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

In the Matter of the Accusation Against: Kenneth Grant Lucero, M.D. Physician's and Surgeon's Certificate No. G 60508 Respondent.	Case No.: 800-2019-060209

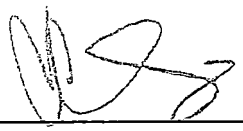
DECISION

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 December 29, 2023.

IT IS SO ORDERED: November 30, 2023.

MEDICAL BOARD OF CALIFORNIA



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

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: KENNETH GRANT LUCERO, M.D. 205 North First Street, Suite A Blythe, California 92225 Physician's and Surgeon's Certificate G 60508, Respondent.	Case No. 800-2019-060209 OAH No. 2023020673 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

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2. Respondent Kenneth Grant Lucero, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon of Doyle, Schafer & McMahon, LLP, whose address is 5440 Trabuco Road, Irvine, CA 92620.

3. On June 29, 1987, the Board issued Physician's and Surgeon's Certificate No. G 60508 to Kenneth Grant Lucero, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-060209, and will expire on September 30, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-060209 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 28, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-060209 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-060209. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-060209, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2019-060209, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. G 60508 to disciplinary action.

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

CONTINGENCY

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2019-060209 shall be

deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 60508 issued to Respondent Kenneth Grant Lucero, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, in his office and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at

correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course

not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

Respondent shall submit a certification of successful completion to the Board or its

designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The practice monitor may perform his/her monitor duties remotely via a virtual/electronic platform.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent

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shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to

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Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $12,293.13 (twelve thousand two hundred ninety-three dollars and 13 cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs.

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and

residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

All patients Respondent treats outside of the office setting must be disclosed to Respondent's practice monitor and their charts and care must reviewed by the practice monitor during each routine review of the care Respondent has rendered to patients.

License Renewal

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

Travel or Residence Outside California

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

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

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

13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall

comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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

15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

16. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-060209 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

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

DATED: 10/06/2023

KENNETH GRANT LUCERO, M.D.
Respondent

I have read and fully discussed with Respondent Kenneth Grant Lucero, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: October 11, 2023

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: October 20, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

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Lucero Stipulation - SDAG Reviewed and Contains Client Revision.docx

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Attorneys for Complainant

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

In the Matter of the Accusation Against: KENNETH GRANT LUCERO, M.D. 321 W. Hobsonway, Suite C Blythe, California 92225-1651 Physician's and Surgeon's Certificate No. G 60508, Respondent.	Case No. 800-2019-060209 **ACCUSATION**

PARTIES

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

2. On June 29, 1987, the Board issued Physician's and Surgeon's Certificate Number G 60508 to Kenneth Grant Lucero, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2022, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

5. Section 2234 of the Code, states:

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

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

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

7. Section 725, subdivision (a), of the Code states:

COST RECOVERY

8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being

renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

CONTROLLED SUBSTANCES/DANGEROUS DRUGS

9. The following medications are controlled substances and dangerous drugs within the meaning of the Health and Safety Code and Business and Professions Code:

A. Norco (hydrocodone) – A combination medication containing hydrocodone and acetaminophen. It is used to treat moderate to severe pain.

B. Depakote – An anticonvulsant. It is used to treat seizure disorders and to prevent migraine headaches. It can also be used to manage the manic phase of bipolar disorder.

C. Escitalopram – A selective serotonin reuptake inhibitor (SSRI). It can be used to treat depression and generalized anxiety disorder.

D. Tramadol – A synthetic opioid drug that acts on the central nervous system to relieve moderate to severe pain in adults.

E. Ativan (lorazepam) - A benzodiazepine used for the treatment of anxiety.

F. Risperidone – An antipsychotic medicine. It works by changing the effects of chemicals in the brain. It is used to treat schizophrenia and also used to treat symptoms of bipolar disorder.

G. Tylenol #3 – A prescription opioid medicine used to treat the symptoms of moderate to severe pain.

H. Gabapentin – An anti-epileptic drug, also called an anticonvulsant. It affects chemicals and nerves in the body that are involved in the cause of seizures and some types of pain.

I. Demerol – An opioid. It is used to treat moderate to severe pain.

J. Dilaudid – An opioid. It is used to manage severe pain.

K. Soma – A skeletal muscle relaxant used to treat pain.

L. Halcion (triazolam) – A central nervous system depressant in the benzodiazepine class. It is generally only used as a sedative to treat insomnia.

M. Xanax – (alprazolam) A benzodiazepine. Alprazolam affects chemicals in the brain that may be unbalanced in people with anxiety. Xanax is used to treat anxiety disorders, panic disorders, and anxiety caused by depression.

N. Klonopin (clonazepam) – A benzodiazepine. It affects chemicals in the brain that may be unbalanced.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent Kenneth Grant Lucero, M.D. is subject to disciplinary action under sections 2234, subdivision (b), and 2242 in that he inappropriately prescribed controlled substances to four patients without justification and provided poor medical care, such that the health and life of the patients were placed at risk. Significant portions of the medical records related to the patients are illegible, such that no subsequent treating physician can review them to obtain adequate history, assess the care and treatment rendered by Respondent, or provide continuing appropriate care based on the patient's status and treatment. This placed the health and lives of the patients at risk. The circumstances are as follows:

Patient A

11. Patient A's records produced by Respondent spanned the period from July 2015 through May 2021. Patient A's chart notes were reviewed by a Board retained expert who deemed that the records were largely illegible, but was able to discern what follows.

12. On July 24, 2015, Patient A, a female aged 46, who was obese, with a history of bipolar disease, substance abuse, and illegal drug abuse, which Respondent indicated put her in a high-risk category on an opioid risk tool, signed a controlled drug use contract.

13. On August 12, 2016, Patient A saw Respondent for her annual check-up. The patient was diagnosed with bipolar disorder and other medical issues unrelated to controlled substances. Patient A was prescribed Depakote (a mood stabilizer) and Escitalopram (an antidepressant).

14. On November 2, 2016, the patient was seen for back pain. The history and physical information in the patient chart is generally illegible. There appears to be a diagnosis of back

strain. Respondent referred Patient A to a chiropractor and prescribed Norco 5/325, 30 tablets.

15. On November 22, 2016, Patient A presented with a cough and pain. Patient A continued to have low back pain and asked for another prescription of Norco. The notes of the back examination are illegible. Norco 5/325 was prescribed.

16. On December 4, 2016, Patient A received Tramadol 50mg, 20 tablets from another provider.

17. On December 19, 2016, Respondent prescribed another 30 tablets of Norco 5/325.

18. On December 21, 2016, Respondent diagnosed Patient A with depression and hypertension. Respondent prescribed Lisinopril for the patient's high blood pressure.

19. On December 24, 2016, Respondent was prescribed lorazepam by another provider.

20. On December 29, 2016, Respondent was seen for her swollen right foot. Patient A was noted to have gone to psychiatry. The medication section of the record states that in addition to her previous medications, risperidone and Ativan were added.

21. On January 23, 2017, Patient A filled a prescription for Tylenol #3, written by another provider.

22. On February 1, 2017, Patient A received one lorazepam and an additional Tylenol #3

23. Between February 2017 and July 2019, Respondent continued to prescribe Norco in varying dosages and quantities to Patient A. During that same time frame, Patient A continued to obtain additional medications from other providers.

24. On August 26, 2019, Patient A was seen for low back pain and refill of Norco. Respondent refilled Patient A's Norco. He also prescribed lorazepam 1mg, 30 tablets. There is no obvious discussion of this in the chart note. The patient completed pain and disability assessments.

25. On October 28, 2019, Patient A was seen for a diabetes medicine check. Respondent changed the patient's narcotic from Norco to Percocet. There was no explanation provided for the change. Respondent also prescribed Ativan, noting that he decreased the dosage of that medication.

26. On February 25, 2020, Patient A was seen for a new pain medication request. The record states that the patient wanted to stop opioids. Respondent prescribed gabapentin and lorazepam.

27. On March 24, 2020, Respondent again began prescribing Percocet to Patient A.

28. On October 2, 2020, Patient A underwent gastric bypass surgery.

29. Between March 2020 and May 2021, Respondent prescribed Percocet, clonazepam, Klonopin, and lorazepam to Patient A in varying dosages and quantities. The patient also received prescriptions from other providers for medications, including Tylenol #3, Norco, and hydrocodone

30. Respondent was grossly negligent in his treatment of Patient A and departed from the standard of care as follows:

A. Respondent prescribed for chronic use, medications that, when used concurrently, are synergistic for adverse health outcomes.

B. Respondent chronically prescribed opioids for chronic pain in a non-cancer patient.

C. Respondent failed to complete any risk assessment to determine the risk of opioid use before initiating the use of controlled substances.

D. Respondent failed to create a comprehensive treatment plan and establish treatment objectives that included an exit strategy if tapering or termination of opioid therapy became necessary.

E. Respondent failed to employ compliance monitoring in a high-risk patient adequately.

Patient B

31. Patient B's records produced by Respondent spanned the period from February 2017 through January 2021.

32. On February 13, 2017, Patient B, a 76-year-old female with a history of back pain, a steel rod in her leg, knee pain, and heart issues, presented to Respondent. She was seen for pain

in the back of her hands and for a medication refill. Respondent prescribed Norco 10/325, 1 tablet four times daily, number 120.

33. On April 18, 2017, Patient B was again seen for a medication refill and hand pain. Her Norco was refilled. The remainder of the plan was illegible.

34. On May 26, 2017, Patient B was seen for a headache. The record appears to state that Tramadol does not help. Patient B's Norco was refilled for 120 tablets. A general pain disability index questionnaire was completed.

35. On June 7, 2017, Respondent prescribed Tramadol 50mg, 360 tablets to Patient B.

36. On July 19, 2017, Respondent refilled Patient B's Norco.

37. On August 30, 2017, Patient B presented for medication refills. She reported a fall in which she hurt her side and back. Respondent refilled Patient B's Norco. An opioid risk tool was completed and resulted in a score of 1, indicating that Patient B had a history of depression, indicating a low risk. A drug screen collected on this date was negative for opiates. Patient B completed a general pain disability index questionnaire, indicating pain as 5/10, noting mild constipation and drowsiness.

38. On September 15, 2017, Patient B signed a Controlled Drug Use contract.

39. Between October 2017 and September 2018, Patient B had continued complaints of back pain and pain in various other parts of her body. She completed general pain disability index questionnaires, noting fatigue, mental cloudiness, and drowsiness. Respondent continued to prescribe Norco to the patient during this time period.

40. On October 11, 2018, Patient B was seen for a refill of medications. She reported that she had fallen three weeks prior, stepping the wrong way and falling on her buttocks. She did not lose consciousness. She did not go to the hospital but complained of increased pain since then. Respondent refilled Patient B's Norco and Cymbalta. The patient completed a pain and disability assessment, stating that her pain was a 7/10 with worsening physical functioning, sleep patterns, and overall functioning, noting mild constipation and drowsiness.

41. On December 3, 2018, Patient B was seen for a refill of medications. She complained of trouble falling and staying asleep, among other things.

42. On July 10, 2019, Patient B presented for a pain medication refill for her persistent low back pain. He noted that the patient fell into a cabinet on July 4, 2019, for which she went to the emergency room. Respondent refilled Patient B's Banophen and Norco.

43. On August 29, 2019, Patient B presented with complaints of continued pain. Respondent gave Patient B an injection of Demerol and Phenergan so that she could travel to see her surgeon.

44. On August 30, 2019, another provider provided Patient B a prescription for oxycodone 5mg, 20 tablets.

45. On September 3, 2019, Patient B was prescribed oxycodone 10mg, 90 tablets by another provider.

46. On September 27, 2019, Patient B presented for a pain medication refill. Respondent refilled Patient B's Norco. There was no mention of the patient receiving oxycodone on September 3, 2019, despite the fact that Respondent's refill would constitute a six-day early refill.

47. On November 8, 2019, the patient returned for a pain medication refill. Respondent noted that the patient was on the lowest dose for functional improvement. He also noted that the patient had a fall in her motel room on October 28, 2019, for which she went to the emergency room. Respondent refilled Patient B's Norco. He noted that a pain contract was on file and that the patient was advised of standard safety precautions, the importance of taking medications as prescribed, and the potential dangers of not following instructions. A pain and disability questionnaire showed a patient report of pain of 7-9/10. She had moderate constipation, mental cloudiness, drowsiness, severe fatigue, and weakness. The section for potential aberrant drug behavior was left blank.

48. On December 27, 2019, the patient reported continued back pain of 7-8/10, down to 3/10. It was also noted that she had a fall the previous night. She fell backward and hit the back of her head. Respondent also noted that the patient has a tendency to fall backward. The patient's Norco was refilled.

49. On January 29, 2020, Patient B was seen for a pain medication refill. It was noted that Patient B fell on her face on January 23, 2020, and went to the emergency room. The

emergency room physician gave Patient B 15 tablets of Norco. Respondent refilled her Norco. He noted that a pain contract was on file and that a CURES report was reviewed. He advised Patient B regarding taking medications as prescribed. Patient B completed a pain and disability assessment, noting the pain as 5-7/10, worsening sleep patterns, and overall functioning. Patient B noted severe constipation, moderate fatigue, and mild mental cloudiness. The overall severity of Patient B's side effects was noted as "none."

50. On March 12, 2020, Patient B presented for a pain medication refill. Respondent noted that the patient has been losing her balance a lot lately. Respondent refilled all of the patient's prescriptions and provided her with his normal safety precautions. The patient's pain and disability assessment noted pain as 6-8/10, worsening mood, sleep pattern, and overall functioning with side effects of severe fatigue, moderate constipation, and mild mental cloudiness. The patient reported the overall severity of side effects as moderate.

51. On April 27, 2020, Respondent noted that the patient fell again three days prior to the visit. She injured her head and left shoulder, prompting an emergency room visit, where she was found to have a dislocated shoulder.

52. On July 17, 2020, the patient returned for a refill of her pain medication, noting pain as 2-7/10. Respondent noted that the patient is sleeping a lot and falls asleep easily. He refilled the patient's Norco. The patient's pain and disability assessment reported a 7-8/10 pain level, worsening sleep patterns, mild constipation, fatigue, and drowsiness. In the pain assessment, the boxes for purposeful sedation, negative mood change, appearing intoxicated, increasingly unkempt or impaired, and involvement in a car or other accidents were checked.

53. Patient B's CURES report of August 5, 2020, through October 13, 2020, demonstrates that she received a total of 92 tablets of Norco from two providers other than Respondent.

54. On January 28, 2021, Patient B returned for pain medication refills. Her pain was noted as 8/10. Respondent noted that the patient fell again last week, for which she visited the emergency room. The pain and disability assessment completed by the patient noted pain as 6-7/10 and that her physical functioning was worse.

55. Respondent was grossly negligent in his treatment of Patient B and departed from the standard of care as follows:

A. Respondent chronically prescribed opioids for muscle pain in the face of weak evidence to support its use for muscle-skeletal pain.

B. Respondent failed to create a comprehensive treatment plan and establish treatment objectives that included an exit strategy in the event that tapering or termination of opioid therapy became necessary.

Patient C

56. Patient C's records produced by Respondent spanned from the period of September 2018 through August 2020. Respondent reported that Patient C had been seeing him since he was a child. He was diagnosed with Legg-Calve-Perthes disease. After this diagnosis, he discontinued seeing Respondent. In approximately 2018, he once again became a patient of Respondent. Respondent prescribed him controlled substances for his pain. The patient eventually sought to be weaned off of pain medication.

57. On September 14, 2018, Patient C, a 34 - year-old male, was seen for medication refills and a check-up. The patient was noted to be on testosterone and to feel tired a lot. The remainder of the history and physical is illegible. The patient has a history of hypertension. The remainder of the history cannot be deciphered. The patient occasionally uses alcohol. The diagnosis section indicates that the patient has cervical spine degenerative joint disease, low testosterone, hypertension, and fatigue. Respondent ordered several labs and a sleep study. The patient was seen regularly thereafter.

58. The patient was seen on April 25, 2019, for left hip pain. The history and physical are difficult to read. Respondent ordered labs. In the diagnosis, he references right hip Legg-Perthes disease and migraine headaches. He prescribed Norco (hydrocodone) 5/325mg, 60 tablets. The plan includes x-raying the hip and other information that cannot be deciphered.

59. On May 8, 2019, Patient C was seen for follow-up on testosterone and hip. Respondent mentions a previous x-ray for Legg-Perthes disease. He also noted remodeling of the

femoral head. The medical history appears to state no Legg-Perthes disease. Respondent notes Legg-Perthes, but the diagnosis section is unclear. Respondent increased Patient C's Norco to 10/325, number 120. There is no note of a discussion regarding the increase of the medication or the associated risks and side effects.

60. On July 17, 2019, the patient was seen for a refill of pain medication. Patient C reported pain as 5-6/10, noting that the medications decrease pain. The patient is noted to have anxiety and uses alprazolam 1mg, ½-1 tablet twice daily, as needed. Respondent diagnosed Patient C with left hip, Legg Perthes, and anxiety. Patient C is noted to have an upset stomach from Norco. Respondent prescribed Percocet 7.5mg, 120 tablets. He also prescribes alprazolam 1 mg, ½-1 tablets, twice daily. There is no discussion of concerns related to combining opioids and benzodiazepines in a patient who also occasionally consumes alcohol.

61. On July 23, 2019, Patient C signed a controlled substances contract. Patient C received one point for age (between 16-45) on Respondent's opioid risk tool. A drug monitoring report was completed, and the patient was consistently positive for benzodiazepines, and inconsistently positive for Norco (hydrocodone). Significantly, the patient was prescribed Norco on May 28, 2019, and if taken as directed, it should have been out of his system by this date. Patient C also tested inconsistently positive for hydromorphone. Patient C tested inconsistently negative for oxycodone.

62. On July 25, 2019, Patient C was seen for a medication refill and vertigo. He completed a pain and disability questionnaire. The patient's pain levels were between 6-10/10 with mild nausea as a side effect.

63. On July 29, an ultrasound of Patient C's carotid artery was ordered. The results were normal.

64. On August 1, 2019, the patient was seen for follow-up results. Respondent referenced the patient's hip and other information that is not legible. The results showed vertebral artery stenosis. Magnetic imaging (MRA) of the arteries of the neck was ordered.

65. On August 9, 2019, MRA results showed chronically occluded left vertebral arteries without abnormal signals to suggest an acute dissection.

66. On September 25, 2019, Patient C was seen for a follow-up on Legg Perthes. He still had left hip pain. Patient C requested oxycodone immediate release, 20. Patient C's vertigo is noted as better, with fewer episodes that increase when he looks up. Respondent prescribed oxycodone 20mg, number 120. The patient completed a pain and disability questionnaire, which stated Patient C's pain from the previous week ranges from 6-10/10, reporting that the amount of pain relief he was receiving was enough to make a difference in his life.

67. On October 23, 2019, Patient C was seen for a medication refill. The patient's pain was reported as 10/10. Respondent increased Patient C's oxycodone to 20mg, 130. Patient C completed a pain and disability questionnaire, which stated that the patient's pain from the previous week ranged from 7-10/10, but with a 60% reduction. The patient reported mild constipation as a side effect. Respondent conducted the Oxford Hip Score examination, noting the patient scored 19 points, indicating severe hip arthritis, likely requiring surgical intervention.

68. On November 21, 2019, Patient C was seen for medication refills, noting hip pain as 9/10 and pain medications decreasing by 60%. Respondent noted no aberrant behaviors, and the medications allowed the patient to continue to work. Respondent prescribed oxycodone at the same levels. Patient C completed a pain and disability questionnaire, which stated that his pain from the previous week ranged from 7-9/10, with mild nausea and fatigue as side effects. His Oxford Hip Score was 25, moderate to severe arthritis, and he advised that the patient consult with an orthopedic surgeon.

69. On December 17, 2019, Patient C requested a refill of oxycodone, stating it helped with the pain. Respondent prescribed oxycodone at the same levels. The patient completed a pain and disability questionnaire, which stated the patient's pain from the previous week ranged from 7-9/10, noting mild drowsiness as the side effect. The patient's drug screen was consistently positive for oxycodone.

70. In January, February, and March of 2020, Patient C presented for medication refills, and Respondent refilled his oxycodone and Xanax.

71. On April 10, 2020, Patient C was seen for increased hip pain. The patient states the pain is 10/10, but medication decreases the pain. The patient notes that it is harder to sleep.

Respondent refilled oxycodone, increasing the dose to 30mg, four times daily, number 120, and added amitriptyline 10mg at night. Respondent also noted that the patient needed to see orthopedics.

72. On April 26, 2020, Patient C presented because his pain medication was not working, and he needed care for his anxiety. Patient C complained that his pills worked for only 30-45 minutes. The records indicate that the patient stated he was desperate to increase his dose and that the patient was not tolerating something. It is difficult to interpret to what the note refers. Respondent reported that amitriptyline was tried, but was too sedating. The patient was to see orthopedics and pain management. Respondent added Cymbalta 30mg to Patient C's regimen.

73. On May 8, 2020, Patient C was seen for prescription refills. The history and physical are largely illegible but reference oxycodone 20, and Patient C's alprazolam is refilled.

74. On June 4, 2020, Patient C was seen for a medication refill. It was recorded that oxycodone 20 did not help. Respondent refilled oxycodone 30mg, 120. The patient's pain and disability questionnaire noted pain levels from 7-9/10.

75. On June 29, 2020, Patient C was seen for a medication refill. Respondent noted that the patient lost a bag with his pain medications and binoculars. He further noted, "? Can get Rx for pain." Respondent changed Patient C's medication to Dilaudid 8mg, number 60. He also noted that the patient cannot lose pain medication again. The patient's pain and disability questionnaire noted pain levels from 6-9/10 but also noted that in the past 24 hours, the pain was at a 10/10.

76. On July 20, 2020, Patient C was seen for a follow-up after an emergency room visit to care for low sugar and possible heartburn. The patient complained of chest pain. The record notes an EKG and trops are negative. Patient C was referred to cardiology. Respondent prescribed methadone.

77. On September 9, 2020, Patient C was seen for a prescription for an anti-inflammatory or a note for work. Respondent noted that Patient C was off pain medications. The patient's stomach was aching, and he had nausea, vomiting, and diarrhea. It was noted that Patient C was

going through withdrawal. Respondent prescribed medication for nausea and vomiting and Xanax.

78. On seven separate occasions, Respondent prescribed benzodiazepines to be taken concurrently with opioids.

79. Respondent was grossly negligent in his treatment of Patient C and departed from the standard of care as follows:

A. Respondent prescribed for chronic use medications that, when used concurrently, are synergistic for adverse health outcomes.

B. Respondent chronically prescribed opioids for chronic pain in a non-cancer patient without taking required safety precautions. He failed to increase the amount of opioids prescribed incrementally and failed to offer naloxone to the patient as required by law.

C. Respondent failed to create a comprehensive treatment plan and establish treatment objectives.

D. Respondent failed to properly ensure that Patient C was in compliance with taking his medications by reviewing CURES and following up on drug screens with inconsistent[1] results.

Patient D

80. Patient D's records produced by Respondent spanned from the period of January 2017 through February 2021.

81. On January 6, 2017, Patient D, an 87- year - old man, presented with low back pain of 8-9/10. He reported that M.S. Contin/Oxycodone helped with his low back pain control and helped him to tolerate activities of daily living. Respondent refilled Patient D's Oxycodone I.R. 30mg and MS Contin 100mg.

[1] An inconsistent drug screen result occurs when additional drugs are found (i.e., all prescribed drugs are detected, but at least one other drug, non-prescribed or illicit) is also detected. It could also mean that none of the prescribed drugs are detected, but at least one non-prescribed or illicit drug is detected.

82. Respondent refilled Patient D's prescriptions monthly through July 2017. During that time, pain and disability assessments were conducted, and the patient reported mild fatigue and drowsiness. In May 2017, an additional medication was added by Respondent; however, the identity of the drug is not clear due to the illegible medical records.

83. On August 1, 2017, Patient D was seen for an injury on the left side of his head and pain in his leg, resulting from being hit by a car while riding a bike. Respondent diagnosed Patient D with a head contusion/abrasion and left leg contusion.

84. On August 4, 2017, Patient D was seen for a medication refill. He reported pain as 8/10, which was reduced by 75% with medication. Respondent refilled Patient D's morphine and oxycodone. A pain and disability assessment was completed showing pain as 5-8/10, and the patient had moderate mental cloudiness and drowsiness.

85. Between September 2017 and February 2021, Respondent regularly refilled Patient D's prescriptions for morphine, oxycodone, M.S. Contin, and Tramadol. Regular pain and disability assessments showed that Patient D exhibited numerous side effects, including but not limited to mild to moderate mental cloudiness, fatigue, drowsiness, and constipation. The patient also repeatedly mentioned dizziness. These side effects placed the patient at an increased risk for falls.

86. On December 6, 2018, Patient D reported that he fell asleep standing up while outside. He had been sleeping on and off throughout the day. At the time, he was taking a combination of opioids and Soma.

87. On April 11, 2019, Patient D was seen for left shoulder pain from a fall two weeks prior and for a refill of his pain medications.

88. Four months later, on August 9, 2019, Respondent noted that Patient D was found on the street after falling off her bike and was taken to the hospital. The patient also requested a refill of her meclizine, which he used for dizziness.

89. On September 11, 2020, Respondent noted that Patient D fell the day before and cut her right eyebrow.

90. Respondent was grossly negligent in his treatment of Patient D and departed from the

standard of care as follows:

A. Respondent prescribed for chronic use medications that, when used concurrently, increase adverse health outcomes.

B. Respondent prescribed oxycodone to Patient D with a greater than 90 morphine milligram equivalent and failed to offer naloxone to the patient.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

91. Respondent Kenneth Grant Lucero, M.D., is subject to disciplinary action under section 2234, subdivision (c) of the Code, in that he was repeatedly negligent in his care and treatment of Patients A, B, C, and D. The circumstances are as follows:

92. Paragraphs 10 through 89 are incorporated by reference as though fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct- Excessive Prescribing)

93. Respondent is subject to disciplinary action under Code sections 2234, subdivision (a), and 725, subdivision (a), in that in the case of Patient D, Respondent prescribed excessive amounts of opioids well above that which is recommended by the accepted guidelines in the medical community and continued to prescribe high dose opiates in the face of multiple concerns, including severe side effects such as dizziness, mental cloudiness, fatigue, and drowsiness. This contributed to negative outcomes such as injuries related to falls and accidents. It also placed the patient at risk for cognitive impairment, motor impairment, respiratory depression, and death. As such, cause for discipline exists.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

94. Respondent is subject to disciplinary action under Business and Professions Code section 2266 in that he failed to maintain adequate and accurate records in her care and treatment of all four patients identified in the instant Accusation. The circumstances are as follows:

95. The medical records do not show that the four patients were appropriately warned of the risks associated with taking this medication at the dosages and in the combinations prescribed,

including the risk of addiction and the risks associated with combining the medication with other drugs or alcohol. There is no clinical evidence of any treatment plan to eventually taper and discontinue the medications prescribed to patients A, B, and C or of consideration in any patient cases of substituting such drugs with less addictive and safer alternatives.

96. Paragraphs 10 through 89, inclusive, above are incorporated herein by reference as if fully set forth.

97. Respondent failed to maintain legible records documenting pertinent and required information related to the care and treatment of Patients A, B, C, and D. His records were largely illegible and incomplete.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 60508, issued to Kenneth Grant Lucero, M.D.;

2. Revoking, suspending, or denying approval of his authority to supervise physician assistants and advanced practice nurses;

3. Ordering him 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: SEP 28 2022

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

Complainant

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