

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

In the Matter of the Accusation Against:

Ann Marie Powelson, M.D.

Physician's & Surgeon's  
Certificate No. A 162011

Respondent.

Case No. 800-2020-066120

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 May 19, 2023.

IT IS SO ORDERED: April 20, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 MEGAN R. O'CARROLL  
Deputy Attorney General  
4 State Bar No. 215479  
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5 P.O. Box 944255  
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Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **ANN MARIE POWELSON, M.D.**  
15 **1735 Creekside Dr.**  
16 **Folsom, CA 95630-3914**

17 **Physician's and Surgeon's Certificate No. A**  
**162011**

18 Respondent.

Case No. 800-2020-066120

OAH No. 2022090647

19  
20 **STIPULATED SETTLEMENT AND**  
21 **DISCIPLINARY ORDER**

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

24 **PARTIES**

25 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
26 California (Board). He brought this action solely in his official capacity and is represented in this  
27 matter by Rob Bonta, Attorney General of the State of California, by Megan R. O'Carroll, Deputy  
28 Attorney General.



1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2020-066120, if proven at a hearing, constitute cause for imposing discipline upon her  
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
6 for the charges in the Accusation, and that Respondent hereby gives up her right to contest those  
7 charges.

8 11. Respondent does not contest that, at an administrative hearing, complainant could  
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
10 2020-066120, a true and correct copy of which is attached hereto as Exhibit A, and that she has  
11 thereby subjected her Physician's and Surgeon's Certificate, No. A 162011 to disciplinary action.

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

15 **RESERVATION**

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

20 **CONTINGENCY**

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

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

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

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

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 162011 issued  
11 to Respondent Ann Marie Powelson, M.D. shall be and is hereby publicly reprimanded pursuant  
12 to California Business and Professions Code, section 2227, subdivision (a)(4). This public  
13 reprimand, which is issued in connection with Respondent's care and treatment of a patient as set  
14 forth in Accusation No. 800-2020-066120, is as follows:

15 "During February 2020, you departed from the standard of recordkeeping and care as more  
16 fully described Accusation No. 800-2020-066120."

17 **A. EDUCATION COURSE**

18 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to  
19 the Board or its designee for its prior approval educational program(s) or course(s) which shall  
20 not be less than 20 hours. The educational program(s) or course(s) shall be aimed at correcting  
21 any areas of deficient practice or knowledge and shall be Category I certified. The Medical  
22 Board specifically requests that the coursework concentrate on the surgical management of  
23 obstetric and gynecological patients and management of post-surgical complications. The  
24 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
25 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
26 completion of each course, the Board or its designee may administer an examination to test  
27 Respondent's knowledge of the course. Respondent shall provide proof of attendance for the  
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1 CME hours were in satisfaction of this condition to the Board within one year of the effective  
2 date of the Decision and Order.

3 **B. MEDICAL RECORD KEEPING COURSE**

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

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

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

21 **C. INVESTIGATION/ENFORCEMENT COST RECOVERY**

22 Respondent is hereby ordered to reimburse the Board its costs of investigation and  
23 enforcement, including, but not limited to, expert review, amended accusations, legal reviews,  
24 investigation, as applicable, in the amount of \$3,651.25. Costs shall be due and payable to the  
25 Medical Board of California.

26 Payment must be made in full within one year of the effective date of the Order.  
27 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to  
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1 repay investigation and enforcement costs, including expert review costs. This condition shall be  
2 monitored by the Probation Department.

3 **D. FAILURE TO COMPLY**

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

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

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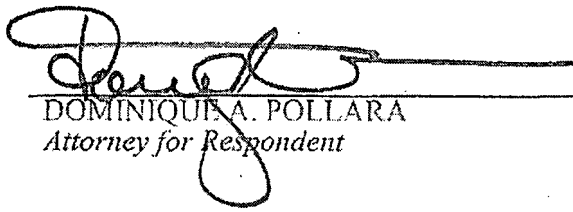
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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, Dominique A. Pollara. I understand the stipulation and the effect it  
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
6 Decision and Order of the Medical Board of California.

7  
8 DATED: 12/15/2022   
9 ANN MARIE POWELSON, M.D.  
10 Respondent


11 I have read and fully discussed with Respondent Ann Marie Powelson, M.D. the terms and  
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
13 I approve its form and content.

14 DATED: 12/15/2022   
15 DOMINIQUE A. POLLARA  
16 Attorney for Respondent

17 ENDORSEMENT

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

20 DATED: 1/19/2022

21 Respectfully submitted,  
22 ROB BONTA  
23 Attorney General of California  
24 STEVE DIEHL  
25 Supervising Deputy Attorney General  
  
26 MEGAN R. O'CARROLL  
27 Deputy Attorney General  
28 Attorneys for Complainant

SA2021304233



**Exhibit A**

**Accusation No. 800-2020-066120**

1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 MEGAN R. O'CARROLL  
Deputy Attorney General  
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Facsimile: (916) 327-2247  
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10 **BEFORE THE**  
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13 In the Matter of the Accusation Against:

Case No. 800-2020-066120

14 **ANN MARIE POWELSON, M.D.**  
15 **1735 Creekside Dr.**  
**Folsom, CA 95630-3914**

**ACCUSATION**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 162011,**

18 Respondent.

19  
20 **PARTIES**

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

24 2. On or about April 15, 2019, the Board issued Physician's and Surgeon's Certificate  
25 Number A 162011 to Ann Marie Powelson, M.D. (Respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on April 30, 2023, unless renewed.

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**JURISDICTION**

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

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

9       5.     Section 2234 of the Code, states:

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

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

15           (b) Gross negligence.

16           (c) Repeated negligent acts. To be repeated, there must be two or more  
17 negligent acts or omissions. An initial negligent act or omission followed by a  
18 separate and distinct departure from the applicable standard of care shall constitute  
19 repeated negligent acts.

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

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

28           (d) Incompetence.

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

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

          (g) The failure by a certificate holder, in the absence of good cause, to attend  
and participate in an interview by the board. This subdivision shall only apply to a  
certificate holder who is the subject of an investigation by the board.

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

4 **FACTUAL ALLEGATIONS**

5 7. The Confidential Patient (C.P.)<sup>1</sup> was a 52-year-old woman who began experiencing  
6 pelvic pain and frequency of urination in January of 2020. On or about January 8, 2020, she went  
7 to the Emergency Room at Mercy Hospital in Folsom where she underwent a C.T. scan. The C.T.  
8 scan showed that C.P. had a pelvic mass in her uterus, and the radiologist was concerned for the  
9 possibility of cancer. An ultrasound showed that C.P.'s uterus was enlarged, at 13.6 x 8.4 x 13.7  
10 centimeters, with a 10 centimeter fibroid.

11 8. On or about January 9, 2020, C.P. saw Respondent, an obstetrician and gynecologist.  
12 Respondent noted that C.P.'s uterus had increased in size since June of 2018, when the fibroid  
13 was only approximately 6 centimeters. Respondent discussed surgical options with C.P.,  
14 including total abdominal hysterectomy, and bilateral salpingo-oophorectomy (TAH-BSO). C.P.  
15 elected to undergo the TAH-BSO surgery. Because the radiologist had been concerned about the  
16 possibility of sarcoma in the C.T. report, Respondent consulted with a gynecologic oncologist,  
17 who opined that C.P. could undergo surgery either with a specialized gynecologic oncologist or a  
18 general obstetrician and gynecologist. C.P. decided to undergo surgery with Respondent, a  
19 general obstetrician and gynecologist because Respondent was available to perform the surgery  
20 much sooner than the gynecologic oncologist

21 9. On or about February 7, 2020, Respondent performed the TAH-BSO surgery on C.P.  
22 Respondent prepared an operative note of the surgery, stating that the surgery was completed in a  
23 routine manner. Respondent further noted that there was an estimated blood loss of 100  
24 milliliters and urine output of 50 milliliters, which was "bloodtinged." Although Respondent did  
25 not make a notation in the surgical report of any difficulties in separating the uterus from the  
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28 <sup>1</sup> The patient's name is omitted to protect her privacy. The identity of the patient and all  
witness will be provided to Respondent in discovery.

1 bladder, she spoke to C.P. after the surgery and told C.P. that she had a difficult time separating  
2 the organs due to multiple adhesions, likely due to her previous Cesarean section.

3 10. Following surgery, C.P. had a Foley catheter in place for continuous bladder drainage  
4 until postoperative day 1. On postoperative days 1 through 3, Respondent was out of town and  
5 Respondent's colleagues took over C.P.'s care in her absence. On each of postoperative days 1,  
6 2, and 3, medical staff removed the Foley catheter in an attempt to allow C.P. to urinate on her  
7 own. On each day, however, C.P. was unable to void and the Foley catheter had to be replaced.

8 11. Late on postoperative day 3, C.P. developed abdominal pain, nausea, poor appetite,  
9 low urine output, and abdominal distention. She underwent a C.T. scan of the abdomen and  
10 pelvis with IV contrast, which revealed a pocket of free fluid in the pelvis, 7.0 x 6.6 x 4.1 cm,  
11 with "mild peripheral enhancement, worrisome for abscess." However, a surgeon reviewed the  
12 C.T. scan and opined that an abscess was unlikely due to the fact that C.P. did not have a fever  
13 and her white blood cell count was normal.

14 12. Respondent returned on the fourth day after surgery and resumed care of C.P.  
15 Respondent's progress notes for that day indicate that C.P. may have a post-operative fluid  
16 collection since there was no sign of abscess or infection. Later on postoperative day four, C.P.  
17 did develop a fever and began to feel worse. The surgeon who had reviewed the C.T. scan the  
18 day before recommended C.P. undergo a CT-guided placement of a percutaneous pelvic drain.  
19 C.P. was started on intravenous antibiotics for a presumed infection related to the fluid collection.

20 13. On or about February 12, 2020, postoperative day 5, C.P. was transferred to Mercy  
21 San Juan Medical Center for a CT-guided placement of a percutaneous pelvic drain. The  
22 procedure initially yielded 68 mL of "serosanguinous fluid." C.P. was returned to Mercy  
23 Hospital Folsom that afternoon, where Respondent saw her again. Respondent's progress note  
24 for that day at 1:45 p.m. was to "send fluid creatinine and urine creatinine to rule out  
25 genitourinary tract injury," and to continue the antibiotic therapy "while awaiting cultures."  
26 Medical staff collected fluid from C.P.'s drain that afternoon and sent it to a lab in Utah for the  
27 creatinine test.

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1           14. Respondent saw C.P. again that evening at approximately 6:30 p.m., and documented  
2 in a progress note that C.P. had a fever and 300 milliliters of output from the drain during the  
3 afternoon. Respondent documented that the plan would be continued, including the percutaneous  
4 pelvic drain, Foley catheter, IV antibiotics, advancing diet as tolerated, and that lab results were  
5 pending.

6           15. On postoperative day 6, C.P. had less pain, improved gastrointestinal function, and  
7 reduced fluid output from the drain. On or about February 14, 2020, postoperative day 7,  
8 Respondent's plan was to discharge C.P. home if she was able to void once the Foley catheter  
9 was removed. Respondent also noted that the tests to determine the fluid creatinine level were  
10 still pending. Respondent discharged C.P. home later that day after the Foley catheter had been  
11 removed, with a prescription for a 14-day course of oral antibiotics. The plan was to remove the  
12 percutaneous pelvic drain in the near future, after a C.T. scan had been performed and C.P. had a  
13 drain output of less than 10 milliliters per day.

14           16. Also on February 14, 2020, C.P.'s laboratory results from the fluid collected two days  
15 earlier were returned. The laboratory tests showed a urine creatinine of 107 mg/dL, and pelvic  
16 fluid creatinine of 0.5 mg/dL. The pathology reports of the surgical specimens were consistent  
17 with uterine epithelioid leiomyoma and adenomyosis, a left ovarian cystadenofibroma, and  
18 endometriosis involving the right ovary.

19           17. After C.P. returned home, she developed abdominal pain and pressure, and she was  
20 unable to void. On or about February 16, 2020, approximately two days after discharge, she went  
21 to the Mercy San Juan Emergency Room where she was found to have 2,000 milliliters of urine  
22 from her drain and diagnosed with a bladder injury based on a C.T. cystogram that showed  
23 extravasation of contrast dye. The fluid creatinine level was 25.23 mg/dL, consistent with urine.

24           18. C.P. was evaluated by the Urology department physicians at Mercy San Juan  
25 Hospital, and underwent surgery there, on or about February 17, 2020, to repair the bladder  
26 injury. The report of the surgery showed that C.P. was found to have a bladder defect that was  
27 somewhat necrotic and/or cauterized at the right posterior aspect of the bladder. C.P. required a  
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1 surgery involving a vertical midline incision to repair the bladder injury, with an omental flap,  
2 and cystoscopy with placement of right double-J ureteral stent.

3 19. C.P. had even further complications during her recovery. Although she was  
4 discharged from the bladder repair surgery on or about February 21, 2021, she was admitted a  
5 few days later, on or about February 23, 2020, after developing pneumonia, which required  
6 placement of a chest tube. Then, on or about March 3, 2020, she underwent a fluoroscopy  
7 cystogram to check the result of her bladder repair. The cystogram showed C.P. had a  
8 vesicovaginal fistula. After waiting several months to allow the inflammation from the bladder  
9 injury to subside, she was able to undergo a surgery to repair the fistula. Although C.P.  
10 developed an E. Coli infection requiring yet another hospital readmission for two days in August  
11 of 2020, the repair of the fistula was successful.

12 **FIRST CAUSE FOR DISCIPLINE**

13 **(Repeated Negligent Acts)**

14 20. Respondent is subject to disciplinary action under section 2234, subdivision (c) of the  
15 Code in that she was repeatedly negligent in her care and treatment of C.P. The circumstances  
16 are set forth in paragraphs 7 through 19, above, which are incorporated here by reference as if  
17 fully set forth herein. Additional circumstances are as follows:

18 21. Respondent was repeatedly negligent in her care and treatment of C.P. for her acts  
19 and omissions including, but not limited to, the following:

20 a. failing to adequately and accurately document the dissection of the bladder in the  
21 operative report, including failure to document adhesions and scar tissue on the bladder;

22 b. failing to adequately assess the integrity of the urinary tract, either by cystoscopy or  
23 other methodical approach, during the surgery even after blood-tinged urine was noted;

24 c. failing to take adequate action to address urinary tract injury after the surgery; and

25 d. failing to conduct an objective assessment of voiding in a patient with persistent urinary  
26 retention, and to instead remove the patient's catheter before the creatinine level was known.

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**SECOND CAUSE FOR DISCIPLINE**

**(Inadequate or Inaccurate Medical Records)**


22. Respondent is subject to disciplinary action under section 2266 in that she failed to adequately and accurately maintain medical records. The circumstances are set forth in paragraphs 7 through 19, above, which are incorporated here 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 Number A 162011, issued to Respondent Ann Marie Powelson, M.D.;
2. Revoking, suspending or denying approval of Respondent Ann Marie Powelson, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Ann Marie Powelson, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: NOV 17 2021

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

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