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

In the Matter of the Accusation Against: Norman Sargon Bebla, M.D. Physician's & Surgeon's Certificate No. A 79656 Respondent.	Case No. 800-2019-059890

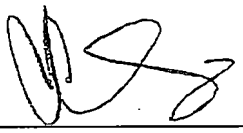
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 5, 2023.

IT IS SO ORDERED: September 5, 2023.

MEDICAL BOARD OF CALIFORNIA



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

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **NORMAN SARGON BEBLA, M.D.** **825 Dulce Tierra Drive** **El Paso, TX 79912** **Physician's and Surgeon's Certificate** **No. A 79656** Respondent.	Case No. 800-2019-059890 OAH No. 2022110755 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board of California (Board). He brings this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Michael C. Brummel, Deputy Attorney General.

2. Respondent Norman Sargon Bebla, M.D. (Respondent) is represented in this proceeding by attorney Paul Chan, whose address is: 1851 Heritage Lane, Ste. 128 Sacramento, CA 95815.

3. On or about July 1, 2002, the Board issued Physician's and Surgeon's Certificate No. A 79656 to Norman Sargon Bebla, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-059890, and will expire on July 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-059890 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 18, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-059890 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-059890. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-059890, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges. Respondent agrees that if in any future case he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2019-059890 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

CONTINGENCY

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

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

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

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 79656 issued to Respondent Norman Sargon Bebla, M.D. is Publicly Reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's medical record-keeping related as set forth in Accusation No. 800-2019-059890, is as follows:

This Public Reprimand is issued pursuant to Code section 2227, subdivision (a)(4) as a result of the allegations set forth in the Accusation, relating to the prompt monitoring of the patient and medical record-keeping in the care and treatment of a Patient A.

1. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping 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 medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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2. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

3. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-059890 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensee.

4. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, as applicable, in the amount of $7,770.00 (seven thousand seven hundred seventy dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

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

ACCEPTANCE

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

DATED: 3/4/2023

NORMAN SARGON BEBLA, M.D.
Respondent

I have read and fully discussed with Respondent Norman Sargon Bebla, 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: 3-4-23

PAUL CHAN
Attorney for Respondent

ENDORSEMENT

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

DATED: March 8, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-059890

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **NORMAN SARGON BEBLA, M.D.** **825 Dulce Tierra Drive** **El Paso, TX 79912** **Physician's and Surgeon's Certificate No. A 79656,** Respondent.	Case No. 800-2019-059890 **A C C U S A T I O N**

PARTIES

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

2. On or about July 1, 2002, the Medical Board issued Physician's and Surgeon's Certificate Number A 79656 to Norman Sargon Bebla, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2024, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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

(d) Incompetence.

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

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

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

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

7. Business and Professions Code section 125.3 states that:

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

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

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

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

(e) If an order for recovery of costs is made and timely payment is not made as 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.

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

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

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

COST RECOVERY

8. Section 125.3 of the Code states:

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

investigation and enforcement of the case.

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

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

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

(e) If an order for recovery of costs is made and timely payment is not made as 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.

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

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

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

(k) Notwithstanding the provisions of this section, the Medical Board of California shall not request nor obtain from a physician and surgeon, investigation and prosecution costs for a disciplinary proceeding against the licensee. The board shall ensure that this subdivision is revenue neutral with regard to it and that any loss of revenue or increase in costs resulting from this subdivision is offset by an increase in the amount of the initial license fee and the biennial renewal fee, as provided in subdivision (e) of Section 2435.

FACTUAL ALLEGATIONS

9. On or about August 10, 2018, Patient A[1] presented to her primary care physician complaining of abdominal pain, pelvic pressure, and constipation. Her PCP diagnosed her with lower abdominal pain, prolapse of the vaginal vault after hysterectomy, rectocele, constipation, and gaseous abdominal distention.

10. On or about August 13, 2018, Patient A presented to a gastroenterologist for a colonoscopy complaining of changes in bowel habits, abdominal pain, distention, and a family history of colon cancer. The colonoscopy revealed evidence of diverticulosis but was otherwise unremarkable.

11. On or about August 3, 2018, Patient A underwent an x-ray of the abdomen and a CT of the abdomen and pelvis. The x-ray was normal, but the CT scan revealed a small hiatal hernia, hepatic steatosis, diverticulosis, and fecal distention in the lower rectum.

12. On or about August 20, 2018, Patient A presented to an OB/GYN for a consultation at Respondent's request. Patient A presented complaining of high vaginal pressure and bulge, the need to stand to have a bowel movement, and the inability to pass gas spontaneously. Patient A's symptoms included abdominal bloating, but no urinary complaints. Her past history was recorded to include a bladder repair, bowel surgery, transvaginal hysterectomy, and a rectocele repair. The pelvic examination revealed a normal anterior vagina, posterior vagina with a grade 2 rectocele, vaginal vault with a surgical absence of the uterus and cervix, normal adnexa, and anal exam. The physician recommended that she continue to pursue her consultation with the gastrointestinal clinic, and initiate simethicone therapy to aid with the bloating.

13. On or about September 25, 2018, Patient A presented to Respondent for the first time complaining of abnormal bowel movements, fecal incontinence, and a rectocele. Respondent documented complaints of urinary incontinence for the past few years, increasing in severity in the past 6 months with coughing, sneezing, bending, physical exercise, and sexual activity. Respondent documented Patient A's family history and her own past surgical history which

[1] The patient is identified by letter to protect their privacy. The patient's identity is known to Respondent.

included repair of a urethral diverticulum, bilateral salpingo-oophorectomy, bladder lift procedure, herniorrhaphy, and history of Ehlers-Danlos syndrome. The records revealed a negative review of systems with no mention of gastrointestinal symptoms including constipation or abdominal pain. The physical examination findings included a negative abdominal examination, a second-degree rectocele, a second-degree vault prolapse, and a second-degree enterocele with normal anterior compartment support without evidence of a cystocele. Respondent did not perform an anal or rectal examination. The impression stated that Patient A had mixed urinary incontinence, Baden-Walker grade 2 rectocele, and prolapse of the vaginal vault after hysterectomy. Respondent documented counseling Patient A and discussing her treatment options and that Patient A elected to proceed with pelvic reconstructive surgery. Respondent recommended a Da Vince laparoscopic sacrocolpopexy, posterior repair, suburethral sling procedure, and cystoscopy. Respondent documented discussing the risks and complications, the management options related to urinary incontinence, and the need to complete complex urodynamic studies prior to the surgery.

14. On or about September 26, 2018, Patient A presented to Respondent's office for complete urodynamic studies. Patient A was diagnosed with stress urinary incontinence.

15. On or about October 3, 2018, Patient A presented to Respondent for preoperative evaluation. The assessment and recommendations were unchanged from the initial consultation, except Patient A was counseled regarding her recent diagnosis of stress urinary incontinence. Respondent recommended that Patient A proceed with a sub-urethral sling procedure.

16. On or about October 10, 2018, Patient A presented to the hospital for her surgery and signed a medical consent for a Da Vinci laparoscopic sacropolpexy, posterior repair, sub-urethral sling procedure, and cystoscopy. At approximately 8:19 a.m., the surgery commenced. Respondent completed the Da Vinci laparoscopic sacropolpexy procedure and closed the incisions. Respondent did not document performing any irrigation or hemostasis in the operative report. Respondent then began the second portion of the procedure which included a transobturator suburethral sling suspension and cystoscopy. The procedures were completed without complication and Patient A was transferred to the recovery room.

17. On or about October 11, 2018, Patient A presented to Respondent early in the morning in the hospital. Respondent made an order for discharge but did not record an assessment or plan in the medical record. Following breakfast, but prior to her actual discharge, Patient A developed abdominal pain that continued to worsen through the day. Respondent made a telephone order to cancel the discharge and continue to observe Patient A. The records include vital signs, pain assessments, and intakes, but Respondent did not document any progress notes for Patient A.

18. On or about October 11, 2018, at approximately 5:33 p.m., a nurse called Respondent to notify him of Patient A's concern about not being able to urinate after the removal of her catheter, as well as concern regarding the plan for pain management. Patient A's abdominal pain worsened and she became distended. A CT examination of her abdomen and pelvis with contrast was performed at approximately 7:36 p.m. The Ct revealed mild-moderate intraperitoneal free air along the anterior abdominal wall, postsurgical changes, multifocal moderate scattered areas of fluid throughout the mesentery and pelvis, a 4 cm rounded pelvic fluid collection possibly secondary to an abscess, and mild to moderate colonic diverticulosis involving the descending and sigmoid colon without evidence of inflammation. At approximately 2:54 a.m., Patient A's laboratory results revealed a white cell count of 14,400, hemoglobin of 10.9, and a hematocrit of 34.6. At approximately 10:26 a.m., her labs were repeated resulting in a white cell count of 8300, hemoglobin of 13.7, and a hematocrit of 43.2. At approximately 3:55 p.m. a basic metabolic panel was performed revealing normal electrolytes, BUN, and creatinine, and elevated glucose of 149. The metabolic panel was repeated at approximately 10:26 p.m., revealing normal electrolytes, BUN, and creatinine, and persistently elevated blood sugar of 147.

19. On or about October 13, 2018, at approximately 3:06 a.m., Patient A's labs revealed a white cell count of 6100, hemoglobin of 12.9, normal electrolytes, low CO2 of 19, BUN of 43, creatinine of 2.82, blood sugar of 114, and a slightly elevated AST of 39. Repeated labs were performed at approximately 9:44 a.m., revealing 8800 white blood cell count, 12.5 hemoglobin, 40.5 hematocrit, normal electrolytes, 16 CO2, 47 BUN, 2.69 creatinine, 107 blood sugar, and 48 AST. Respondent requested a consultation with the internal medicine hospitalist for hypotension

and acute renal failure. At approximately 11:00 a.m., the internal medicine hospitalist recorded Patient A's history. Patient A denied spontaneous passage of gas or any bowel activity. The record notes that she experienced nausea and vomiting the day prior resulting in the placement of an NG tube. The record indicates that the following morning, October 13, 2018, she became hypotensive and oliguric with acute renal failure and shock. The examination revealed a blood pressure of 94/55, a pulse of 145, temperature of 38.7°C, respiratory rate of 37, SPO2 of 95% on room air, and she was in moderate distress with evidence of tachypnea, absent breath sounds in the lower lung fields, poor inspiratory effort, and no other adventitious sounds. The heart examination revealed tachycardia without evidence of murmur, arrhythmia, rubs, or gallop. Patient A's abdomen was firm, markedly distended without bowel sounds, with tenderness to palpation most pronounced in the epigastrium and peri-incisional areas. Patient A's extremities revealed moderate edema bilaterally without cyanosis and weak peripheral pulses.

20. Patient A's laboratory studies were repeated, revealing hemoglobin of 12.8, potassium of 5.9, chloride of 109, CO2 of 13, a BUN of 48, a creatinine of 2.26, a glucose of 66, a lactate of 6.7, a phosphate of 5.8; urinalysis with 1+ protein, and a large amount of blood on the dipstick. Patient A's arterial gasses revealed a pH of 7.305, a PCO2 of 23.9, a PO2 of 90, bicarbonate of 11.8, and O2 saturation of 97. A CT of the abdomen and pelvis was performed without IV contrast at approximately 11:06 a.m. revealing post-surgical fluid collection, bibasilar atelectasis, mild ascites and mesenteric edema, diverticulosis, and cholecystectomy. The internal medicine assessment of Patient A stated that she now presented with hypotension, secondary to either hypovolemia or sepsis and renal failure. The plan was for Patient A to be transferred to the ICU, receive a normal saline intravenous bolus, and initiate antibiotics. The internal medicine hospitalist discussed Patient A's status, elevated lactates, and the suspicion of a possible bowel injury with Respondent. Respondent agreed that the hospitalist should consult with other physicians as necessary.

21. On or about October 13, 2018, at approximately 11:35 a.m., Patient A remained hypotensive despite saline, and sepsis was suspected due to a finding of bandemia. An intensivist was consulted, vasopressors were initiated, and antibiotic coverage was broadened. Patient A

remained hypotensive, edematous with evidence of third spacing, and anuric. Recommendations for nephrology and general surgery consultations were recommended. At approximately 12:00 p.m., a repeat CT was performed that did not reveal any acute findings to explain Patient A's condition. At approximately 1:11 p.m., a general surgery consult was obtained. The surgeon recommended a diagnostic laparoscopy with probably exploratory laparotomy due to suspicion of a missed bowel injury. The records indicate that Respondent had deferred care to the surgeon. At approximately 2:15 p.m., the nurse was unable to reach Respondent, and Patient A's status was changed to inpatient.

22. At approximately 3:36 p.m., Patient A underwent a diagnostic laparoscopy followed by exploratory laparotomy with sigmoid segmental resection with primary anastomosis, irrigation of the abdominal cavity, and drain placement. Respondent assisted with Patient A's surgery. The operative findings revealed a 0.5 cm x 0.5 cm punctate hole in the sigmoid colon with evidence of copious colonic effuse in the abdominal cavity. Patient A's condition required continued medical and surgical interventions.

23. On or about October 16, 2018, Patient A returned to the operating room for wound debridement and placement of a wound VAC.

24. On or about October 22, 2018, Patient A underwent a third surgical procedure due to an anastomotic leak of the colo-colonic anastomosis with evidence of intra-abdominal abscesses. Patient A underwent a diverting loop ileostomy and drainage of intra-abdominal abscesses.

25. On or about October 30, 2018, Patient A required interventional radiology to place a drain for recurrent intra-abdominal abscesses.

26. On or about November 11, 2018, interventional radiology removed Patient A's intra-abdominal drain.

27. On or about November 13, 2018, Patient A was discharged from the hospital. Patient A continued to require pain management, and wound and ileostomy care following discharge.

28. On or about November 5, 2020, Respondent participated in an interview with Board investigators regarding the care and treatment provided to Patient A. Respondent stated that contrary to the allegations made by Patient A, he did in fact engage in informed consent

discussions prior to her surgery. Respondent stated that he typically reviewed the risks and complications of surgery with a patient during preoperative visits, and again on the morning of the scheduled surgery. Respondent stated that he typically discusses all potential complications including injuries to the bowel, urinary tract, and vascular system. Respondent explained that he typically discusses surgery alternatives with a patient including pessary placement, and expectant observation. Respondent claimed that he advocated for Patient A to stay in the hospital on the first postoperative day after her symptoms worsened. Respondent stated that he assisted the general surgeon during the corrective surgical procedure to repair a small puncture wound in the sigmoid colon. Respondent admitted that he did go to the hospital on the day following her corrective surgery, but doesn't remember the conversation. Respondent stated that in retrospect, he regretted not immediately leaving his office to see Patient A when he first learned that her clinical condition had changed.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

29. Respondent Norman Sargon Bebla, M.D. has subjected his Physician's and Surgeon's Certificate Number A 79656 to disciplinary action under section 2227, as defined by section 2234, subdivision (b), of the Code, in that she committed an act(s) and/or omission(s) amounting to gross negligence in the care and treatment of Patient A, as more particularly described in paragraphs 9 through 28, which are hereby incorporated by reference and realleged as if fully set forth herein, and as alleged hereafter:

30. Respondent did not evaluate and/or perform a physical examination on Patient A in a timely manner following the worsening of her postoperative clinical status. Despite Patient A's worsening clinical status, Respondent did not document a postoperative evaluation at any time following the first morning after surgery. Respondent did not involve other physicians in the medical and surgical management of Patient A's bowel injury until the third post-operative day, seventy-two hours following surgery when he requested that an internal medicine specialist at the hospital conduct an evaluation. Respondent's failure to conduct a timely physical examination

and evaluation of Patient A to aid in her diagnosis constitutes an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

31. Respondent Norman Sargon Bebla, M.D. has subjected his Physician's and Surgeon's Certificate Number A 79656 to disciplinary action under 2227, as defined by section 2234, subdivision (b), of the Code, in that he committed repeated negligent acts in the care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 30, which are hereby incorporated by reference and realleged as if fully set forth herein, and as alleged hereafter:

32. Respondent did not maintain adequate and accurate medical records for Patient A. Respondent documented that Patient A had no gastrointestinal symptoms, despite complaints of abnormal bowel movements, fecal incontinence, and a rectocele. Respondent failed to document a review of the consultations records from Dr. Agarwal or the results of the defecatory x-ray at the time of the initial consultation with Patient A. Respondent failed to maintain adequate and accurate medical records in the care and treatment of Patient A, which constitutes a departure from the standard of care.

33. Respondent completed the robotic laparoscopic sacrocolpopexy procedure but failed to document whether he irrigated the pelvis. Irrigation of the pelvis at the conclusion of the procedure would have allowed for the possible identification of feces in the irrigant in the event of bowel perforation. Respondent's failure to perform and/or document irrigation of the bowel following the surgery constitutes a simple departure from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

34. Respondent Norman Sargon Bebla, M.D. has subjected his Physician's and Surgeon's Certificate Number A 79656 to disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate medical records in the care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 33, which are

hereby incorporated by reference and realleged as if fully set forth herein, and as alleged hereafter:

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 A 79656, issued to Norman Sargon Bebla, M.D.;

2. Revoking, suspending or denying approval of Norman Sargon Bebla, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Norman Sargon Bebla, M.D., to pay the Board the costs of investigation and enforcement of this case, and if placed on probation, the Board the costs of probation monitoring; and

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

DATED: AUG 18 2022

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

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