

**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.

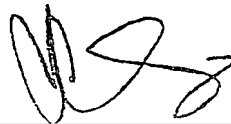
Case No. 800-2019-062209

**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**



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

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

## DISCIPLINARY ORDER

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

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

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

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

28 ///

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

AUBREY ANCIL KING, M.D.  
*Respondent*

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

9  
 10 DATED: 6-27-23

JOEL BRUCE DOUGLAS, ESQ.  
*Attorney for Respondent*

*For Joel Douglas*

*EDWARD ALVAREZ*

12 **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  
 Attorney General of California  
 17 ALEXANDRA M. ALVAREZ  
 Supervising Deputy Attorney General

18  
 19  
 20 CHRISTINE A. RHEE  
 Deputy Attorney General  
 Attorneys for Complainant

21  
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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: \_\_\_\_\_

AUBREY ANCIL KING, M.D.  
*Respondent*

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

9  
10 DATED: \_\_\_\_\_

JOEL BRUCE DOUGLAS, ESQ.  
*Attorney for Respondent*

12 **ENDORSEMENT**

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

15 DATED: June 27, 2023 \_\_\_\_\_

Respectfully submitted,

16 ROB BONTA  
17 Attorney General of California  
18 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

19 

20 CHRISTINE A. RHEE  
21 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  
Deputy Attorney General  
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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**  
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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.

18  
19  
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.

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## JURISDICTION

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

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

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

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

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

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

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

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

...

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

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

...

(b) Gross negligence.

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

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

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

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,<sup>1</sup> 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 Remeron<sup>2</sup> and  
20 Concerta.<sup>3</sup>

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 <sup>1</sup> The names of the patients have been omitted to protect their privacy.

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

27 <sup>3</sup> 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.<sup>4</sup>

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,<sup>5</sup> and 1 mg of  
12 Risperdal,<sup>6</sup> 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        <sup>4</sup> Zoloft, brand name for sertraline, is a selective serotonin reuptake inhibitor (SSRI) and  
an anti-depressant.

26        <sup>5</sup> Seroquel, brand name for quetiapine, is an anti-psychotic.

27        <sup>6</sup> Risperdal, brand name for risperidone, is an anti-psychotic.

1 clonidine<sup>7</sup> 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 Adderall<sup>8</sup> and Concerta which were unhelpful. Patient B's current  
21 medications included 300 mg of Wellbutrin XR,<sup>9</sup> 5 mg of Abilify,<sup>10</sup> 100 mg of Neurontin.<sup>11</sup>

22  
23 <sup>7</sup> Clonidine is a sedative and anti-hypertensive drug.

24 <sup>8</sup> 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).

<sup>9</sup> Wellbutrin XR, brand name bupropion, is an anti-depressant.

26 <sup>10</sup> Abilify, brand name for aripiprazole, is an anti-psychotic.

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

1 Lexapro<sup>12</sup> 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,<sup>13</sup> and Invega.<sup>14</sup>

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.

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26 <sup>12</sup> Lexapro, brand name escitalopram, is a SSRI anti-depressant.

27 <sup>13</sup> Trileptal, brand name oxcarbazepine, is an anti-convulsant.

28 <sup>14</sup> 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:

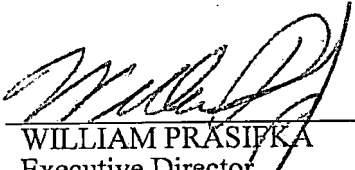
1. Revoking or suspending Physician's and Surgeon's Certificate No. G 56023, issued to Respondent Aubrey Ancil King, M.D.;

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

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

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