

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

In the Matter of the Accusation and
Petition to Revoke Probation Against:

ISIDORE KOFI-BREKYI KWAW, M.D.

Physician's and Surgeon's
Certificate No. G 66583

Case No.: 800-2021-083780

Respondent.

DECISION

The attached Stipulated Settlement 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 5, 2023.

IT IS SO ORDERED: June 5, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 BRIAN D. BILL
Deputy Attorney General
4 State Bar No. 239146
Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6461
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation and Petition to
12 Revoke Probation Against:

13 ISIDORE KOFI-BREKYI KWAW, M.D.

14 910 Via De La Paz, Suite 100
15 Pacific Palisades, CA 90272-3528

16 Physician's and Surgeon's Certificate G 66583,

17 Respondent.

Case No. 800-2021-083780

OA# No. 2022080130

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
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. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Brian D. Bill, Deputy
25 Attorney General.

26 2. Respondent Isidore Kofi-Brekyi Kwaw, M.D. (Respondent) is represented in this
27 proceeding by attorney Thomas R. Bradford, whose address is: 100 North First Street, Suite 300,
28 Burbank, CA 91502-1845.

1 witnesses and the production of documents; the right to reconsideration and court review of an
2 adverse decision; and all other rights accorded by the California Administrative Procedure Act
3 and other applicable laws.

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

6 CULPABILITY

7 11. Respondent understands and agrees that the charges and allegations in Accusation
8 and Petition to Revoke Probation No. 800-2021-083780, if proven at a hearing, constitute cause
9 for imposing discipline upon his Physician's and Surgeon's Certificate.

10 12. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
11 or factual basis for the charges in the Accusation and Petition to Revoke Probation, and that
12 Respondent hereby gives up his right to contest those charges.

13 13. Respondent does not contest that, at an administrative hearing, complainant could
14 establish a prima facie case with respect to the charges and allegations in Accusation and Petition
15 to Revoke Probation No. 800-2021-083780, a true and correct copy of which is attached hereto as
16 Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G
17 66583 to disciplinary action.

18 14. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
19 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
20 Disciplinary Order below.

21 RESERVATION

22 15. The admissions made by Respondent herein are only for the purposes of this
23 proceeding, or any other proceedings in which the Medical Board of California or other
24 professional licensing agency is involved, and shall not be admissible in any other criminal or
25 civil proceeding.

26 CONTINGENCY

27 16. This stipulation shall be subject to approval by the Medical Board of California.
28 Respondent understands and agrees that counsel for Complainant and the staff of the Medical

1 Board of California may communicate directly with the Board regarding this stipulation and
2 settlement, without notice to or participation by Respondent or his counsel. By signing the
3 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
4 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
5 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
6 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
7 action between the parties, and the Board shall not be disqualified from further action by having
8 considered this matter.

9 17. Respondent agrees that if he ever petitions for early termination or modification of
10 probation, or if an accusation and/or petition to revoke probation is filed against him before the
11 Board, all of the charges and allegations contained in Accusation and Petition to Revoke
12 Probation No. 800-2021-083780 shall be deemed true, correct and fully admitted by respondent
13 for purposes of any such proceeding or any other licensing proceeding involving Respondent in
14 the State of California.

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

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

21 **DISCIPLINARY ORDER**

22 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. G 66583
23 issued to Respondent Isidore Kofi-Brekyi Kwaw, M.D. is revoked. However, the revocation is
24 stayed and Respondent is placed on probation for one (1) year on the following terms and
25 conditions: This Order is to run concurrently with the probationary order in case no. 800-2014-
26 010068.

27 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
28 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee

1 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
2 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
3 correcting any areas of deficient practice or knowledge and shall be Category I certified.
4 Specifically, Respondent shall complete an educational program or course that is specifically
5 focused on stroke patient presentation and treatment. The educational program(s) or course(s)
6 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education
7 (CME) requirements for renewal of licensure. Following the completion of each course, the
8 Board or its designee may administer an examination to test Respondent's knowledge of the
9 course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours
10 were in satisfaction of this condition.

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

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

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

28 3. 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. Respondent's successful
5 completion of this term pursuant to Board Decision and Disciplinary Order No. 800-2014-010068
6 shall satisfy this condition of probation.

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

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

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

26 If Respondent fails to enroll, participate in, or successfully complete the clinical
27 competence assessment program within the designated time period, Respondent shall receive a
28 notification from the Board or its designee to cease the practice of medicine within three (3)

1 calendar days after being so notified. The Respondent shall not resume the practice of medicine
2 until enrollment or participation in the outstanding portions of the clinical competence assessment
3 program have been completed. If the Respondent did not successfully complete the clinical
4 competence assessment program, the Respondent shall not resume the practice of medicine until a
5 final decision has been rendered on the accusation and/or a petition to revoke probation. The
6 cessation of practice shall not apply to the reduction of the probationary time period.

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

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

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

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

22 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
23 ordered to reimburse the Board its costs of enforcement, in the amount of \$12,150.00 (twelve
24 thousand one hundred fifty dollars). Costs shall be payable to the Medical Board of California.
25 Failure to pay such costs shall be considered a violation of probation.

26 Payment must be made in full within 30 calendar days of the effective date of the Order, or
27 by a payment plan approved by the Medical Board of California. Any and all requests for a
28 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with

1 the payment plan shall be considered a violation of probation.

2 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
3 repay enforcement costs.

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

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

9 9. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

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

12 Address Changes

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

18 Place of Practice

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

22 License Renewal

23 Respondent shall maintain a current and renewed California physician's and surgeon's
24 license.

25 Travel or Residence Outside California

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

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

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

7 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
10 defined as any period of time Respondent is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If
13 Respondent resides in California and is considered to be in non-practice, Respondent shall
14 comply with all terms and conditions of probation. All time spent in an intensive training
15 program which has been approved by the Board or its designee shall not be considered non-
16 practice and does not relieve Respondent from complying with all the terms and conditions of
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
18 on probation with the medical licensing authority of that state or jurisdiction shall not be
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
20 period of non-practice.

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

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

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

28 Periods of non-practice for a Respondent residing outside of California will relieve

1 Respondent of the responsibility to comply with the probationary terms and conditions with the
2 exception of this condition and the following terms and conditions of probation: Obey All Laws;
3 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
4 Controlled Substances; and Biological Fluid Testing..

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

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

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

28 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated

1 with probation monitoring each and every year of probation, as designated by the Board, which
2 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
3 California and delivered to the Board or its designee no later than January 31 of each calendar
4 year.

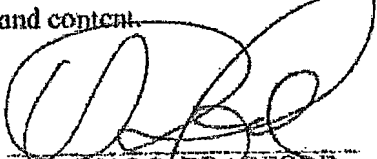
5 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
6 a new license or certification, or petition for reinstatement of a license, by any other health care
7 licensing action agency in the State of California, all of the charges and allegations contained in
8 Accusation/Petition to Revoke Probation No. 800-2021-083780 shall be deemed to be true,
9 correct, and admitted by Respondent for the purpose of any Statement of Issues or any other
10 proceeding seeking to deny or restrict license.

11 ACCEPTANCE

12 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
13 discussed it with my attorney, Thomas R. Bradford. I understand the stipulation and the effect it
14 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
15 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
16 Decision and Order of the Medical Board of California.

17
18 DATED: 12-7-2022 
19 ISIDORE KOFI-BREKWI KWAW, M.D.
20 Respondent

21 I have read and fully discussed with Respondent Isidore Kofi-Brekwi Kwaw, M.D. the
22 terms and conditions and other matters contained in the above Stipulated Settlement and
23 Disciplinary Order. I approve its form and content.

24 DATED: 12/7/22 
25 THOMAS R. BRADFORD
26 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: December 7, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General



BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 BRIAN D. BILL
Deputy Attorney General
4 State Bar No. 239146
Department of Justice
5 300 So. Spring Street, Suite 1702
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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation and Petition to
Revoke Probation Against:

Case Nos. 800-2021-083780

12 **ISIDORE KOFI-BREKYI KWAW, M.D.**
13 **910 Via De La Paz, Suite 100**
14 **Pacific Palisades, CA 90272-3538**

**ACCUSATION AND PETITION TO
REVOKE PROBATION**

15 **Physician's and Surgeon's
Certificate No. G 66583,**

16 Respondent.

17
18 **PARTIES**

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

22 2. On or about August 7, 1989, the Board issued Physician's and Surgeon's Certificate
23 Number G 66583 to Isidore Kofi-Brekyi Kwaw, M.D. (Respondent). The Physician's and
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on April 30, 2023, unless renewed.

26 **DISCIPLINARY HISTORY**

27 3. In a disciplinary action titled *In the Matter of the Accusation Against Isidore Kofi-*
28 *Brekyi Kwaw, M.D.*, in Case Number 800-2014-010068, effective August 24, 2018 (2018

1 Decision), the Board issued a decision revoking Respondent's Physician's and Surgeon's
2 Certificate, however, that revocation was stayed and Respondent was placed on probation for a
3 period of four (4) years with certain terms and conditions. A copy of the Decision and Order is
4 attached as Exhibit A and is incorporated by reference.

5 **JURISDICTION**

6 4. This Accusation and Petition to Revoke Probation is brought before the Board, under
7 the authority of the following laws. All section references are to the Business and Professions
8 Code (Code) unless otherwise indicated.

9 5. Section 2227 of the Code states:

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

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

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

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

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

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

25 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
26 medical review or advisory conferences, professional competency examinations,
27 continuing education activities, and cost reimbursement associated therewith that are
28 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.

6. 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.

1 (b) Gross negligence.

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

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

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

14 (d) Incompetence.

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

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

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

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

25 COST RECOVERY

26 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
27 administrative law judge to direct a licensee found to have committed a violation or violations of
28 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
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 9. On April 16, 2019, Patient 1¹ experienced "sudden foot dragging" and reported
that she "felt funny." Prior to the sudden onset of symptoms, Patient 1 was able to perform her

31 ¹ The patient's name has been anonymized to address privacy concerns.

1 activities of daily living.

2 10. On the evening of April 16, 2019, Patient 1 presented to the Avanti Memorial
3 Hospital ("Avanti") and expressed concern that she was having a stroke as a result of foot drag
4 and experiencing "weakness and tingling" in the left extremity since that morning. Additionally,
5 Patient 1 explained that years prior her mother had similar leg complaints and was diagnosed with
6 a stroke. Patient 1 reported having chronic back pain, chronic neck pain, overactive bladder, and
7 hypertension. The Patient 1 further reported that the only medication she used was low-dose
8 aspirin daily. The hospital records documented the Patient 1's vital signs as: temperature 97.9° F;
9 blood pressure 151/75; heart rate 76; respiratory rate 16, 98% on room air; and no pain was
10 reported. The triage nurse noted that Patient 1's, face appeared "symmetric" and exhibited
11 "normal speech." Additionally, the records documented that Patient 1 was "ambulatory and [her]
12 family [was] at bedside", and a 0/10 on the pain scale.

13 **Respondent's Care and Treatment of Patient 1**

14 11. Later, on or about April 16, 2019, Patient 1 was assigned to be seen by
15 Respondent, who documented his patient encounter as follows by subject heading:

16 a. History of present illness. "[L]eft lower extremity weakness this morning.
17 Patient 1 states that a [sic] 6 a.m. today [sic] morning she found - was dragging her feet. She has
18 normal speech and did not have any facial asymmetry. Patient 1 states that she had severe back
19 pain normally sleeps in an incline all night long. Patient 1 has no numbness or tingling in her
20 upper neck is [sic] but she had weakness in the left lower extremity. Patient 1 was concerned that
21 she could be having a stroke. Patient 1 has no other complaints at this time." Respondent also
22 documented that the Patient 1's mother died of stroke.

23 b. Neurologic exam. Patient 1 "mov[ed] all extremities without any
24 neurological deficits, and "pupils equal round reactive conjunctivae normal." Respondent failed
25 to document any specific exam of the Patient 1's deep tendon reflexes, objective motor weakness,
26 asymmetry, or sensory deficits.

27 c. Physical Exam and Review of Systems. Respondent reported a generic
28 negative review of systems and an unremarkable physical exam. Respondent failed to document

1 the specific findings of the back examination. Respondent also failed to document any findings
2 regarding urinary or stool incontinence, which could occur with nerve root impingement, nor any
3 findings regarding vision changes or neglect. Blood tests were performed including complete
4 blood count, electrolytes, liver function tests, and troponin; all were unremarkable.

5 d. Medical Decision Making Note. Respondent included a separate segment
6 on medical decision making and emergency department course where he relayed his thought
7 process involving impingement syndrome. Specifically, Respondent documented: “[Patient 1]
8 presents with severe back pain and left lower extremity weakness. The differential diagnosis of
9 this patient’s symptoms includes impingement syndrome due to degenerative joint disease.”
10 Despite his mention in the history of present illness that Patient 1 was concerned about a stroke,
11 Respondent failed to address stroke in the differential diagnoses, and/or his rationale. Instead, he
12 only commented on “impingement syndrome due to lumbar pathology” as the cause of the
13 patient’s presentation.

14 12. Respondent ordered a CT scan of the lumbar spine that revealed: “(1)
15 Osteopenia.² Mild chronic L 1 compression fracture deformity. (2) L4-L5 degenerative
16 disc disease, disk/osteophyte bulge³ with severe right and moderate left foraminal
17 narrowing.⁴ (3) L5-S 1 interbody fusion. (4) Straightening of the lumbar spine.”
18 Respondent noted that the “CT scan showed degenerative joint disease of the back with
19 compression fracture deformity of L1. Patient 1 also has degenerative disc disease at L4-
20 L5. This contributes to her left lower extremity weakness.”

21 13. Thereafter, Respondent noted that the patient has “improved symptoms.”

22 14. During an interview with a Board medical consultant and investigator,
23 Respondent stated the following:

24 a. If observed, he would have documented asymmetry in the Patient
25 1’s weakness from the right to left side and/or the type of weakness. However, if he did

26 _____
27 ² The loss of mineral density that weakens bones.

28 ³ Smooth, bony growths, usually near joints.

⁴ A back condition that occurs when the open spaces within the spine narrow. The
foramina are bony passageways located between the vertebrae in the spine.

1 not document asymmetry, then he did not "elicit it at that time."

2 b. He personally discharged Patient 1 and he would have noted any
3 neurologic deficits if observed.

4 15. On the morning of April 17, 2019, Patient 1 was discharged with instructions
5 about degenerative disc disease and a prescription for naproxen.⁵

6 **UCLA Emergency Department Treatment**

7 16. On April 18, 2019, Patient 1 experienced a reduction in strength in her hands and
8 facial asymmetry was noted by the Patient 1's granddaughter. Patient 1 was again concerned that
9 she was having a stroke and was transported via ambulance to Harbor-UCLA Medical Center.

10 17. The paramedics documented "left sided weakness and tingling . . . since [April 13,
11 2019]." The paramedics further documented that Patient 1's speech was normal, facial symmetry
12 and equal grip strength. However, the paramedics also noted that the Patient 1 was too weak to
13 sign the ambulance form.

14 18. After arrival at the ER, multiple providers at UCLA expressed concerns regarding
15 possible stroke and admitted Patient 1.

16 19. Treating neurologists documented that the Patient 1 "likely [experienced] . . .
17 ischemic infarct⁶ . . . Exam notable for generally 4/5 strength⁷ on left upper and lower extremity,
18 diminished sensation to pinprick on left side, and mildly impaired coordination on left side."

19 20. Patient 1's Stroke Severity Scale⁸ score was documented as a four due to minor
20 facial palsy,⁹ left upper extremity drift,¹⁰ left lower extremity drift and mild to moderate sensory
21 loss.

22
23 ⁵ A nonsteroidal anti-inflammatory pain reliever.

24 ⁶ A stroke caused by a blockage in a blood vessel in the brain.

25 ⁷ A 4/5 grade indicates that the muscle yields to maximum resistance. The muscle is able
to contract and provide resistance, but, when maximum resistance is exerted, the muscle is unable
to maintain the contraction.

26 ⁸ The National Institutes of Health Stroke Scale (NIHSS) is a systematic assessment tool
that provides a quantitative measure of stroke-related neurologic deficit. A score between one
and five indicates a possible mild stroke.

27 ⁹ Sudden weakness in the facial muscles that causes appearance of facial droop.

28 ¹⁰ Extremity drift is a screening tool for motor pathology.

1 patient - imaging with non-contrast head CT is recommended to occur within 25 minutes of a
2 patient's arrival to an emergency department when an acute stroke is suspected. Based upon his
3 documentation of this patient's care and treatment, Respondent failed to adequately consider all
4 relevant differential diagnoses for the patient's presenting complaint. Respondent failed to
5 adequately and accurately document an adequate physical and neurological examination of the
6 patient.

7 b. Respondent failed to adequately address and treat Patient 1's leg weakness and
8 evaluate the patient for a possible stroke. Patient 1's chief complaint of a stroke because she was
9 "dragging her foot" and "felt funny," with "weakness and tingling" sensation in the left extremity,
10 and because she had a similar leg complaint and stroke diagnosis years before, should have
11 caused Respondent to focus his examination of the patient. However, there was scant
12 documentation to clearly rule out the presence or absence of other cortical signs, namely
13 dysarthria, ataxia, neglect, apraxia or agnosia. Respondent records fail to document an adequate
14 and specific evaluation of the patient's deep tendon reflexes, objective motor weakness or sensory
15 deficits. The complaint of "dragging her foot" implied an inability to lift or dorsiflex her foot or
16 weakness in the left lower extremity. The possible etiologies for Patient 1's acute unilateral
17 weakness in an extremity should have focused upon excluding cortical involvement (facial droop,
18 dysarthria, ataxia, neglect, apraxia or agnosia), in light of concomitant life threatening
19 complications. Respondent should have also sought to clarify whether the weakness was
20 associated with certain lesions in the brain. If cortical signs were ruled out, Respondent should
21 have next assessed whether there was weakness in the other extremities, especially the
22 contralateral leg or the ipsilateral arm (which would require an assessment of deep tendon
23 reflexes and thorough strength testing to compare each of the extremities). He should have
24 attempted to identify the area of nerve deficit. Instead, Respondent diagnosed Patient 1 with
25 impingement syndrome and degenerative disc disease without acute findings noted in the imaging
26 and without pain (which is present in a majority of patients suffering from impingement
27 syndrome).

28 //

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Medical Records)**

3 26. Respondent Isidore Kofi-Brekyi Kwaw, M.D. is subject to disciplinary action under
4 section 2266 of the Code, in that Respondent failed to maintain adequate and accurate medical
5 records in connection with his care for Patient 1. The circumstances are as follows:

6 27. The allegations of the First Cause for Discipline are incorporated herein by reference
7 as if fully set forth.

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(General Unprofessional Conduct)**

10 28. Respondent Isidore Kofi-Brekyi Kwaw, M.D. is subject to disciplinary action under
11 section 2234 of the Code, in that his action and/or actions represent unprofessional conduct,
12 generally. The circumstances are as follows:

13 29. The allegations of the First and Second Causes for Discipline, inclusive, are
14 incorporated herein by reference as if fully set forth.

15 **FIRST CAUSE TO REVOKE PROBATION**

16 **(Failure to Obey All Laws)**

17 30. Respondent's probation is subject to revocation because he failed to comply with
18 Condition 6 of the 2018 Decision's Disciplinary Order in that he failed to obey all laws. The
19 circumstances are as follows:

20 31. At all times after the effective date of the 2018 Decision, Condition 6 stated
21 "Respondent shall obey all federal, state and local laws, all rules governing the practice of
22 medicine in California and remain in full compliance with any court ordered, criminal probation,
23 payments, and other orders."

24 32. The allegations of the First, Second and Third Causes for Discipline, inclusive, are
25 incorporated herein by reference as if fully set forth. Respondent committed unprofessional
26 conduct, including by committing repeated negligent acts and failing to maintain adequate and
27 accurate medical records.

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1 **SECOND CAUSE TO REVOKE PROBATION**

2 **(Failure to Comply with the Terms and Conditions of Probation)**

3 33. Respondent's probation is subject to revocation because he failed to comply with
4 Condition 12 of the 2018 Decision's Disciplinary Order in that he failed to comply with the terms
5 and conditions of probation. The circumstances are as follows:

6 34. The allegations of the First, Second, and Third Causes for Discipline, inclusive, are
7 incorporated herein by reference as if fully set forth.

8 35. At all times after the effective date of the 2018 Decision, Condition 12 stated:
9 "Failure to fully comply with any term or condition of probation is a violation of probation. If
10 Respondent violates probation in any respect, the Board, after giving Respondent notice and the
11 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
12 stayed. If an Accusation or Petition to Revoke Probation, or an Interim Suspension Order is filed
13 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
14 is final, and the period of probation shall be extended until the matter is final."

15 **DISCIPLINARY CONSIDERATIONS**

16 36. To determine the degree of discipline, if any, to be imposed on Respondent Isidore
17 Kofi-Brekyi Kwaw, M.D., Complainant alleges that Respondent has a history of discipline with
18 the Board.

19 a. The circumstances are as set forth in paragraph 3 above, which is incorporated
20 herein by reference as if fully set forth. The 2018 Decision is final and is incorporated by
21 reference as if fully set forth herein.

22 b. On March 9, 2011, Respondent was issued a Public Letter of Reprimand in case
23 number 06-2007-183301, pursuant to section 2233 of the Code, for issuing prescriptions to
24 patients for steroids without a legitimate medical purpose and without a prior medical
25 examination as was noted in medical records, in violation of sections 2238, 2242 and 2266 of the
26 Code.

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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 the probation that was granted by the Medical Board of California in Case Number 800-2014-010068 and imposing the disciplinary order that was stayed thereby revoking Physician's and Surgeon's Certificate Number G 66583 issued to Respondent Isidore Kofi-Brekyi Kwaw, M.D.;

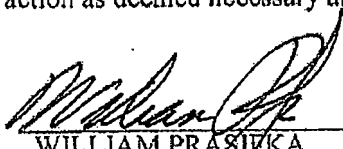
2. Revoking or suspending Physician's and Surgeon's Certificate Number G 66583, issued to Respondent Isidore Kofi-Brekyi Kwaw, M.D.;

3. Revoking, suspending or denying approval of Respondent Isidore Kofi-Brekyi Kwaw, M.D.'s authority to supervise physician assistants and advanced practice nurses;

4. Ordering Respondent Isidore Kofi-Brekyi Kwaw, 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

5. Taking such other and further action as deemed necessary and proper.

DATED: JAN 18 2022


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

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