

**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



**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
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5 300 South Spring Street, Suite 1702
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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 Respectfully submitted,
18 ROB BONTA
19 Attorney General of California
20 ROBERT MCKIM BELL
21 Supervising Deputy Attorney General
22 
23 TRINA L. SAUNDERS
24 Deputy Attorney General
25 Attorneys for Complainant

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27 Abudu Stipulation - SDAG Reviewed.docx

28

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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
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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**

ACCUSATION

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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1 **JURISDICTION**

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
2 negligent act.

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

8 (d) Incompetence.

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

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

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

16 COST RECOVERY

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

23 FIRST CAUSE FOR DISCIPLINE

24 (Gross Negligence)

25 7. Respondent Assibi Z. Abudu, M.D. is subject to disciplinary action under section
26 2234 (b) of the Code, in his care of Patient A, a minor. The circumstances are as follows:

27 8. Patient A, a then 16-year-old male patient, presented to the Pacifica Hospital of the
28 Valley on July 8, 2019, with a chief complaint of a cough. Patient A was accompanied by his
older brother. His parents were unable to accompany him due to a work conflict. At triage,
Patient A¹ shared that he had been experiencing two (2) weeks of non-productive cough. His
initial set of vitals showed he was febrile, with a temperature of over 103 degrees Fahrenheit. His

¹ In order to protect the patients' privacy, the patients at-issue in this charging pleading are
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/mm³, which is significantly elevated. Patient
14 A's platelet count was 89K/mm³ 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.;

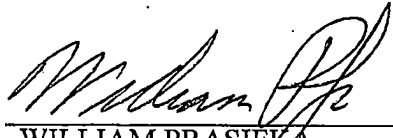
20 2. Revoking, suspending or denying approval of Respondent Assibi Z. Abudu, M.D.'s
21 authority to supervise physician assistants and advanced practice nurses;

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