

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

In the Matter of the Accusation Against:

Carl R. Ahroon, M.D.

**Physician's & Surgeon's
Certificate No. G 13598**

Respondent.

Case No. 800-2019-056375

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 August 4, 2023.

IT IS SO ORDERED: July 7, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 AARON L. LENT
Deputy Attorney General
4 State Bar No. 256857
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7

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **CARL R. AHROON, M.D.**
15 **724 Medical Center Dr. East, Ste 101**
Clovis, CA 93611

16 **Physician's and Surgeon's Certificate**
17 **No. G 13598**

18 Respondent.

Case No. 800-2019-056375

OAH No. 2022100576

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board
24 of California (Board). William Prasifka was the Executive Director of the Board when this action
25 was brought in his official capacity, and both are represented in this matter by Rob Bonta,
26 Attorney General of the State of California, by Aaron L. Lent, Deputy Attorney General.

27 2. Respondent Carl R. Ahroon, M.D. (Respondent) is represented in this proceeding by
28 attorney Michael F. Ball, whose address is: 7647 North Fresno Street Fresno, CA 93720-8912.

1 practices course shall be at Respondent's expense and shall be in addition to the Continuing
2 Medical Education (CME) requirements for renewal of licensure.

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

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the course, or not later than
10 15 calendar days after the effective date of the Decision, whichever is later. Any violation of this
11 condition or failure to complete the program and program recommendations shall be considered
12 unprofessional conduct and grounds for further disciplinary action.

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

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

27 Respondent shall submit a certification of successful completion to the Board or its
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later. Any violation of this
2 condition or failure to complete the program and program recommendations shall be considered
3 unprofessional conduct and grounds for further disciplinary action.

4 3. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
5 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
6 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
7 enforcement, as applicable, in the amount of \$15,000.00 (fifteen thousand dollars). Costs shall be
8 payable to the Medical Board of California.

9 Payment must be made in full within 30 calendar days of the effective date of the Order, or
10 by a payment plan approved by the Medical Board of California. Any and all requests for a
11 payment plan shall be submitted in writing by respondent to the Board. Failure to fully reimburse
12 the Board the total amount of costs within twelve (12) months of the effective date of this
13 Decision, unless the Board or its designee agrees in writing to an extension of that time, shall
14 constitute general unprofessional conduct and may serve as the grounds for further disciplinary
15 action.

16 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
17 repay investigation and enforcement costs, including expert review costs.

18 4. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
19 a new license or certification, or petition for reinstatement of a license, by any other health care
20 licensing action agency in the State of California, all of the charges and allegations contained in
21 Accusation No. 800-2019-056375 shall be deemed to be true, correct, and admitted by
22 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
23 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, Michael F. Ball. 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: 5.8.23 
CARL R. AHROON, M.D.
Respondent


I have read and fully discussed with Respondent Carl R. Ahroon, 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: 5/8/2023 
MICHAEL F. BALL
Attorney for Respondent

ENDORSEMENT

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

DATED: May 8, 2023

Respectfully submitted,
ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

AARON L. LENT
Deputy Attorney General
Attorneys for Complainant

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Ahroon - PLR.docx

Exhibit A

Accusation No. 800-2019-056375

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 State Bar No. 235250
California Department of Justice
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6 *Attorneys for Complainant*

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2019-056375

13 **Carl R. Ahroon, M.D.**
14 **724 Medical Center Dr. East, Ste 101**
15 **Clovis, CA 93611**

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. G 13598,**

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 Affairs
22 (Board).

23 2. On or about July 28, 1967, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 13598 to Carl R. Ahroon, 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 June 30, 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 of the Code states:

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

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

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

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

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

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

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

5. Section 2228.1 of the Code states:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet website, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

1 (A) The commission of any act of sexual abuse, misconduct, or relations with a
patient or client as defined in Section 726 or 729.

2 (B) Drug or alcohol abuse directly resulting in harm to patients or the extent
that such use impairs the ability of the licensee to practice safely.

3 (C) Criminal conviction directly involving harm to patient health.

4 (D) Inappropriate prescribing resulting in harm to patients and a probationary
5 period of five years or more.

6 (2) An accusation or statement of issues alleged that the licensee committed any
7 of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a
8 stipulated settlement based upon a nolo contendere or other similar compromise that
9 does not include any prima facie showing or admission of guilt or fact but does
include an express acknowledgment that the disclosure requirements of this section
would serve to protect the public interest.

10 (b) A licensee required to provide a disclosure pursuant to subdivision (a) shall
11 obtain from the patient, or the patient's guardian or health care surrogate, a separate,
signed copy of that disclosure.

12 (c) A licensee shall not be required to provide a disclosure pursuant to
subdivision (a) if any of the following applies:

13 (1) The patient is unconscious or otherwise unable to comprehend the
14 disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a
guardian or health care surrogate is unavailable to comprehend the disclosure and
sign the copy.

15 (2) The visit occurs in an emergency room or an urgent care facility or the visit
16 is unscheduled, including consultations in inpatient facilities.

17 (3) The licensee who will be treating the patient during the visit is not known to
18 the patient until immediately prior to the start of the visit.

19 (4) The licensee does not have a direct treatment relationship with the patient.

20 (d) On and after July 1, 2019, the board shall provide the following
21 information, with respect to licensees on probation and licensees practicing under
probationary licenses, in plain view on the licensee's profile page on the board's
online license information internet website.

22 (1) For probation imposed pursuant to a stipulated settlement, the causes
23 alleged in the operative accusation along with a designation identifying those causes
by which the licensee has expressly admitted guilt and a statement that acceptance of
the settlement is not an admission of guilt.

24 (2) For probation imposed by an adjudicated decision of the board, the causes
25 for probation stated in the final probationary order.

26 (3) For a licensee granted a probationary license, the causes by which the
probationary license was imposed.

27 (4) The length of the probation and end date.

28

1 (5) All practice restrictions placed on the license by the board.

2 (e) Section 2314 shall not apply to this section.

3 **STATUTORY PROVISIONS**

4 6. Section 741 of the Code, states:

5 (a) Notwithstanding any other law, a prescriber shall do the following:

6 (1) Offer a prescription for naloxone hydrochloride or another drug approved
7 by the United States Food and Drug Administration for the complete or partial
8 reversal of opioid depression to a patient when one or more of the following
9 conditions are present:

10 (A) The prescription dosage for the patient is 90 or more morphine milligram
11 equivalents of an opioid medication per day.

12 (B) An opioid medication is prescribed concurrently with a prescription for
13 benzodiazepine.

14 (C) The patient presents with an increased risk for overdose, including a patient
15 with a history of overdose, a patient with a history of substance use disorder, or a
16 patient at risk for returning to a high dose of opioid medication to which the patient is
17 no longer tolerant.

18 (2) Consistent with the existing standard of care, provide education to patients
19 receiving a prescription under paragraph (1) on overdose prevention and the use of
20 naloxone hydrochloride or another drug approved by the United States Food and
21 Drug Administration for the complete or partial reversal of opioid depression.

22 (3) Consistent with the existing standard of care, provide education on overdose
23 prevention and the use of naloxone hydrochloride or another drug approved by the
24 United States Food and Drug Administration for the complete or partial reversal of
25 opioid depression to one or more persons designated by the patient, or, for a patient
26 who is a minor, to the minor's parent or guardian.

27 (b) This section does not apply to a prescriber when prescribing to an inmate or
28 a youth under the jurisdiction of the Department of Corrections and Rehabilitation or
the Division of Juvenile Justice within the Department of Corrections and
Rehabilitation.

7. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

13 (d) Incompetence.

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

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

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

21 8. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
22 adequate and accurate records relating to the provision of services to their patients constitutes
23 unprofessional conduct.

24 COST RECOVERY

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

29 FACTUAL ALLEGATIONS

30 10. On or about November 8, 2018, Patient 1¹ first presented to Respondent as a new
31 patient. Respondent obtained a medical history, and documented complaints of hypothyroidism,
32

33 ¹ The patient's name has been redacted to protect her privacy.

1 for which the patient took 25 mcg levothyroxine; anxiety, related to which the patient had an
2 echocardiogram performed; a prior breast augmentation, which was later reduced; and
3 endometriosis, which was being treated by her gynecologist. Related to the endometriosis, the
4 patient reported depression associated with menstruation, for which she was prescribed
5 antidepressants that she did not take. Respondent stated in an investigative interview that he
6 performed a physical examination, but no such examination is documented in the patient's chart,
7 other than height, weight, and blood pressure. Respondent stated in the interview that he "looked
8 at" the patient's breasts and that she "showed" him her breasts, but Respondent did not document
9 any breast examination. Respondent ordered lab work for the patient.

10 11. On or about November 15, 2018, the patient next presented to Respondent.
11 Respondent did not document a chief complaint or reason for the visit. Respondent documented
12 "irregular menses" but did not document a history or treatment plan related to this complaint.
13 Respondent documented the results of the patient's lab work. In the section of his note for
14 "Review of Symptoms," Respondent drew a line and made an illegible mark.

15 12. On or about February 19, 2019, the patient presented again to Respondent.
16 Respondent noted "depression, anxiety," and complaints of sore throat and trouble breathing.
17 Respondent prescribed the antidepressant sertraline and the benzodiazepine Xanax for anxiety.
18 Respondent also prescribed 30 tabs of the opioid Tramadol, but did not document a reason for this
19 prescription other than "need." Xanax and Tramadol are both controlled substances. Respondent
20 did not document a treatment plan. Respondent made a diagnosis of "hoarseness" and counseled
21 the patient on respiratory health. Under "Review of Symptoms," Respondent again drew a line
22 and made an illegible mark. Respondent made a requisition for a stat chest x-ray, but did not
23 document a reason for this referral or any subsequent review of a chest x-ray.

24 13. On or about June 4, 2019, the patient presented to Respondent for the fourth and final
25 time. The patient complained of earache and gastrointestinal distress. Respondent examined the
26 patient's ear and noted no inflammation and good hearing. Under "Review of Symptoms,"
27 Respondent again drew a line and made an illegible mark. The following day, the patient filed a
28 complaint with the Board.

1 14. On or about February 25, 2020, Respondent sent a letter to the patient which read, "I
2 feel we would both be best served if you found another doctor. The termination of our
3 physician/patient relationship will be effective immediately. I will be available for emergent care
4 only for 30 days." Respondent did not document a reason for terminating the physician-patient
5 relationship. In an investigative interview, Respondent stated that he terminated the relationship
6 because the patient was "not completely stable," but Respondent did not document that concern in
7 his chart.

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Repeated Negligent Acts)**

10 15. Respondent Carl R. Ahroon, M.D. is subject to disciplinary action under section
11 2234, subdivision (c), in that he engaged in repeated acts of negligence. The circumstances are
12 set forth in paragraphs 10 through 14, above, which are incorporated here by reference.

13 Additional circumstances are as follows:

14 16. The standard of care requires that a primary care physician document a chief
15 complaint or reason for a patient visit, a patient history, a review of systems, relevant past
16 medical treatment, an assessment or diagnosis, and a treatment plan. Respondent's repeated
17 failures to fully document each patient visit, and his failure to document a reason for terminating
18 the physician-patient relationship, individually and collectively, constitute negligence.

19 17. The standard of care for prescribing controlled substances requires that the
20 prescribing physician document a reason for the prescription, a diagnosis or assessment, and a
21 treatment plan. The standard of care requires that the prescribing physician check CURES² when
22 prescribing a controlled substance. Beginning January 1, 2019, when prescribing an opioid and
23 benzodiazepine concurrently, a physician must educate the patient regarding the use of naloxone
24 hydrochloride or another similar drug for the complete or partial reversal of opioid depression.
25 Respondent prescribed the opioid Tramadol and the benzodiazepine Xanax simultaneously, but

26 _____
27 ² CURES (Controlled Substance Utilization Review and Evaluation System) is a database
28 of Schedule II, Schedule III, Schedule IV and Schedule V controlled substance prescriptions
dispensed in California serving the public health, regulatory oversight agencies, and law
enforcement.

1 failed to document a treatment plan or to educate the patient regarding the use of naloxone
2 hydrochloride or another similar drug, failed to check CURES, and failed to document a medical
3 reason for prescribing Tramadol. These failures, individually and collectively, constitute
4 negligence.

5 **SECOND CAUSE FOR DISCIPLINE**

6 **(Recordkeeping)**

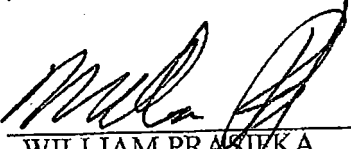
7 18. Respondent Carl R. Ahroon, M.D. is subject to disciplinary action under section 2266
8 in that he failed to maintain adequate and accurate records related to Patient 1. The circumstances
9 are set forth in paragraphs 10 through 17, above, which are incorporated here by reference.

10 **PRAYER**

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

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 13598,
14 issued to Carl R. Ahroon, M.D.;
- 15 2. Revoking, suspending or denying approval of Carl R. Ahroon, M.D.'s authority to
16 supervise physician assistants and advanced practice nurses;
- 17 3. Ordering Carl R. Ahroon, M.D., to pay the Board the costs of the investigation and
18 enforcement of this case, and if placed on probation, the costs of probation monitoring;
- 19 4. Ordering Respondent Carl R. Ahroon, M.D., if placed on probation, to provide patient
20 notification in accordance with Business and Professions Code section 2228.1; and
- 21 5. Taking such other and further action as deemed necessary and proper.

22
23 DATED: JUN 02 2022

24 
25 WILLIAM PRASIFKA
26 Executive Director
27 Medical Board of California
28 Department of Consumer Affairs
State of California
Complainant

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