

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

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

William Tigrett Savage, III, M.D.

**Physician's and Surgeon's
Certificate No. G 84426**

Respondent.

Case No. 800-2018-046441


DECISION

The attached Stipulated Surrender of License 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 10, 2023.

IT IS SO ORDERED August 3, 2023.

MEDICAL BOARD OF CALIFORNIA



**Reji Varghese
Executive Director**

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 LYNETTE D. HECKER
Deputy Attorney General
4 State Bar No. 182198
California Department of Justice
5 2550 Mariposa Mall, Room 5090
Fresno, CA 93721
6 Telephone: (559) 705-2320
Facsimile: (559) 445-5106
7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation
Against:

13 **WILLIAM TIGRETT SAVAGE, III, M.D.**
14 **PO Box 4860**
Sonora, CA 95370

15 **Physician's and Surgeon's Certificate**
16 **No. G 84426**

17 Respondent.

Case No. 800-2018-046441

OAH No. 2021030281

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

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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 Executive Director of the Medical Board of
24 California (Board). This action is brought solely in his official capacity¹ and is represented in
25 this matter by Rob Bonta, Attorney General of the State of California, by Lynette D. Hecker,
26 Deputy Attorney General.

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28 ¹ William Prasifka was the Executive Director of the Board when this action was filed.
Mr. Varghese has been named in the interim until a permanent Executive Director is secured.

1 **CULPABILITY**

2 8. Respondent admits the truth of each and every charge and allegation in First
3 Amended Accusation No. 800-2018-046441, if proven at a hearing, constitute cause for imposing
4 discipline upon his Physician's and Surgeon's Certificate.

5 9. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
7 basis for the charges in the Accusation and that those charges constitute cause for discipline.
8 Respondent hereby gives up his right to contest that cause for discipline exists based on those
9 charges.

10 10. Respondent understands that by signing this stipulation he enables the Board to issue
11 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
12 process.

13 **CONTINGENCY**

14 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
15 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...
16 stipulation for surrender of a license."

17 12. Respondent understands that, by signing this stipulation, he enables the Executive
18 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his
19 Physician's and Surgeon's Certificate No. G 84426 without further notice to, or opportunity to be
20 heard by, Respondent.

21 13. This Stipulated Surrender of License and Disciplinary Order shall be subject to the
22 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated
23 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his
24 consideration in the above-entitled matter and, further, that the Executive Director shall have a
25 reasonable period of time in which to consider and act on this Stipulated Surrender of License and
26 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands
27 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the
28 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

1 heard by Respondent, issue and enter the following Disciplinary Order on behalf of the
2 Board:

3 ORDER

4 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 84426, issued
5 to Respondent William Tigrett Savage, III, M.D., is surrendered and accepted by the Board.

6 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the
7 acceptance of the surrendered license by the Board shall constitute the imposition of discipline
8 against Respondent. This stipulation constitutes a record of the discipline and shall become a part
9 of Respondent's license history with the Board.

10 2. Respondent shall lose all rights and privileges as a physician and surgeon in
11 California as of the effective date of the Board's Decision and Order.

12 3. Respondent shall cause to be delivered to the Board his pocket license and, if one was
13 issued, his wall certificate on or before the effective date of the Decision and Order.

14 4. If Respondent ever files an application for licensure or a petition for reinstatement in
15 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
16 comply with all the laws, regulations and procedures for reinstatement of a revoked or
17 surrendered license in effect at the time the petition is filed, and all of the charges and allegations
18 contained in First Amended Accusation No. 800-2018-046441 shall be deemed to be true, correct
19 and admitted by Respondent when the Board determines whether to grant or deny the petition.

20 5. Respondent shall pay the agency its costs of investigation and enforcement in the
21 amount of \$10,000.00 (ten thousand dollars) prior to issuance of a new or reinstated license.

22 6. If Respondent should ever apply or reapply for a new license or certification, or
23 petition for reinstatement of a license, by any other health care licensing agency in the State of
24 California, all of the charges and allegations contained in First Amended Accusation, No. 800-
25 2018-046441 shall be deemed to be true, correct, and admitted by Respondent for the purpose of
26 any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Mandy L. Jeffcoach. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 6/23/2023

DocuSigned by:
William Tigrett Savage III
WILLIAM TIGRETT SAVAGE, III, M.D.
Respondent

I have read and fully discussed with Respondent, William Tigrett Savage, III, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 6/23/23

Mandy L. Jeffcoach
MANDY L. JEFFCOACH
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: _____

Respectfully submitted,
ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

LYNETTE D. HECKER
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Mandy L. Jeffcoach. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____
WILLIAM TIGRETT SAVAGE, III, M.D.
Respondent

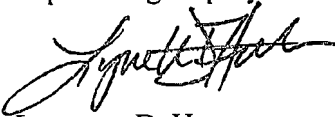
I have read and fully discussed with Respondent, William Tigrett Savage, III, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: _____
MANDY L. JEFFCOACH
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 06/26/2023

Respectfully submitted,
ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

LYNETTE D. HECKER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-046441

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 LYNETTE D. HECKER
Deputy Attorney General
4 State Bar No. 182198
California Department of Justice
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MEDICAL BOARD OF CALIFORNIA
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11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation
Against:
13 **WILLIAM TIGRETT SAVAGE, III, M.D.**
14 **P.O. Box 4860**
Sonora, CA 95370-1860
15
16 **Physician's and Surgeon's Certificate**
No. G 84426,
17
18 Respondent.

Case No. 800-2018-046441
FIRST AMENDED ACCUSATION

19 **PARTIES**

- 20 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his
21 official capacity as the Executive Director of the Medical Board of California, Department of
22 Consumer Affairs (Board).
- 23 2. On or about March 27, 1998, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 84426 to William Tigrett Savage, III, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on August 31, 2021, unless renewed.

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1 **JURISDICTION**

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

28 **STATUTORY PROVISIONS**

5. 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.

(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

1 separate and distinct departure from the applicable standard of care shall constitute
2 repeated negligent acts.

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

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

12 (d) Incompetence.

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

16 (f) Any action or conduct that would have warranted the denial of a
17 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
20 a certificate holder who is the subject of an investigation by the board.

21 COST RECOVERY

22 6. Section 125.3 of the Code provides, in pertinent part, that the Board may
23 request the administrative law judge to direct a licensee found to have committed a violation
24 or violations of the licensing act to pay a sum not to exceed the reasonable costs of the
25 investigation and enforcement of the case¹, with failure of the licensee to comply subjecting
26 the license to not being renewed or reinstated. If a case settles, recovery of investigation and
27 enforcement costs may be included in a stipulated settlement.

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¹ As of November 18, 2021, Section 125.3 of the Code has been amended to remove
subsection (k), which precluded the Board from collecting costs. The Board may collect
investigation, prosecution, and other costs incurred for a disciplinary proceeding against a
licensee beginning January 1, 2022.

1 FACTUAL ALLEGATIONS

2 7. At all times in issue in this action, Respondent was working as a physician, providing
3 medical care and treatment of inmates at the Sierra Conservation Center.

4 Patient A²

5 8. On or about January 26, 2018, at or about 2031 hours, Respondent was notified by
6 nursing staff that Patient A had complaints of pain from a spider bite, with physical findings of
7 two areas near the inside bend of his right elbow that were red, swollen, and warm to touch.
8 Patient A's vital signs, including a heart rate of 130 (110 when repeated) and a respiratory rate of
9 20, as well as a description of the size of the areas involved were provided to Respondent.
10 Respondent was not on the premises and did not come in to evaluate Patient A. Instead,
11 Respondent ordered warm compresses and an appointment for Patient A to be seen the next
12 morning.

13 9. On or about January 27, 2018, at or about 1259 hours, Patient A was seen by
14 Respondent. Respondent noted that Patient A had an abscess/cellulitis from using intravenous
15 drugs next to the entry in Patient A's chart of his complaint of a spider bite. During that exam,
16 Respondent did not ask Patient A if he used intravenous drugs, but felt it was probable given the
17 location of his complaints on his right arm, combined with the finding that Patient A had track
18 marks on the inside of the bend of his left elbow. The history of Patient A's complaints when
19 Respondent saw him included pain and swelling at the inside of the elbow bend on his right arm
20 for about four days with no fever, chills, nausea, or vomiting. Respondent documented exam
21 findings of recent track marks on both of Patient A's inner elbow bend areas with approximately
22 23 x 13 cm swelling and redness on the right. Respondent did not palpate the areas about which
23 Patient A was complaining. Respondent did not request labs. Respondent believed Patient A was
24 intravenously shooting methamphetamine or amphetamine. Respondent diagnosed Patient A with
25 right arm cellulitis and prescribed Bactrim and amoxicillin by mouth and gave him an
26 appointment for a follow-up visit with a registered nurse.

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28 ² Patient names are not being used to maintain patient confidentiality.

1 10. The next day, on or about January 28, 2018, Respondent was informed by nursing
2 staff that the redness on Patient A's right arm had increased to approximately 20 x 26 cm and his
3 range of motion in that arm was becoming restricted. Respondent saw Patient A that
4 afternoon/evening and felt that Patient A needed to be transferred to a higher level of care.
5 Respondent had the option during this exam to start Patient A on IV antibiotics, but did not do so
6 as he did not feel it was necessary at that time.

7 11. Patient A was then transferred to a local hospital where he was diagnosed with sepsis
8 (an infection in his blood stream), secondary to the abscess in the muscles of his right arm. The
9 abscess was surgically opened, drained, and debrided (i.e. infected, damaged, or dead tissue was
10 removed). While in the hospital, Patient A's urine tested positive for methamphetamines.

11 **Patient B**

12 12. On or about August 5, 2017, at or about 1315 hours, Patient B was seen by
13 Respondent for a chief complaint of pain in his upper right abdomen for two days duration.
14 Respondent documented that Patient B ate a cinnamon roll for breakfast without problems and
15 that he denied fever, chills, and nausea, but had vomited three times the preceding day. Patient
16 B's heart rate was 108, his respiratory rate was 20, his blood pressure was 115/83, and his oxygen
17 saturation level was 94%. On an abdominal exam, Respondent found bowel sounds were present,
18 as was vague right upper quadrant pain, but Patient B had no rebound tenderness. Respondent
19 felt Patient B's gallbladder was the source of his abdominal pain. Respondent ordered
20 intravenous fluids, a comprehensive metabolic panel, a CBC with differential, a drug screen urine
21 panel, prothrombin time with INR,³ and medical episodic care follow-up. Respondent understood
22 that the lab results would most likely not be available for a day or two.

23 13. Just under three hours later, Patient B presented to nursing staff with increased
24 intensity of right upper abdominal pain. Patient B reported that he had an episode of sleep
25 awakened by extreme pain (10/10) accompanied by writhing. Respondent may have put his hand
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27 ³ A prothrombin time (PT) is a test used to help detect and diagnose a bleeding disorder or
28 excessive clotting disorder; the international normalized ratio (INR) is calculated from a PT result
and is used to monitor how well the blood-thinning medication (anticoagulant) warfarin
(Coumadin®) is working to prevent blood clots.

1 on Patient B's abdomen to examine it, but did not document it. Respondent still thought that
2 Patient B's gallbladder was the source of pain. He ordered Patient B's transfer to a hospital and
3 called and spoke with a physician at the hospital to inform them of Patient B's condition.

4 14. At the hospital, Patient B was diagnosed with acute appendicitis. His appendix was
5 laparoscopically removed and was found to be infected. Patient B was hospitalized from on or
6 about August 5, 2017, through on or about August 8, 2017.

7 **FIRST CAUSE FOR DISCIPLINE**

8 **(Gross Negligence)**

9 15. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
10 the Code, in that he engaged in act(s) or omission(a) amounting to gross negligence. The
11 circumstances are set forth in paragraphs 7 through 14, which are incorporated here by reference
12 as if fully set forth. Additional circumstances are as follows:

13 16. The standard of care for managing a patient with cellulitis involves arriving at an
14 assessment to decide if oral, intramuscular, or intravenous antibiotics are indicated. This
15 assessment takes into account the risk factors for development of cellulitis, any current co-
16 morbidity which would lead to a decreased immunological response, vital signs, prior treatments
17 (including oral antibiotics), lab studies if available, and physical findings. Respondent failed to
18 properly recommend or treat Patient A's cellulitis with intravenous antibiotics on or about July
19 27, 2018. Respondent documented that Patient A had an abscess/cellulitis from using intravenous
20 drugs, and recent track marks on the inner elbow region which are consistent with active drug
21 use. During the nursing assessment on or about January 26, 2018, Respondent was made aware
22 that Patient A's vital signs included a heart rate of 130 and a respiratory rate of 20. In the
23 assessment and treatment of cellulitis, patients with two or more Systemic Inflammatory
24 Response Syndrome criteria should be considered for intravenous antibiotics. The treatment of
25 cellulitis for active injection drug users is intravenous antibiotics with activity against both
26 methicillin resistant staph aureus and streptococcus. Respondent treated Patient A's cellulitis
27 with oral amoxicillin and Bactrim. Respondent's failure to treat Patient A's cellulitis with
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1 intravenous antibiotics during his initial visit, on or about January 27, 2018, constitutes gross
2 negligence.

3 17. The standard of care in evaluating a patient with acute abdominal pain is to perform a
4 history and physical exam to arrive at an assessment of whether the condition is benign, urgent, or
5 an emergent situation. The diagnosis can be of a benign nature, and not warrant further workup.
6 If the condition is not considered benign, the standard of care is to order specific lab work and/or
7 diagnostic studies to either confirm or rule out a specific diagnosis. Respondent failed to order
8 any diagnostic studies to determine the cause of Patient B's abdominal pain. Respondent felt the
9 cause of pain was from the gallbladder. The diagnostic study of choice for initially assessing
10 right upper quadrant pain would be ultrasonography. The lab studies ordered by Respondent
11 would not have diagnosed the cause of Patient B's abdominal pain and results would not have
12 been available for one to two days. Patient B was diagnosed at the hospital with acute
13 gangrenous non-perforated appendix. Respondent did not consider the appendix as a possible
14 source of Patient B's pain. The diagnostic study of choice for right lower quadrant pain is
15 computed tomography. The lab studies ordered by Respondent would not have diagnosed acute
16 appendicitis and results would not have been available for a day or two. Respondent's failure to
17 order any diagnostic studies as part of the work-up to arrive at a diagnosis for Patient B's
18 abdominal pain constitutes gross negligence.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Repeated Negligent Acts)**

21 18. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
22 the Code, in that he committed repeated acts of negligence. The circumstances are set forth in
23 paragraphs 7 through 17, which are incorporated here by reference as if fully set forth.

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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:

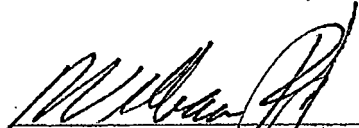
1. Revoking or suspending Physician's and Surgeon's Certificate Number G 84426, issued to William Tigrett Savage, III, M.D.;

2. Revoking, suspending or denying approval of William Tigrett Savage, III, M.D.'s authority to supervise physician assistants and advanced practice nurses; and

3. Ordering William Tigrett Savage, III, M.D., to pay the Board the costs of the investigation and enforcement of this case incurred beginning on January 1, 2022, and if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: MAR 30 2022



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

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