25 moderately increase side effects such as dizziness, drowsiness, confusion, and difficulty
26 concentrating. On June 5, 2016, Respondent documented that Patient reported hitting her head 5
27 times while traveling in Las Vegas. On April 6, 2018, another physician documented in Patient

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1 1's chart that Patient 1 reported she had a fall five days earlier and noted that Patient 1 exhibited
2 mental confusion, trouble talking and headache.

3 11. On April 10, 2018, Respondent documented that Patient 1 had experienced a recent
4 fall on April 6, 2018, and was experiencing dizziness and feeling unbalanced. On May 29, 2018,
5 Respondent documented that Patient 1 had fallen off her bicycle. On June 29, 2018, a different
6 Kaiser physician documented that Patient 1 had a few recent falls and a history of post concussive
7 syndrome, which could have caused cognitive changes. On August 7, 2018, Respondent
8 documented that Patient 1 reported hitting her head again and that she was having speech issues.
9 On October 22, 2018, Respondent documented that Patient 1 continued to occasionally hit her
10 head, which contributed to her post concussive symptoms.

11 12. Between May 5, 2015, and April 28, 2019, there is no documentation in Patient 1's
12 medical records that Respondent made an effort to wean Patient 1 off benzodiazepines. Between
13 May 5, 2015, and April 28, 2019, there is no documentation in Patient 1's medical records that
14 clearly supported Respondent's on-going prescribing of diazepam to Patient 1. Between May 5,
15 2015, and April 28, 2019, there is no documentation that Respondent required Patient 1 to
16 provide urine drug screening as part of her on-going benzodiazepine therapy. Between May 5,
17 2015, and April 28, 2019, there is no documentation that Respondent provided Patient 1 with a
18 full and fair informed consent including the possible risks and benefits of long-term
19 benzodiazepine therapy. A review of the records before May 5, 2015, also failed to show that
20 Respondent provided informed consent to Patient 1 regarding the possible risks and benefits of
21 long-term benzodiazepine therapy. Between May 5, 2015, and April 28, 2019, Respondent failed
22 to enter into a controlled substances contract with Patient 1 detailing the risks, benefits, and
23 expectations of benzodiazepine therapy. Finally, between May 5, 2015, and April 28, 2019, there
24 is no documentation that Respondent reviewed a controlled substances database³ to ensure that
25 Patient 1 was not taking any other contraindicated medications in addition to diazepam.

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27 ³ CURES, Controlled Substance Utilization Review and Evaluation System, is a database
28 that tracks the dispensing of all Schedule II, III, IV, and V prescriptions in California that is kept
by the Department of Justice. Medical practitioners have access to review the database.

1 **CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 13. Respondent's license is subject to disciplinary action under section 2234, subdivision
4 (c) in that Respondent engaged in repeated negligent acts during the care and treatment of Patient

5 1. The circumstances are as follows:

6 14. Complainant realleges paragraphs 8 through 12, and those paragraphs are
7 incorporated by reference as if fully set forth herein.

8 15. Respondent committed the following negligent acts during the care and treatment of
9 Patient 1:

10 a.) Between April 1, 2015, and April 28, 2019, Respondent continued to prescribe
11 a long-term benzodiazepine to Patient 1 on a monthly basis without attempting a tapering plan
12 despite Patient 1's lengthy history of falls;

13 b.) Between April 1, 2015, and April 28, 2019, Respondent continued to prescribe
14 a long-term benzodiazepine to Patient 1 on a monthly basis without requiring urine drug
15 screening and/or documenting urine drug screening;

16 c.) Between April 1, 2015, and April 28, 2019, Respondent continued to prescribe
17 a long-term benzodiazepine to Patient 1 on a monthly basis without providing and/or
18 documenting providing informed consent regarding the risks and benefits of long-term
19 benzodiazepine use.

20 d.) Between April 1, 2015, and April 28, 2019, Respondent continued to prescribe
21 a long-term benzodiazepine to Patient 1 on a monthly basis without having and/or documenting
22 having a written agreement between Respondent and Patient 1 outlining the joint responsibilities
23 of the physician and patient while Patient 1 was on a long-term benzodiazepine prescription; and,

24 e.) Between April 1, 2015, and April 28, 2019, Respondent continued to prescribe
25 a long-term benzodiazepine to Patient 1 on a monthly basis without also performing and/or
26 documenting the performance of a review of Patient 1's prescription history in a controlled
27 substance prescription database.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 84219, issued to Respondent Olivia Valentina Garcia, M.D.;
2. Revoking, suspending or denying approval of Respondent Olivia Valentina Garcia, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Olivia Valentina Garcia, M.D., to pay the Board the costs of the investigation and enforcement of this case pursuant to Bus. & Prof. Code § 125.3, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: MAR 17 2022



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

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