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

In the Matter of the Accusation Against: Frank Javier King, M.D. Physician's and Surgeon's Certificate No. A 80044 Respondent.	Case No.: 800-2020-065398

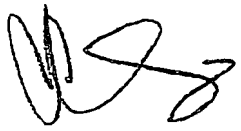
DECISION

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 February 16, 2024.

IT IS SO ORDERED: January 19, 2024.

MEDICAL BOARD OF CALIFORNIA



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

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

In the Matter of the Accusation Against: **FRANK JAVIER KING, M.D.** 26932 Oso Parkway, Ste. 275 Mission Viejo, CA 92691 **Physician's and Surgeon's Certificate No. A 80044,** Respondent.	Case No. 800-2020-065398 OAH No. 2023040371 **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 Keith C. Shaw, Deputy Attorney General.

2. Respondent Frank Javier King, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, CA 92620.

3. On or about August 2, 2002, the Board issued Physician's and Surgeon's Certificate No. A 80044 to Frank Javier King, 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. 800-2020-065398, and will expire on August 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2020-065398 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 February 21, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2020-065398 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. 800-2020-065398. 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. 800-2020-065398, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent gives up his right to contest that, at a hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in the Accusation.

11. 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 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2020-065398 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.

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. 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.

15. 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. A 80044 issued to Respondent Frank Javier King, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years from the effective date of the Decision 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, 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 30 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, including an emphasis on the prescribing

of controlled substances, 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 55 hours of CME of which 30 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 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.

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

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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, 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 five (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 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, joint investigations, and subpoena enforcement, as applicable, in the amount of $29,979.00. Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by respondent to the Board.

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

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.

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.

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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. 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. 800-2020-065398 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, Esq. 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: 11/30/2023

FRANK JAVIER KING, M.D.
Respondent

I have read and fully discussed with Respondent Frank Javier King, 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: November 30, 2023

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 11/30/23

Respectfully submitted,

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

Keith Shaw

KEITH C. SHAW
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the Accusation Against: **FRANK JAVIER KING, M.D.** **26932 Oso Parkway, Ste. 275** **Mission Viejo, CA 92691** **Physician's and Surgeon's Certificate No. A 80044,** Respondent.	Case No. 800-2020-065398 **A C C U S A T I O N**

PARTIES

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

2. On or about August 2, 2002, the Medical Board issued Physician's and Surgeon's Certificate No. A 80044 to Frank Javier King, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2024, unless renewed.

JURISDICTION

3. This Accusation is brought before the Medical Board of California, Department of Consumer Affairs, 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."

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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:

". . .

"(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.

". . ."

6. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more

than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."

7. 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."

8. Section 2229 of the Code states that the protection of the public shall be the highest priority for the Board in exercising their disciplinary authority. While attempts to rehabilitate a licensee should be made when possible, Section 2229, subdivision (c), states that when rehabilitation and protection are inconsistent, protection shall be paramount.

COST RECOVERY

9. 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.

PERTINENT DRUGS

10. **Fentanyl transdermal** (Duragesic) patches are a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated fentanyl transdermal patches are indicated for the management of pain in opioid-tolerant patients, severe enough to require daily, around-the-clock, long term opioid treatment and for which alternative treatment options are inadequate. The Federal Drug Administration (FDA)

has issued several black box warnings about fentanyl transdermal patches including, but not limited to, the risks of addiction, abuse and misuse; life threatening respiratory depression; accidental exposure; neonatal opioid withdrawal syndrome; and the risks associated with the concomitant use with benzodiazepines or other central nervous system (CNS) depressants.

11. **Hydrocodone APAP** (Vicodin, Lortab, and Norco) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen and is a Schedule II controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Code section 4022. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, HCP's are used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence, there is also the risk of acute liver failure which has resulted in a black box warning being issued by the (FDA. The Drug Enforcement Administration (DEA) has identified opioids, such as hydrocodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 37.)

12. **Hydromorphone** (Dilaudid), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. The DEA has identified hydromorphone, such as Dilaudid, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 37.) The FDA has issued black box warnings for Dilaudid which warn about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warnings also caution about the risks associated with concomitant use of Dilaudid with benzodiazepines or other CNS depressants.

13. **Methadone**, also known by the trade name Methadose, is a synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine. It is a dangerous drug as defined in Code section 4022 and a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (c) of the Health and Safety Code. Methadone can produce drug

dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of methadone, and it should be prescribed and administered with the same degree of caution appropriate to the use of morphine. Methadone should be used with caution and in reduced dosage in patients who are concurrently receiving other narcotic analgesics.

14. **Naloxone,** known by the trade name Narcan, is an emergency life-saving medication that rapidly reverses an opioid overdose. It can restore normal breathing within minutes in a person whose breath has slowed, or even stopped, as a result of opioid overdose.

15. **Oxycodone with acetaminophen** (Percocet), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the management of moderate to moderately severe pain. The DEA has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The FDA has issued a black box warning for Percocet which warns about, among other things, addiction, abuse and misuse, and the possibility of "life-threatening respiratory distress."

16. **Oxycodone HCL** (OxyContin) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, OxyContin is used for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatment options are inadequate. The DEA has identified OxyContin as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression.

17. **Opana ER** (oxymorphone HCL), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are not available. The DEA has identified

oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The FDA has issued a black box warning for Opana ER which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of Opana ER with benzodiazepines or other CNS depressants.

18. **Triazolam** (Halcion), a benzodiazepine, is a centrally acting hypnotic-sedative benzodiazepine that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the short term treatment of insomnia. Concomitant use of Halcion with opioids "may result in profound sedation, respiratory depression, coma, and death." The DEA has identified benzodiazepines, such as Halcion, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

19. **Soma** (carisoprodol) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the treatment of acute and painful musculoskeletal conditions. According to the DEA, Office of Diversion Control, "[c]arisoprodol abuse has escalated in the last decade in the United States...According to Diversion Drug Trends, published by the DEA on the trends in diversion of controlled and noncontrolled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs. Diversion and abuse of carisoprodol is prevalent throughout the country.

20. **Xanax** (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax with opioids "may result in profound sedation, respiratory depression, coma, and death." The DEA has identified benzodiazepines, such as Xanax, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 59.)

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21. **Zolpidem**, known by the trade name Ambien, is a Schedule IV controlled substance, and a sedative primarily used to treat insomnia. It is a dangerous drug as defined in Business and Professions Code section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. It is a CNS depressant and should be used cautiously in combination with other central nervous system depressants. It is an addictive substance and users should avoid alcohol as serious interactions may occur.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

22. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patients L.T., C.D., C.R., R.D., T.D., D.M., and J.O., as more particularly alleged hereinafter:

PATIENT L.T.

23. Respondent, a pain management physician, began treating Patient L.T.,[1] a then 61-year-old male, for chronic pain in approximately March 2017, until his death on or about February 27, 2020.[2] Patient L.T. presented with a number of comorbidities, including chronic obstructive pulmonary disease (COPD), hypertension, insomnia, obesity, depression, and sleep apnea.

24. In approximately July 2017, Respondent started Patient L.T. on regular prescriptions for Percocet (30/975 mg daily), Ambien (10 mg daily), and Xanax (3 mg daily), which continued until the patient passed away. However, Respondent did not perform an appropriate physical examination prior to prescribing controlled substances, or require that Patient L.T. enter into a pain management agreement. During the course of treatment, Respondent documented that he

[1] The patients listed in this document are unnamed to protect their privacy. Respondent knows the name of the patients and can confirm their identity through discovery.

[2] Patient L.T.'s death resulted from arteriosclerotic cardiovascular disease and COPD according to the death certificate.

reviewed CURES[3] on only a single occasion in March 2017. Additionally, Respondent did not perform urine drug screenings (UDS) during the course of prescribing opioids, benzodiazepines, and sedative hypnotic sleeping agents to Patient L.T. Further, Respondent did not prescribe Narcan to combat the effects of a potential opioid overdose.

25. Patient L.T.'s daughter indicated that she had called Respondent "many times" informing him that she believed her father was addicted to the prescriptions, drank alcohol while taking his prescriptions, and was obtaining medications from other doctors in Arizona.

26. Respondent committed gross negligence in his care and treatment of Patient L.T. which included, but was not limited to, the following:

(a) Respondent failed to properly conduct and document urine drug screenings;

(b) Respondent failed to prescribe Narcan to a patient receiving long-term opioid therapy;

(c) Respondent failed to properly review CURES;

(d) Respondent overprescribed controlled substances to a patient with significant comorbidities; and

(e) Respondent failed to obtain a pain medication contract.

PATIENT C.D.

27. Respondent started treating Patient C.D., a then 78-year-old female, in approximately December 2018. Patient C.D. was treated for bilateral knee pain and she had a history of thyroid disease, arthritis, depression, and anxiety. Starting in approximately May 2019, Patient C.D. received regular prescriptions for Norco (30/975 mg daily). Respondent continued a morphine equivalent dosage (MED) of approximately 110 for the patient through approximately November

[3] Beginning October 2, 2018, state law requires all California physicians to consult CURES before prescribing a Schedule II, III or IV controlled substance to a patient for the first time and at least every four months thereafter if the substance remains part of the treatment. Prior to this date, it was still prudent for physicians to consult CURES to assess for aberrant behavior.

2020, but did not document the MED.[4] Respondent also issued a prescription for Percocet during this time.

28. During the course of treatment, Respondent did not obtain a pain management agreement from Patient C.D. Additionally, Respondent did not document whether he reviewed CURES, performed UDS, or prescribed Narcan during the course of prescribing controlled substances to Patient C.D.

29. Respondent committed gross negligence in his care and treatment of Patient C.D. which included, but was not limited to, the following:

(a) Respondent failed to properly conduct and document urine drug screenings;

(b) Respondent failed to prescribe Narcan to a patient receiving long-term opioid therapy;

(c) Respondent failed to properly review CURES;

(d) Respondent failed to consistently and accurately document the MED; and

(e) Respondent failed to obtain a pain medication contract.

PATIENT C.R.

30. Respondent treated Patient C.R., a then 45-year-old female, since approximately December 2017. Patient C.R. presented with migraines, chronic lower back pain, right leg pain, and right shoulder pain. She had a history of chronic pain medication use (OxyContin and Norco). Respondent began regular prescriptions for OxyContin (60 mg daily), Norco (40/1300 mg daily), methadone (60 mg daily), and triazolam (0.25 mg daily), which continued through December 2020. During this time, Respondent prescribed a morphine equivalent dosage (MED) of approximately 310 for the patient, but did not attempt to taper the dosage. In fact, on or about May 10, 2018, Respondent noted that the patient's MED was 310 and he would begin a "weaning program," however, no such tapering occurred.

[4] Some prescriptions were issued by Respondent's physician assistant.

31. On or about December 10, 2018, Patient C.R. received a prescription for 50 pills of OxyContin (5 mg) from a different provider; then she received a prescription for 50 pills of Percocet (5/325 mg) from yet another provider on the same day. Respondent had just issued the patient's regular 30-day of supply of OxyContin two weeks earlier. On or about December 21, 2018, Patient C.R. obtained a prescription for 30 pills of Percocet (5/325 mg) from another provider. Just several days later, Respondent issued the patient's regular 30-day prescription for OxyContin. However, since Respondent was not checking CURES at this time, he did not identify and document that Patient C.R, was receiving multiple prescriptions for opioids from multiple different providers, and adjust treatment accordingly.

32. Respondent did not obtain a pain management agreement from Patient C.R. until on or about September 9, 2021, even though opioid therapy began years prior. Further, Respondent only documented that he reviewed CURES on three occasions (beginning in January 2021) and performed UDS on two occasions during the multiple years that he prescribed controlled substances to Patient C.R. Finally, Respondent did not prescribe Narcan to potentially reverse an opioid overdose until on or about March 31, 2020.

33. Respondent committed gross negligence in his care and treatment of Patient C.R. which included, but was not limited to, the following:

(a) Respondent failed to properly conduct and document urine drug screenings;

(b) Respondent failed to timely prescribe Narcan to a patient receiving long-term opioid therapy;

(c) Respondent failed to properly review CURES and/or identify and document additional prescriptions for narcotics obtained by the patient;

(d) Respondent overprescribed controlled substances and failed to taper unsafe doses of opioids; and

(e) Respondent failed to timely obtain a pain medication contract.

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PATIENT R.D.

34. Respondent started treating Patient R.D., a then 79-year-old male, in approximately December 2017. Patient R.D. was treated for lower back pain, and had a history of multiple fractures, cardiac valve replacement, migraine, thyroid disease, and cerebral vascular accident. Respondent began the patient on regular prescriptions for Norco (30/975 mg daily), which continued through November 2020. In approximately July 2020, the dosage of Norco was increased to 40/1300 mg daily.

35. At no time did Respondent perform an appropriate physical examination prior to prescribing controlled substances, or require that Patient R.D. enter into a pain management agreement. Additionally, Respondent did not document the MED, performed UDS, or prescribed Narcan. There is only a sole occasion documented (by Respondent's physician assistant) that CURES was checked in approximately April 2021.

36. Respondent committed gross negligence in his care and treatment of Patient R.D. which included, but was not limited to, the following:

(a) Respondent failed to properly conduct and document urine drug screenings;

(b) Respondent failed to prescribe Narcan to a patient receiving long-term opioid therapy;

(c) Respondent failed to properly review CURES;

(d) Respondent failed to document the MED for the prescribed chronic opioids; and

(e) Respondent failed to obtain a pain medication contract.

PATIENT T.D.

37. Respondent started treating Patient T.D., a then 52-year-old female, in approximately December 2017. Patient T.D. was treated for neck, shoulder, lower back, and bilateral feet pain. She had a history of bipolar disorder, anxiety, severe obesity, illicit drug use (cocaine and marijuana), chronic opioid and benzodiazepine use, and opioid dependence. Respondent started regular prescriptions for Norco (60/1950 mg daily), Xanax (5 mg daily), and Soma (1050 mg

daily), also referred to as the Holy Trinity.[5] In addition, Respondent started Ambien (10 mg daily). The prescriptions for Norco and Xanax continued through December 2020, while Soma was discontinued in October 2019, and Ambien was discontinued in January 2019. Respondent did not perform an appropriate physical examination prior to prescribing controlled substances, or require that Patient T.D. enter into a pain management agreement.

38. On or about February 5, 2018, Respondent noted that Patient T.D. reported that she has been using pain medication since she was 25 years old, and at one point, she was "doctor and pharmacy shopping to obtain pain medication." On or about April 21, 2021, Patient T.D. was hospitalized for what was believed to be a benzodiazepine-withdrawal seizure. Respondent failed to document Patient T.D.'s numerous discharge medications at the follow-up visit the following day. On or about June 28, 2021, there is an entry by Respondent's physician assistant that "UDS was obtained today, and CURES will continue to be monitored." However, this is the sole occasion that either a UDS or CURES check were performed. Further, Respondent did not prescribe Narcan during the course of prescribing opioids to the patient.

39. Respondent committed gross negligence in his care and treatment of Patient T.D. which included, but was not limited to, the following:

(a) Respondent failed to properly conduct and document urine drug screenings;

(b) Respondent inappropriately prescribed the "Holy Trinity" given the patient's history and combined medications;

(c) Respondent failed to prescribe Narcan to a patient receiving long-term opioid therapy;

(d) Respondent failed to properly review CURES;

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[5] Holy Trinity - "Taking these three drugs in combination is typically not medically justified. When taken together these medications may give users a feeling of euphoria similar to heroin. As a result, this prescription drug combination, which may be referred to as 'Houston Cocktail,' 'Holy Trinity,' or 'Trio,' is subject to abuse and has resulted in deaths." (M. Forrester, Ingestions of Hydrocodone, Carisoprodol, and Alprazolam in Combination Reported to Texas Poison Centers, Journal of Addictive Diseases, 30:110-115, 2011.)

(e) Respondent overprescribed controlled substances and/or inappropriately prescribed chronic opioids concurrently with benzodiazepines, sedatives, and carisoprodol; and

(f) Respondent failed to recognize, reconcile, and document all medications the patient was receiving, especially while prescribing opioids.

PATIENT D.M.

40. Respondent started treating Patient D.M., a then 62-year-old male, in approximately January 2018. Patient D.M. was treated for lower back and right leg pain. He had a history of lumbar fusion, sinus surgery, microdiscectomy, ulnar neuropathy with a spinal cord stimulator, and opioid dependence. Respondent began the patient on regular prescriptions for Percocet (20/650 mg daily), Soma (700 mg daily), and oxymorphone (40 mg daily). In approximately July 2018, Respondent discontinued Percocet and started OxyContin (20 mg daily) on a regular basis. OxyContin and oxymorphone continued through December 2020. In approximately March 2020, Respondent began recurring prescriptions for fentanyl transdermal patches (50 mcg/hour), which continued through November 2020.

41. Respondent maintained Patient D.M. at high MED levels throughout the course of treatment, including 150 MED in early 2018, and increasing to 270 MED by late 2020. Yet, Respondent did not document the MED, nor include the justification for its increase by 120 MED. At no time did Respondent perform an appropriate physical examination prior to prescribing controlled substances. Respondent conducted UDS on only two occasions, in approximately August 2021 and April 2022. Additionally, Respondent did not check CURES until September 2021, and then only seldom afterward. Finally, Respondent obtained a pain medication contract for the patient on or about August 3, 2021, nearly 30 months after regular prescriptions for opioids began.

42. Respondent committed gross negligence in his care and treatment of Patient D.M. which included, but was not limited to, the following:

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(a) Respondent overprescribed opioids and failed to document the MED; and

(b) Respondent failed to timely obtain a pain medication contract.

PATIENT J.O.

43. Respondent started treating Patient J.O., a then 76-year-old female, in approximately January 2018. Patient J.O. presented with a complex history of spine pain, rheumatoid arthritis, COPD, pacemaker, and congestive heart failure. She was treated for neck, back and bilateral knee pain. Respondent began the patient on regular prescriptions for fentanyl transdermal patch (75 mcg/hour), Diluadid (24 mg daily), and tizanidine (muscle relaxer). Fentanyl continued until approximately July 2018, while Diluadid continued until at least November 2020. During the time that fentanyl and Diluadid were prescribed concurrently, Patient J.O was prescribed a total MED between 244 and 276, yet Respondent never documented the MED.

44. At no time did Respondent perform an appropriate physical examination prior to prescribing controlled substances, or require that Patient J.O. enter into a pain management agreement. Despite opioids being prescribed by Respondent since January 2018, CURES was not reviewed and UDS was not performed until approximately September 2021. Further, Respondent noted alcohol use by the patient on 25 separate occasions, but there lacked any documentation that Respondent counseled Patient J.O. to avoid alcohol use while taking opioids and sedative hypnotic controlled substances, particularly in conjunction with her severe comorbidities.

45. Respondent committed gross negligence in his care and treatment of Patient J.O. which included, but was not limited to, the following:

(a) Respondent failed to timely and consistently conduct and document urine drug screenings;

(b) Respondent failed to counsel the patient to avoid alcohol use while taking opioids and sedative hypnotic controlled substances;

(c) Respondent failed to prescribe Narcan to a patient receiving long-term opioid therapy;

(d) Respondent failed to timely and properly review CURES; and

(e) Respondent failed to recognize, document, and manage appropriate opioid doses in an elderly patient with severe comorbidities.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

46. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients L.T, C.D., C.R., R.D., T.D., D.M., and J.O., as more particularly alleged herein.

PATIENT L.T.

47. Respondent committed repeated negligent acts in his care and treatment of Patient L.T. which included, but was not limited to, the following:

(a) Paragraphs 23 through 26, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to document an adequate musculoskeletal examination when prescribing long-term opioids for chronic non-malignant pain.

PATIENT C.D.

48. Respondent committed repeated negligent acts in his care and treatment of Patient C.D. which included, but was not limited to, the following:

(a) Paragraphs 27 through 29, above, are hereby incorporated by reference and realleged as if fully set forth herein.

PATIENT C.R.

49. Respondent committed repeated negligent acts in his care and treatment of Patient C which included, but was not limited to, the following:

(a) Paragraphs 30 through 33, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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PATIENT R.D.

50. Respondent committed repeated negligent acts in his care and treatment of Patient R.D. which included, but was not limited to, the following:

(a) Paragraphs 34 through 36, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to document an adequate musculoskeletal examination when prescribing long-term opioids for chronic non-malignant pain.

PATIENT T.D.

51. Respondent committed repeated negligent acts in his care and treatment of Patient T.D. which included, but was not limited to, the following:

(a) Paragraphs 37 through 39, above, are hereby incorporated by reference and realleged as if fully set forth herein.

PATIENT D.M.

52. Respondent committed repeated negligent acts in his care and treatment of Patient D.M. which included, but was not limited to, the following:

(a) Paragraphs 40 through 42, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to consistently order, review, and document urine drug screenings while prescribing chronic opioids;

(c) Respondent failed to timely and consistently review and document CURES; and

(d) Respondent failed to document an adequate physical examination, particularly when changing patient management or ordering new medications or tests.

PATIENT J.O.

53. Respondent committed repeated negligent acts in his care and treatment of Patient J.O. which included, but was not limited to, the following:

(a) Paragraphs 43 through 45, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to document an adequate physical examination, particularly when changing patient management or ordering new medications or tests.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

54. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patients L.T., C.D., C.R., R.D., T.D., D.M., and J.O., as more particularly alleged in paragraphs 22 through 53, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Acts of Clearly Excessive Prescribing)

55. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 725, of the Code, in that he has committed repeated acts of clearly excessive prescribing of drugs or treatment to Patients C.R., T.D., D.M., and J.O., as determined by the standard of the community of physicians, as more particularly alleged in paragraphs 22 through 54, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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 No. A 80044, issued to Frank Javier King, M.D.;

2. Revoking, suspending or denying approval of Frank Javier King, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Frank Javier King, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: FEB 21 2023

REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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