

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

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

**Ghadir Mahmoud Kinawy, M.D.**

**Physician's and Surgeon's  
Certificate No. A 64905**

**Case No.: 800-2021-076400**

**Respondent.**

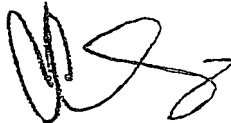
**DECISION**

**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 May 16, 2024.**

**IT IS SO ORDERED: April 16, 2024.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KEITH C. SHAW  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

15 **GHADIR MAHMOUD KINAWY, M.D.**

16 9862 Ludwig Street  
Villa Park, CA 92861

17 **Physician's and Surgeon's Certificate No.**  
18 **A 64905**

19 Respondent.

Case No. 800-2021-076400

OAH No. 2023061032

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

20  
21  
22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
23 entitled proceedings that the following matters are true:

24 **PARTIES**

25 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
26 California (Board). He brought this action solely in his official capacity and is represented in this  
27 matter by Rob Bonta, Attorney General of the State of California, by Keith C. Shaw, Deputy  
28 Attorney General.



1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2021-076400, if proven at a hearing, constitute cause for imposing discipline upon her  
4 Physician's and Surgeon's Certificate.

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

9 11. Respondent agrees that if she ever petitions for early termination or modification of  
10 probation, or if an accusation and/or petition to revoke probation is filed against her before the  
11 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-  
12 2021-076400 shall be deemed true, correct and fully admitted by Respondent for purposes of any  
13 such proceeding or any other licensing proceeding involving Respondent in the State of  
14 California.

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

18 CONTINGENCY

19 13. This stipulation shall be subject to approval by the Medical Board of California.  
20 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
21 Board of California may communicate directly with the Board regarding this stipulation and  
22 settlement, without notice to or participation by Respondent or her counsel. By signing the  
23 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
24 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
25 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
26 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
27 action between the parties, and the Board shall not be disqualified from further action by having  
28 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 64905 issued to Respondent Ghadir Mahmoud Kinawy, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years from the effective date of the Decision on the following terms and conditions:

1. CONTROLLED SUBSTANCES – TOTAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in the California Uniform Controlled Substances Act.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5.

If respondent forms the medical opinion, after an appropriate prior examination and a medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and a medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on

Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

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

1 been approved by the Board or its designee had the course been taken after the effective date of  
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

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

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

20 Respondent shall submit a certification of successful completion to the Board or its  
21 designee not later than 15 calendar days after successfully completing the course, or not later than  
22 15 calendar days after the effective date of the Decision, whichever is later.

23 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
24 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
25 meets the requirements of Title 16, California Code of Regulations section 1358.1. Respondent  
26 shall participate in and successfully complete that program. Respondent shall provide any  
27 information and documents that the program may deem pertinent. Respondent shall successfully  
28 complete the classroom component of the program not later than six (6) months after

Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(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.



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

5        If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
6 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
7 cease the practice of medicine within three (3) calendar days after notification. Respondent shall  
8 cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

15        If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar  
16 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
17 the name and qualifications of a replacement monitor who will be assuming that responsibility  
18 within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within  
19 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
20 notification from the Board or its designee to cease the practice of medicine within three (3)  
21 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
22 replacement monitor is approved and assumes monitoring responsibility.

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

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1           7.    NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
2 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
3 Chief Executive Officer at every hospital where privileges or membership are extended to  
4 Respondent, at any other facility where Respondent engages in the practice of medicine,  
5 including all physician and locum tenens registries or other similar agencies, and to the Chief  
6 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
7 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
8 calendar days.

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

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

13          9.    INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
14 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
15 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena  
16 enforcement, as applicable, in the amount of \$18,649.00. Costs shall be payable to the Medical  
17 Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

25          11.   GENERAL PROBATION REQUIREMENTS.

26               Compliance with Probation Unit

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

28               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

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

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

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

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

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

21 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
22 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
23 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
24 be fully restored.

25 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
26 of probation is a violation of probation. If Respondent violates probation in any respect, the  
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
28 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,

1 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
2 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
3 the matter is final.

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

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

19 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
20 a new license or certification, or petition for reinstatement of a license, by any other health care  
21 licensing action agency in the State of California, all of the charges and allegations contained in  
22 Accusation No. 800-2021-076400 shall be deemed to be true, correct, and admitted by  
23 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
24 restrict license.

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1 ACCEPTANCE

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

7 DATED: 02/22/2024 Ghadir K. Kinawy  
8 GHADIR MAHMOUD KINAWY, M.D.  
9 Respondent

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

13 DATED: 2-23-2024 /s/ Nicholas Jurkowitz  
14 NICHOLAS JURKOWITZ, ESQ.  
15 Attorney for Respondent

16 ENDORSEMENT

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

19 DATED: 2/23/2024

Respectfully submitted,

20 ROB BONTA  
21 Attorney General of California  
22 ALEXANDRA M. ALVAREZ  
23 Supervising Deputy Attorney General

Keith Shaw

24 KEITH C. SHAW  
25 Deputy Attorney General  
26 Attorneys for Complainant

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1 ROB BONTA  
Attorney General of California  
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8 *Attorneys for Complainant*

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14 In the Matter of the Accusation Against:

Case No. 800-2021-076400

15 **GHADIR MAHMOUD KINAWY, M.D.**  
17853 Santiago Blvd, Ste. 107  
16 P.O. Box 474  
Villa Park CA, 92861-4199

**A C C U S A T I O N**

17 **Physician's and Surgeon's Certificate**  
18 **No. A 64905,**

Respondent.

19  
20  
21 **PARTIES**

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

25 2. On or about April 17, 1998, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. A 64905 to Ghadir Mahmoud Kinawy, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on November 30, 2023, 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 authorizes the Board to discipline a licensee and obtain probation costs.

5. Section 2228 of the Code authorizes the Board to discipline a licensee by placing them on probation.

6. Section 2234 of the Code, states in part:

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

"(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."

7. Section 2238 of the Code states: "A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct."

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1       8.     Section 2242 of the Code, states in part: "Prescribing, dispensing, or furnishing  
2 dangerous drugs as defined in Section 4022 without an appropriate prior examination and a  
3 medical indication, constitutes unprofessional conduct."

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

7       10.    Section 4170 of the Code, states in part:

8       "(a) No prescriber shall dispense drugs or dangerous devices to patients in his or her office  
9 or place of practice unless all of the following conditions are met:

10       "(1) The dangerous drugs or dangerous devices are dispensed to the prescriber's own  
11 patient, and the drugs or dangerous devices are not furnished by a nurse or physician attendant.

12       "(2) The dangerous drugs or dangerous devices are necessary in the treatment of the  
13 condition for which the prescriber is attending the patient.

14       "(3) The prescriber does not keep a pharmacy, open shop, or drugstore, advertised or  
15 otherwise, for the retailing of dangerous drugs, dangerous devices, or poisons.

16       "(4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by  
17 Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging  
18 requirements of good pharmaceutical practice, including the use of childproof containers.

19       "(5) The prescriber does not use a dispensing device unless he or she personally owns the  
20 device and the contents of the device, and personally dispenses the dangerous drugs or dangerous  
21 devices to the patient packaged, labeled, and recorded in accordance with paragraph (4).

22       "(6) The prescriber, prior to dispensing, offers to give a written prescription to the patient  
23 that the patient may elect to have filled by the prescriber or by any pharmacy.

24       "(7) The prescriber provides the patient with written disclosure that the patient has a choice  
25 between obtaining the prescription from the dispensing prescriber or obtaining the prescription at  
26 a pharmacy of the patient's choice."

27     ///

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11. 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.

12. Section 11165.1 of the Health and Safety Code states:

“(a)(1)(a)(i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the department to obtain approval to electronically access information regarding the controlled substance history of a patient that is maintained by the department. Upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).”

## COST RECOVERY

13. 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**

14. **Tramadol HCL** is a centrally acting synthetic analgesic compound. It is a dangerous drug as defined in section 4022 of the Code, and a Schedule II controlled substance as defined by section 11057 of the Health and Safety Code. Tramadol is indicated for the management of moderate to moderately severe pain.

15. **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

1 and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax  
2 with opioids "may result in profound sedation, respiratory depression, coma, and death." The  
3 DEA has identified benzodiazepines, such as Xanax, as a drug of abuse. (Drugs of Abuse, DEA  
4 Resource Guide (2017 Edition), at p. 59.)

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Gross Negligence)**

7 16. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
8 by section 2234, subdivision (b), of the Code, in that she committed gross negligence during her  
9 handling and selling of controlled substances at her office, as more particularly alleged  
10 hereinafter:

11 17. Between approximately January 2016 to July 2020, Respondent regularly purchased  
12 tramadol and alprazolam from an out-of-state wholesale drug distributor to sell directly to her  
13 patients from her office. Respondent kept these controlled substances in an unlocked cabinet that  
14 all office staff could access. Additionally, Respondent did not keep a controlled substance  
15 medication log or dispensing log for the medications she sold. Further, Respondent did not report  
16 the controlled substances she was selling patients from her office to CURES,<sup>1</sup> or document these  
17 medications in patient charts. There is no indication that Respondent performed an appropriate  
18 physical examination of her patients prior to selling controlled substances from her office.

19 18. Respondent's staff, which consisted of a medical assistant and a front desk  
20 receptionist, were responsible for keeping inventory and reordering the controlled substances.  
21 Respondent assumed her staff were not excessively ordering the medications, but had no way to  
22 verify since she was unaware of the quantity of controlled substances being ordered by her staff.  
23 The drug wholesaler ultimately flagged and later terminated Respondent's account due to her  
24 ordering history of high amounts of tramadol and alprazolam.

25 \_\_\_\_\_  
26 <sup>1</sup> The Controlled Substance Utilization Review and Evaluation System (CURES) is a  
27 platform that tracks all Schedule II – IV controlled substances dispensed to patients in California.  
28 Respondent did not register for CURES until approximately December 2020, despite registration  
being a requirement for licensed health care practitioners authorized to prescribe controlled  
substances since October 2, 2018.

1           19. Respondent committed gross negligence in her handling and selling of controlled  
2 substances at her office, which included, but was not limited to, the following:

3                   (a) Respondent inappropriately dispensed controlled substances from her  
4 office;

5                   (b) Respondent inappropriately stored controlled substances at her office;

6                   (c) Respondent failed to report controlled substances she dispensed to  
7 patients to CURES; and

8                   (d) Respondent failed to perform an appropriate physical examination of  
9 her patients prior to selling controlled substances.

10                                   **SECOND CAUSE FOR DISCIPLINE**

11   **(Gross Negligence)**

12           20. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
13 by section 2234, subdivision (b), of the Code, in that she committed gross negligence during her  
14 care and treatment of Patient A,<sup>2</sup> as more particularly alleged hereinafter:

15           21. Respondent began primary care of Patient A, a then 49-year-old female, in  
16 approximately 2014.<sup>3</sup> She presented with back pain stemming from a back injury she had  
17 sustained during a horseback riding incident. Respondent began regular monthly prescriptions for  
18 tramadol (50 mg) and alprazolam (0.5 mg).

19           22. In approximately 2016, Patient A told Respondent that the tramadol dosage was not  
20 strong enough to alleviate her pain. In turn, Respondent began selling Patient A tramadol directly  
21 from her office and without a prescription. Patient A would regularly purchase from  
22 Respondent's office 1000 tablets of tramadol (50 mg) for \$1,000.00, an approximate 2-month  
23 supply, which continued until approximately October 2020. Also, beginning in approximately  
24

25 \_\_\_\_\_  
26           <sup>2</sup> The patient listed in this document is unnamed to protect her privacy. Respondent  
27 knows the name of the patient and can confirm her identity through discovery.

28           <sup>3</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
for informational purposes only and is not alleged as a basis for disciplinary action.

1 2016, Respondent sold Patient A varying quantities of alprazolam (0.5 mg) for \$2 per pill directly  
2 from her office and without a prescription, which continued until approximately September 2020.

3 23. Patient A was told by Respondent to purchase as much tramadol and alprazolam as  
4 she needed, and the patient used her credit card to purchase these controlled substances at  
5 Respondent's office. According to Patient A, she became addicted to tramadol. In approximately  
6 October 2020, Respondent notified Patient A that she would no longer sell her tramadol or  
7 alprazolam. Patient A experienced withdrawal issues after tramadol was abruptly stopped.  
8 Patient A then sought treatment with an addiction specialist.

9 24. During the course of Respondent selling Patient A tramadol and alprazolam from her  
10 office, Respondent failed to document these prescriptions in Patient A's chart and failed to report  
11 these prescriptions to CURES as required. Moreover, there was no indication that Respondent  
12 performed an appropriate physical examination prior to prescribing controlled substances.  
13 Additionally, Patient A was receiving controlled substances, including multiple opioids and  
14 benzodiazepines, from other providers on a regular basis the entire time she was being treated by  
15 Respondent. However, since Respondent failed to review CURES while treating Patient A, she  
16 was unaware of these additional medications, nor able to adjust the treatment and dosages of  
17 prescribed medications for Patient A accordingly.

18 25. Respondent committed gross negligence in her care and treatment of Patient A, which  
19 included, but was not limited to, the following:

- 20 (a) Respondent inappropriately and/or excessively prescribed tramadol;
- 21 (b) Respondent failed to report the controlled substances she dispensed to  
22 Patient A to CURES; and
- 23 (c) Respondent failed to perform an appropriate physical examination of  
24 Patient A prior to selling controlled substances.

### 25 **THIRD CAUSE FOR DISCIPLINE**

#### 26 **(Repeated Negligent Acts)**

27 26. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
28 defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent

1 acts in her care and treatment of Patient A, as more particularly alleged in paragraphs 17 through  
2 25, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

3 **FOURTH CAUSE FOR DISCIPLINE**

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

5 27. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
6 defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate  
7 records regarding her care and treatment of Patient A, as more particularly alleged in paragraphs  
8 17 through 25, above, which are hereby incorporated by reference and realleged as if fully set  
9 forth herein.

10 **FIFTH CAUSE FOR DISCIPLINE**

11 **(Failure to Register for CURES)**

12 28. Respondent is further subject to disciplinary action under section 11165.1,  
13 subdivision (a)(1)(a)(i), of the Health and Safety Code, in that she failed to register for CURES as  
14 required for a health care practitioner, as more particularly alleged in paragraphs 17 through 25,  
15 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

16 **SIXTH CAUSE FOR DISCIPLINE**

17 **(Prescribing Without an Appropriate Prior Examination and Medical Indication)**

18 29. Respondent is further subject to disciplinary action under section 2242, subdivision  
19 (a), of the Code, in that she prescribed dangerous drugs without an appropriate prior examination  
20 and a medical indication, as more particularly alleged in paragraphs 17 through 25, above, which  
21 are hereby incorporated by reference and realleged as if fully set forth herein.

22 **SEVENTH CAUSE FOR DISCIPLINE**

23 **(Violation of Federal or State Law Regulating Dangerous Drugs or Controlled Substances)**

24 30. Respondent is further subject to disciplinary action under section 2238, of the Code,  
25 in that she violated federal and/or state law in the handling, storing and/or dispensing of  
26 controlled substances from her office, as more particularly alleged in paragraphs 17 through 25,  
27 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

28 ///

1 **EIGHTH CAUSE FOR DISCIPLINE**

2 **(Inappropriately Dispensing Drugs to Patients in Her Office)**

3 31. Respondent is further subject to disciplinary action under section 4170, of the Code,  
4 in that she inappropriately dispensed controlled substances to patients from her office, as more  
5 particularly alleged in paragraphs 17 through 25, above, which are hereby incorporated by  
6 reference and realleged as if fully set forth herein.

7 **PRAYER**

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


10 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 64905, issued  
11 to Ghadir Mahmoud Kinawy, M.D.;

12 2. Revoking, suspending or denying approval of Ghadir Mahmoud Kinawy, M.D.'s  
13 authority to supervise physician assistants and advanced practice nurses;

14 3. Ordering Ghadir Mahmoud Kinawy, M.D., to pay the Board the costs of the  
15 investigation and enforcement of this case, and if placed on probation, the costs of probation  
16 monitoring;

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

18 DATED: **MAR 29 2023**  
19 \_\_\_\_\_

20   
21 REJI VARGHESE  
22 Interim Executive Director  
23 Medical Board of California  
24 Department of Consumer Affairs  
25 State of California  
26 Complainant

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