

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

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

**Assibi Z. Abudu, M.D.**

**Physician's and Surgeon's  
Certificate No. G 32689**

**Respondent.**

**Case No.: 800-2019-061035**

**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 27, 2023.**

**IT IS SO ORDERED: September 27, 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 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 TRINA L. SAUNDERS  
Deputy Attorney General  
4 State Bar No. 207764  
California Department of Justice  
5 300 South Spring Street, Suite 1702  
Los Angeles, California 90013  
6 Telephone: (213) 269-6516  
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7 *Attorneys for Complainant*

8  
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 ASSIBI Z. ABUDU, M.D.

15 2550 N. Hollywood Way, Suite 304  
16 Burbank, CA 91505-5028

17 Physician's and Surgeon's Certificate No.  
18 G 32689

19 Respondent.

Case No. 800-2019-061035

OAH No. 2023020928

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

20  
21 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-  
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board  
25 of California (Board). He brought this action solely in his official capacity and is represented in  
26 this matter by Rob Bonta, Attorney General of the State of California, by Trina L. Saunders,  
27 Deputy Attorney General.

28 //



1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2019-061035, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

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

8 11. Respondent does not contest that, at an administrative hearing, Complainant could  
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
10 2019-061035, a true and correct copy of which is attached hereto as Exhibit A, and that he has  
11 thereby subjected his Physician's and Surgeon's Certificate, No. G 32689 to disciplinary action.

12 12. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below,  
13 requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1,  
14 serves to protect the public interest.

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

18 CONTINGENCY

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



1 Respondent shall participate in and successfully complete that program. Respondent shall  
2 provide any information and documents that the program may deem pertinent. Respondent shall  
3 successfully complete the classroom component of the program not later than six (6) months after  
4 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
5 time specified by the program, but no later than one (1) year after attending the classroom  
6 component. The professionalism program shall be at Respondent's expense and shall be in  
7 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

8 A professionalism program taken after the acts that gave rise to the charges in the  
9 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
10 or its designee, be accepted towards the fulfillment of this condition if the program would have  
11 been approved by the Board or its designee had the program been taken after the effective date of  
12 this Decision.

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

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

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

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

28 5. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules

1 governing the practice of medicine in California and remain in full compliance with any court  
2 ordered criminal probation, payments, and other orders.

3 6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
4 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
5 limited to, expert review, legal reviews, and investigation(s), in the amount of \$18,661.75  
6 (eighteen thousand six hundred sixty-one dollars and seventy-five cents). Costs shall be payable  
7 to the Medical Board of California. Failure to pay such costs shall be considered a violation of  
8 probation.

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

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

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

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

20 8. GENERAL PROBATION REQUIREMENTS.

21 Compliance with Probation Unit

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

23 Address Changes

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

1           Place of Practice

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

5           License Renewal

6           Respondent shall maintain a current and renewed California physician's and surgeon's  
7 license.

8           Travel or Residence Outside California

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

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

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

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



1 on probation with the medical licensing authority of that state or jurisdiction shall not be  
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
3 period of non-practice.

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

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

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

11 Periods of non-practice for a Respondent residing outside of California will relieve  
12 Respondent of the responsibility to comply with the probationary terms and conditions with the  
13 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
14 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
15 Controlled Substances; and Biological Fluid Testing..

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

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



1 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
2 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
3 Decision and Order of the Medical Board of California.

4  
5 DATED: 06/16/2023   
6 ASSIBI Z. ABUDU, M.D.  
7 Respondent

8 I have read and fully discussed with Respondent Assibi Z. Abudu, M.D. the terms and  
9 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
10 I approve its form and content.


11 DATED: 6/19/23   
12 JESSICA MUNOZ  
13 Attorney for Respondent

14 **ENDORSEMENT**

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

17 DATED: 6/19/23

18 Respectfully submitted,  
19 ROB BONTA  
20 Attorney General of California  
21 ROBERT MCKIM BELL  
22 Supervising Deputy Attorney General

23   
24 TRINA L. SAUNDERS  
25 Deputy Attorney General  
26 Attorneys for Complainant

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28 Abudu Stipulation - SDAG Reviewed.docx

1 ROB BONTA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-061035

13 **ASSIBI Z. ABUDU, M.D.**  
14 **2550 N. Hollywood Way, Suite 304**  
15 **Burbank, CA 91505-5028**

**A C C U S A T I O N**

16 Physician's and Surgeon's Certificate,  
17 No. G 32689

Respondent.

18  
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
21 as the Executive Director of the Medical Board of California (Board).

22 2. On August 6, 1976, the Board issued Physician's and Surgeon's Certificate Number G  
23 32689 to Assibi Z. Abudu, M.D. (Respondent). That license was in full force and effect at all  
24 times relevant to the charges brought herein and will expire on September 30, 2024, unless  
25 renewed.

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**JURISDICTION**

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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:

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  
9 into a stipulation for disciplinary action with the board, may, in accordance with the  
10 provisions of this chapter:

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

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

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

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

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

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

27       5.    Section 2234 of the Code, states:

28           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

1 appropriate for that negligent diagnosis of the patient shall constitute a single  
negligent act.

2 (2) When the standard of care requires a change in the diagnosis, act, or  
3 omission that constitutes the negligent act described in paragraph (1), including, but  
4 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.

5 (d) Incompetence.

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

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

9 (g) The failure by a certificate holder, in the absence of good cause, to attend  
10 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.

#### 11 COST RECOVERY

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

#### 18 FIRST CAUSE FOR DISCIPLINE

##### 19 (Gross Negligence)

20 7. Respondent Assibi Z. Abudu, M.D. is subject to disciplinary action under section  
21 2234 (b) of the Code, in his care of Patient A, a minor. The circumstances are as follows:

22 8. Patient A, a then 16-year-old male patient, presented to the Pacifica Hospital of the  
23 Valley on July 8, 2019, with a chief complaint of a cough. Patient A was accompanied by his  
24 older brother. His parents were unable to accompany him due to a work conflict. At triage,  
25 Patient A<sup>1</sup> shared that he had been experiencing two (2) weeks of non-productive cough. His  
26 initial set of vitals showed he was febrile, with a temperature of over 103 degrees Fahrenheit. His

27 <sup>1</sup> In order to protect the patients' privacy, the patients at-issue in this charging pleading are  
28 Identified by letters (e.g., Patient A). The true names of the referenced patients are known  
to Respondent and were disclosed during discovery.

1 heart rate was 140. The rest of his vitals were unremarkable. Patient A received Tylenol at triage,  
2 presumably for his fever.

3 9. Once Patient A was placed into an emergency department treatment bay, he was seen  
4 by Respondent, who was the on-duty physician in the emergency department. Respondent was  
5 made aware of Patient A's history and physical, which documented one and one-half weeks of a  
6 dry intermittent cough, no associated fever, rash, headache, or myalgias. He examined Patient A  
7 and noted hyperemic pharynx, but normal tympanic membranes. Patient A's lung exam was  
8 unremarkable for retractions and there was no chest wall tenderness. There were no other notable  
9 pertinent positives. Labs and imaging were ordered. The orders included a complete blood cell  
10 count, chemistry panel, and chest x-ray. A Xopenex inhaler and ceftriaxone antibiotic were also  
11 ordered in addition to the Tylenol from triage.

12 10. Patient A's chest x-ray showed mild opacity of the left lung base. The most notable  
13 result was the complete blood cell count of 547.1 K/mm<sup>3</sup>, which is significantly elevated. Patient  
14 A's platelet count was 89K/mm<sup>3</sup> which is lower than normal. His hematocrit was 49.6%, which  
15 is in the normal range. Patient A's elevated white blood cell count was called to the emergency  
16 department at 9:10 p.m. that evening. Patient A had a potassium of 2.8, which was low, and a  
17 lactic acid level within normal limits.

18 11. Respondent documented a diagnosis of bronchitis. Prior to discharge, Respondent  
19 noted that Patient A felt better and was in no distress in the setting of a normal physical exam.  
20 Patient A was discharged home with a diagnosis of bronchitis, pancytopenia, and cough. The  
21 discharge instructions consisted of a general information sheet on fever, as well as instructions to  
22 follow-up at "CHLA in am."

23 12. Patient A left the emergency department with his older brother. Patient A did not  
24 follow up at CHLA in the morning. He was seen by his primary care doctor on July 19, 2019.  
25 Patient A's primary care doctor diagnosed him with bronchitis and provided him with a  
26 prescription for an antibiotic.

27 13. In the face of Patient A's significantly high white blood cell count, along with  
28 thrombocytopenia, there should have been a concern of a hematologic source of the lab findings,

1 specifically an acute leukemic process. In the setting of acute leukemia, there can be serious  
2 complications such as leukostasis, bleeding and infection affecting the neurological, pulmonary,  
3 cardiac systems, as well as other systems of the body. Although the Patient A's blood pressure  
4 and lactic acid did not suggest severe sepsis, and one dose of ceftriaxone was administered, it  
5 should have been recognized that Patient A was at an elevated risk for progression of infection  
6 due to an immunocompromised state.

7 14. The standard of care required Respondent to discuss the case emergently with a  
8 hematology specialist for likely admission, for further monitoring, workup, and management.  
9 Since Pacifica Hospital did not have a pediatric service, Patient A should have been transferred to  
10 Children's Hospital Los Angeles. In the alternative, Respondent should have called a pediatric  
11 specialist at the Children's Hospital to discuss the next management steps.

12 15. Respondent was grossly negligent and departed from the standard of care in his  
13 management of a pediatric patient with significantly elevated white blood cell count, and  
14 thrombocytopenia in the setting of a fever and cough.

15 **PRAYER**

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

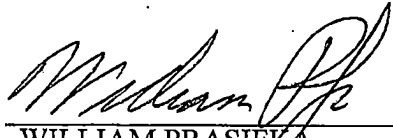
- 18 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 32689,  
19 issued to Respondent Assibi Z. Abudu, M.D.;
- 20 2. Revoking, suspending or denying approval of Respondent Assibi Z. Abudu, M.D.'s  
21 authority to supervise physician assistants and advanced practice nurses;
- 22 3. Ordering Respondent Assibi Z. Abudu, M.D. to pay the Board the costs of the  
23 investigation and enforcement of this case, and if placed on probation, the costs of probation  
24 monitoring; and



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

DATED: OCT 05 2022



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

*Complainant*

LA2022601970