

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

In the Matter of the Accusation
Against:

SUZANNE OH KIM, M.D.

Physician's and Surgeon's
Certificate No. A 67019

Respondent.

Case No. 800-2019-054043

DECISION

The attached Stipulated Surrender of License and 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 July 3, 2023.

IT IS SO ORDERED June 26, 2023.

MEDICAL BOARD OF CALIFORNIA

JENNA JONES FOR

Reji Varghese,
Executive Director

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:
SUZANNE OH KIM, M.D.
8583 Irvine Center Drive, Suite 464
Irvine, CA 92618-4298

Physician's and Surgeon's Certificate No.
A 67019

Respondent.

Case No. 800-2019-054043
OAH No. 2022110702
**STIPULATED SURRENDER OF
LICENSE 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
25 Board of California ("Board"). He brought this action solely in his official capacity and is
26 represented in this matter by Rob Bonta, Attorney General of the State of California, by John S.
27 Gatschet, Deputy Attorney General.

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1 CULPABILITY

2 8. Respondent understands that the charges and allegations in Accusation No. 800-2019-
3 054043, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and
4 Surgeon's Certificate.

5 9. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a *prima*
7 *facie* basis for the charges in the Accusation and that those charges constitute cause for discipline.
8 Respondent hereby gives up her right to contest that cause for discipline exists based on those
9 charges.

10 10. Respondent understands that by signing this stipulation she enables the Board to issue
11 an order accepting the surrender of her Physician's and Surgeon's Certificate without further
12 process.

13 RESERVATION

14 11. The admissions made by Respondent herein are only for the purposes of this
15 proceeding, or any other proceedings in which the Medical Board of California or other
16 professional licensing agency is involved, and shall not be admissible in any other criminal or
17 civil proceeding.

18 CONTINGENCY

19 12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
20 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...
21 stipulation for surrender of a license."

22 13. Respondent understands that, by signing this stipulation, she enables the Executive
23 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his
24 Physician's and Surgeon's Certificate No. A 67019 without further notice to, or opportunity to be
25 heard by, Respondent.

26 14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the
27 approval of the Executive Director, whether interim or permanent, on behalf of the Board. The
28 parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted

1 to the Executive Director for his consideration in the above-entitled matter and, further, that the
2 Executive Director shall have a reasonable period of time in which to consider and act on this
3 Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this
4 stipulation, Respondent fully understands and agrees that she may not withdraw her agreement or
5 seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical
6 Board, considers and acts upon it.

7 15. The parties agree that this Stipulated Surrender of License and Disciplinary Order
8 shall be null and void and not binding upon the parties unless approved and adopted by the
9 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full
10 force and effect. Respondent fully understands and agrees that in deciding whether or not to
11 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive
12 Director and/or the Board may receive oral and written communications from its staff and/or the
13 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the
14 Executive Director, the Board, any member thereof, and/or any other person from future
15 participation in this or any other matter affecting or involving Respondent. In the event that the
16 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this
17 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it
18 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
19 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
20 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason
21 by the Executive Director on behalf of the Board, Respondent will assert no claim that the
22 Executive Director, the Board; or any member thereof, was prejudiced by its/his/her review,
23 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or
24 of any matter or matters related hereto.

25 **ADDITIONAL PROVISIONS**

26 16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties
27 herein to be an integrated writing representing the complete, final and exclusive embodiment of
28 the agreements of the parties in the above-entitled matter.

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

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

7 **ORDER**

8 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 67019,
9 issued to Respondent Suzanne Oh Kim, M.D., is surrendered and accepted by the Board.

10 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the
11 acceptance of the surrendered license by the Board shall constitute the imposition of discipline
12 against Respondent. This stipulation constitutes a record of the discipline and shall become a part
13 of Respondent's license history with the Board.

14 2. Respondent shall lose all rights and privileges as a Physician and Surgeon in
15 California as of the effective date of the Board's Decision and Order.

16 3. Respondent shall cause to be delivered to the Board her pocket license and, if one was
17 issued, her wall certificate on or before the effective date of the Decision and Order.

18 4. If Respondent ever files an application for licensure or a petition for reinstatement in
19 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
20 comply with all the laws, regulations and procedures for reinstatement of a revoked or
21 surrendered license in effect at the time the petition is filed, and all of the charges and allegations
22 contained in Accusation No. 800-2019-054043 shall be deemed to be true, correct and admitted
23 by Respondent when the Board determines whether to grant or deny the petition.

24 5. Respondent shall pay the agency its costs of investigation and enforcement in the
25 amount of **\$41,291.25** prior to issuance of a new or reinstated license. The Board shall not grant a
26 new or reinstated license until all cost recovery has been paid in full.

27 6. If Respondent should ever apply or reapply for a new license or certification, or
28 petition for reinstatement of a license, by any other health care licensing agency in the State of

1 California, all of the charges and allegations contained in Accusation, No. 800-2019-054043 shall
2 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
3 Issues or any other proceeding seeking to deny or restrict licensure.

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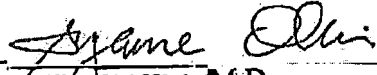
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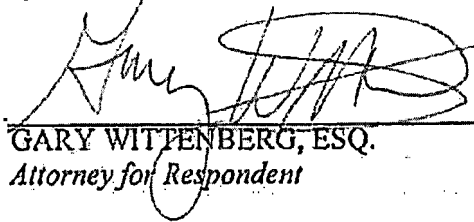
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ACCEPTANCE

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

DATED: 05/26/2023 
SUZANNE OH KIM, M.D.
Respondent

I have read and fully discussed with Respondent Suzanne Oh Kim, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.


DATED: 5/26/23 
GARY WITTENBERG, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: May 30, 2023

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


JOHN S. GATSCHET
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-054043

1 ROB BONTA
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2 STEVEN D. MUNI
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3 RYAN J. MCEWAN
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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:

Case No. 800-2019-054043

14 **SUZANNE KIM, M.D.**
5405 Alton Pkwy, Ste. 5A-214
Irvine, CA 92604-3717

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 67019,**

17 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, Department of Consumer Affairs
22 (Board).

23 2. On or about November 20, 1998, the Board issued Physician's and Surgeon's
24 Certificate No. A 67019 to Suzanne Kim, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on March 31, 2022, unless 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, in pertinent part:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
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 ...

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

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

26 ...

27 (c) Repeated negligent acts. To be repeated, there must be two or more
28 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

1 licensee's conduct departs from the applicable standard of care, each departure
2 constitutes a separate and distinct breach of the standard of care.

3 ...

4 6. Section 2264 of the Code states:

5 The employing, directly or indirectly, the aiding, or the abetting of any
6 unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in
7 the practice of medicine or any other mode of treating the sick or afflicted which
8 requires a license to practice constitutes unprofessional conduct.

9 7. Section 2266 of the Code states that the failure of a physician and surgeon to maintain
10 adequate and accurate records relating to the provision of services to their patients constitutes
11 unprofessional conduct.

12 COST RECOVERY

13 8. Section 125.3 of the Code states:

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

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

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

28 (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.

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

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

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

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

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

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

19 FACTUAL ALLEGATIONS

20 9. Respondent is a physician and surgeon who is board certified in family medicine.
21 She is the medical director at Genesis Medical Center in Irvine, California, which offers aesthetic
22 and nutritional treatments. Respondent also practices integrative and family medicine at the
23 Center for New Medicine in Irvine, California.

24 10. In or around February 2017, Respondent started working at Infusio Beverly Hills
25 (Infusio) on a part-time basis. Infusio Inc., Infusio Life, LLC, and Synergy Health were
26 corporations/limited liability corporations that employed the services of medical and clinical
27 professionals to provide regenerative and other medical health care services to the public. These
28 medical health care services included the harvesting, preparation, and administration of
autologous stem cells for human use. At the time Respondent started working at Infusio, F.G.,
M.D., was the medical director.

11. In or around July 2017, Respondent took over as Infusio's medical director.
Respondent's duties included the provision of oversight to Infusio's health care professionals
regarding regenerative and longevity treatment protocols, oversight for all the patients at the

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1 Beverly Hills location, and medical research. The medical research included investigational
2 studies of Stromal Vascular Fraction (SVF)¹ procedures.

3 12. During her tenure at Infusio, Respondent treated Patients A, B, C, D, E, F, G, H, and
4 I² between approximately January 2017 through April 2018. All of the aforementioned patients
5 presented to Respondent with a history of Lyme disease and were still suffering from related
6 long-term symptoms. Respondent left Infusio in or around May 2019.

7 **Patient A**

8 13. Patient A learned about Infusio's stem cell treatment from an online forum for
9 patients with chronic illness. Patient A had history of Lyme disease and thyroid/hormone issues.
10 Patient A reached out to Infusio directly and asked questions about the treatment program
11 specifically for patients with Lyme disease. She ultimately opted to try Infusio's two-week
12 treatment program, which cost approximately \$25,000.

13 14. On or about April 30, 2018, Patient A traveled to Infusio's Beverly Hills office to
14 start the treatment protocol. On or about that day, Patient A signed an authorization to release
15 protected health information with regard to her medical records and their inclusion in a medical
16 study to investigate Autologous Adipose Derived Stromal Vascular Fraction Deployment.

17 15. On or about this first treatment date, Patient A had a consultation with Respondent.
18 Patient A's subjective medical history, social life, and typical diet were documented in Infusio's
19 medical records. Respondent answered Patient A's questions about the stem cell procedure.

20 16. From on or about May 1, 2018 through May 4, 2018, Patient A received daily IV
21 treatments at Infusio that were administered by a registered nurse. Before starting the IV therapy,
22 Patient A was never told what medications or supplements she was being given. When Patient A
23 asked Infusio staff what was in the IV bags, she was told that, "it was going to make her feel
24 really good," and that the bags generally contained vitamins and minerals that were good for the
25 body. The IV bags were not properly labeled with the patient's name or the contents.

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27 ¹ SVF is a form of stem cell therapy that is made up of stem cells harvested from adipose
28 tissue.

² Patient names have been omitted to protect their privacy.

1 17. In addition to IV therapy, Patient A was supposed to receive other treatments as part
2 of Infusio's Integrative Lyme Disease Program. These treatments included intramuscular thymus
3 injections³ and 10-pass ozone therapy.⁴ Infusio staff became so shorthanded during Patient A's
4 treatment that W.H., an unlicensed receptionist, administered Patient A's thymus injections.

5 18. When Patient A tried to get 10-pass ozone therapy, the machine stopped working.
6 Multiple Infusio staff members were unable to get the machine to complete Patient A's treatment
7 and Patient A was told that she could try getting the treatment later when the machine was
8 working.

9 19. According to Infusio records, on or about May 1, 2018, Patient A received 10-pass
10 ozone treatment. The medical records fail to document that the machine was not working at the
11 time and that the treatment was not completed.

12 20. Patient A continued with IV therapy on or about May 7, 2018 and May 8, 2018.
13 Once again, Infusio's treatment records for May 7, 2018 indicate that Patient A received 10-pass
14 ozone therapy when in fact she did not.

15 21. On or about May 9, 2018, Respondent documented that Patient A underwent the SVF
16 procedure. While Patient A was awake and medicated with Versed⁵ and local anesthesia,
17 Respondent removed approximately 50 ccs of fat from Patient A's flank. That tissue was then
18 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in
19 Respondent's procedural note. D.R. had no certification in the processing or manipulation of
20 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out
21 Burger.

22 22. After the stem cells were processed by D.R., the stem cells were injected back into
23 Patient A's body via an IV line. The re-injection of the stem cells via IV was not documented in
24 Infusio's records.

25 _____
26 ³ Per Infusio's website, thymus peptide injections are thought to restore and improve the
immune system.

27 ⁴ 10-pass ozone therapy involves the infusion of ozone in a patient's blood which is
repeated approximately ten times.

28 ⁵ Versed, brand name for midazolam, is a sedative and a Schedule IV controlled substance
pursuant to Health and Safety Code section 11057, subdivision (d).

1 23. In addition to receiving stem cells via IV, Patient A also received a “gut shot,” which
2 was derived from an extra syringe of fat cells. According to Respondent’s records, a lipoaspirate
3 paste was made and injected back into Patient A’s upper abdomen with local anesthesia.
4 Following the SVF procedure, Respondent wrote Patient A a prescription for Ultram for 30
5 tablets to be taken as needed for pain.

6 24. To complete the Integrative Lyme Disease program, Patient A underwent two more
7 days of IV therapy on or about May 10, 2018 and May 11, 2018.

8 25. Following the program, Infusio staff members followed up with Patient A once on or
9 about May 17, 2018. Patient A reported that she was experiencing headaches and nausea. Infusio
10 records for Patient A contain no other notes to follow-up with Patient A following SVF.

11 26. On or about October 12, 2018, Patient A returned to Infusio Beverly Hills and saw
12 Respondent to begin Autologous Cyto-Immunotherapy (ACT).⁶ Patient A complained of
13 increased fatigue. Respondent noted that Patient A was to start the ACT program and that Infusio
14 would follow-up in three months. Respondent also recommended diet changes and supplements.

15 27. From on or about November 14, 2018 to November 15, 2018, Patient A underwent
16 ACT therapy. During this treatment, Patient A requested to get the 10-pass ozone therapy that
17 she had paid for in the Integrative Lyme Disease Program. Infusio staff members denied her
18 request. They told Patient A that her records indicated that she had already received the treatment
19 and that she would have to pay extra if she wanted more.

20 28. Infusio never followed up with Patient A after she completed the ACT program.
21 Following treatment with Infusio, Patient A experienced nerve pain and has permanent divots in
22 her back from the liposuction procedure.

23 **Patient B**

24 29. Patient B initially learned of Infusio from a friend. Patient B had a history of Lyme
25 disease and Hashimoto’s disease. She started Infusio’s Integrative Lyme Disease Program on or

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28 ⁶ According to Infusio’s website, ACT is a process by which certain types of cells are
extracted from a patient’s blood and re-infused via IV.

1 about March 20, 2017 and traveled to California from Michigan to receive the two-week
2 treatment.

3 30. From on or about March 20, 2017 to March 25, 2017 and March 27, 2017 to March
4 29, 2017, Patient B had daily IV therapy and intramuscular thymus injections. Infusio's records
5 for the IV therapy failed to document what types of IVs Patient B received.

6 31. According to Infusio records, H.B., a licensed registered nurse, administered Patient
7 B's IV therapy and thymus injections. During the daily IV therapy, however, X.M., a medical
8 assistant, sometimes administered the IV therapy. Medical assistants cannot start or disconnect
9 IVs, nor can they administer injections or medications into an IV.

10 32. On or about March 27, 2017, Respondent signed a note that indicated that Patient B
11 received trigger point therapy. Respondent's documented assessment listed "Hashimoto[']s,
12 Lyme, Bart[onella], Babs [Babesia]." Patient B's symptoms included insomnia, fatigue, and
13 hearing loss. It is not clear from the record whether Patient B actually received trigger point
14 therapy.

15 33. On or about March 30, 2017, Respondent documented that Patient B received the
16 SVF procedure. While Patient B was awake and medicated with Versed and local anesthesia,
17 Respondent removed approximately 50 ccs of fat from Patient B's flank. That tissue was then
18 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in
19 Respondent's procedural note. D.R. had no certification in the processing or manipulation of
20 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out
21 Burger.

22 34. After the stem cells were processed by D.R., the stem cells were injected back into
23 Patient B's body via an IV line. The re-injection of the stem cells via IV was not documented in
24 Infusio's records.

25 35. On or about March 31, 2017, Patient B received one last day of IV therapy and a
26 thymus injection before returning home. Infusio's records for the IV therapy failed to document
27 what types of IVs Patient B received. Patient B and other patients who were receiving treatment
28 at the same time were not told what IVs they were being given.

1 36. On or about July 24, 2017, Patient B traveled back to Infusio Beverly Hills and saw
2 Respondent for her 100-day follow-up appointment. She reported that she was “85% improved,”
3 although she felt under the weather from traveling. Patient B was given additional IV treatments,
4 lymphatic drainage, and red light therapy.

5 37. In the days following her Infusio treatment, Patient B felt more energetic. She then
6 started experiencing blood pressure problems, insomnia, and new allergies to food. On or about
7 December 6, 2017, Patient B’s treating physician in Michigan called Infusio and asked to speak to
8 Respondent regarding the SVF treatment. On or about January 11, 2018, Patient B signed a
9 release for Infusio to send her treatment records to her treating provider in Michigan. Infusio’s
10 records do not indicate whether Respondent ever called Patient B’s treating provider back or
11 whether treatment records were sent to that treatment provider.

12 38. On or about December 22, 2017, Respondent wrote Patient B a prescription for
13 cromolyn.⁷ Infusio’s records do not include any communication between Respondent and Patient
14 B that would explain why Respondent issued this prescription.

15 39. On or about January 24, 2018, an Infusio staff member left a message for Patient B
16 that the fees would be waived for the ACT program and that Patient B would have an
17 appointment with Respondent and P.B.,⁸ Infusio’s patient care coordinator.

18 40. On or about January 25, 2018, P.B. spoke with Patient B over the phone for
19 approximately five minutes. P.B. told Patient B that she needed to lower inflammation, support
20 methylation, help breakdown histamine, and support cell metabolism. A treatment plan was to be
21 emailed to Patient B, and Patient B was advised that she may need to travel back to California for
22 additional treatment with steroids or cyclosporine.⁹

23 41. On or about February 22, 2018, Respondent spoke to Patient B on the phone for
24 approximately five minutes. Patient B was to start taking supplements and slowly wean off

25 _____
26 ⁷ Cromolyn is used to treat symptoms of mastocytosis. Mastocytosis is a condition in
27 which certain immune cells (mast cells) build up under the skin, bones, intestines, and/or other
28 organs causing a range of symptoms.

⁸ P.B. is not a licensed medical professional.

⁹ Cyclosporine is an immunosuppressive drug.

1 cromolyn and Zantac.¹⁰ On or about the same day, Infusio staff members sent Patient B a one-
2 month supply of supplements.

3 42. On or about February 28, 2018, despite the plan to wean off the medication,
4 Respondent wrote Patient B another prescription for cromolyn. Once again, Infusio's records do
5 not include any communication between Respondent and Patient B that would explain why
6 Respondent would refill this prescription.

7 43. On or about March 8, 2018, Respondent prescribed 120 tablets of 0.5 mg Xanax to
8 Patient B. There is no justification or rationale explaining why Respondent prescribed this
9 medication to Patient B in Infusio's records.

10 **Patient C**

11 44. Patient C learned of Infusio after talking to a former Infusio patient, E.S. and P.B.,
12 Infusio's patient care coordinator. Patient C had a history of Lyme disease, depression, severe
13 fatigue, and cognitive difficulties. She signed up to start Infusio's Integrative Lyme Disease
14 Program in or around January 2017 and traveled from Illinois to California to start the program
15 on or about February 13, 2017.

16 45. In an unsigned medical record from Infusio dated on or about February 13, 2017,
17 Patient C's chief complaint and subjective medical history were documented. The plan was for
18 Patient C to receive 10 days of IV support therapy and SVF.

19 46. From on or about February 13, 2017 to February 18, 2017 and February 20, 2017 to
20 February 22, 2017, Patient C had daily IV therapy and intramuscular thymus injections. Infusio's
21 records for the IV therapy failed to document what types of IVs Patient C received. Patient C was
22 not told what was in the IVs.

23 47. According to Infusio records, H.B., a licensed registered nurse, administered Patient
24 C's IV therapy and thymus injections. During the daily IV therapy, however, I.O., an unlicensed,
25 non-medical professional, also administered Patient C's IV therapy.

26 48. On or about February 23, 2017, Patient C underwent the SVF procedure. Even
27 though Infusio records indicate that Respondent performed the procedure, the procedure note was

28 ¹⁰ Zantac, brand name for ranitidine, is an over-the-counter antihistamine and antacid.

1 signed by F.G., M.D., Infusio's then medical director. While Patient C was awake and medicated
2 with Versed and local anesthesia, Respondent removed approximately 50 ccs of fat from Patient
3 C's body. That tissue was then processed by D.R., an unlicensed and uncertified individual who
4 was listed as an assistant in Respondent's procedural note. D.R. had no certification in the
5 processing or manipulation of human stem cells. He told patients that prior to working at Infusio,
6 he worked at In-and-Out Burger.

7 49. After the stem cells were processed by D.R., the stem cells were injected back into
8 Patient C's body via an IV line. The re-injection of the stem cells via IV was not documented in
9 Infusio's records.

10 50. On or about February 24, 2017, Patient C received one last day of IV therapy and a
11 thymus injection before returning home. Infusio's records for the IV therapy failed to document
12 what types of IV Patient C received on that day.

13 51. On or about April 22, 2017, Respondent spoke to Patient C on the phone. Patient C
14 complained of migraines. Patient C was charged \$150 for this phone consultation with
15 Respondent.

16 52. On or about May 3, 2017, Patient C called Infusio and complained of severe
17 depression and insomnia. That message was forwarded to Respondent.

18 53. On or about May 20, 2017, Patient C had a five-minute phone consultation with
19 Respondent. Patient C reported that she had received the "white powder" that Infusio sent her
20 and she was taking it. She was still complaining of depression and anxiety and reported that she
21 had bad body odor. Respondent told her that the body odor was good news as Patient C's
22 lymphatics were moving and detoxing. Patient C was charged \$150 for this phone consultation
23 with Respondent.

24 54. On or about July 24, 2017, Patient C had another five-minute phone consultation with
25 Respondent. Patient C reported no changes from her prior consultation. Respondent
26 recommended that Patient C have a consultation with V.D., a therapist, and that she would talk to
27 P.B. about additional IV therapy. Patient C was charged \$150 for this phone consultation with
28 Respondent.

1 55. On or about September 9, 2017, Patient C's mother had a five-minute phone
2 consultation with Respondent. Patient C's mother reported that Patient C still was not feeling
3 well. Respondent recommended a two-week NAD protocol¹¹ and said that she would follow-up
4 about costs the next week. Patient C was charged \$150 for this phone consultation with
5 Respondent.

6 56. On or about September 12, 2017, an Infusio employee called Patient C and told her
7 that the normal price for the NAD protocol was \$12,000, but that they could offer it to her for
8 \$6,000. Patient C did not undergo the NAD protocol.

9 **Patient D**

10 57. Patient D learned of Infusio after talking to a former Infusio patient, E.S. Patient D
11 had a history of Lyme disease and associated joint pain. She signed up to start Infusio's
12 Integrative Lyme Disease Program in or around January 2017 and started the program on or about
13 March 14, 2017.

14 58. Patient D had daily IV therapy and intramuscular thymus injections on or about
15 March 14, 2017, March 17, 2017, March 20, 2017, and March 23, 2017. Infusio's records for
16 Patient D's IV therapy failed to document what types of IVs she received.

17 59. From on or about March 27, 2017 through March 30, 2017, Patient D had daily IV
18 therapy and intramuscular thymus injections. Infusio's records for the IV therapy failed to
19 document what types of IVs Patient D received.

20 60. According to Infusio records, H.B., a licensed registered nurse, administered Patient
21 D's IV therapy and thymus injections. During the daily IV therapy, however, X.M., a medical
22 assistant, sometimes administered the IV therapy. Medical assistants cannot start or disconnect
23 IVs, nor can they administer injections or medications into an IV. When Patient D asked Infusio
24 staff what was in the IV bags, she would sometimes be given an answer and sometimes be told to
25 ask P.B., Infusio's patient care coordinator.

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28 ¹¹ According to Infusio's website, the NAD protocol is another IV support therapy which
included the active coenzyme form of vitamin B3.

1 61. Six days after she started treatment at Infusio, Patient D's chief complaint and subject
2 medical history were documented in a medical record dated on or about March 20, 2017.

3 Respondent electronically signed this note.

4 62. On or about April 13, 2017, Respondent documented that Patient D received the SVF
5 procedure. While Patient D was awake and medicated with Versed and local anesthesia,
6 Respondent removed approximately 50 ccs of fat from Patient D's body. That tissue was then
7 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in
8 Respondent's procedural note. D.R. had no certification in the processing or manipulation of
9 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out
10 Burger.

11 63. After the stem cells were processed by D.R., the stem cells were injected back into
12 Patient D's body via an IV line. The re-injection of the stem cells via IV was not documented in
13 Infusio's records.

14 64. On or about June 19, 2017, Respondent spoke to Patient D on the phone. Patient D
15 reported that she was doing better, but that she had anal itching and shooting nerve pains. Patient
16 D was charged \$150 for this phone consultation with Respondent.

17 65. On or about July 26, 2017, Patient D returned to Infusio Beverly Hills for her 100-day
18 follow-up appointment. She told Respondent that she had less joint and nerve pain and that her
19 energy level fluctuated. Respondent recommended that Patient D take supplements and gave her
20 a prescription for trazodone.¹² During this follow-up appointment, Patient D received additional
21 IV treatments.

22 **Patient E**

23 66. Patient E learned of Infusio after reading about the treatment provided in Germany.
24 When she called the German treatment center to make an appointment, she was referred to
25 Infusio Beverly Hills. Patient E had a history of Lyme disease. She signed up to start Infusio's
26 Integrative Lyme Disease Program and traveled from Mississippi to California to start the
27 program on or about October 16, 2017.

28 ¹² Trazodone is an anti-depressant and sedative.

1 67. On or about October 16, 2017, Respondent documented Patient E's chief complaint
2 and subjective medical history. The plan was for Patient E to receive 10 days of IV support
3 therapy and SVF.

4 68. From on or about October 16, 2017 to October 20, 2017 and October 23, 2017 to
5 October 25, 2017, Patient E had daily IV therapy which was administered by S.D., a licensed
6 registered nurse. When Patient E and other patients asked Infusio staff what was in the IV bags,
7 they were told that they were getting "some good stuff."

8 69. According to the note documenting Patient E's IV therapy on or about October 24,
9 2017, Patient E received a Myers IV via a 22-gauge angiocath that was placed in Patient E's right
10 arm. The same note, however, states that several attempts had been made to start an IV on Patient
11 E but that they were unsuccessful, and that Respondent ordered that no more IV attempts were to
12 be made that day.

13 70. On or about October 26, 2017, Respondent documented that Patient E received the
14 SVF procedure. While Patient E was awake and medicated with Versed and local anesthesia,
15 Respondent removed approximately 50 ccs of fat from Patient E's body. That tissue was then
16 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in
17 Respondent's procedural note. D.R. had no certification in the processing or manipulation of
18 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out
19 Burger.

20 71. After the stem cells were processed by D.R., the stem cells were injected back into
21 Patient E's body via an IV line. The re-injection of the stem cells via IV was not documented in
22 Infusio's records.

23 72. On or about October 27, 2017, Patient E received one last day of IV therapy and a
24 thymus injection before returning home.

25 73. On or about December 21, 2017, Patient E had a 100-day follow-up phone
26 consultation with Respondent. Patient E complained that she was unable to walk and that she had
27 been prescribed gout medication and antibiotics. She was also prescribed narcotics for pain.
28 Respondent recommended castor oil packs and Epsom salt foot baths.

1 74. On or about April 23, 2018, Patient E traveled back to Infusio Beverly Hills for the
2 ACT program. Respondent noted that Patient E had bilateral lower extremity pain and swelling,
3 diabetes, and Lyme disease. Patient E was to follow up with O.P., Infusio's nutritionist,
4 regarding weight loss. Respondent cleared Patient E to use "ozone sauna" and to drink baking
5 soda water. Respondent also recommended that Patient E continue with Myers IVs when she
6 returned home.

7 75. On or about April 24, 2018 and April 26, 2018, Patient E received the ACT IVs.

8 76. Following the ACT treatment, Infusio's records indicate that Respondent followed up
9 with Patient E one more time on or about May 3, 2018. Respondent documented that she
10 reviewed lab results with Patient E and recommended that Patient E continue her current diet and
11 take supplements.

12 **Patient F**

13 77. Patient F initially learned of Infusio through a friend. She reviewed Infusio's website
14 and saw the celebrity testimony touting their results. Patient F had a history of Lyme disease.
15 She signed up to start Infusio's Integrative Lyme Disease Program and started the program on or
16 about June 5, 2017.

17 78. For her initial consultation, Patient F saw F.G., M.D. F.G., M.D., did not document
18 this consultation. Patient F saw Respondent during the second week of her treatment.

19 79. From on or about June 5, 2017 to June 10, 2017 and June 12, 2017 to June 14, 2017,
20 Patient F had daily IV therapy and intramuscular thymus injections which were administered by
21 H.B., a licensed registered nurse. Other than noting that F.G., M.D., ordered that Patient F was
22 not to receive calcium in her IVs, Infusio's records for the IV therapy failed to document what
23 types of IVs Patient F received.

24 80. On or about June 15, 2017, Respondent documented that Patient F underwent the
25 SVF procedure. While Patient F was awake and medicated with Versed and local anesthesia,
26 Respondent removed approximately 25 ccs of fat from Patient F's body. That tissue was then
27 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in
28 Respondent's procedural note. D.R. had no certification in the processing or manipulation of

1 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out
2 Burger.

3 81. After the stem cells were processed by D.R., the stem cells were injected back into
4 Patient F's body via an IV line. The re-injection of the stem cells via IV was not documented in
5 Infusio's records.

6 82. On or about June 16, 2017, Patient F received one last day of IV therapy and a
7 thymus injection before returning home. Infusio's records for the IV therapy failed to document
8 what types of IV Patient F received on that day.

9 83. On or about July 12, 2017, Patient F spoke to an Infusio staff member on the phone.
10 Patient F reported that she was struggling with severe gut issues and that she wanted a
11 consultation with Respondent.

12 84. On or about July 17, 2017, Patient F spoke to Respondent on the phone for a five-
13 minute consultation. Patient F told Respondent that she was losing weight and could not tolerate
14 carbohydrates. Respondent recommended that Patient F speak to O.P., a nutritionist. Patient F
15 reported that she was suffering from insomnia and that she had been prescribed Ativan, Belsomra,
16 and mirtazapine¹³ by another physician. Respondent recommended that Patient F try taking
17 Infusio's "white powder" instead. Patient F was charged \$150 for this phone consultation with
18 Respondent.

19 85. On or about August 2, 2017, Patient F reported to an Infusio staff member that she
20 had been struggling for the past three weeks with high blood pressure. Patient F scheduled an
21 appointment with Respondent.

22 86. On or about August 5, 2017, Patient F had a phone consultation with Respondent.
23 Patient F complained of fluctuations in her blood pressure and being out of breath. Respondent
24 ordered lab tests.

25 87. On or about September 23, 2017, Patient F had another five-minute phone
26 consultation with Respondent. Patient F continued to complain of gastrointestinal problems and

27 ¹³ Ativan, brand name lorazepam, is a benzodiazepine and a Schedule IV controlled
28 substance pursuant to Health and Safety Code section 11057, subdivision (b). Belsomra and
mirtazapine are prescribed medications used to treat insomnia.

1 difficulties tolerating food. Respondent noted that she would send Patient F a list of
2 recommended supplements and that she would follow-up with Patient F in two months. This note
3 is the last documented communication between Respondent and Patient F.

4 **Patient G**

5 88. Patient G initially learned of Infusio through a friend and discovered more
6 information by joining Infusio's Facebook group. Patient G had a history of Lyme disease. After
7 she communicated with P.B., Infusio's patient care coordinator, to determine whether she would
8 be a good candidate for SVF, Patient G signed up to start Infusio's Integrative Lyme Disease
9 Program and paid \$25,000. She traveled from Wisconsin to California to start the program on or
10 about February 5, 2018.

11 89. For her initial consultation, Patient G and three other female patients saw Respondent.
12 Respondent asked Patient G basic questions about her health. Patient G suspected that
13 Respondent did not review the prior medical records she sent to Infusio before starting her
14 treatment. Respondent documented Patient G's chief complaint and subjective medical history.

15 90. From on or about February 5, 2018 to February 9, 2018 and February 12, 2018 to
16 February 13, 2018, Patient G had daily IV therapy and intramuscular thymus injections which
17 were administered by H.B., a licensed registered nurse. Patient G also had hyperbaric oxygen
18 chamber treatment and infrared light therapy.

19 91. On or about February 14, 2018, Respondent documented that Patient G underwent the
20 SVF procedure. While Patient G was awake and medicated with Versed and local anesthesia,
21 Respondent removed approximately 50 ccs of fat from Patient G's body. That tissue was then
22 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in
23 Respondent's procedural note. D.R. had no certification in the processing or manipulation of
24 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out
25 Burger.

26 92. After the stem cells were processed by D.R., the stem cells were injected back into
27 Patient G's body via an IV line. The re-injection of the stem cells via IV was not documented in
28 Infusio's records.

1 93. On or about February 15, 2018 and February 16, 2018, Patient G received two more
2 days of IV therapy and thymus injections before returning home.

3 94. On or about April 25, 2018, Respondent documented that she talked to Patient G on
4 the phone. Patient G reported that she was feeling terrible. Respondent told Patient G that her
5 post-procedure symptoms were normal and that her body was recalibrating.

6 95. On or about July 30, 2018, Patient G returned to Infusio Beverly Hills for ACT
7 treatment. Patient G told Respondent that she was experiencing jitteriness, dizziness, head
8 pressure, memory/cognitive issues, muscle pain, hormonal issues, and severe depression. Patient
9 G also complained of a sensitive stomach. Respondent made recommendations about Patient G's
10 diet and supplements. She also recommended that Patient G do additional weekly Myers IV
11 therapy and thymus injections.

12 96. On or about July 31, 2018, August 1, 2018, and August 2, 2018, Infusio records
13 indicate that Patient G received the ACT IV treatments.

14 97. For the August 1, 2018 note, even though the first portion of the note documents that
15 Patient G received the ACT therapy without incident, H.B., a licensed registered nurse, then noted
16 that after Patient G had started the ACT protocol, she had a sensitivity reaction. The IV was
17 stopped and a bolus IV of saline solution was given. H.B. called Respondent and apprised her of
18 the situation. On or about August 2, 2018, Respondent documented that she spoke to Patient G
19 about her reaction to the treatment.

20 98. Infusio or Respondent did not follow up with Patient G after August 2, 2018.

21 **Patient H**

22 99. Patient H initially learned of Infusio through an online support group for Lyme
23 disease patients. Patient H got more information from Infusio's Facebook page. She signed up to
24 start Infusio's Integrative Lyme Disease Program, paid \$25,000, and traveled from Ohio to
25 California to start the program on or about May 30, 2017.

26 100. For her initial consultation, Patient H met with F.G., M.D. F.G., M.D., ordered lab
27 blood tests. These results of these tests were never reviewed with Patient H, as F.G., M.D.,

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1 abruptly stopped working at Infusio in the middle of her treatment. F.G., M.D., did not document
2 his initial consultation with Patient H.

3 101. From on or about May 30, 2017 to June 3, 2017 and June 5, 2017 to June 9, 2017,
4 Patient H had daily IV therapy and intramuscular thymus injections. Infusio records show that
5 Patient H's IV therapy and injections were administered by H.B., or N., identified as licensed
6 registered nurses. N.'s last name is not documented in the records. Infusio's records for the IV
7 therapy failed to document what types of IV Patient H received on each day.

8 102. During her IV therapy, Patient H had to pay attention and make sure that she was
9 receiving the correct IV bag rather than another patient's. At least two different times, Patient H
10 saw that Infusio staff had to swap out two patients' IV bags.

11 103. At the beginning of Patient H's IV treatment, nurses had difficulty getting her IV line
12 started. Because of these issues, on or about June 7, 2017, which was the day before Patient H's
13 SVF procedure, H.B. left the IV line in Patient H's arm after completing the in-office IV therapy
14 for easier use the next day. In H.B.'s note for June 7, 2017, however, H.B. inaccurately noted
15 that the catheter had been removed on the same day.

16 104. On or about June 8, 2017, Respondent documented that Patient H underwent the SVF
17 procedure. While Patient H was awake and medicated with local anesthesia, Respondent
18 removed approximately 25 ccs of fat from Patient H's body. That tissue was then processed by
19 D.R., an unlicensed and uncertified individual who was listed as an assistant in Respondent's
20 procedural note. Respondent also processed some of the cells separately. D.R. had no
21 certification in the processing or manipulation of human stem cells. He told patients that prior to
22 working at Infusio, he worked at In-and-Out Burger.

23 105. Because Patient H's IV line was left in her arm from the day prior, D.R. was
24 supposed to run saline solution into the line before inserting the stem cells. D.R., however, did
25 something wrong with the open IV line so a new IV line had to be placed.

26 106. After the stem cells were processed by D.R., the stem cells were injected back into
27 Patient H's body via an IV line. Patient H also received an additional gut shot of lipospirate that

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1 was injected into her abdomen. These stem cell re-injections via IV and into Patient H's
2 abdomen were not documented in Infusio's records.

3 107. Immediately following the SVF procedure, Patient H had more IV therapy. As part
4 of the treatment package that she paid for, Patient H was supposed to receive another day of IV
5 therapy but decided to skip it due to the earlier issues she encountered when Infusio staff placed
6 the IV lines in her arm. After she finished the treatment, she went back to Ohio.

7 108. On or about July 1, 2017, Patient H had a phone consultation with Respondent. In the
8 beginning of her Infusio treatment, Patient H was prescribed progesterone by F.G., M.D. Patient
9 H told Respondent that she was still taking progesterone. Respondent advised Patient H to keep
10 taking the prescribed medication and recommended castor oil packs. Patient H was charged \$150
11 for this phone consultation with Respondent.

12 109. On or about July 12, 2017, Patient H reported to Infusio staff that she was having
13 good and bad days. On or about July 20, 2017, Patient H reported that she was having trouble
14 sleeping. On or about July 25, 2017, Patient H reported that she was experiencing itchiness and
15 leg cramps.

16 110. On or about September 25, 2017, Patient H had her 100-day follow-up appointment
17 with Respondent by phone. Patient H was experiencing ups and downs. She discussed hormone
18 replacement therapy with Respondent. Patient H was charged \$150 for this nine-minute phone
19 call with Respondent.

20 **Patient I**

21 111. Patient I initially learned of Infusio through Facebook. Patient I had a history of
22 Lyme disease and Babesiosis. She spent almost \$30,000 on Infusio's Integrative Lyme Disease
23 Program and related costs traveling from Illinois to California. She started the program on or
24 about May 8, 2017.

25 112. For her initial consultation, Patient I saw F.G., M.D. Patient I complained of
26 insomnia and low energy.

27 113. From on or about May 8, 2017 to May 13, 2017 and May 15, 2017 to May 16, 2017,
28 Patient I had daily IV therapy and intramuscular thymus injections which were administered by

1 H.B., S.S., and T.A., licensed registered nurses. With the exception of Patient I's treatment on or
2 about May 8, 2017, Infusio's records for the IV therapy failed to document what types of IVs
3 Patient I received.

4 114. On or about May 17, 2017, Respondent documented that Patient I underwent the SVF
5 procedure. While Patient I was awake and medicated with local anesthesia, Respondent removed
6 approximately 25 ccs of fat from Patient I's body. That tissue was then processed by D.R., an
7 unlicensed and uncertified individual who was listed as an assistant in Respondent's procedural
8 note. D.R. had no certification in the processing or manipulation of human stem cells. He told
9 patients that prior to working at Infusio, he worked at In-and-Out Burger.

10 115. After he processed the stem cells, D.R. injected the stem cells into Patient I's body
11 via an IV line. The re-injection of the stem cells via IV was not documented in Infusio's records.

12 116. On or about May 18, 2017 and May 19, 2017, Patient I received IV support therapy
13 and thymus injections before returning home. On or about May 19, 2017, Respondent wrote
14 Patient I a trazodone prescription for insomnia.

15 117. On or about May 27, 2017, Patient I had a phone consultation with Respondent.
16 Patient I reported that she was not sleeping well and that trazodone had no effect. Respondent
17 advised Patient I to increase her trazodone dose. Patient I was charged \$150 for this phone
18 consultation with Respondent.

19 118. On or about June 6, 2017, Patient I told an Infusio staff member that she had
20 difficulty sleeping. On or about June 10, 2017, Patient I had another phone consultation with
21 Respondent. Patient I requested to go back on progesterone. Respondent issued the prescription
22 and advised Patient I that she had to follow-up with her local doctor for any refills. Patient I was
23 charged \$150 for this phone consultation with Respondent.

24 119. On or about July 19, 2017, Patient I told an Infusio staff member that she was still
25 having trouble sleeping.

26 120. On or about October 2, 2017, Patient I traveled to Infusio Beverly Hills for her 100-
27 day follow-up appointment with Respondent. She had gained 20 pounds. Respondent's

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1 assessment was Lyme disease, leaky gut, and hypoadrenalism. Her plan was to treat Patient I
2 with IV support therapy.

3 121. On or about January 18, 2018, Respondent spoke to Patient I on the phone. Patient I
4 reported that some things were better and many things were not. Patient I reported that she could
5 only tolerate a few foods. Respondent recommended a consultation with O.P., a nutritionist, and
6 additional IV support therapy. Respondent told Patient I that she could return to Infusio Beverly
7 Hills anytime to do the ACT program.

8 **FIRST CAUSE FOR DISCIPLINE**
9 **(Aiding and Abetting of Unlicensed Persons)**

10 122. Respondent has subjected her Physician's and Surgeon's Certificate No. A 67019 to
11 disciplinary action under sections 2227 and 2264 of the Code, in that she aided and abetted
12 unlicensed individuals to engage in the practice of medicine, as more particularly alleged in
13 paragraphs 9 through 121, above, which are hereby incorporated by reference and re-alleged as if
14 fully set forth herein.

15 **SECOND CAUSE FOR DISCIPLINE**
16 **(Repeated Negligent Acts)**

17 123. Respondent has further subjected her Physician's and Surgeon's Certificate
18 No. A 67019 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
19 subdivision (c) of the Code, in that Respondent committed repeated negligent acts in her care and
20 treatment of Patients A, B, C, D, E, F, G, H, and I, as more particularly alleged hereafter:

21 124. Paragraphs 9 through 121, above, are hereby incorporated by reference and re-alleged
22 as if fully set forth herein.

23 **Patient A**

24 125. Respondent committed repeated negligent acts in the treatment and care of Patient A
25 which includes, but is not limited to, the following:

26 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
27 D.R., an untrained, non-medical professional, handle and process Patient A's stem cells;

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1 b. Respondent failed to disclose to Patient A the contents of the IV therapies
2 provided and/or inadequately labeled the IV bags;

3 c. Respondent failed to provide adequate post-therapy follow-up;

4 d. Respondent failed to ensure adequate nurse staffing for the IV treatments; and

5 e. Respondent failed to maintain adequate and accurate records for Patient A.

6 **Patient B**

7 126. Respondent committed repeated negligent acts in the treatment and care of Patient B
8 which includes, but is not limited to, the following:

9 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
10 D.R., an untrained, non-medical professional, handle and process Patient B's stem cells;

11 b. Respondent failed to disclose to Patient B the contents of the IV therapies
12 provided and/or inadequately labeled the IV bags;

13 c. Respondent failed to provide adequate post-therapy follow-up; and

14 d. Respondent failed to maintain adequate and accurate records for Patient B.

15 **Patient C**

16 127. Respondent committed repeated negligent acts in the treatment and care of Patient C
17 which includes, but is not limited to, the following:

18 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
19 D.R., an untrained, non-medical professional, handle and process Patient C's stem cells;

20 b. Respondent failed to disclose to Patient C the contents of the IV therapies
21 provided and/or inadequately labeled the IV bags;

22 c. Respondent failed to provide adequate post-therapy follow-up; and

23 d. Respondent failed to maintain adequate and accurate records for Patient C:

24 **Patient D**

25 128. Respondent committed repeated negligent acts in the treatment and care of Patient D
26 which includes, but is not limited to, the following:

27 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
28 D.R., an untrained, non-medical professional, handle and process Patient D's stem cells;

1 b. Respondent failed to disclose to Patient D the contents of the IV therapies
2 provided and/or inadequately labeled the IV bags;

3 c. Respondent failed to provide adequate post-therapy follow-up; and

4 d. Respondent failed to maintain adequate and accurate records for Patient D.

5 **Patient E**

6 129. Respondent committed repeated negligent acts in the treatment and care of Patient E
7 which includes, but is not limited to, the following:

8 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
9 D.R., an untrained, non-medical professional, handle and process Patient E's stem cells;

10 b. Respondent failed to disclose to Patient E the contents of the IV therapies
11 provided and/or inadequately labeled the IV bags;

12 c. Respondent failed to provide adequate post-therapy follow-up; and

13 d. Respondent failed to maintain adequate and accurate records for Patient E.

14 **Patient F**

15 130. Respondent committed repeated negligent acts in the treatment and care of Patient F
16 which includes, but is not limited to, the following:

17 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
18 D.R., an untrained, non-medical professional, handle and process Patient F's stem cells;

19 b. Respondent failed to adequately label Patient F's IV bags;

20 c. Respondent failed to provide adequate post-therapy follow-up; and

21 d. Respondent failed to maintain adequate and accurate records for Patient F.

22 **Patient G**

23 131. Respondent committed repeated negligent acts in the treatment and care of Patient G
24 which includes, but is not limited to, the following:

25 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
26 D.R., an untrained, non-medical professional, handle and process Patient G's stem cells;

27 b. Respondent failed to disclose to Patient G the contents of the IV therapies
28 provided and/or inadequately labeled the IV bags; and

1 c. Respondent failed to provide adequate post-therapy follow-up.

2 **Patient H**

3 132. Respondent committed repeated negligent acts in the treatment and care of Patient H
4 which includes, but is not limited to, the following:

5 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
6 D.R., an untrained, non-medical professional, handle and process Patient H's stem cells; and

7 b. Respondent failed to disclose to Patient H the contents of the IV therapies
8 provided and/or inadequately labeled the IV bags.

9 **Patient I**

10 133. Respondent committed repeated negligent acts in the treatment and care of Patient I
11 which includes, but is not limited to, the following:

12 a. Respondent aided and abetted the unlicensed practice of medicine by allowing
13 D.R., an untrained, non-medical professional, handle and process Patient I's stem cells; and

14 b. Respondent failed to provide adequate post-therapy follow-up.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Failure to Maintain Adequate and Accurate Records)**

17 134. Respondent has further subjected her Physician's and Surgeon's Certificate
18 No. A 67019 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of
19 the Code, in that she failed to maintain adequate and accurate records for the treatment and care
20 of Patient A, B, C, D, E, F, G, H, and I, as more particularly alleged in paragraphs 9 through 121,
21 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

22 **PRAYER**

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

25 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 67019, issued
26 to Respondent Suzanne Kim, M.D.;


27 2. Revoking, suspending or denying approval of Respondent Suzanne Kim, M.D.'s
28 authority to supervise physician assistants and advanced practice nurses;

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3. Ordering Respondent Suzanne Kim, 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: MAR 11 2022



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

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