

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

**In the Matter of the Accusation
Against:**

RAAD JEIROUDI, M.D.

**Physician's and Surgeon's
Certificate No. A 56133**

Case No.: 800-2019-061485

Respondent.

DECISION

The attached Stipulated Settlement 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 April 18, 2024.

IT IS SO ORDERED: March 19, 2024.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 BRIAN D. BILL
Deputy Attorney General
4 State Bar No. 239146
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6461
6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **RAAD JEIROUDI, M.D.**
14 **17150 Euclid Street, Suite 216**
Fountain Valley, CA 92708-4092

15 **Physician's and Surgeon's Certificate No. A**
16 **56133**

17 Respondent.

Case No. 800-2019-061485

OAH No. 2022080145

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

20 **PARTIES**

21 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Rob Bonta, Attorney General of the State of California, by Brian D. Bill, Deputy
24 Attorney General.

25 2. Respondent Raad Jeiroudi, M.D. (Respondent) is represented in this proceeding by
26 attorney Bobby Samini, whose address is: 650 Town Center Drive, Suite 1700 Costa Mesa, CA
27 926262.1. On or about May 29, 1996, the Board issued Physician's and Surgeon's Certificate
28 No. A 56133 to Raad Jeiroudi, M.D. (Respondent). The Physician's and Surgeon's Certificate

1 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-
2 2019-061485, and will expire on April 30, 2024, unless renewed.

3 JURISDICTION

4 3. Accusation No. 800-2019-061485 was filed before the Board, and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on January 21, 2022. Respondent timely filed his Notice of
7 Defense contesting the Accusation.

8 4. A copy of Accusation No. 800-2019-061485 is attached as exhibit A and incorporated
9 herein by reference.

10 ADVISEMENT AND WAIVERS

11 5. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 800-2019-061485. Respondent has also carefully read,
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

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

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

23 CULPABILITY

24 8. Respondent understands and agrees that the charges and allegations in Accusation
25 No. 800-2019-061485, if proven at a hearing, constitute cause for imposing discipline upon his
26 Physician's and Surgeon's Certificate.

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

1 to contest those charges.

2 10. Respondent does not contest that, at an administrative hearing, complainant could
3 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
4 2019-061485, a true and correct copy of which is attached hereto as Exhibit A, and that he has
5 thereby subjected his Physician's and Surgeon's Certificate, No. A 56133 to disciplinary action..

6 11. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below,
7 requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1,
8 serves to protect the public interest.

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

12 RESERVATION

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

17 CONTINGENCY

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

28 15. Respondent agrees that if he ever petitions for early termination or modification of

1 probation, or if an accusation and/or petition to revoke probation is filed against him before the
2 Board, all of the charges and allegations contained in Accusation No. 800-2019-061485 shall be
3 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
4 other licensing proceeding involving Respondent in the State of California.

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

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

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 56133 issued
13 to Respondent RAAD JEIROUDI, M.D. is revoked. However, the revocation is stayed and
14 Respondent is placed on probation for three (3) years on the following terms and conditions:

15 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
16 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
17 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
18 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
19 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
20 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
21 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
22 completion of each course, the Board or its designee may administer an examination to test
23 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
24 hours of CME of which 40 hours were in satisfaction of this condition.

25 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective
26 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
27 advance by the Board or its designee. Respondent shall provide the approved course provider
28 with any information and documents that the approved course provider may deem pertinent.

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

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

11 Respondent shall submit a certification of successful completion to the Board or its
12 designee not later than 15 calendar days after successfully completing the course, or not later than
13 15 calendar days after the effective date of the Decision, whichever is later.

14 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
15 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
16 advance by the Board or its designee. Respondent shall provide the approved course provider
17 with any information and documents that the approved course provider may deem pertinent.
18 Respondent shall participate in and successfully complete the classroom component of the course
19 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
20 complete any other component of the course within one (1) year of enrollment. The medical
21 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
22 Medical Education (CME) requirements for renewal of licensure.

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

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

1 designee not later than 15 calendar days after successfully completing the course, or not later than
2 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

24 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
25 date of this Decision, Respondent shall receive a notification from the Board or its designee to
26 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
27 shall cease the practice of medicine until a monitor is approved to provide monitoring
28 responsibility.

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

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
9 name and qualifications of a replacement monitor who will be assuming that responsibility within
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within three (3)
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a
14 replacement monitor is approved and assumes monitoring responsibility.

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

20 The practice monitor requirement shall terminate after one year if the practice monitor
21 submits four satisfactory quarterly written reports to the Board or its designee, each of which
22 include a satisfactory evaluation of Respondent's performance, that Respondent's practices are
23 within the standards of practice of medicine, and that Respondent is practicing medicine safely.

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

1 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
2 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
3 calendar days.

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

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

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

11 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
12 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
13 limited to, expert review, legal reviews, and investigation(s), as applicable, in the amount of
14 \$19,675.50 (nineteen thousand six hundred seventy-five dollars and fifty cents). Costs shall be
15 payable to the Medical Board of California. Failure to pay such costs shall be considered a
16 violation of probation.

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

21 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
22 repay investigation and enforcement costs, including expert review costs.

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

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

28 10. GENERAL PROBATION REQUIREMENTS.

1 Compliance with Probation Unit

2 Respondent shall comply with the Board's probation unit.

3 Address Changes

4 Respondent shall, at all times, keep the Board informed of Respondent's business and
5 residence addresses, email address (if available), and telephone number. Changes of such
6 addresses shall be immediately communicated in writing to the Board or its designee. Under no
7 circumstances shall a post office box serve as an address of record, except as allowed by Business
8 and Professions Code section 2021, subdivision (b).

9 Place of Practice

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

13 License Renewal

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

16 Travel or Residence Outside California

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

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

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

26 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
27 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
28 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is

1 defined as any period of time Respondent is not practicing medicine as defined in Business and
2 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
3 patient care, clinical activity or teaching, or other activity as approved by the Board. If
4 Respondent resides in California and is considered to be in non-practice, Respondent shall
5 comply with all terms and conditions of probation. All time spent in an intensive training
6 program which has been approved by the Board or its designee shall not be considered non-
7 practice and does not relieve Respondent from complying with all the terms and conditions of
8 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
9 on probation with the medical licensing authority of that state or jurisdiction shall not be
10 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
11 period of non-practice.

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

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

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

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

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

1 shall be fully restored.

2 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
3 of probation is a violation of probation. If Respondent violates probation in any respect, the
4 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
5 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
6 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
7 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
8 the matter is final.

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

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

24 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
25 a new license or certification, or petition for reinstatement of a license, by any other health care
26 licensing action agency in the State of California, all of the charges and allegations contained in
27 Accusation No. 800-2019-061485 shall be deemed to be true, correct, and admitted by
28 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or

1 restrict license.

2 **ACCEPTANCE**

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

8
9 DATED: _____

10 RAAD JEIROUDI, M.D.
11 *Respondent*

12 I have read and fully discussed with Respondent Raad Jeiroudi, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15 DATED: _____

16 BOBBY SAMINI
17 *Attorney for Respondent*

18 **ENDORSEMENT**

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

21 DATED: _____

Respectfully submitted,

22 ROB BONTA
23 Attorney General of California
24 ROBERT MCKIM BELL
25 Supervising Deputy Attorney General

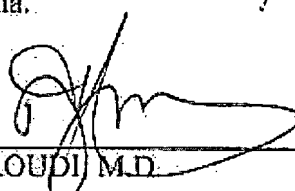
26 BRIAN D. BILL
27 Deputy Attorney General
28 *Attorneys for Complainant*

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1 restrict license.

2 ACCEPTANCE

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

8
9 DATED: 8/18/2023 
10 RAAD JEIROUDI M.D.
11 *Respondent*

12 I have read and fully discussed with Respondent Raad Jeiroudi, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15 DATED: _____
16 BOBBY SAMINI
17 *Attorney for Respondent*

18 ENDORSEMENT

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

21 DATED: _____ Respectfully submitted,
22 ROB BONTA
23 Attorney General of California
24 ROBERT MCKIM BELL
25 Supervising Deputy Attorney General

26 BRIAN D. BILL
27 Deputy Attorney General
28 *Attorneys for Complainant*

1 restrict license.

2 **ACCEPTANCE**


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4 discussed it with my attorney, Bobby Samini. I understand the stipulation and the effect it will
5 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
6 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
7 Decision and Order of the Medical Board of California.

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9 DATED: _____

10 RAAD JEIROUDI, M.D.
11 *Respondent*

12 I have read and fully discussed with Respondent Raad Jeiroudi, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15 DATED: 8/18/23

16 
17 BOBBY SAMINI
18 *Attorney for Respondent*

19 **ENDORSEMENT**

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

22 DATED: _____

23 Respectfully submitted,

24 ROB BONTA
25 Attorney General of California
26 ROBERT MCKIM BELL
27 Supervising Deputy Attorney General

28 BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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1 restrict license.

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6 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
7 Decision and Order of the Medical Board of California.

8
9 DATED: _____

RAAD JEIROUDI, M.D.
Respondent

11 I have read and fully discussed with Respondent Raad Jeiroudi, M.D. the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve its form and content.

14
15 DATED: _____

BOBBY SAMINI
Attorney for Respondent

17 **ENDORSEMENT**

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

20
21 DATED: August 18, 2023

Respectfully submitted,

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

24 

25 BRIAN D. BILL
26 Deputy Attorney General
27 *Attorneys for Complainant*

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Attorney General of California
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2019-061485

12 **RAAD JEIROUDI, M.D.**
13 **17150 Euclid Street, Suite 216**
Fountain Valley, CA 92708

A C C U S A T I O N

14 **Physician's and Surgeon's**
15 **Certificate No. A 56133,**

16 Respondent.

17
18 **PARTIES**

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

22 2. On or about May 29, 1996, the Board issued Physician's and Surgeon's Certificate
23 Number A 56133 to Raad Jeiroudi, M.D. (Respondent). The Physician's and Surgeon's
24 Certificate was in full force and effect at all times relevant to the charges brought herein and will
25 expire on April 30, 2022, unless renewed.

26 **JURISDICTION**

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

1 indicated.

2 STATUTORY PROVISIONS

3 4. Section 2227 of the Code provides that a licensee who is found guilty under the
4 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
5 one year, placed on probation and required to pay the costs of probation monitoring, or such other
6 action taken in relation to discipline as the Board deems proper.

7 5. Section 2234 of the Code, states:

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

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

12 (b) Gross negligence.

13 (c) Repeated negligent acts. To be repeated, there must be two or more
14 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.

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

17 (2) When the standard of care requires a change in the diagnosis, act, or
18 omission that constitutes the negligent act described in paragraph (1), including, but
19 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.

20 (d) Incompetence.

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

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

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

26 6. Section 2266 of the Code states:

27 The failure of a physician and surgeon to maintain adequate and accurate
28 records relating to the provision of services to their patients constitutes unprofessional
conduct.

1 7. Section 725 of the Code states:

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

9 (b) Any person who engages in repeated acts of clearly excessive prescribing or
10 administering of drugs or treatment is guilty of a misdemeanor and shall be punished
11 by a fine of not less than one hundred dollars (\$100) nor more than six hundred
12 dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than
13 180 days, or by both that fine and imprisonment.

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

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

19 COST RECOVERY

20 8. Section 125.3 of the Code states:

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

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

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

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

42 (e) If an order for recovery of costs is made and timely payment is not made as
43 directed in the board's decision, the board may enforce the order for repayment in any

1 appropriate court. This right of enforcement shall be in addition to any other rights
2 the board may have as to any licensee to pay costs.

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

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

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

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

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

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

21 **FIRST CAUSE FOR DISCIPLINE**

22 **(Repeated Negligent Acts)**

23 9. Respondent Raad Jeiroudi, M.D is subject to disciplinary action under Code section
24 2234, subdivision (c), in that Respondent engaged in repeated negligent acts in the care and
25 treatment of Patient A. The circumstances are as follows:

26 ***Patient A***

27 10. On or about September 19, 2019, Patient A,¹ a 57 year-old woman, presented to an
28 outpatient surgery center for a suction lipectomy and lower blepharoplasty procedure.
Respondent was scheduled to be her anesthesiologist for the procedure. He met her an hour
before the procedure and performed a pre-anesthesia evaluation of Patient A. Patient A's medical
records indicated that her height was slightly over 5 feet and her weight was 163 pounds. Her
medical history included hypertension and headaches and her medications included taking
metoprolol (a drug used to treat high blood pressure), famotidine (a drug used to treat ulcers and

¹ Patient's name is anonymized for privacy concerns.

1 gastroesophageal reflux disease), and Claritin® (an antihistamine drug used to treat allergy
2 symptoms and hives).

3 11. As her anesthesiologist during her surgery on or about September 19, 2019,
4 Respondent initiated Patient A's anesthesia with an anesthetic at 10:35 a.m. and ended her
5 anesthesia at 5:25 p.m. The drugs Respondent used during the surgery are noted as intravenous
6 (IV) anesthetics and opiates, including propofol,² fentanyl,³ Demerol,⁴ ketamine,⁵ and Versed.⁶
7 Patient A also received oxygen through a facemask with an oral airway. She was not intubated.

8 12. Respondent's post-operative note stated that "the patient was alert, and responding to
9 verbal stimuli." The patient's medical records post-operatively were very scant. Respondent

10
11 ² "Propofol" is a short-acting anesthetic medication that is administered intravenously to
12 induce and/or maintain (as part of a balanced anesthetic technique) anesthesia in surgical patients
13 which causes a decreased level of consciousness and a lack of memory. Propofol anesthesia
14 should be used only in hospital and ambulatory care settings that provide for continuous
15 monitoring of respiratory and cardiac function. It is sold under the brand name Diprivan®. It is a
16 dangerous drug pursuant to Business and Professions Code section 4022.

17 ³ "Fentanyl" is a potent, synthetic opiate narcotic analgesic with a rapid onset and short
18 duration of action. It is sold in its various forms under the brand names Duragesic®, Subsys®,
19 Ionsys® among others. It is a Schedule II controlled substance pursuant to Health and Safety
20 Code section 11055, subdivision (c)(8), and a dangerous drug pursuant to Business and
21 Professions Code section 4022.

22 ⁴ "Demerol®" is a brand name for meperidine hydrochloride, an opiate narcotic analgesic.
23 Its principal therapeutic use is relief of moderate to severe pain. Demerol® can produce drug
24 dependence, physical dependence, and therefore has the potential for being abused. Psychic
25 dependence, physical dependence, and tolerance may develop upon repeated administration of
26 Demerol and it should be prescribed with the same degree of caution appropriate to the use of
27 morphine. It is a Schedule II controlled substance pursuant to Health and Safety Code section
28 11055, subdivision (c)(17), and a dangerous drug pursuant to Business and Professions Code
section 4022.

⁵ "Ketamine" is a medication primarily used for induction and maintenance of anesthesia.
It induces dissociative anesthesia, a trance-like state providing pain relief, sedation, and amnesia.
It is abused for its hallucinogenic properties and produces effects that are similar to PCP
(phencyclidine). It is a Schedule III controlled substance pursuant to Health and Safety Code
section 11056, subdivision (g), and a dangerous drug pursuant to Business and Professions Code
section 4022.

⁶ "Versed®" is a trade name for midazolam hydrochloride, a short-acting benzodiazepine
central nervous system depressant. Intravenous Versed® has been associated with respiratory
depression and respiratory arrest, especially when used for sedation in noncritical care settings. It
is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,
subdivision (d)(21), and a dangerous drug as defined in Business and Professions Code section
4022.

1 believes that he communicated with the patient post-operatively, but such communication is not
2 documented. The patient was discharged. Later that day, Patient A continued to exhibit
3 excessive drowsiness and required assistance from others at her hotel to move. They brought her
4 a wheelchair in order to move her. Patient A also suffered from dizziness for over a week and
5 was not able to return to work until two weeks later.

6 13. On or about September 19, 2019, Respondent committed the following negligent acts:

7 A. Post-operatively, Respondent discharged Patient A from the medical facility
8 prematurely and/or failed to adequately evaluate the patient post-operatively and/or document
9 this entire process. After her surgical procedure, Patient A should have undergone a thorough
10 evaluation by a post-operative medical professional, e.g., nurse, who should have monitored her
11 vital signs, including her breathing and pain level. Particular attention should have been given to
12 monitoring her oxygenation, ventilation, circulation, level of consciousness and temperature.
13 Additionally, she should have been evaluated on an Aldrete Score⁷ which would have assisted
14 and guided her care for a safe discharge. An accurate and adequate written report of Patient A's
15 post-anesthesia care period should have been prepared.

16 B. Respondent administered excessive drugs to perform his anesthesia on Patient
17 A. He used an anesthetic combination of propofol, fentanyl, Demerol®, ketamine and Versed®
18 on Patient A. The patient received two opiate narcotics and high doses of two IV anesthetics, in
19 addition to Versed®. Respondent administered the following excessive medications to Patient A:

- 20 • 43 mg of Versed® instead of a typical 2-5 mg, and
- 21 • 370 mg of ketamine instead of a typical 50-100 mg.

22 The high doses of these medications are incompatible with a rapid emergence from anesthesia
23 and discharge from the facility. Additionally, Respondent concomitantly administered the
24 following drugs to Patient A, which, in synergy with the Versed® and ketamine, would
25 compound the sedating effects of the drugs:

- 26 • Demerol® 100 mg, and

27
28 ⁷ An Aldrete score is a toll used to calculate a patient's recovery and readiness for transfer
from the post anesthesia care unit.

- Fentanyl 250 mcg.

SECOND CAUSE FOR DISCIPLINE

(Excessive Treatment/Administering of Drugs)

14. Respondent Raad Jeiroudi, M.D. is subject to disciplinary action under Code section 725 in that he excessively treated and/or administered drugs to Patient A. The circumstances are as follows:

15. The allegations of the First Cause for Discipline are incorporated herein by reference as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Medical Records)

16. Respondent Raad Jeiroudi, M.D. is subject to disciplinary action under Code section 2266 in that Respondent failed to maintain adequate and accurate records related to the provision of medical services to patients. The circumstances are as follows:

17. The allegations of the First and Second Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

18. Respondent Raad Jeiroudi, M.D. is subject to disciplinary action under Code section 2234, in that his action and/or actions represent unprofessional conduct, generally. The circumstances are as follows:

19. The allegations of the First, Second and Third Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

DISCIPLINARY CONSIDERATIONS

20. To determine the degree of discipline, if any, to be imposed on Respondent Raad Jeiroudi, M.D., Complainant alleges that:

21. On or about May 11, 2017 (effective June 9, 2017) in a prior disciplinary action titled *In the Matter of the Accusation Against Raad Jeiroudi, M.D.* before the Board, in Case Number 800-2016-023788, Respondent's license was revoked, the revocation was stayed and Respondent

1 was placed on probation for three years for unprofessional conduct in connection with his failing
2 to complete his Physician Assessment and Clinical Education Program (PACE) at the University
3 of California, San Diego, pursuant to an April 18, 2012 Public Letter of Reprimand Agreement.
4 That decision is now final and is incorporated by reference as if fully set forth herein.

5 22. On or about May 9, 2012, in a prior disciplinary action entitled *In the Matter of the*
6 *Reprimand Against Raad Jeiroudi, MD.* before the Board, in Case Number 04-2010-209109, a
7 public letter of reprimand was issued against Respondent's license due to incompetence, in
8 violation of Code section 2234, subdivision (d), and a failure to maintain adequate records, in
9 violation of Code section 2266.

10 23. On or about August 3, 2021, the Board issued Citation Order No. 800-2018-044443
11 in the amount of \$350.00 to Respondent for failing to maintain adequate records, in violation of
12 Code section 2266. On or about August 19, 2021, Respondent complied with the citation.

13 **PRAYER**

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


16 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 56133,
17 issued to Respondent Raad Jeiroudi, M.D.;

18 2. Revoking, suspending or denying approval of Respondent Raad Jeiroudi, M.D.'s
19 authority to supervise physician assistants and advanced practice nurses;

20 3. Ordering Respondent Raad Jeiroudi, M.D., to pay the Board the costs of the
21 investigation and enforcement of this case, and if placed on probation, the costs of probation
22 monitoring; and

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

24
25 DATED: JAN 21 2022

26 
27 WILLIAM PRASIFKA
28 Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant