

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

In the Matter of the Accusation  
Against:

Babatunde Adebajo Salako, M.D.

Physician's and Surgeon's  
Certificate No. A 105988

Respondent.

Case No.: 800-2020-070268

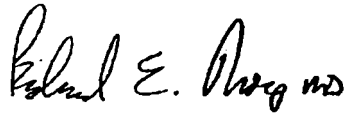
DECISION

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 June 16, 2023.

IT IS SO ORDERED: May 18, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 KIMIKO AKIYA  
Deputy Attorney General  
4 State Bar No. 311991  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3505  
6 Facsimile: (415) 703-5480  
E-mail: Kimiko.Akiya@doj.ca.gov  
7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:  
13 **BABATUNDE ADEBANJO SALAKO,**  
14 **M.D.**  
15 **Department of Adult /Family Medicine**  
**4501 Sand Creek Road**  
**Antioch, CA 94531**  
16  
17 **Physician's and Surgeon's Certificate No.**  
**A 105988**  
18  
19 Respondent.

Case No. 800-2020-070268

OAH No. 2022110754

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

20  
21 In the interest of a prompt and speedy settlement of this matter, consistent with the public  
22 interest and the responsibility of the Medical Board of California of the Department of Consumer  
23 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order  
24 which will be submitted to the Board for approval and adoption as the final disposition of the  
25 Accusation.

26 **PARTIES**

27 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board  
28 of California (Board). He brought this action solely in his official capacity and is represented in

1 this matter by Rob Bonta, Attorney General of the State of California, by Kimiko Akiya, Deputy  
2 Attorney General.

3 2. Respondent Babatunde Adebajo Salako, M.D. (Respondent) is represented in this  
4 proceeding by attorney Ann H. Larson, Esq., whose address is: 12677 Alcosta Blvd, Suite 375  
5 San Ramon, CA 94583-4202

6 3. On November 5, 2008, the Board issued Physician's and Surgeon's Certificate No. A  
7 105988 to Babatunde Adebajo Salako, M.D. (Respondent). The Physician's and Surgeon's  
8 Certificate was in full force and effect at all times relevant to the charges brought in Accusation  
9 No. 800-2020-070268, and will expire on November 30, 2024, unless renewed.

### 10 **JURISDICTION**

11 4. Accusation No. 800-2020-070268 was filed before the Board, and is currently  
12 pending against Respondent. The Accusation and all other statutorily required documents were  
13 properly served on Respondent on October 20, 2022. Respondent timely filed his Notice of  
14 Defense contesting the Accusation.

15 5. A copy of Accusation No. 800-2020-070268 is attached as Exhibit A and  
16 incorporated herein by reference.

### 17 **ADVISEMENT AND WAIVERS**

18 6. Respondent has carefully read, fully discussed with counsel, and understands the  
19 charges and allegations in Accusation No. 800-2020-070268. Respondent has also carefully read,  
20 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
21 Disciplinary Order.

22 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
23 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
24 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
25 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
26 documents; the right to reconsideration and court review of an adverse decision; and all other  
27 rights accorded by the California Administrative Procedure Act and other applicable laws.  
28



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

3 14. Respondent agrees that if he ever petitions for early termination or modification of  
4 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
5 Board, all of the charges and allegations contained in Accusation No. 800-2020-070268 shall be  
6 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
7 other licensing proceeding involving Respondent in the State of California.

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

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

14 **DISCIPLINARY ORDER**

15 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 105988 issued  
16 to Respondent Babatunde Adebajo Salako, M.D. is revoked. However, the revocation is stayed  
17 and Respondent is placed on probation for three (3) years on the following terms and conditions:

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

28 2. **CLINICAL COMPETENCE ASSESSMENT PROGRAM.** Within 60 calendar days

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

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

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

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

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

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

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

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

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

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

1 responsibility.

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

8 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
9 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
10 name and qualifications of a replacement monitor who will be assuming that responsibility within  
11 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
12 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
13 notification from the Board or its designee to cease the practice of medicine within three (3)  
14 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
15 replacement monitor is approved and assumes monitoring responsibility.

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

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



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

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

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

8 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
9 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
10 limited to, expert review, and investigation(s), as applicable, in the amount of \$13,170.50  
11 (thirteen thousand one hundred seventy dollars and fifty cents). Costs shall be payable to the  
12 Medical Board of California. Failure to pay such costs shall be considered a violation of  
13 probation.

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

18 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
19 repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

25 9. GENERAL PROBATION REQUIREMENTS.

26 Compliance with Probation Unit

27 Respondent shall comply with the Board's probation unit.

28 Address Changes

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

6 Place of Practice

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

10 License Renewal

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

13 Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

20 12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
21 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
22 completion of probation. This term does not include cost recovery, which is due within 30  
23 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
24 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
25 shall be fully restored.

26 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
27 of probation is a violation of probation. If Respondent violates probation in any respect, the  
28 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
2 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
3 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
4 be extended until the matter is final.

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

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

20 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
21 a new license or certification, or petition for reinstatement of a license, by any other health care  
22 licensing action agency in the State of California, all of the charges and allegations contained in  
23 Accusation No. 800-2020-070268 shall be deemed to be true, correct, and admitted by  
24 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
25 restrict license.

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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:

3/30/2023



\_\_\_\_\_  
BABATUNDE ADEBANJO SALAKO, M.D.  
*Respondent*

I have read and fully discussed with Respondent Babatunde Adebajo Salako, 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:

3/30/23



\_\_\_\_\_  
ANN H. LARSON, ESQ.  
*Attorney for Respondent*

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**ENDORSEMENT**

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

DATED: March 30, 2023

Respectfully submitted,

ROB BONTA  
Attorney General of California  
MARY CAIN-SIMON  
Supervising Deputy Attorney General

*/s/ Kimiko L. Akiya*  
KIMIKO AKIYA  
Deputy Attorney General  
*Attorneys for Complainant*

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1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 KIMIKO AKIYA  
Deputy Attorney General  
4 State Bar No. 311991  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3505  
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12 In the Matter of the Accusation Against:

Case No. 800-2020-070268

13 **Babatunde Adebajo Salako, M.D.**  
14 **Dept. of Adult/Family Medicine**  
15 **4501 Sand Creek Road**  
**Antioch, CA 94531**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 105988,**

Respondent.

18  
19  
20 **PARTIES**

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

24 2. On November 5, 2008, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. A 105988 to Babatunde Adebajo Salako, M.D. (Respondent). The Physician's  
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on November 30, 2022, unless renewed.

28 ///

1 JURISDICTION

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

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

10 5. Section 2234 of the Code, states:

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

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

16 "(b) Gross negligence.

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

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

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

27 "(d) Incompetence.

28 "(e) The commission of any act involving dishonesty or corruption that is substantially



1 related to the qualifications, functions, or duties of a physician and surgeon.

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

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

6 **COST RECOVERY**

7 6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
8 administrative law judge to direct a licensee found to have committed a violation or violations of  
9 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
10 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
11 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
12 included in a stipulated settlement.

13 **FIRST CAUSE FOR DISCIPLINE**

14 **(Unprofessional Conduct/Gross Negligence/Repeated Negligent Acts/Incompetence)**

15 7. Respondent Babatunde Adebajo Salako, M.D. is subject to disciplinary action under  
16 Code sections 2234 and/or 2234(a) and/or 2234(b) and/or 2234(c) and/or 2234(d) for his care and  
17 treatment of Patient 1.<sup>1</sup> The circumstances are as follows:

18 8. Respondent, who is board certified in family medicine, works as a Senior Family  
19 Physician in the Department of Adult and Family Medicine for Kaiser Permanente in Antioch,  
20 CA. Patient 1’s medical records from Kaiser reflect that multiple lab tests, including a prostate-  
21 specific antigen test or PSA test, were ordered on November 17, 2016. Patient 1 had labs  
22 collected on the same day. Patient 1’s lab test results were issued on November 18, 2016, and  
23 Patient 1’s PSA level was 34.7—well above the normal range of 4.5 or less. The result was  
24 specifically flagged as “H” (high) and abnormal. Other abnormalities in Patient 1’s final lab  
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28 <sup>1</sup> The patient is referred to as Patient 1 to protect privacy.

1 results included an Hgb A1C<sup>2</sup> of 7.8% (reference range being 4.6-6.0%), indicating sub-optimal  
2 diabetes control, and an ALT<sup>3</sup> of 266 (normal range 36 or less), indicating liver inflammation.

3 9. Respondent documented that he saw the lab results, including the PSA report, on  
4 November 20, 2016. That same day, Respondent sent an email message to Patient 1 mentioning  
5 only that his diabetes needed better control and that the matter would be discussed at Patient 1's  
6 next visit. On November 21, 2016, the next day, Respondent saw Patient 1 for his yearly physical  
7 exam. Respondent stated in Patient 1's records that he reviewed the labs and other records, and  
8 noted labs were abnormal since prior visit. Respondent assessed Patient 1's visit as a routine  
9 adult health check-up exam. Patient 1's care plan addressed his diet and exercise in connection  
10 with his diabetes care and labs were ordered primarily to study the liver. The records show  
11 Respondent did not perform a rectal exam or GU exam, and do not mention Patient 1's elevated  
12 PSA result.

13 10. Patient 1's labs showed liver test abnormalities on November 22, 2016. On  
14 December 3, 2016, Respondent directed Patient 1 to have further liver tests. Respondent wrote to  
15 Patient 1 on December 7 and again on December 19, 2016 that his liver tests were all normal.

16 11. On January 17, 2017, Respondent ordered labs for Patient 1 for Hgb A1C, urine  
17 microalbumin study, and potassium and creatinine. Patient 1 did not have the labs taken. Patient  
18 1 also did not respond to emails and letters from Kaiser outreach units from February through  
19 July 2017.

20 12. On October 2, 2017, Respondent emailed Patient 1 that he needed a blood pressure  
21 check performed. On October 9, 2017, Patient 1 completed routine lab tests for his diabetes. On  
22 the same day, Patient 1 emailed Respondent to ask for a referral for chiropractic treatments to  
23 treat his back pain, and Respondent replied that Patient 1 first had to complete his overdue  
24 physical. On October 11, 2017, Respondent notified Patient 1 that his diabetic labs were normal.  
25 On October 15, 2017, Respondent told Patient 1 via email that his A1C had improved to 7.3% but  
26 more needed to be done to be normal and to follow-up. On October 16, 2017, Patient 1 had an

27 <sup>2</sup> A hemoglobin A1C test, also known as Hgb A1C or A1C test, is a simple blood test that  
28 measures a person's average blood sugar levels over the past three months.

<sup>3</sup> An alanine aminotransferase (ALT) test is a blood test that checks the liver for damage.

1 annual exam with Respondent. Respondent recorded the exam as entirely normal with no rectal  
2 or prostate exam performed. Respondent also noted he reviewed all prior labs. Respondent  
3 recorded Patient 1's assessment and plan for more labs, including a PSA level, to continue present  
4 medications, diet, exercise and return for routine annual checkups.

5 13. On November 21, 2017, a PSA<sup>4</sup> lab coordinator reminded Patient 1 to get his PSA  
6 test. Respondent sent reminder letters to Patient 1 regarding his PSA test on December 21, 2017,  
7 January 22, 2018 and February 23, 2018. Respondent also emailed Patient 1 regarding his blood  
8 pressure check being due on January 22, 2018. A Kaiser health team sent a letter stating Patient 1  
9 had an overdue A1C test on June 18, 2018.

10 14. On July 24, 2018, Patient 1 completed his PSA lab tests. Patient 1 had an extremely  
11 elevated PSA result at 71.2 and twice as high as his prior test. His A1C was also very high at  
12 9.0%, indicating poor diabetes control. On July 25, 2018, Respondent emailed Patient 1 that he  
13 had an elevated A1C and that he needed an appointment in 1-2 weeks. Respondent made no  
14 comment regarding Patient 1's extremely elevated PSA result.

15 15. On July 30, 2018, Respondent saw Patient 1 who presented with urinary urgency,  
16 frequency, hesitancy, and terminal dribbling. Respondent noted that Patient 1 was in mild to  
17 moderate distress. Patient 1's prostate exam showed a 3+ enlarged prostate, firm without  
18 nodules. Respondent assessed Patient 1 with benign prostatic hypertrophy (BPH) and prescribed  
19 Flomax for symptom relief. For the first time, Respondent noted the PSA elevation and consulted  
20 a urologist, who recommended a urine test to rule out an infection and to repeat the PSA test. On  
21 August 1, 2018, these tests showed Patient 1 had no infection, but his PSA was even higher at  
22 74.6. On the same day, Respondent notified Patient 1 of the elevated PSA result, and set up a  
23 urology consultation.

24 16. On August 21, 2018, the urologist performed a rectal exam that showed a nodular  
25 right lobe with induration, with a diminished sulcus, and an ultrasound showed an enlarged  
26 prostate volume of 126 to 150 cc. The urologist biopsied Patient 1's prostate. The biopsy  
27

28 \_\_\_\_\_  
<sup>4</sup> A prostate-specific antigen (PSA).

1 revealed adenocarcinoma, Gleason grade score of 9 to 10 (8-10 scores are high-grade or poorly  
2 differentiated cancer), with perineural invasion present.

3 17. Patient 1's cancer was metastatic to the bone and the abdomen. Patient 1 entered  
4 hospice care on June 8, 2020, and died soon after.

5 18. Respondent is guilty of unprofessional conduct, and Respondent's certificate is  
6 subject to discipline pursuant to sections 2234 and/or 2234(a) and/or 2234(b) and/or 2234(c)  
7 and/or 2234(d) of the Code based upon gross negligence and/or repeated negligent acts and/or  
8 incompetence, because:

- 9 • Respondent failed to adequately examine all lab tests ordered, to ensure that Patient 1  
10 had PSA tests done, and to interpret the results as they became available.
- 11 • Respondent failed to acknowledge the elevated PSA test on November 17, 2016, and  
12 failed to repeat the test.
- 13 • Respondent failed to see or act on Patient 1's PSA level of 34.7, which warranted  
14 immediate action such as ordering an immediate repeated PSA test to confirm  
15 elevation, and referral to a urologist.
- 16 • Respondent did not take appropriate action to follow up on the abnormal results.
- 17 • The result of Respondent's inattention and/or inaction was that Patient 1's PSA  
18 doubled, by the time of the second lab test on July 24, 2018, and Patient 1 suffered a  
19 20-month delay in diagnosis of his prostate cancer.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Unprofessional Conduct/Repeated Negligent Acts/Incompetence)**

22 19. The allegations of Paragraphs 8 through 18 are incorporated by reference as if set out  
23 in full.

24 20. Patient 1 was a complex patient. He was over 65 years of age, had significant  
25 obesity, uncontrolled diabetes, a history of retinal detachment, hypertension, hyperlipidemia,  
26 obstructive sleep apnea, lumbrosacral disc degeneration and bilateral knee osteoarthritis.  
27 Respondent should have had Patient 1 test his Hgb A1C every three to six months, have annual  
28 eye exams, and annual monofilament testing of the feet for proper management of his diabetes.

1 Patient 1's diabetes was poorly controlled throughout Respondent's care; Patient 1's blood  
2 pressure was not controlled; and Patient 1 had sleep apnea that went untreated. Patient 1  
3 demonstrated poor response to emails and letters which further indicated the need for more  
4 frequent visits to monitor his problems. Instead, Respondent only had Patient 1 attend visits for  
5 annual physicals. Because of Patient 1's medical complexity, Respondent should have seen  
6 Patient 1 more frequently (every three to six months).

7 21. Respondent is guilty of unprofessional conduct, and Respondent's certificate is  
8 subject to discipline pursuant to sections 2234 and/or 2234(a) and/or 2234(c) and/or 2234(d) of  
9 the Code based upon repeated negligent acts and/or incompetence, because:

- 10 • Respondent did not provide proper care and treatment to Patient 1 who had multiple  
11 complex medical problems that went unmanaged and/or untreated and/or  
12 undiagnosed.
- 13 • Respondent failed to require frequent visits, involve additional resources and provide  
14 specialized care where needed.

15 **PRAYER**

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

- 18 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 105988,  
19 issued to Babatunde Adebajo Salako, M.D.;
- 20 2. Revoking, suspending or denying approval of Babatunde Adebajo Salako, M.D.'s  
21 authority to supervise physician assistants and advanced practice nurses;
- 22 3. Ordering Babatunde Adebajo Salako, M.D., to pay the Board the costs of the  
23 investigation and enforcement of this case, and if placed on probation, the costs of probation  
24 monitoring;
- 25 4. Taking such other and further action as deemed necessary and proper.

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27 ///

1 DATED: OCT 20 2022



2 WILLIAM PRASIFKA  
3 Executive Director  
4 Medical Board of California  
5 Department of Consumer Affairs  
6 State of California  
7 *Complainant*

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