

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

In the Matter of the Accusation Against:

Aubrey Ancil King, M.D.

Physician's and Surgeon's
Certificate No. G 56023

Respondent.

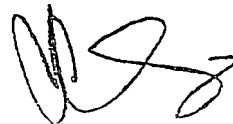
Case No. 800-2019-062209

**ORDER CORRECTING CLERICAL ERROR IN
"CONDITION 1. EDUCATION COURSE" PORTION OF DECISION**

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "Condition 1. Education Course" portion of the Decision in the above-entitled matter and that such clerical error should be corrected so that Continuing Medical Education (CME) requirements will conform to the Board's issued disciplinary order.

IT IS HEREBY ORDERED that the requirements for the number of CME hours under Condition 1 is hereby corrected from 65 hours to 40 hours. The other terms and conditions in the disciplinary order dated August 16, 2023, remain unchanged.

August 30, 2023



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

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

In the Matter of the Accusation
Against:

AUBREY ANCIL KING, M.D.

Physician's and Surgeon's
Certificate No. G 56023

Case No.: 800-2019-062209

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 September 15, 2023.

IT IS SO ORDERED: August 16, 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 CHRISTINE A. RHEE
Deputy Attorney General
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **AUBREY ANCIL KING, M.D.**
15 **154 A W FOOTHILL BLVD # 315**
UPLAND CA 91786-3847

16 **Physician's and Surgeon's Certificate**
17 **No. G 56023,**

18 Respondent.

Case No. 800-2019-062209

OAH No. 2023020366

**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). He brought this action solely in his official capacity and is represented in
25 this matter by Rob Bonta, Attorney General of the State of California, by Christine A. Rhee,
26 Deputy Attorney General.

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1 2. Respondent Aubrey Ancil King, M.D. (Respondent) is represented in this proceeding
2 by attorney Joel Bruce Douglas, Esq., whose address is: 355 South Grand Ave., Ste. 1750
3 Los Angeles, CA 90071-1562.

4 3. On or about September 16, 1985, the Board issued Physician's and Surgeon's
5 Certificate No. G 56023 to Respondent. The Physician's and Surgeon's Certificate was in full
6 force and effect at all times relevant to the charges brought in Accusation No. 800-2019-062209,
7 and will expire on September 30, 2023, unless renewed.

8 **JURISDICTION**

9 4. Accusation No. 800-2019-062209 was filed before the Board, and is currently
10 pending against Respondent. The Accusation and all other statutorily required documents were
11 properly served on Respondent on November 9, 2022. Respondent timely filed his Notice of
12 Defense contesting the Accusation.

13 5. A true and correct copy of Accusation No. 800-2019-062209 is attached as Exhibit A
14 and incorporated herein by reference.

15 **ADVISEMENT AND WAIVERS**

16 6. Respondent has carefully read, fully discussed with counsel, and understands the
17 charges and allegations in Accusation No. 800-2019-062209. Respondent has also carefully read,
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
19 Disciplinary Order.

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

26 8. Having had the benefit of counsel, Respondent voluntarily, knowingly, and
27 intelligently waives and gives up each and every right set forth above.

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1 **CULPABILITY**

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a prima facie case with respect to the charges and allegations contained in Accusation
4 No. 800-2019-062209 and that he has thereby subjected his license to disciplinary action

5 10. Respondent agrees that if he ever petitions for early termination or modification of
6 probation, or if the Board ever petitions for revocation of probation, all of the charges and
7 allegations contained in Accusation No. 800-2019-062209 shall be deemed true, correct, and fully
8 admitted by Respondent for purposes of that proceeding or any other licensing proceeding
9 involving Respondent in the State of California.

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

13 **CONTINGENCY**

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

24 **ADDITIONAL PROVISIONS**

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

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1 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
2 including copies of the signatures of the parties, may be used in lieu of original documents and
3 signatures and, further, that such copies shall have the same force and effect as originals.

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician’s and Surgeon’s Certificate No. G 56023 issued
9 to Respondent Aubrey Ancil King, M.D., is revoked. However, the revocation is stayed and
10 Respondent is placed on probation for four (4) years following the effective date of the Board’s
11 Decision and Order on the following terms and conditions:

12 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this
13 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
14 for its prior approval educational program(s) or course(s) which shall not be less than 15 hours
15 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
16 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
17 educational program(s) or course(s) shall be at Respondent’s expense and shall be in addition to
18 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
19 completion of each course, the Board or its designee may administer an examination to test
20 Respondent’s knowledge of the course. Respondent shall provide proof of attendance for 65
21 hours of CME of which 15 hours were in satisfaction of this condition.

22 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
23 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
24 advance by the Board or its designee. Respondent shall provide the approved course provider
25 with any information and documents that the approved course provider may deem pertinent.
26 Respondent shall participate in and successfully complete the classroom component of the course
27 not later than six (6) months after Respondent’s initial enrollment. Respondent shall successfully
28 complete any other component of the course within one (1) year of enrollment. The prescribing

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.

11 3. 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 ///

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

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

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

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

26 The monitor(s) shall submit a quarterly written report to the Board or its designee which
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
28 are within the standards of practice of medicine, and whether Respondent is practicing medicine

1 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
2 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
3 preceding quarter.

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
6 name and qualifications of a replacement monitor who will be assuming that responsibility within
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified. Respondent shall cease the practice of medicine until a
11 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

26 6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
27 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
28 advanced practice nurses.

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

4 8. 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 \$16,000.00 (sixteen thousand dollars and zero
8 cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall
9 be considered a violation of probation.

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

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

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

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

21 10. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

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

24 Address Changes

25 Respondent shall, at all times, keep the Board informed of Respondent's business and
26 residence addresses, email address (if available), and telephone number. Changes of such
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no

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1 circumstances shall a post office box serve as an address of record, except as allowed by Business
2 and Professions Code section 2021, subdivision (b).

3 Place of Practice

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

7 License Renewal

8 Respondent shall maintain a current and renewed California physician's and surgeon's
9 license.

10 Travel or Residence Outside California

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

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

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

20 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
21 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
22 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
23 defined as any period of time Respondent is not practicing medicine as defined in Business and
24 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
25 patient care, clinical activity or teaching, or other activity as approved by the Board. If
26 Respondent resides in California and is considered to be in non-practice, Respondent shall
27 comply with all terms and conditions of probation. All time spent in an intensive training
28 program which has been approved by the Board or its designee shall not be considered non-

1 practice and does not relieve Respondent from complying with all the terms and conditions of
2 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
3 on probation with the medical licensing authority of that state or jurisdiction shall not be
4 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
5 period of non-practice.

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

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

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

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

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

23 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
24 of probation is a violation of probation. If Respondent violates probation in any respect, the
25 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
26 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
27 Probation, or an Interim Suspension Order is filed against Respondent during probation, the

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1 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
2 be extended until the matter is final.

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

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

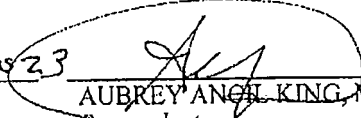
18 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
19 a new license or certification, or petition for reinstatement of a license, by any other health care
20 licensing action agency in the State of California, all of the charges and allegations contained in
21 Accusation No. 800-2019-062209 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.

24 ACCEPTANCE

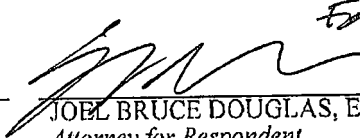
25 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
26 discussed it with my attorney, Joel Bruce Douglas, Esq. I understand the stipulation and the
27 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated

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1 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
2 bound by the Decision and Order of the Medical Board of California.

3
4 DATED: 06/26/2023 
5 AUBREY ANCIL KING, M.D.
6 Respondent

7 I have read and fully discussed with Respondent Aubrey Ancil King, M.D., the terms and
8 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
9 I approve its form and content.

10 DATED: 6-27-23  For Joel Douglas
11 JOEL BRUCE DOUGLAS, ESQ.
12 Attorney for Respondent EDWARD ARELLANO

ENDORSEMENT

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

15 DATED: _____ Respectfully submitted,
16 ROB BONTA
17 Attorney General of California
18 ALEXANDRA M. ALVAREZ
19 Supervising Deputy Attorney General
20
21 CHRISTINE A. RHEE
22 Deputy Attorney General
23 Attorneys for Complainant
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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: _____
AUBREY ANCIL KING, M.D.
Respondent

I have read and fully discussed with Respondent Aubrey Ancil King, 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: _____
JOEL BRUCE DOUGLAS, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: June 27, 2023

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


CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-062209

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 CHRISTINE A. RHEE
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6 San Diego, CA 92186-5266
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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2019-062209

14 **AUBREY ANCIL KING, M.D.**
15 **154 A. W. Foothill Blvd. # 315**
Upland, CA 91786-3847

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. G 56023,**

Respondent.

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20 **PARTIES**

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

24 2. On or about September 16, 1985, the Medical Board issued Physician's and
25 Surgeon's Certificate No. G 56023 to Aubrey Ancil King, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on September 30, 2023, unless renewed.

28 *///*

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states, in pertinent part:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 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:

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

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

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

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

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

17 ...

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

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

21 ...

22 (b) Gross negligence.

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

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

28 (2) When the standard of care requires a change in the diagnosis, act, or
omission that constitutes the negligent act described in paragraph (1), including, but

1 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
2 licensee's conduct departs from the applicable standard of care, each departure
3 constitutes a separate and distinct breach of the standard of care.

4 **COST RECOVERY**

5 6. Business and Professions Code section 125.3 states that:

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

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

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

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

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

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

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

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

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

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

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

7 **FIRST CAUSE FOR DISCIPLINE**
8 **(Gross Negligence)**

9 7. Respondent has subjected his Physician's and Surgeon's Certificate No. G 56023 to
10 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
11 the Code, in that he committed gross negligence in his care and treatment of Patient A and Patient
12 B,¹ as more particularly alleged hereafter:

13 **Patient A**

14 8. On or about September 6, 2019, Patient A saw Respondent, who was working in a
15 locum tenens position as a psychiatrist at a behavioral health and child welfare agency.
16 Respondent met with Patient A and Patient A's caregiver for approximately 90 minutes. Patient
17 A, a 16-year-old male, reported experiencing temper outbursts manifesting verbally, irritability,
18 anger, difficulty sleeping, difficulty concentrating, and anxiety. Respondent documented that
19 there were no changes to Patient A's diagnoses and that his plan was to prescribe Remeron² and
20 Concerta.³

21 9. On or about September 6, 2019, in a separate medical record, Respondent signed a
22 document that stated that he recommended that Patient A take Remeron and Concerta to treat
23 "[m]ajor depressive [dis]order, recurrent severe without psychotic features."

24 _____
25 ¹ The names of the patients have been omitted to protect their privacy.

26 ² Remeron, brand name for mirtazapine, is an anti-depressant which may be used off-label
as a sedative.

27 ³ Concerta, brand name for methylphenidate, is a stimulant used to treat Attention Deficit
28 Hyperactivity Disorder or narcolepsy. Methylphenidate is a Schedule II controlled substance
pursuant to Health and Safety Code section 11055, subdivision (d).

1 10. On or about October 2, 2019, Patient A and his mother saw Respondent for a follow-
2 up appointment. Patient A reported feeling overwhelmed at school with anxiety, crying, and
3 unhappiness. According to the mental status examination portion of the medical record, Patient A
4 had visual hallucinations when agitated. Respondent documented that Patient A met criteria for
5 dysthymic disorder and ADHD, predominantly the inattentive type. Respondent's treatment plan
6 was to continue Remeron, increase Concerta to 36 mg, and add 50 mg of Zoloft.⁴

7 11. On or about October 30, 2019, Patient A and his mother saw Respondent for another
8 follow-up appointment. Patient A reported experiencing verbal temper outbursts, irritability,
9 depressed mood, fatigue, difficulty sleeping, and anxious distress. Respondent noted a change in
10 Patient A's diagnoses to add bipolar disorder. His treatment plan was to continue Remeron and
11 discontinue Zoloft and Concerta. Respondent also added 50 to 100 mg of Seroquel,⁵ and 1 mg of
12 Risperdal,⁶ both taken at bedtime.

13 12. On or about October 30, 2019, in a separate medical record, Respondent signed a
14 document that stated that he recommended that Patient A take Remeron, Seroquel, and Risperdal.
15 According to the form, the medications were to treat Patient A's symptoms associated with
16 depression, insomnia, and bipolar disorder.

17 13. On or about November 7, 2019, Patient A saw S.K., M.D., who took over for
18 Respondent. Patient A reported to S.K., M.D., that there was difficulty in filling the prescriptions
19 for Seroquel and Risperdal and that the medications were finally started two days prior. After
20 starting Seroquel and Risperdal, Patient A experienced severe nasal congestion disrupting sleep
21 and swollen hands. S.K., M.D., also noted that Patient A had a history of early exposure to
22 domestic violence, physical abuse by family members, sexual molestation by an older child, and
23 bullying at school. S.K., M.D., discontinued Remeron, Seroquel, and Risperdal, and prescribed

24 _____
25 ⁴ Zoloft, brand name for sertraline, is a selective serotonin reuptake inhibitor (SSRI) and
an anti-depressant.

26 ⁵ Seroquel, brand name for quetiapine, is an anti-psychotic.

27 ⁶ Risperdal, brand name for risperidone, is an anti-psychotic.

1 clonidine⁷ for insomnia with consideration to add an anti-depressant in the future.

2 14. Respondent committed gross negligence in his care and treatment of Patient A which
3 includes, but is not limited to, the following:

4 a. Respondent prescribed psychotropic medication to Patient A without adhering
5 to the ethical principles of beneficence and nonmaleficence by prescribing and changing
6 multiple psychotropic medications over a short period of time without substantiating Patient
7 A's diagnoses;

8 b. Respondent prescribed Patient A a stimulant medication without consideration
9 for Patient A's past and current physical health;

10 c. Respondent failed to follow consensus guidelines for the safe initiation and
11 monitoring for adverse effects when prescribing antipsychotic medications to Patient A;
12 and

13 d. Respondent initiated two antipsychotic medications simultaneously in Patient
14 A's treatment without valid justification.

15 Patient B

16 15. On or about October 9, 2019, Patient B presented to Respondent for an hour-long
17 appointment. Patient B, a 16-year-old female, presented to Respondent with depressed mood and
18 anxiety. Patient B had a family history of bipolar depression, a personal history of depression,
19 anxiety, two psychiatric hospitalizations in 2017 and March 2019, and a history of self-harm.
20 Patient B had previously tried Adderall⁸ and Concerta which were unhelpful. Patient B's current
21 medications included 300 mg of Wellbutrin XR,⁹ 5 mg of Abilify,¹⁰ 100 mg of Neurontin.¹¹
22

23 ⁷ Clonidine is a sedative and anti-hypertensive drug.

24 ⁸ Adderall, brand name for mixed amphetamine salts, is a stimulant and a Schedule II
25 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d).

⁹ Wellbutrin XR, brand name bupropion, is an anti-depressant.

26 ¹⁰ Abilify, brand name for aripiprazole, is an anti-psychotic.

27 ¹¹ Neurontin, brand name for gabapentin, is an anti-convulsant and nerve pain medication.
28

1 Lexapro¹² was also prescribed but Patient B had stopped taking it. Patient B also reported using
2 marijuana daily. Respondent diagnosed Patient B with bipolar disorder and panic attacks. His
3 medication treatment plan was to discontinue Wellbutrin XR, increase Abilify to 10 mg and
4 Neurontin to 300 mg, and add Zoloft, Trileptal,¹³ and Invega.¹⁴

5 16. On or about October 31, 2019, Patient B saw S.K., M.D., who took over for
6 Respondent. Patient B reported to S.K., M.D., that when Respondent changed her medications
7 per Respondent's treatment plan, she experienced diarrhea, shakes, sweating, and abdominal pain.
8 As a result, Patient B reverted to taking her original medications, Wellbutrin, Abilify, and
9 Neurontin.

10 17. Respondent committed gross negligence in his care and treatment of Patient B which
11 includes, but is not limited to, the following:

12 a. Respondent failed to adhere to basic principles of evidence-based prescribing of
13 psychotropic medication for Patient B;

14 b. Respondent prescribed Patient B psychotropic medication without adhering to
15 the ethical principles of beneficence and nonmaleficence;

16 c. Respondent failed to follow consensus guidelines for the safe initiation and
17 monitoring for adverse effects when prescribing antipsychotic medications for Patient B;
18 and

19 d. Respondent changed Patient B's psychotropic medications by abruptly
20 discontinuing Wellbutrin, increasing Abilify and Neurontin, and adding Zoloft, Trileptal,
21 and Invega medications at the same time.

22 ///

23 ///

24 ///

25 ///

26 ¹² Lexapro, brand name escitalopram, is a SSRI anti-depressant.

27 ¹³ Trileptal, brand name oxcarbazepine, is an anti-convulsant.

28 ¹⁴ Invega, brand name for paliperidone, is an anti-psychotic.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

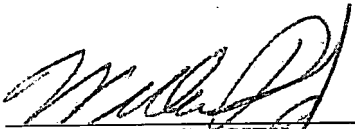
18. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 56023 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A and Patient B, as more particularly alleged in paragraphs 8 through 17, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 56023, issued to Respondent Aubrey Ancil King, M.D.;
2. Revoking, suspending or denying approval of Respondent Aubrey Ancil King, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Aubrey Ancil King, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: NOV 09 2022



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

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