

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

**In the Matter of the Accusation
Against:**

Kelly Jean Ahmed, M.D.

**Physician's and Surgeon's
Certificate No. A 51407**

Case No.: 800-2019-054637

Respondent.

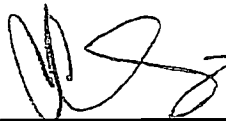
DECISION

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 July 20, 2023.

IT IS SO ORDERED: June 20, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 GIOVANNI F. MEJIA
Deputy Attorney General
4 State Bar No. 309951
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9072
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **KELLY JEAN AHMED, M.D.**
15 **14285 Amargosa Road**
Victorville, CA 92392

16 **Physician's and Surgeon's Certificate**
17 **No. A 51407,**

18 Respondent.

Case No. 800-2019-054637

OAH No. 2022090026

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board
23 of California (Board). Then Executive Director William Prasifka previously brought this action
24 solely in his official capacity. Complainant is represented in this matter by Rob Bonta, Attorney
25 General of the State of California, by Giovanni F. Mejia, Deputy Attorney General.

26 2. Respondent Kelly Jean Ahmed, M.D. (Respondent) is represented in this proceeding
27 by attorney Peter R. Osinoff, Esq., whose address is Bonne Bridges Mueller O'Keefe & Nichols,
28 335 South Grand Ave., Suite 1750, Los Angeles, CA 90071-1562.

3. On or about November 23, 1992, the Board issued Physician's and Surgeon's Certificate No. A 51407 to Kelly Jean Ahmed, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-054637, and will expire on March 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-054637 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 25, 2022. Respondent filed a Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-054637 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-054637. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation

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No. 800-2019-054637, a copy of which is attached hereto as exhibit A, and that she has thereby subjected her Physician's and Surgeon's Certificate No. A 51407 to disciplinary action.

10. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

11. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2019-054637 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

CONTINGENCY

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

ADDITIONAL PROVISIONS

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 51407 issued to Respondent Kelly Jean Ahmed, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for 35 months on the following terms and conditions:

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

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

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

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 submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the course, or not later than
6 15 calendar days after the effective date of the Decision, whichever is later.

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

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

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
25 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
26 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
27 licenses are valid and in good standing, and who are preferably American Board of Medical
28 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal

1 relationship with Respondent, or other relationship that could reasonably be expected to
2 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
3 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
4 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified. Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

21 6. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
22 prohibited from supervising physician assistants.

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

26 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
27 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
28 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena

1 enforcement, as applicable, in the amount of \$29,666. Costs shall be payable to the Medical
2 Board of California. Failure to pay such costs shall be considered a violation of probation.

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

7 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
8 to repay investigation and enforcement costs, including expert review costs.

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

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

14 10. GENERAL PROBATION REQUIREMENTS.

15 Compliance with Probation Unit

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

17 Address Changes

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

23 Place of Practice

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

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1 License Renewal

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

4 Travel or Residence Outside California

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

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

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

14 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
17 defined as any period of time Respondent is not practicing medicine as defined in Business and
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If
20 Respondent resides in California and is considered to be in non-practice, Respondent shall
21 comply with all terms and conditions of probation. All time spent in an intensive training program
22 which has been approved by the Board or its designee shall not be considered non-practice and
23 does not relieve Respondent from complying with all the terms and conditions of probation.
24 Practicing medicine in another state of the United States or Federal jurisdiction while on
25 probation with the medical licensing authority of that state or jurisdiction shall not be considered
26 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-
27 practice.

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

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

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

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

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

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

25 15. LICENSE SURRENDER. Following the effective date of this Decision, if
26 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
27 the terms and conditions of probation, Respondent may request to surrender his or her license.
28 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in

1 determining whether or not to grant the request, or to take any other action deemed appropriate
2 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
3 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
4 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
5 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
6 application shall be treated as a petition for reinstatement of a revoked certificate.

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

12 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a
13 new license or certification, or petition for reinstatement of a license, by any other health care
14 licensing action agency in the State of California, all of the charges and allegations contained in
15 Accusation No. 800-2019-054637 shall be deemed to be true, correct, and admitted by
16 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
17 restrict license.

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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, Peter R. Osinoff, Esq. 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: 3/10/23


9 KELLY JEAN AHMED, M.D.
Respondent

10 I have read and fully discussed with Respondent Kelly Jean Ahmed, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13 DATED: 3/12/2023


14 PETER R. OSINOFF, ESQ.
Attorney for Respondent


15
16 ENDORSEMENT

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

19
20 DATED: March 13, 2023

Respectfully submitted,

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


24 GIOVANNI F. MEJIA
25 Deputy Attorney General
26 Attorneys for Complainant

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28 83851857.docx

Exhibit A

Accusation No. 800-2019-054637

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 GIOVANNI F. MEJIA
Deputy Attorney General
4 State Bar No. 309951
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9072
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
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13 In the Matter of the Accusation Against:

Case No. 800-2019-054637

14 **KELLY JEAN AHMED, M.D.**
15 **14285 AMARGOSA ROAD**
VICTORVILLE, CA 92392

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 51407,**

Respondent.

18
19 **PARTIES**

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

23 2. On or about November 23, 1992, the Board issued Physician's and Surgeon's
24 Certificate No. A 51407 to Kelly Jean Ahmed, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on March 31, 2024, unless renewed.

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JURISDICTION

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

4. Section 2227, subdivision (a) of the Code states:

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

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

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

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

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

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

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

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

...

(b) Gross negligence.

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

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

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

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 COST RECOVERY

5 7. Section 125.3 of the Code states:

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

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

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

20 (d) The administrative law judge shall make a proposed finding of the amount
21 of reasonable costs of investigation and prosecution of the case when requested
22 pursuant to subdivision (a). The finding of the administrative law judge with regard to
23 costs shall not be reviewable by the board to increase the cost award. The board may
24 reduce or eliminate the cost award, or remand to the administrative law judge if the
25 proposed decision fails to make a finding on costs requested pursuant to subdivision
26 (a).

27 (e) If an order for recovery of costs is made and timely payment is not made as
28 directed in the board's decision, the board may enforce the order for repayment in any
appropriate court. This right of enforcement shall be in addition to any other rights
the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be
conclusive proof of the validity of the order of payment and the terms for payment.

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

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

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

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

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

7 **FACTS**

8 **Patient A¹**

9 8. Beginning in or around 2010,² Respondent began rendering medical care and
10 treatment to Patient A, an adult patient with a history of ailments including, but not limited to,
11 osteoarthritis; chronic back pain; chronic obstructive pulmonary disease (COPD); and anxiety.

12 9. In or around April 2015 to August 2018, Respondent issued recurring prescriptions
13 for Norco³ for management of Patient A's chronic pains in quantities and strengths corresponding
14 to daily hydrocodone dosages of approximately 30 to 120 mg.

15 10. For the period in or around April 2015 to August 2018, Respondent's medical records
16 for Patient A document only a single review of the California Controlled Substance Utilization
17 Review and Evaluation System (CURES)⁴ database for controlled substance prescriptions filled
18 by Patient A, on or about December 22, 2016.

19 ////

20 ¹ Patients' true names are not used in the instant Accusation to maintain patient
21 confidentiality. The patients' identities are known to Respondent or will be disclosed to
22 Respondent upon receipt of a duly issued request for discovery in accordance with Government
Code section 11507.6.

23 ² Any act or omission alleged to have occurred more than seven years prior to the filing of
the instant Accusation is alleged for informational purposes only, and is not alleged as a basis for
disciplinary action.

24 ³ Norco is a brand name for acetaminophen and hydrocodone bitartrate, a Schedule III
controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a
dangerous drug pursuant to Business and Professions Code section 4022.

25 ⁴ As set forth in Health and Safety Code section 11165, subdivision (a), CURES is a
26 prescription drug monitoring program "[t]o assist health care practitioners in their efforts to
27 ensure appropriate prescribing, ordering administering, furnishing, and dispensing of controlled
substances" and "for the electronic monitoring of, and internet access to information regarding,
28 the prescribing and dispensing of...controlled substances by all practitioners authorized to
prescribe, order, administer, furnish or dispense these controlled substances."

11. For the period in or around April 2015 to August 2018, the CURES database lists approximately six prescriptions for another controlled substance opiate, oxycodone,⁵ filled by Patient A and issued by providers other than Respondent:

Date Filled	Drug Name	Drug Strength	Quantity	Days Supply
4/10/2015	Oxycodone HCL-Acetaminophen	7.5 mg-325 mg	90	30
5/9/2015	Oxycodone HCL-Acetaminophen	7.5 mg-325 mg	9	3
5/9/2015	Oxycodone HCL-Acetaminophen	7.5 mg-325 mg	81	27
6/8/2015	Oxycodone HCL-Acetaminophen	7.5 mg-325 mg	90	30
7/15/2015	Oxycodone HCL-Acetaminophen	7.5 mg-325 mg	90	30

12. Respondent's medical records for Patient A document a toxicology drug screen dated September 29, 2016, which yielded a result inconsistent with Respondent's prescribing regimen for the patient.

13. Respondent's medical records for Patient A document a toxicology drug screen dated September 7, 2017, which yielded a result inconsistent with Respondent's prescribing regimen for the patient.

14. Respondent's medical records for Patient A document a toxicology drug screen dated January 4, 2018, which yielded a result inconsistent with Respondent's prescribing regimen for the patient.

15. In or around April 2015 to August 2018, Respondent failed to prescribe naloxone⁶ to Patient A.

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⁵ Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

⁶ Naloxone is an opioid antagonist commonly used as an antidote against opiate toxicity or overdose.

1 16. In or around April 2015 to August 2018, Respondent issued recurring prescriptions
2 for Valium (diazepam),⁷ a benzodiazepine, to Patient A in quantities and strengths corresponding
3 to daily diazepam dosages of approximately 30 mg.

4 17. In or around April 2015 to August 2018, Respondent failed to adequately document a
5 proper medical indication for diazepam therapy.

6 18. On multiple occasions in or around April 2017 to August 2018, Respondent issued a
7 prescription for another benzodiazepine, temazepam,⁸ to Patient A in quantities and strengths
8 corresponding to daily temazepam dosages of approximately 30 mg.

9 19. In or around April 2015 to August 2018, Respondent issued recurring prescriptions
10 for Soma (carisoprodol)⁹ to Patient A in quantities and strengths corresponding to daily
11 carisoprodol dosages of approximately 700 to 1,400 mg.

12 20. In or around April 2015 to August 2018, Respondent committed negligence in the
13 course of her care and treatment of Patient A by failing to adequately offer safer non-opiate
14 pharmacotherapy for management of the patient's chronic pains.

15 21. In or around April 2015 to August 2018, Respondent committed negligence in the
16 course of her care and treatment of Patient A by failing to adequately promote weight loss
17 programs for management of the patient's chronic pains.

18 22. In or around April 2015 to August 2018, Respondent committed negligence in the
19 course of her care and treatment of Patient A by failing to adequately recommend mental health
20 consultation for cognitive behavioral therapy for management of the patient's chronic pains.

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24 ⁷ Valium is a brand name for diazepam, a Schedule IV controlled substance pursuant to
25 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
26 Business and Professions Code section 4022. Diazepam is commonly used for acute treatment of
27 anxiety disorders.

28 ⁸ Temazepam is a Schedule IV controlled substance pursuant to Health and Safety Code
section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code
section 4022.

⁹ Soma is a brand name for carisoprodol, a Schedule IV controlled substance pursuant to 21
C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section 4022.
It is a centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate,
a substance with abuse potential similar to that of benzodiazepine.

1 23. In or around April 2015 to August 2018, Respondent committed negligence in the
2 course of her care and treatment of Patient A by failing to adequately perform risk stratification
3 relating to the patient's chronic opiate pain medications.

4 24. In or around April 2015 to August 2018, Respondent committed negligence in the
5 course of her care and treatment of Patient A by failing to adequately offer multi-disciplinary
6 management of the patient's chronic pains.

7 25. In or around April 2015 to August 2018, Respondent committed negligence in the
8 course of her care and treatment of Patient A by failing to adequately monitor the CURES
9 database and recognize the patient's obtaining of narcotic prescriptions from other providers.

10 26. In or around April 2015 to August 2018, Respondent committed negligence in the
11 course of her care and treatment of Patient A by failing to adequately obtain toxicology drug
12 screens for the patient, and confront the patient when any such testing yielded results inconsistent
13 with the patient's prescribed medications.

14 27. In or around April 2015 to August 2018, Respondent committed negligence in the
15 course of her care and treatment of Patient A by failing to prescribe naloxone to the patient.

16 28. In or around April 2015 to August 2018, Respondent committed gross negligence in
17 the course of her care and treatment of Patient A by failing to adequately monitor the patient's
18 long-term opiate therapy.

19 29. In or around April 2015 to August 2018, Respondent committed negligence in the
20 course of her care and treatment of Patient A by failing to adequately document a proper medical
21 indication for diazepam therapy.

22 30. In or around April 2015 to August 2018, Respondent committed negligence in the
23 course of her care and treatment of Patient A by engaging in long-term prescribing of Soma
24 therapy.

25 31. In or around April 2015 to August 2018, Respondent committed negligence in the
26 course of her care and treatment of Patient A by concurrently prescribing opiate and
27 benzodiazepine medications without proper medical indication.

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Patient B

32. In or around 2012, if not earlier, Respondent began rendering medical care and treatment to Patient B, an adult patient with a history of ailments including, but not limited to, asthma; reflex sympathetic dystrophy; migraines; chronic pain syndrome; and fibromyalgia.

33. In or around April 2015 to August 2018, Respondent issued recurring prescriptions for fentanyl¹⁰ transdermal patches for management of Patient B's chronic pains in quantities and strengths corresponding to dosages of approximately 50 mcg per hour.

34. In or around April 2015 to August 2018, Respondent issued multiple prescriptions for Norco for management of Patient B's chronic pains in quantities and strengths corresponding to daily hydrocodone dosages of approximately 20 to 60 mg.

35. Respondent's medical records for Patient B document a toxicology drug screen dated September 29, 2016, which yielded a result inconsistent with Respondent's prescribing regimen for the patient.

36. Respondent's medical records for Patient B document a toxicology drug screen dated October 5, 2017, which yielded a result inconsistent with Respondent's prescribing regimen for the patient.

37. Respondent's medical records for Patient B document a toxicology drug screen dated February 2, 2018, which yielded a result inconsistent with Respondent's prescribing regimen for the patient.

38. Respondent's medical records for Patient B, for the period in or around April 2015 to August 2018, failed to adequately document physical musculoskeletal examinations pertaining to the patient's ailments, or details regarding the management of the patient's chronic pains and pain medications.

39. In or around April 2015 to August 2018, Respondent failed to prescribe naloxone to Patient B.

¹⁰ Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. Fentanyl is typically used for management of chronic severe pains in opioid tolerant patients.

1 40. In or around April 2015 to October 2016, Respondent issued recurring prescriptions
2 for Xanax (alprazolam),¹¹ a benzodiazepine, to Patient B for anxiety in quantities and strengths
3 corresponding to daily alprazolam dosages of approximately 0.25 mg.

4 41. In or around April 2015 to August 2018, Respondent issued recurring prescriptions
5 for Soma (carisoprodol) to Patient B in quantities and strengths corresponding to daily
6 carisoprodol dosages of approximately 1,050 to 1,400 mg.

7 42. In or around April 2015 to August 2018, Respondent committed negligence in the
8 course of her care and treatment of Patient B by failing to adequately offer safer non-opiate
9 pharmacotherapy for management of the patient's chronic pains.

10 43. In or around April 2015 to August 2018, Respondent committed negligence in the
11 course of her care and treatment of Patient B by failing to adequately recommend chiropractic
12 adjustments and acupuncture therapy for management of the patient's chronic pains.

13 44. In or around April 2015 to August 2018, Respondent committed negligence in the
14 course of her care and treatment of Patient B by failing to adequately seek or obtain mental health
15 consultation for management of Patient B's fibromyalgia symptoms.

16 45. In or around April 2015 to August 2018, Respondent committed negligence in the
17 course of her care and treatment of Patient B by failing to prescribe naloxone to the patient.

18 46. In or around April 2015 to August 2018, Respondent committed negligence in the
19 course of her care and treatment of Patient B by failing to adequately perform risk stratification
20 relating to the patient's chronic opiate pain medications.

21 47. In or around April 2015 to August 2018, Respondent committed negligence in the
22 course of her care and treatment of Patient B by failing to adequately obtain toxicology drug
23 screens for the patient, and confront the patient when any such testing yielded results inconsistent
24 with the patient's prescribed medications.

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27 ¹¹ Xanax is a brand name for alprazolam, a benzodiazepine Schedule IV controlled
28 substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous
drug pursuant to Business and Professions Code section 4022.

48. In or around April 2015 to August 2018, Respondent committed negligence in the course of her care and treatment of Patient B by failing to maintain adequate records of her monitoring of the patient's opiate therapy.

49. In or around April 2015 to August 2018, Respondent committed gross negligence in the course of her care and treatment of Patient B by failing to adequately monitor the patient's long-term opiate therapy.

50. In or around April 2015 to October 2016, Respondent committed negligence in the course of her care and treatment of Patient B by treating the patient's anxiety condition with long-term benzodiazepine therapy.

51. In or around April 2015 to August 2018, Respondent committed negligence in the course of her care and treatment of Patient B by prescribing the patient Soma long-term.

52. In or around April 2015 to October 2016, Respondent committed negligence in the course of her care and treatment of Patient B by prescribing Soma to a patient on long-term fentanyl and benzodiazepine therapy.

53. In or around April 2015 to October 2016, Respondent committed negligence in the course of her care and treatment of Patient B by concurrently prescribing the patient fentanyl and alprazolam long-term.

54. In or around April 2015 to August 2018, Respondent committed negligence in the course of her care and treatment of Patient B by failing to obtain or document a signed pain care agreement and informed consent discussion with the patient.

Patient C

55. In or around 2011, Respondent began rendering medical care and treatment to Patient C, an adult patient with a history of ailments including, but not limited to, herniated discs; diabetic neuropathy; sleep apnea; migraines; COPD; vertigo; and fibromyalgia.

56. In or around April 2015 to August 2018, Respondent issued recurring prescriptions for methadone for management of Patient C's chronic pains in quantities and strengths corresponding to daily methadone dosages of approximately 60 mg.

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1 57. In or around April 2015 to August 2018, Respondent failed to obtain or document any
2 toxicology drug screens for Patient C.

3 58. For the period in or around April 2015 to August 2018, Respondent's medical records
4 for Patient C document only a single review of the CURES database for controlled substance
5 prescriptions filled by Patient C, in or around June 2018.

6 59. In or around April 2015 to August 2018, Respondent failed to prescribe naloxone to
7 Patient C.

8 60. In or around April 2015 to August 2018, Respondent failed to adequately seek or
9 obtain routine electrocardiogram (EKG) monitoring for Patient C.

10 61. Respondent's medical records for Patient C document that the patient complained of
11 worsening sleep apnea, increased daytime somnolence or, falling asleep while standing up, or any
12 combination thereof, during one or more clinic visits in or around 2017.

13 62. Respondent's medical records for Patient C for the period in or around April 2015 to
14 August 2018 failed to adequately document musculoskeletal physical examinations pertaining to
15 the patient's ailments, or details regarding the management of the patient's chronic pains and pain
16 medications.

17 63. In or around April 2015 to May 2019, Respondent issued recurring prescriptions for
18 Klonopin (clonazepam),¹² a benzodiazepine, to Patient C in quantities and strengths
19 corresponding to daily clonazepam dosages of approximately 4 to 6 mg.

20 64. On multiple occasions in or around April 2015 to May 2019, Respondent issued
21 prescriptions for Xanax (alprazolam), a benzodiazepine, to Patient C in quantities and strengths
22 corresponding to daily alprazolam dosages of approximately .25 to 4 mg.

23 65. In or around April 2015 to August 2018, Respondent committed negligence in the
24 course of her care and treatment of Patient C by failing to adequately perform risk stratification
25 relating to the patient's chronic opiate pain medications.

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27 ¹² Klonopin is a brand name for clonazepam, a Schedule IV controlled substance pursuant
28 to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
Business and Professions Code section 4022. It is a medication in the benzodiazepine family.

1 66. In or around April 2015 to August 2018, Respondent committed negligence in the
2 course of her care and treatment of Patient C by failing to adequately monitor the CURES
3 database for controlled substance prescriptions filled to the patient, and administer toxicology
4 drug testing to the patient.

5 67. In or around April 2015 to August 2018, Respondent committed negligence in the
6 course of her care and treatment of Patient C by prescribing the patient an excessively high
7 methadone therapy dosage.

8 68. In or around April 2015 to August 2018, Respondent committed negligence in the
9 course of her care and treatment of Patient C by failing to prescribe naloxone to the patient.

10 69. In or around April 2015 to August 2018, Respondent committed negligence in the
11 course of her care and treatment of Patient C by failing to adequately seek or obtain routine EKG
12 monitoring of a patient on long-term methadone therapy.

13 70. In or around 2017, Respondent committed negligence in the course of her care and
14 treatment of Patient C by failing to adequately reduce the patient's methadone dosage after
15 receiving one or more reports of worsening daytime somnolence.

16 71. In or around April 2015 to August 2018, Respondent committed negligence in the
17 course of her care and treatment of Patient C by failing to maintain adequate records of her
18 monitoring of the patient's opiate therapy.

19 72. In or around May 2015 to August 2018, Respondent committed gross negligence in
20 the course of her care and treatment of Patient C by failing to adequately monitor the patient's
21 long-term opiate therapy.

22 73. In or around April 2015 to August 2018, Respondent committed negligence in the
23 course of her care and treatment of Patient C by failing to adequately offer inhalation treatments
24 to the patient for the patient's COPD.

25 74. In or around April 2015 to August 2018, Respondent committed negligence in the
26 course of her care and treatment of Patient C by prescribing methadone concurrently with two
27 benzodiazepine sedatives.

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75. In or around April 2015 to August 2018, Respondent committed negligence in the course of her care and treatment of Patient C by failing to obtain failing to obtain or document a signed pain care agreement and informed consent discussion with the patient.

Patient D

76. In or around 2011, Respondent began rendering medical care and treatment to Patient D, and adult patient with a history of ailments including, but not limited to, obesity and chronic neck and back pains.

77. In or around May 2015 to September 2018, Respondent issued recurring prescriptions for Norco to Patient D for management of Patient D's chronic pains in quantities and strengths corresponding to daily hydrocodone dosages of approximately 20 to 40 mg.

78. In or around July 2015 to September 2018; Respondent issued recurring prescriptions for fentanyl transdermal patches for management of Patient D's chronic pains in quantities and strengths corresponding to dosages of approximately 25 to 75 mcg per hour.

79. For the period in or around May 2015 to September 2018, Respondent's medical records for Patient D document only a single review of the CURES database for controlled substance prescriptions filled by Patient D, on or about November 29, 2016.

80. For the period in or around May 2015 to September 2018, the CURES database lists multiple Norco prescriptions filled by Patient D and issued by providers other than Respondent:

Date Filled	Drug Name	Drug Strength	Quantity	Days Supply
9/7/18	Hydrocodone Bitartrate-Acetaminophen	5 mg-300 mg	30	5
9/20/17	Hydrocodone Bitartrate-Acetaminophen	5 mg-300 mg	30	5
4/18/17	Hydrocodone Bitartrate-Acetaminophen	5 mg-300 mg	30	5
3/10/17	Hydrocodone Bitartrate-Acetaminophen	5 mg-300 mg	30	5
12/1/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-300 mg	30	5
11/12/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-325 mg	30	8
10/28/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-325 mg	40	10
10/18/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-300 mg	30	5
10/4/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-300 mg	30	5
9/20/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-300 mg	30	5

Date Filled	Drug Name	Drug Strength	Quantity	Days Supply
4/5/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-325 mg	20	4
2/11/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-325 mg	20	5
1/10/16	Hydrocodone Bitartrate-Acetaminophen	5 mg-325 mg	20	3

81. For the period in or around May 2015 to September 2018, Respondent's medical records for Patient D document only two urine drug screens for the patient, dated October 5, 2016 and September 1, 2017.

82. In or around May 2015 to September 2018, Respondent failed to prescribe naloxone to Patient D.

83. Respondent's medical records for Patient D, for the period in or around May 2015 to September 2018, failed to adequately document physical musculoskeletal examinations pertaining to the patient's ailments, or details regarding the management of the patient's chronic pains and pain medications.

84. In or around May 2015 to September 2018, Respondent committed negligence in the course of her care and treatment of Patient D by failing to adequately offer safer non-opiate pharmacotherapy for management of the patient's chronic pains.

85. In or around July 2015 to September 2018, Respondent committed negligence in the course of her care and treatment of Patient D by failing to adequately offer referral for cognitive behavioral therapy to attempt to lower the patient's fentanyl dosage.

86. In or around May 2015 to September 2018, Respondent committed negligence in the course of her care and treatment of Patient D by failing to adequately perform risk stratification relating to the patient's chronic opiate pain medications.

87. In or around May 2015 to September 2018, Respondent committed negligence in the course of her care and treatment of Patient D by failing to adequately monitor the CURES database.

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88. In or around May 2015 to September 2018, Respondent committed negligence in the course of her care and treatment of Patient D by failing to adequately obtain toxicology drug screens for the patient.

89. In or around July 2015 to September 2018, Respondent committed negligence in the course of her care and treatment of Patient D by improperly prescribing the patient high doses of fentanyl.

90. In or around May 2015 to September 2018, Respondent committed negligence in the course of her care and treatment of Patient D by failing to prescribe naloxone to the patient.

91. In or around May 2015 to September 2018, Respondent 'committed negligence in the course of her care and treatment of Patient D by failing to maintain adequate records of her monitoring of the patient's opiate therapy.

92. In or around May 2015 to September 2018, Respondent committed gross negligence in the course of her care and treatment of Patient D by failing to adequately monitor the patient's opiate therapy.

Patient E

93. On multiple occasions in or around February 2018 to November 2019, Respondent issued antibiotic prescriptions to Patient E, a minor patient, one of whose parents worked at Respondent's office in or around that time.

94. Respondent's medical records for Patient E for the period in or around February 2018 to November 2019 contain progress note documentation for only one visit, dated in or around February 2019.

95. Respondent committed negligence in the course of her care and treatment of Patient E by failing to maintain adequate medical records for the patient.

Patient F

96. In or around 2018, Respondent issued one or more prescriptions to Patient F, an adult patient who was a spouse of an individual that was working in Respondent's office in or around that time.

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97. Respondent failed to adequately document a progress note, pertinent physical findings, or a medical assessment for any such prescriptions.

98. Respondent committed negligence in the course of her care and treatment of Patient F by failing to maintain adequate medical records for the patient.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

99. Respondent has subjected her Physician's and Surgeon's Certificate No. A 51407 to disciplinary action under sections 2227 and 2234, subdivision (b), of the Code, in that she committed gross negligence in the course of her care and treatment of one or more patients, as more particularly alleged in paragraphs 8 through 15; 23 through 28; 32 through 39; 45 through 49; 55 through 62; 65 through 72; and 76 through 92, above, which are incorporated by reference as if fully set forth herein.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

100. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 51407 to disciplinary action under sections 2227 and 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in the course of her care and treatment of one or more patients, as more particularly alleged in paragraphs 8 through 99, above, which are incorporated by reference as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

101. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 51407 to disciplinary action under sections 2227, 2234 and 2266 of the Code, in that she failed to maintain adequate and accurate records relating to the provision of services to one or more patients, as more particularly alleged in paragraphs 8; 16 through 17; 29; 32 through 34; 38; 48; 54 through 56; 62; 71; 75 through 78; 83; 91; and 93 through 98, above, which are incorporated by reference as if fully set forth herein.


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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 No. A 51407, issued to Respondent Kelly Jean Ahmed, M.D.;
2. Revoking, suspending or denying approval of Respondent Kelly Jean Ahmed, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Kelly Jean Ahmed, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: **MAR 25 2022**


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

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