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

In the Matter of the Accusation Against: Lawrence Odiaka Chike Ogbechie, M.D. Physician's and Surgeon's Certificate No. A 61959 Respondent.	Case No.: 800-2019-061853

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 January 5, 2024.

IT IS SO ORDERED: December 8, 2023.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
COLLEEN M. MCGURRIN
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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: **LAWRENCE ODIAKA CHIKE OGBECHIE, M.D.** **1142 S. Diamond Bar Blvd., Suite 406** **Diamond Bar, CA 91765** **Physician's and Surgeon's Certificate Number A 61959** Respondent.	Case No. 800-2019-061853 **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). His predecessor 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 Colleen M. McGurrin, Deputy Attorney General.

2. Respondent Lawrence Odiaka Chike Ogbechie, M.D. (Respondent) is represented in this proceeding by attorneys Jessica M. Brown and Kenneth Yood of Holland & Knight, LLP,

whose address is 400 South Hope Street, 8th Floor, Los Angeles, CA 90071-2040.

3. On or about April 4, 1997, the Board issued Physician's and Surgeon's Certificate Number A 61959 to Lawrence Odiaka Chike Ogbechie, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-061853, and will expire on April 30, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-061853 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 November 4, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-061853 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-061853. 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 freely, 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. 800-2019-061853, 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 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. 800-2019-061853, 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 Number A 61959 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. 800-2019-061853 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 Number A 61959 issued to Respondent LAWRENCE ODIAKA CHIKE OGBECHIE, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. 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.

2. 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.

3. 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.

4. 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.

5. MONITORING – PRACTICE/BILLING. 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 and billing monitor(s), 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 Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), 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 and billing 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 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 billing, and whether Respondent is practicing medicine safely, billing appropriately or both. 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.

6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) Respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that location.

If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting 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. The Respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the Respondent's practice setting changes and the Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent shall notify the Board or its designee within five (5) calendar days of the practice setting change. If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, 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. The Respondent shall not resume practice until an appropriate practice setting is established.

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

9. 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.

10. 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, pleadings, legal reviews, investigation(s), and related activities, in the amount of $31,075.75 (thirty-one thousand seventy-five dollars and seventy-five 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, including expert review costs.

11. 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.

12. 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

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

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.

13. 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.

14. 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..

15. 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.

16. 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.

17. 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.

18. 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.

19. 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. 800-2019-061853 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Jessica M. Brown and Kenneth Yood. 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 freely, voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 7-7-2023

LAWRENCE ODIAKA CHIKE OGBECHIE, M.D.
Respondent

I have read and fully discussed with Respondent Lawrence Odiaka Chike Ogbechie, 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: July 07, 2023

KENNETH YOOD, 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: July 13 2023

Respectfully submitted,

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

Colleen M. McGurrin

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-061853

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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: **LAWRENCE ODIAKA CHIKE OGBECHIE, M.D.** **1142 South Diamond Bar Blvd., Suite 406** **Diamond Bar, California 91765** Physician's and Surgeon's Certificate Number A 61959, Respondent.	Case No. 800-2019-061853 **ACCUSATION**

PARTIES

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

2. On April 4, 1997, the Board issued Physician's and Surgeon's Certificate Number A 61959 to Lawrence Odiaka Chike Ogbechie, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2023, 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 22 of the Code states: "Board" as used in any provisions of this code, refers to the Board in which the administration of the provision is vested, and unless otherwise expressly provided, shall include "division," "examining committee," and "agency."

5. Section 2004 of the Code provides, in pertinent part:

> The board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary . . . provisions of the Medical Practice Act.
>
> (b) The administration and hearing of disciplinary actions.
>
> (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
>
> (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
>
> (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.
>
> (f) . . . (i).

6. Section 2220 of the Code provides, in pertinent part:

> Except as otherwise provided by law, the Board may take action against all persons guilty of violating this chapter. The Board shall enforce and administer this article as to physician and surgeon certificate holders, . . . and the Board shall have all the powers granted in this chapter for these purposes including, but not limited to:
>
> (a) Investigating complaints from the public, from other licensees, from health care facilities, or from the Board that a physician and surgeon may be guilty of unprofessional conduct . . . .
>
> (b) . . . (c).

7. Section 2227 of the Code provides, in pertinent part:

> (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 . . . license revoked upon order of the Board.

(2) Have his . . . 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) . . . .

8. Section 2228 of the Code provides, in pertinent part:

The authority of the Board. . . to discipline a licensee by placing him. . . on probation includes, but is not limited to, the following:

(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the Board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the Board. If an examination is ordered, the Board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

STATUTORY PROVISIONS

9. Section 2234 of the Code, provides, in pertinent part:

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) . . . .

(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) . . . (2).

(d) . . . (g).

10. Section 2266 of the Code, provides that "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."

11. Section 3502 of the Code, provides, in pertinent part:

(a) Notwithstanding any other law, a physician assistant may perform those medical services as set forth by the regulations adopted under this chapter when the services are rendered under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant. The medical record, for each episode of care for a patient, shall identify the physician and surgeon who is responsible for the supervision of the physician assistant.

(b)(1) . . .

(2) The supervising physician and surgeon shall be physically available to the physician assistant for consultation when that assistance is rendered. . . . .

(c)(1) A physician assistant and his . . . supervising physician and surgeon shall establish written guidelines for the adequate supervision of the physician assistant. This requirement may be satisfied by the supervising physician and surgeon adopting protocols for some or all of the tasks performed by the physician assistant. The protocols adopted pursuant to this subdivision shall comply with the following requirements:

(A) A protocol governing diagnosis and management shall, at a minimum, include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be provided to the patient.

(B) A protocol governing procedures shall set forth the information to be provided to the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care.

(C) Protocols shall be developed by the supervising physician and surgeon or adopted from, or referenced to, texts or other sources.

(D) Protocols shall be signed and dated by the supervising physician and surgeon and the physician assistant.

(2)(A) The supervising physician and surgeon shall use one or more of the following mechanisms to ensure adequate supervision of the physician assistant functioning under the protocols:

(i) The supervising physician and surgeon shall review, countersign, and date a sample consisting of, at a minimum, 5 percent of the medical records of patients treated by the physician assistant functioning under the protocols within 30 days of the date of treatment by the physician assistant.

(ii) The supervising physician and surgeon and physician assistant shall conduct a medical records review meeting at least once a month during at least 10 months of the year. During any month in which a medical records review meeting occurs, the supervising physician and surgeon and physician assistant shall review an aggregate of at least 10 medical records of patients treated by the physician assistant functioning under protocols. Documentation of medical records reviewed during the month shall be jointly signed and dated by the supervising physician and surgeon and the physician assistant.

(iii) The supervising physician and surgeon shall review a sample of at least 10 medical records per month, at least 10 months during the year, using a combination of the countersignature mechanism described in clause (i) and the medical records review meeting mechanism described in clause (ii). During each month for which a sample is reviewed, at least one of the medical records in the sample shall be reviewed using the mechanism described in clause (i) and at least one of the medical records in the sample shall be reviewed using the mechanism described in clause (ii).

(B) In complying with subparagraph (A), the supervising physician and surgeon shall select for review those cases that by diagnosis, problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the patient.

(3) Notwithstanding any other law, the Medical Board of California or the board may establish other alternative mechanisms for the adequate supervision of the physician assistant.

(d) No medical services may be performed under this chapter in any of the following areas:

(1) . . . (4).

(e) . . . .

(f) Compliance by a physician assistant and supervising physician and surgeon with this section shall be deemed compliance with Section 1399.546 of Title 16 of the California Code of Regulations.

12. Section 3527, subdivision (c), of the Code states the "Medical Board of California may order the imposition of probationary conditions upon a physician and surgeon's authority to supervise a PA, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California."

REGULATIONS

13. Title 16 of the California Code of Regulations, Section 1399.545, provides, in pertinent part:

(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

(c) A supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

(d) The physician assistant and the supervising physician shall establish in writing transport and backup procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises.

(e) A physician assistant and his . . . supervising physician shall establish in writing guidelines for the adequate supervision of the physician assistant which shall include one or more of the following mechanisms:

(1) Examination of the patient by a supervising physician the same day as care is given by the physician assistant;

(2) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant;

(3) The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant. The supervising physician shall review, countersign, and date a minimum of 5% sample of medical records of patients treated by the physician assistant functioning under these protocols within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient;

(4) Other mechanisms approved in advance by the board.

(f) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his . . . supervision.

COST RECOVERY

14. Section 125.3 of the Code provides, in pertinent part:

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

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

(c) A certified copy of the actual costs, or a good faith estimate of costs where

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

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

(e) If an order for recovery of costs is made and timely payment is not made as directed in the Board's decision, the Board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the Board may have as to any licensee to pay costs.

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

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

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

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

15. Respondent Lawrence Odiaka Chike Ogbechie, M.D. is subject to disciplinary action under sections 2234, subdivision (c), 3502, and 3527, subdivision (c), of the Code, in that he committed repeated negligent acts by failing to have and provide a written delegation of services and drug formulary agreement with his physician's assistant (PA), failed to document ongoing assessment and training or further education of his PA in the area of psychiatry, and failed to

maintain adequate and accurate records in his care and treatment of Patients A, B, and C.[1] The circumstances are as follows:

Patient A:

16. On or about July 1, 2017, Patient A was seen at Serenity Care Health Group[2] for a medication refill follow-up visit.[3] He had been diagnosed with recurrent severe major depressive disorder[4] with psychotic symptoms and post-traumatic stress disorder.[5] He was being treated with antidepressants Celexa[6] and Trazodone,[7] and the antipsychotic Quetiapine.[8] On this visit, it was noted that the patient was depressed vegetative signs present. The patient's pharmacy records

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[1] For privacy, the patients in this pleading are identified as Patients A, B and C, and their full names will be disclosed upon a timely request for discovery per Government Code §11507.6.

[2] Previously known as Pacific Burnett Medical Center.

[3] The previous records for Patient A were not produced to the Board.

[4] Major depressive disorder, abbreviated as MDD, is a mental condition characterized by feelings of sadness, tearfulness, emptiness or hopelessness, angry outbursts, irritability or frustration, even over small matters, loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports and sleep disturbances, including insomnia or sleeping too much.

[5] Post-traumatic stress disorder, abbreviated as PTSD, is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

[6] Celexa is a brand name for the generic drug citalopram, which is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs) and is used to treat depression and major depressive disorder.

[7] Trazodone is the generic name for an antidepressant drug that belongs to a group of drugs called serotonin receptor antagonists and reuptake inhibitors (SARIs) and is used to treat major depressive disorder that may help to improve one's mood, appetite, and energy level as well as decrease anxiety and insomnia related to depression. It works by helping to restore the balance of a certain natural chemical (serotonin) in the brain.

[8] Quetiapine is the generic name for the brand name drugs Seroquel and Seroquel XR which is a second-generation or atypical antipsychotic used to treat schizophrenia, bipolar disorder, and depression. It is thought to work by helping to restore the balance of certain chemical messengers or neurotransmitters in the brain, which improves mood, thinking and behavior and mainly works by blocking the receptors of two neurotransmitters called serotonin and dopamine. Serotonin is involved in a range of functions in your body and acts as a natural mood stabilizer. Not having enough serotonin is thought to contribute to depression, anxiety and mania. Dopamine also plays a number of roles and is involved in mood, behavior, sleep and more. Not having enough dopamine may contribute to feeling unhappy, unmotivated, mood swings, sleep problems and other symptoms.

reflect that Respondent electronically submitted refill prescriptions. The chart noted that the patient was to return in 30-days; however, according to the records, he returned on July 14, 2017, with no documented explanation, and the chart entries are practically a clone of the July 1 chart entries except for the patient's vital signs and a few minor formatting changes. The patient's pharmacy records for July 14, reflect that Respondent electronically submitted another prescription for Seroquel XR and Celexa (citalopram) even though these medications had been electronically submitted less than seven days earlier on July 6, 2017. The chart was electronically signed by Respondent.

17. On or about September 13, 2017, the patient was next seen for a medication refill visit. The chart entries are mostly a clone of the previous visit, including the patient's vital signs – the only difference is that the chief complaint is listed as a medication refill and the remainder of the chart entries are verbatim to the previous visit. The chart was electronically signed by Respondent; however, according to Respondent's time records from Salinas Valley State Prison (SVSP), he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient in his clinic, which Respondent confirmed.[9] The patient's pharmacy records reflect that Respondent's Physician's Assistant So (PA So), electronically signed and submitted refill prescriptions to the pharmacy on September 14, 2017. However, his signature is not in the patient's chart.

18. On or about September 16, 2017, the patient's pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions to the patient's pharmacy on September 16, 2017, for 30 tablets of Seroquel XR and 30 tablets of citalopram; however, these two medications had been previously electronically submitted by PA So two days earlier.

19. On or about November 29, 2017, Patient A was next seen for a reevaluation and medication refill visit. The chart entries are mostly a clone of the previous visit except that the patient's height was listed as 61 inches (previous records state he was 63 inches tall), his body

[9] Respondent confirmed that he could not have seen the patients on the dates and times he was working at SVSP.

mass index (BMI)[10] was noted to be 24.18 (previous records state it as 22.67), and his vital signs were different. The chart was electronically signed by Respondent; however, according to Respondent's time records from SVSP, he was working there from approximately 7 a.m. to 9 p.m. and could not have seen the patient in his clinic, which Respondent confirmed. The patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day; however, his signature is not in the patient's chart. The patient was instructed to return to the clinic in 30-days.

20. On or about December 15, 2017, the patient was next seen for a reevaluation and medication refill visit. The chart entries are mostly a clone of the previous visit except that the patient's height was listed as 63 inches (previous record from 17-days earlier noted the patient was 61 inches tall), his BMI was noted to be 22.32 (previous records noted it as 24.18), and his vital signs were different, but all other entries are mostly identical to the prior visit, even the chief complaint. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 8 p.m. and could not have seen the patient on this date in his clinic. The patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day; however, his signature is not in the patient's chart. The patient was instructed to return to the clinic in 30-days.

21. On or about January 27, 2018, the patient's pharmacy records reflect that Respondent electronically signed and submitted refill prescriptions; however, there no chart entry for this date.

22. On or about February 23, 2018, the patient was next seen for a follow-up visit. The chart entries are a clone of the previous visit except for his weight, BMI and vital signs. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 6:20 a.m. to 6:35 p.m. and could not have seen the patient on this date in his clinic. The patient's pharmacy records reflect that PA So electronically signed

[10] Body mass index, abbreviated as BMI, is the weight in kilograms divided by the square of the height in meters, a measure of body fat that gives an indication of nutritional status.

and submitted refill prescriptions to the patient's pharmacy that day; however, his signature is not in the patient's chart.

23. On or about March 24, 2018, Patient A was next seen for reevaluation and medication refill visit and the chart notes that an interpreter was used and the chart is mostly a clone of the prior visit. The chart was electronically signed by Respondent and the patient was return to the clinic in 30-days.

24. Less than ten days later, on or about April 2, 2018, the patient was next seen for reevaluation and medication refills, and the chart notes that an interpreter was used. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7:05 a.m. to 7:10 p.m. and could not have seen the patient on this date in his clinic and PA So's signature is not in the patient's chart. The patient was to return to the clinic in 30-days.

25. The patient was seen again on or about May 25, and June 23, 2018.

26. On or about July 28, 2018, the patient was next seen for reevaluation and medication refills. The chart was electronically signed by Respondent however, according to the SVSP time records, he was working there from approximately 5:30 p.m. to 7 a.m. and 12 p.m. to 5:30 p.m. and it is unclear from the chart if he saw the patient on this date in his clinic. The patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day; however, his signature is not in the patient's chart.

27. The patient was seen again on or about August 31, 2018, and the chart was electronically signed by Respondent; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day; however, his signature is not in the patient's chart.

28. On or about September 29, 2018, the patient was seen at the clinic for reevaluation and medication refills, and the patient was to return to the clinic in 30days.[11] Respondent

[11] Respondent had been the sole owner of Pacific Burnett Medical Center, the clinic; however, in the latter part of 2018, the facility was qualified as a Federally Qualified Health Center (FQHC), and the name was changed. Respondent was no longer its owner, and he was hired on as an independent contractor for that facility and receives a 1099 Form (miscellaneous income in excess of $10,000) from them for the services he provides to the patients at the facility.

electronically signed the patient's chart.

29. On or about November 2, 2018, the patient was again seen at the clinic. The chart was electronically signed by Respondent; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

30. On or about December 5, 2018, the patient was seen again in the clinic for reevaluation and medication refills. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in the clinic, which Respondent confirmed. The patient was to return in 30-days.

31. According to the patient's chart, he was seen again on or about December 15, 2018, for follow-up only 10-days after his prior visit with no documented explanation. The chart notes are mostly a clone of the prior visit except for his vital signs. The chart was electronically signed by Respondent; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart. The patient was return to the clinic in 30-days.

32. On or about January 9, 2019, the patient was seen again at the clinic for reevaluation and medication refills. The chart was electronically signed by Respondent; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

33. On or about February 9, 2019, the patient was seen again for reevaluation and medication refills and the chart notes that an interpreter was used. Respondent electronically signed the chart.

34. On or about March 13 and April 5, 2019, Patient A was seen at the clinic for reevaluation and medication refills follow-up visits. The charts were electronically signed by Respondent; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy on those days, but his signature is not in the patient's chart. The patient was return to the clinic in 30-days. These are the last two visits in

the records received by the Board.

35. Respondent was asked if he had a Delegation of Services Agreement and drug formulary with PA. He stated he did, but could not find it and was unable to provide a copy of the agreement covering the period of 2017 through 2019. Respondent created a new agreement that was signed on or about March 23, 2022. Prior to this time, there was no documented proof of a written agreement between Respondent and PA So. A delegation of services agreement and drug formulary should be established between the supervising physician and his PA before the assistant begins seeing patients. When asked why PA So had not signed the patient's charts that he had seen as required, Respondent stated he did not know why and thought he was just co-signing those charts.

In addition, when PA So was asked what type of training Respondent provided to him, as he had been trained as a PA in family practice and internal medicine and Respondent who was a psychiatrist, PA So stated he was provided "on the job" training where he shadowed Respondent while he was seeing patients for about two weeks. When Respondent was asked if he supplied PA So with any additional training, written educational materials or had recommended any continuing medical education courses in the area of psychiatry, Respondent stated he did not document those things. Additionally, there was documentation of any ongoing competency assessments of PA So's work.

Patient B:

36. Paragraph 35, above, is incorporated herein by reference as if fully set forth.

37. On or about February 3, 2018, Patient B presented to the clinic for revaluation and medication refills follow-up visit. According to the records, he had been treating with Respondent since January 6, 2018, and had been diagnosed with MDD with severe psychotic symptoms and PTSD. He was being treated with the antipsychotic Abilify,[12] along with the

[12] Abilify is the brand name for the generic drug aripiprazole, an antipsychotic medication that works by changing the actions of chemicals in the brain. It is used to treat the symptoms of psychotic conditions including schizophrenia in adults and children at least 13 years old, major depressive disorder in adults, and can be used alone or with a mood stabilizer medicine to treat bipolar I disorder (manic depression) in adults and children at least 10 years old.

antidepressants Prozac[13] and Trazadone. The chart was electronically signed by Respondent; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy, but his signature is not in the patient's chart.

38. On or about March 2, 2018, the patient again presented to the clinic for reevaluation and medication refills. The chart entries are a clone of the previous visit, including the chief complaint, and the only difference is the patient's vital signs. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 6:35 a.m. to 6:30 p.m. and could not have seen the patient on this date in his clinic. The patient's pharmacy records, however, reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

39. On or about April 5, 2018, Patient B was next seen for reevaluation and medication refill and the chart notes that an interpreter was used. The patient was to return to the clinic in 30-days. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 6:30 a.m. to 6:30 p.m. and could not have seen the patient on this date in his clinic. PA So's signature does not appear in the patient's chart on this visit.

40. On or about May 3, 2018, the patient was seen again for reevaluation and medication refills, the chart was electronically signed by Respondent.

41. On or about June 4, 2018, the patient was seen again at the clinic for reevaluation and medication refills and the chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 3 p.m. to 8 p.m. so it is unclear if he saw the patient that day. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy, but his signature

[13] Prozac is the brand name for the generic drug fluoxetine, a selective serotonin reuptake inhibitor (SSRI) antidepressant that affects certain chemical messengers (neurotransmitters) that communicate between brain cells and helps people with depression, panic, anxiety, or obsessive-compulsive symptoms. It is used to treat major depressive disorder, bulimia nervosa (an eating disorder), obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder (PMDD).

is not in the patient's chart.

42. On or about July 5, 2018, the patient was again seen at the clinic for reevaluation and medication refills. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

43. On or about August 3, 2018, the patient again was seen for reevaluation and medication refills and the chart entries are mostly a clone of the previous visit with the exception of the patient's weight and vital signs. Respondent electronically signed the chart; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

44. On or about September 4, 2018, the patient was again seen at the clinic for reevaluation and medication refills and the chart entries are practically a clone of the prior visit, including the patient's vital signs. The patient was instructed to return in 30-days and Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in his clinic. PA So's signature was not in the patient's chart.

45. On or about September 6, 2018, Respondent electronically signed and submitted refill medications to the patient's pharmacy; however, there is not a chart entry on that date.

46. On or about September 10, 2018, according to the chart, Patient B was seen for reevaluation and medication refills despite the fact that he had been reportedly seen six days earlier with no documented explanation. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart, and Respondent had already submitted a medication refill four days earlier.

47. On or about October 9, 2018, the patient was again seen for reevaluation and medication refills and the chart entries are mostly a clone of the prior visit except the patient's weight and vital signs. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records, reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

48. On or about November 8, 2018, the patient was next seen for reevaluation and medication refills and the chart is practically a clone of the prior visit with the exception of the patient's weight and vital signs. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records, reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

49. On or about December 8, 2018, the patient was seen for reevaluation and medication refills and the chart entries are mostly a clone of the prior visit with the exception of the patient's weight and vital signs. The chart was electronically signed by Respondent; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

50. On or about January 9, 2019, the patient was seen again for reevaluation and medication refills and the chart entries are mostly a clone of the prior visit with the exception of the patient's weight and vitals. The chart was electronically signed by Respondent; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

51. On or about February 8, 2019, the patient was seen again for reevaluation and medication refills and the chart notes that an interpreter was used. Respondent electronically signed the chart.

52. On or about March 11, 2019, Patient B was seen for reevaluation and medication

refills and was instructed to return in 30-days. Respondent electronically signed the chart; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy on this visit, but his signature is not in the patient's chart.

53. On or about March 16, 2019, the patient presented for his first annual reassessment even though 5-days earlier he had been seen and instructed to return to the clinic in 30-days. The chart notes that an interpreter was used and the chart was electronically signed by Respondent and the patient was instructed to return in 30-days. This is the last patient visit in the records produced to the Board.

Patient C:

54. Paragraph 35, above, is incorporated by reference herein as if fully set forth.

55. On or about July 17, 2017, Patient C was seen for reevaluation and medication refills. The patient had been previous diagnosed with severe MDD with severe psychotic symptoms and PTSD, and was being treated with the antidepressant Trazodone, the antipsychotic quetiapine, and the sleep aid Ambien.[14] The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 5 p.m. and could not have seen the patient on this date in his clinic. PA So's signature does not appear in the patient's chart.

56. On or about August 12, 2017, the patient was again seen for reevaluation and medication refills and the chart notes that an interpreter was used during the encounter. The chart was electronically signed by Respondent and wrote prescriptions to refill the patient's medications.

57. On or about September 20, 2018, the patient was seen for a follow-up and medication refill appointment and the patient was instructed to return in 30-days. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this

[14] Ambien is the brand name for the generic drug zolpidem, a sedative, also called a hypnotic that affects chemicals in the brain that may be unbalanced in people with sleep problems and is used to treat insomnia.

date in his clinic. In addition, the patient's pharmacy records, reflect that the following day, PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart for the September 20th visit, nor is there a note in the chart regarding the medication refills.

58. On or about October 6, 2017, seventeen days later, the patient was seen at the clinic for a follow-up visit with no explanation. The patient was to return in 30-days and the chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in his clinic. PA So's signature is not in the patient's chart for this visit.

59. On or about November 22, 2018, the patient was seen again in the clinic for reevaluation and medication refills and the chart entries are practically a clone of the prior visit except that the patient's height was noted to be 61 inches (the prior records reflect the patient's height was 67 inches), and his BMI and vitals were different. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 9 p.m. and could not have seen the patient on this date in his clinic. PA So's signature is not in the patient's chart for this visit.

60. On or about December 1, 2017, the patient's pharmacy records, reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day; however, there is no chart note on that date.

61. On or about December 13, 2017, Patient C was again seen for reevaluation and medication refills and the chart note is almost a clone of the prior chart entries with the exception of the patient's height, weight, BMI and vital signs. The chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 9 p.m. and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So completed a prescription on Respondent's prescription pad to refill the patient's Ambien prescription to the patient's pharmacy that day, but his signature is not in the patient's chart.

62. On or about January 20, 2018, Respondent electronically signed and submitted a refill

of the patient's prescription to the patient's pharmacy; however, there is no chart note or entry in the patient's chart for this date.

63. On or about February 19, 2018, the patient was seen for reevaluation and medication refills and the patient's height, weight and vital signs are not documented. The patient was to return in 30-days and the chart was electronically signed by Respondent; however, according to the SVSP time records, he was working there from approximately 7:05 a.m. to 7 a.m., a 24-hour shift, and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

64. On or about March 19, 2018, the patient was seen at the clinic for reevaluation and medication refills. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7:30 p.m. and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

65. On or about April 21, 2018, the patient was seen for reevaluation and medication refills and the chart notes that an interpreter was used, and Respondent electronically signed the chart.

66. On or about May 25, 2018, the patient was again seen for reevaluation and medication refills and the patient was instructed to return in 30-days, and Respondent electronically signed the chart.

67. On or about June 18, 2018, the patient was seen for reevaluation and medication refills and the chart entries are practically a clone of the prior visit except that the patient's height was noted to be 61 inches (the prior records reflect the patient's height was 67 inches), and his BMI and vitals were different. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So completed a prescription for Ambien that day, but his

signature is not in the patient's chart.

68. On or about July 30, 2018, Patient C was seen again for reevaluation and medication refills and the chart entries are practically a clone of the prior visit, including the patient's incorrect height of 61 inches, weight and BMI, but his vitals were different. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

69. On or about August 20, 2018, the patient was seen again for reevaluation and medication refills and the chart entries are practically a clone of the prior visit, including the patient's incorrect height of 61 inches, but his vitals were different. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 p.m. and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

70. On or about September 17, 2018, the patient was seen again for reevaluation and medication refills and the chart entries are practically a clone of the prior visit, including the incorrect height of 61 inches, but his weight was noted to be 148 pounds, and his BMI and vitals were different. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

71. On or about October 22, 2018, the patient was seen again for reevaluation and medication refills and the chart entries are practically a clone of the prior visit, including the incorrect height of 61 inches, but the patient's weight was noted to be 133 pounds, a 15-pound

loss from the prior month with no comment or explanation by the provider, and his BMI and vitals were different. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy and wrote a prescription for Ambien that day, but his signature is not in the patient's chart.

72. On or about November 17, 2018, Patient C was seen again for reevaluation and medication refills and the chart entries are practically a clone of the prior visit, including the incorrect height of 61 inches, but the patient's weight was now noted to be 155 pounds, a 22-pound weight gain from the prior month with no comment or explanation by the provider, and his BMI and vitals were different. Respondent electronically signed the chart; however, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

73. On or about December 17, 2018, the patient was seen again for reevaluation and medication refills and the chart entries are practically a clone of the prior visit except that the patient's height was now noted to be 64 inches,[15] and his weight, BMI and vitals were different. Respondent electronically signed the chart; however, according to the SVSP time records, he was working there from approximately 7 a.m. to 7 a.m., a 24-hour shift, and could not have seen the patient on this date in his clinic. In addition, the patient's pharmacy records reflect that PA So electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

74. On or about January 12, 2019, the patient was seen again for reevaluation and medication refills and the chart entries are practically a clone of the prior visit, including the incorrect height of 64 inches, and his weight, BMI and vitals were different. Respondent electronically signed the chart; however, the patient's pharmacy records reflect that PA So

[15] There are three different heights noted in the patient's chart – originally the records reflect a height of 67 inches, then 61 inches, and now 64 inches with no explanation documented for the discrepancies.

electronically signed and submitted refill prescriptions to the patient's pharmacy that day, but his signature is not in the patient's chart.

75. On or about February 23, 2019, Patient C was seen again for reevaluation and medication refills and the chart notes that the patient's height and weight were identical to the prior visit (e.g., 64 inches and 155 pounds), and that an interpreter was used. Respondent electronically signed the chart.

76. On or about March 16, 2019, the patient was seen again for reevaluation and medication refills and the chart entries are practically a clone of the prior visit, including the use of an interpreter and that the patient's height was 64 inches, but his weight, BMI and vitals were different. Respondent electronically signed the chart and refilled the patient's prescriptions. This is the last patient visit of the records provided to the Board.

77. Respondent's acts and omissions constitute repeated negligent acts in that he:

A. Failed to have and provide a written delegation of services agreement and drug formulary between Respondent and his Physician's Assistant So prior to March 23, 2022, covering the period of 2017 through 2019, when PA So was seeing Patients A, B and C;

B. Failed to document what psychiatry training was provided to PA So or any written educational courses or continuing education in psychiatry, and failed to document any ongoing competency assessments of PA So;

C. Failed to maintain adequate and accurate records in his care in treatment of Patient A in that there is an inability to determine which provider saw the patient on a particular visit and the prevalence of cloned charting with minimal documentation, and failed to explain any discrepancies in the patient's chart;

D. Failed to maintain adequate and accurate records in his care in treatment of Patient B in that there is an inability to determine which provider saw the patient on a particular visit and the prevalence of cloned charting with minimal documentation; and

E. Failed to maintain adequate and accurate records in his care in treatment of Patient C in that there is an inability to determine which provider saw the patient on a particular visit, the prevalence of cloned charting with minimal documentation, and a failed to explain the

discrepancies in the patient's chart.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

78. Respondent Lawrence Odiaka Chike Ogbechie, M.D. is subject to disciplinary action under Code section 2266 in that he failed to maintain adequate and accurate records in his care and treatment of Patients A, B, and C. The circumstances are as follows:

79. Paragraphs 16 through 76, above, inclusive are incorporated herein by reference as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Failure to Have Delegation of Service Agreement)

80. Respondent Lawrence Odiaka Chike Ogbechie, M.D. is subject to disciplinary action under Code section 3502 and California Code of Regulations, Title 16, section 1399.545, in that failed to provide and have a delegation of services agreement and drug formulary with PA So covering the time he was seeing patients A, B and C. The circumstances are as follows:

81. Paragraphs 16 through 76, above, inclusive are incorporated herein by reference as if fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 61959, issued to Respondent Lawrence Odiaka Chike Ogbechie, 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 incurred after January 1, 2022, and, if placed on probation, the costs of probation monitoring; and

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

DATED: NOV 04 2022

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

Complainant

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