

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

In the Matter of the Accusation  
Against:

Adrienne Elizabeth Lara, M.D.

Physician's and Surgeon's  
Certificate No. C 51906

Respondent.

Case No.: 800-2021-080806

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 JUL 05 2024.  
JUN 05 2024

IT IS SO ORDERED: \_\_\_\_\_.

MEDICAL BOARD OF CALIFORNIA

  
Randy W. Hawkins, M.D., Vice Chair  
Panel A

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
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**

13 In the Matter of the Accusation Against:  
14 **ADRIENNE ELIZABETH LARA, M.D.**  
15 **1801 Solar Drive, Suite 155**  
**Oxnard, CA 93030**  
16 **Physician's and Surgeon's Certificate**  
17 **No. C 51906,**  
18 Respondent.

Case No. 800-2021-080806

OAH No. 2023060359

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

21 **PARTIES**

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

26 2. Respondent Adrienne Elizabeth Lara, M.D. (Respondent) is represented in this  
27 proceeding by attorney Peter R. Osinoff, Esq., whose address is: Bonne Bridges Mueller O'Keefe  
28 & Nichols, 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.



1 CULPABILITY

2 9. Respondent admits that, at an administrative hearing, Complainant could establish a  
3 *prima facie* case with respect to the charges and allegations contained in Accusation No.  
4 800-2021-080806, and agrees that she has thereby subjected her Physician's and Surgeon's  
5 Certificate No. C 51906 to disciplinary action.

6 10. Respondent further agrees that if an accusation is filed against her in the future before  
7 the Medical Board of California, all of the charges and allegations contained in Accusation No.  
8 800-2021-080806, shall be deemed true, correct, and fully admitted by Respondent for purposes  
9 of any such proceeding or any other licensing proceeding involving Respondent in the State of  
10 California or elsewhere.

11 11. Respondent agrees that her Physician's and Surgeon's Certificate No. C 51906 is  
12 subject to discipline and she agrees to be bound by the Board's imposition of discipline as set  
13 forth in the Disciplinary Order below.

14 CONTINGENCY

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

25 13. Respondent agrees that if she ever petitions for early termination or modification of  
26 probation, or if an accusation and/or petition to revoke probation is filed against her before the  
27 Board, all of the charges and allegations contained in Accusation No. 800-2021-080806 shall be

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

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

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

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 51906 issued  
11 to Respondent ADRIENNE ELIZABETH LARA, M.D., is revoked. However, the revocation is  
12 stayed and Respondent is placed on probation for seven (7) years from the effective date of the  
13 Decision on the following terms and conditions:

14 1. **PATIENT DISCLOSURE**. Before a patient's first visit following the effective date  
15 of this order and while Respondent is on probation, Respondent must provide all patients, or  
16 patient's guardian or health care surrogate, with a separate disclosure that includes Respondent's  
17 probation status, the length of the probation, the probation end date, all practice restrictions  
18 placed on Respondent by the board, the board's telephone number, and an explanation of how the  
19 patient can find further information on Respondent's probation on Respondent's profile page on  
20 the board's website. Respondent shall obtain from the patient, or the patient's guardian or health  
21 care surrogate, a separate, signed copy of that disclosure. Respondent shall not be required to  
22 provide a disclosure if any of the following applies: (1) The patient is unconscious or otherwise  
23 unable to comprehend the disclosure and sign the copy of the disclosure and a guardian or health  
24 care surrogate is unavailable to comprehend the disclosure and sign the copy; (2) The visit occurs  
25 in an emergency room or an urgent care facility or the visit is unscheduled, including  
26 consultations in inpatient facilities; (3) Respondent is not known to the patient until immediately  
27 prior to the start of the visit; (4) Respondent does not have a direct treatment relationship with the  
28 patient.

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

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

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

25           Respondent shall submit a certification of successful completion to the Board or its  
26 designee not later than 15 calendar days after successfully completing the course, or not later than  
27 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

19           5.    PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the  
20 effective date of this Decision, Respondent shall enroll in a professional boundaries program  
21 approved in advance by the Board or its designee. Respondent, at the program's discretion, shall  
22 undergo and complete the program's assessment of Respondent's competency, mental health  
23 and/or neuropsychological performance, and at minimum, a 24 hour program of interactive  
24 education and training in the area of boundaries, which takes into account data obtained from the  
25 assessment and from the Decision(s), Accusation(s) and any other information that the Board or  
26 its designee deems relevant. The program shall evaluate Respondent at the end of the training  
27 and the program shall provide any data from the assessment and training as well as the results of  
28 the evaluation to the Board or its designee.

1 Failure to complete the entire program not later than six (6) months after Respondent's  
2 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees  
3 in writing to a later time for completion. Based on Respondent's performance in and evaluations  
4 from the assessment, education, and training, the program shall advise the Board or its designee  
5 of its recommendation(s) for additional education, training, psychotherapy and other measures  
6 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with  
7 program recommendations. At the completion of the program, Respondent shall submit to a final  
8 evaluation. The program shall provide the results of the evaluation to the Board or its designee.  
9 The professional boundaries program shall be at Respondent's expense and shall be in addition to  
10 the Continuing Medical Education (CME) requirements for renewal of licensure.

11 The program has the authority to determine whether or not Respondent successfully  
12 completed the program.

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

18 If Respondent fails to complete the program within the designated time period, Respondent  
19 shall cease the practice of medicine within three (3) calendar days after being notified by the  
20 Board or its designee that Respondent failed to complete the program.

21 6. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
22 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
23 program approved in advance by the Board or its designee. Respondent shall successfully  
24 complete the program not later than six (6) months after Respondent's initial enrollment unless  
25 the Board or its designee agrees in writing to an extension of that time.

26 The program shall consist of a comprehensive assessment of Respondent's physical and  
27 mental health and the six general domains of clinical competence as defined by the Accreditation  
28 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to



1 Respondent's current or intended area of practice (liposuction). The program shall take into  
2 account data obtained from the pre-assessment, self-report forms and interview, and the Decision,  
3 Accusation, and any other information that the Board or its designee deems relevant. The  
4 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
5 than five (5) days as determined by the program for the assessment and clinical education  
6 evaluation. Respondent shall pay all expenses associated with the clinical competence  
7 assessment program.

8 At the end of the evaluation, the program will submit a report to the Board or its designee  
9 which unequivocally states whether the Respondent has demonstrated the ability to practice  
10 safely and independently. Based on Respondent's performance on the clinical competence  
11 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
12 scope and length of any additional educational or clinical training, evaluation or treatment for any  
13 medical condition or psychological condition, or anything else affecting Respondent's practice of  
14 medicine. Respondent shall comply with the program's recommendations.

15 Determination as to whether Respondent successfully completed the clinical competence  
16 assessment program is solely within the program's jurisdiction.

17 Respondent shall not perform any liposuction procedures until Respondent has successfully  
18 completed the program and has been so notified by the Board or its designee in writing.

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

24 7. MONITORING – LIPOSUCTION PRACTICE. Within 30 calendar days of  
25 successful completion of a clinical competence assessment program and finding that Respondent  
26 has demonstrated the ability to practice safely and independently (as further defined in term 6,  
27 above), Respondent shall submit to the Board or its designee for prior approval as a practice  
28 monitor, the name and qualifications of one or more licensed physicians and surgeons whose

1 licenses are valid and in good standing, and who are preferably American Board of Medical  
2 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
3 relationship with Respondent, or other relationship that could reasonably be expected to  
4 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
5 but not limited to any form of bartering, shall be in Respondent's field of practice (including but  
6 not limited to the performance of liposuction), and must agree to serve as Respondent's monitor.  
7 Respondent shall pay all monitoring costs.

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

15 Within 60 calendar days of successful completion of a clinical competence assessment  
16 program and finding that Respondent has demonstrated the ability to practice safely and  
17 independently (as further defined in term 6, above), and continuing throughout probation,  
18 Respondent's liposuction practice shall be monitored by the approved monitor. Respondent shall  
19 make all records available for immediate inspection and copying on the premises by the monitor  
20 at all times during business hours and shall retain the records for the entire term of probation.

21 If Respondent fails to obtain approval of a monitor within 60 calendar days of successful  
22 completion of a clinical competence assessment program and finding that Respondent has  
23 demonstrated the ability to practice safely and independently (as further defined in term 6,  
24 above), Respondent shall receive a notification from the Board or its designee to cease the  
25 performance of liposuction within three (3) calendar days after being so notified. Respondent  
26 shall cease the practice of liposuction until a monitor is approved to provide monitoring  
27 responsibility.

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1 The monitor shall submit a quarterly written report to the Board or its designee which  
2 includes an evaluation of Respondent's liposuction performance, indicating whether  
3 Respondent's liposuction practices are within the standards of practice of medicine and whether  
4 Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to  
5 ensure that the monitor submits the quarterly written reports to the Board or its designee within  
6 10 calendar days after the end of the 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 liposuction within three (3)  
13 calendar days after being so notified. Respondent shall cease the practice of liposuction until a  
14 replacement monitor is approved and assumes monitoring responsibility.

15 This condition may be waived or modified after eighteen (18) months' of full compliance  
16 with a practice monitor, upon a written request by Respondent and a written recommendation by  
17 the practice monitor that Respondent is safe to practice liposuction and that further monitoring is  
18 not necessary. Whether or not this condition is waived or modified shall be in the sole discretion  
19 of the Board or its designee.

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

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

1           9.    SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
2 prohibited from supervising physician assistants.

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

6           11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
7 ordered to reimburse the Board its costs of investigation and enforcement in the amount of  
8 \$15,380.63 (fifteen thousand three hundred eighty dollars and sixty-three cents). Costs shall be  
9 payable to the Medical Board of California. Failure to pay such costs shall be considered a  
10 violation of probation.

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

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

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

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

22           13. GENERAL PROBATION REQUIREMENTS.

23           Compliance with Probation Unit

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

25           Address Changes

26           Respondent shall, at all times, keep the Board informed of Respondent's business and  
27 residence addresses, email address (if available), and telephone number. Changes of such  
28 addresses shall be immediately communicated in writing to the Board or its designee. Under no

1 circumstances shall a post office box serve as an address of record, except as allowed by Business  
2 and Professions Code section 2021, subdivision (b).

3 Place of Practice

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

7 License Renewal

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

10 Travel or Residence Outside California

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

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

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

20 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
21 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
22 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
23 defined as any period of time Respondent is not practicing medicine as defined in Business and  
24 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
25 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
26 Respondent resides in California and is considered to be in non-practice, Respondent shall  
27 comply with all terms and conditions of probation. All time spent in an intensive training  
28 program which has been approved by the Board or its designee shall not be considered non-

1 practice and does not relieve Respondent from complying with all the terms and conditions of  
2 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
3 on probation with the medical licensing authority of that state or jurisdiction shall not be  
4 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
5 period of non-practice.

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

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

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

13 Periods of non-practice for a Respondent residing outside of California will relieve  
14 Respondent of the responsibility to comply with the probationary terms and conditions with the  
15 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
16 General Probation Requirements; Quarterly Declarations.

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

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

1 the matter is final.

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


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

17 ACCEPTANCE

18 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
19 discussed it with my attorney, Peter R. Osinoff, Esq. I understand the stipulation and the effect it  
20 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
21 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
22 Decision and Order of the Medical Board of California.

23  
24 DATED: \_\_\_\_\_

2/16/2024

  
ADRIENNE ELIZABETH LARA, M.D.  
Respondent

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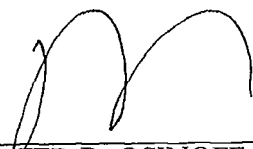
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I have read and fully discussed with Respondent Adrienne Elizabeth Lara, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

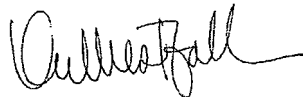
DATED: 2/16/2024

  
PETER R. OSINOFF, ESQ.  
*Attorney for Respondent*

**ENDORSEMENT**

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

DATED: 2/16/24

Respectfully submitted,  
  
ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
  
  
KAROLYN M. WESTFALL  
Deputy Attorney General  
*Attorneys for Complainant*

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# **EXHIBIT A**

**Accusation Case No. 800-2021-080806**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
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8 *Attorneys for Complainant*

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10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
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13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2021-080806

15 **ADRIENNE ELIZABETH LARA, M.D.**  
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Oxnard, CA 93030

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

16 **Physician's and Surgeon's Certificate**  
17 **No. C 51906,**

Respondent.

18

19

20

**PARTIES**

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

24 2. On or about April 1, 2005, the Medical Board issued Physician' and Surgeon's  
25 Certificate No. C 51906 to Adrienne Elizabeth Lara, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on November 30, 2024, unless renewed.

28 ///

1 JURISDICTION

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

5 4. Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

17 ...

18 5. Section 2234 of the Code, states, in pertinent part:

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

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

22 (b) Gross negligence.

23 (c) Repeated negligent acts. To be repeated, there must be two or more  
24 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  
25 repeated negligent acts.

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

28 (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

1 not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
2 licensee's conduct departs from the applicable standard of care, each departure  
constitutes a separate and distinct breach of the standard of care.

3 (d) Incompetence.

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

6 ...

7 6. Unprofessional conduct under Business and Professions Code section 2234 is conduct  
8 which breaches the rules or ethical code of the medical profession, or conduct which is  
9 unbecoming a member in good standing of the medical profession, and which demonstrates an  
10 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,  
11 575.)

12 7. Section 2259.7 of the Code states:

13 The Medical Board of California shall adopt extraction and postoperative care  
14 standards in regard to body liposuction procedures performed by a physician and  
15 surgeon outside of a general acute care hospital, as defined in Section 1250 of the  
16 Health and Safety Code. In adopting those regulations, the Medical Board of  
California shall take into account the most current clinical and scientific information  
available. A violation of those extraction and postoperative care standards constitutes  
unprofessional conduct.

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

20 9. Section 2285 of the Code states, in pertinent part:

21 The use of any fictitious, false, or assumed name, or any name other than his or  
22 her own by a licensee either alone, in conjunction with a partnership or group, or as  
the name of a professional corporation, in any public communication, advertisement,  
23 sign, or announcement of his or her practice without a fictitious-name permit obtained  
pursuant to Section 2415 constitutes unprofessional conduct...

24 ...

25 10. Section 2415 of the Code states, in pertinent part:

26 (a) Any physician and surgeon or any doctor of podiatric medicine, as the case  
27 may be, who as a sole proprietor, or in a partnership, group, or professional  
corporation, desires to practice under any name that would otherwise be a violation of  
28 Section 2285 may practice under that name if the proprietor, partnership, group, or  
corporation obtains and maintains in current status a fictitious-name permit issued by

1 the Division of Licensing, or, in the case of doctors of podiatric medicine, the  
2 California Board of Podiatric Medicine, under the provisions of this section.

3 ...

4 11. California Code of Regulations, Title 16, Section 1356.6, states:

5 (a) A liposuction procedure that is performed under general anesthesia or  
6 intravenous sedation or that results in the extraction of 5,000 or more cubic  
7 centimeters of total aspirate shall be performed in a general acute-care hospital or in a  
8 setting specified in Health and Safety Code Section 1248.1.

9 (b) The following standards apply to any liposuction procedure not required by  
10 subsection (a) to be performed in a general acute-care hospital or a setting specified in  
11 Health and Safety Code Section 1248.1:

12 (1) Intravenous Access and Emergency Plan. Intravenous access shall be  
13 available for procedures that result in the extraction of less than 2,000 cubic  
14 centimeters of total aspirate and shall be required for procedures that result in the  
15 extraction of 2,000 or more cubic centimeters of total aspirate. There shall be a  
16 written detailed plan for handling medical emergencies and all staff shall be informed  
17 of that plan. The physician shall ensure that trained personnel, together with adequate  
18 and appropriate equipment, oxygen, and medication, are onsite and available to  
19 handle the procedure being performed and any medical emergency that may arise in  
20 connection with that procedure. The physician shall either have admitting privileges  
21 at a local general acute-care hospital or have a written transfer agreement with such a  
22 hospital or with a licensed physician who has admitting privileges at such a hospital.

23 (2) Anesthesia. Anesthesia shall be provided by a qualified licensed  
24 practitioner. The physician who is performing the procedure shall not also administer  
25 or maintain the anesthesia or sedation unless a licensed person certified in advanced  
26 cardiac life support is present and is monitoring the patient.

27 (3) Monitoring. The following monitoring shall be available for volumes  
28 greater than 150 and less than 2,000 cubic centimeters of total aspirate and shall be  
29 required for volumes between 2,000 and 5,000 cubic centimeters of total aspirate:

30 (A) Pulse oximeter

31 (B) Blood pressure (by manual or automatic means)

32 (C) Fluid loss and replacement monitoring and recording

33 (D) Electrocardiogram

34 (4) Records. Records shall be maintained in the manner necessary to meet the  
35 standard of practice and shall include sufficient information to determine the  
36 quantities of drugs and fluids infused and the volume of fat, fluid and supranatant  
37 extracted and the nature and duration of any other surgical procedures performed  
38 during the same session as the liposuction procedure.

39 (5) Discharge and Postoperative-care Standards.

40 ///

1 (A) A patient who undergoes any liposuction procedure, regardless of the  
2 amount of total aspirate extracted, shall not be discharged from professionally  
3 supervised care unless the patient meets the discharge criteria described in either the  
4 Aldrete Scale or the White Scale. Until the patient is discharged, at least one staff  
5 person who holds a current certification in advanced cardiac life support shall be  
6 present in the facility.

7 (B) The patient shall only be discharged to a responsible adult capable of  
8 understanding postoperative instructions.

### 9 COST RECOVERY

10 12. Business and Professions Code section 125.3 states that:

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

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

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

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

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

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

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

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

1 costs.

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

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

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

### 10 STATEMENT OF FACTS

11 13. On or about June 15, 1995, Respondent was issued a license to practice medicine in  
12 Massachusetts under Certificate No. 81384 by the Massachusetts Board of Registration in  
13 Medicine. On or about November 17, 2005, Respondent's license lapsed. On or about January 9,  
14 2020, the Massachusetts Board of Registration in Medicine issued a disciplinary order in Case  
15 No. 2018-0116, revoking Respondent's inchoate right to renew her license.

16 14. In or around 1999, Respondent became board certified by the American Board of  
17 Obstetrics and Gynecology

18 15. Since in or around 2010, Respondent has operated a solo private practice clinic in  
19 Oxnard, California, specializing in gynecological and aesthetic services. Respondent's clinic is  
20 not a surgical center and she performs all of her procedures in her clinic.

21 16. On or about February 20, 2012, Respondent was issued Fictitious Name Permit (FNP)  
22 No. 42510 by the Board for her clinic entitled, "Celebrating Women OB/GYN," located at 1801  
23 Solar Dr., Oxnard, CA. On or about February 28, 2014, FNP No. 42510 expired and was not  
24 renewed.

25 17. Between on or about December 15, 2017, and on or about December 15, 2022, as a  
26 result of her discipline in Medical Board Case No. 800-2013-001050, Respondent was prohibited  
27 from practicing obstetrics. As a result of this prohibited practice condition of her probation,  
28 Respondent also lost her board certification in obstetrics and gynecology.

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1 18. On or about April 15, 2022, Respondent was issued FNP No. 553946 by the Board  
2 for her clinic entitled, "Celebrating Women Center for Health, Beauty, Wellness," located at 1801  
3 Solar Dr., Oxnard, CA.

4 19. The Board has never issued a FNP for a business entitled, "Celebrating Women  
5 Center."

6 20. In or around February 2022, Respondent corresponded with an investigator for the  
7 Board regarding the scheduling of her subject interview. Respondent's signature line on her  
8 email identified herself as, "Adrienne E. Lara, M.D. FACOG, Celebrating Women Center."

9 21. On or about March 17, 2022, Respondent participated in an interview with an  
10 investigator for the Board. During that interview, Respondent denied there had ever been any  
11 disciplinary action taken against her license in any other state, denied dispensing medication at  
12 her clinic, and claimed to have a HIPPA compliant line on her cell phone.

13 **PATIENT A**<sup>1</sup>

14 22. On or about June 15, 2020, Patient A, a then 35 year-old female, presented to  
15 Respondent for a telehealth consultation for liposuction on her abdomen. At that time, Patient A  
16 weighed 155 pounds. Patient A did not schedule a surgery at the conclusion of this visit.

17 23. On or about March 10, 2021, Patient A presented to Respondent for a second  
18 telehealth consultation for liposuction on her stomach. At that time, Patient A weighed 167  
19 pounds. At the conclusion of this visit, Patient A was scheduled for liposuction of her abdomen,  
20 including the upper, lower, flanks, mons, and ribs. Respondent did not recommend to Patient A  
21 at that time, or any time thereafter, any treatment options other than liposuction, including but not  
22 limited to, abdominoplasty to remove her lax abdominal skin. Respondent also did not advise or  
23 recommend to Patient A at that time, or any time thereafter, to first lose weight and/or improve  
24 her diet and exercise prior to undergoing elective surgery.

25 ///

26 ///

27 <sup>1</sup> To protect the privacy of the patients involved, the patients' names have not been  
28 included in this pleading. Respondent is aware of the identity of the patients referred to herein.



1           24. On or about March 30, 2021, Patient A presented to Respondent for a preoperative  
2 physical exam. At the conclusion of this visit, Respondent wrote in Patient A's chart that "RX's  
3 given" and checked boxes for "antibiotics," "motrin," and "narcotic," but did not identify any  
4 specific prescriptions provided.<sup>2</sup>

5           25. On or about April 9, 2021, Patient A presented to Respondent for her full abdominal  
6 liposuction. Preoperative photos were taken. Prior to the surgery, Respondent provided Patient A  
7 preoperative medications including Ativan<sup>3</sup> 4 mg, Zofran<sup>4</sup> 4 mg, Toradol<sup>5</sup> 10 mg / Motrin 600  
8 mg, and two tabs of Norco<sup>6</sup> 10/325 mg. Respondent noted that Patient A supplied the Norco.

9           26. Between approximately 2:45 p.m., and approximately 4:40 p.m., Respondent  
10 performed a full abdominal liposuction on Patient A that included injecting Patient A with 3000  
11 ml of tumescent solution, comprised of 2 mg of epinephrine per liter, and removing  
12 approximately 4400 ml of fat solute. A licensed person in advanced cardiac life support, other  
13 than Respondent, was not present or monitoring Patient A during the surgery, and intravenous  
14 access was not utilized. During the surgery, Respondent obtained Patient A's blood pressure and  
15 pulse, but did not obtain Patient A's oxygen saturation and there was no record of any  
16 electrocardiogram being utilized. Respondent discharged Patient A at approximately 5:10 p.m.

17           27. Between on or about April 8, 2021, and on or about May 17, 2021, Respondent  
18 corresponded with Patient A about her medical care by text message.

19 \_\_\_\_\_  
20           <sup>2</sup> According to CURES, Respondent prescribed Patient A 20 tabs of Norco 10/325 mg.

21           <sup>3</sup> Ativan (brand name for lorazepam) is a Schedule IV controlled substance pursuant to  
22 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section  
23 4022, of the Code. It is a benzodiazepine medication used to treat anxiety.

24           <sup>4</sup> Zofran (brand name for ondansetron) is a medication used to prevent nausea and  
25 vomiting caused by cancer chemotherapy, radiation therapy, or surgery. It is a dangerous drug  
26 pursuant to section 4022, of the Code.

27           <sup>5</sup> Toradol (brand name for ketorolac) is a nonsteroidal anti-inflammatory drug used to treat  
28 pain. It is a dangerous drug pursuant to section 4022, of the Code.

<sup>6</sup> Norco (brand name for acetaminophen and hydrocodone bitartrate) is a Schedule III  
controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a  
dangerous drug pursuant to section 4022, of the Code. It is an opioid medication used to treat  
pain.

1           28. On or about April 10, 2021, Patient A texted Respondent's cell phone and asked her  
2 how much fat she removed during the surgery. Respondent replied by text and stated, "4000cc or  
3 neatly 4 quarts." Patient A then asked how many pounds that was in fat. Respondent replied by  
4 text and stated "every 1000cc of fat is equivalent to one pound of wet fat. 4000cc = 3x4 or 12 lbs  
5 of wet fat."

6           29. On or about April 16, 2021, Patient A texted Respondent's cell phone and informed  
7 her that she felt she was getting more swollen. The next day, Respondent prescribed Patient A a  
8 Medrol Dosepak.<sup>7</sup>

9           30. On or about May 17, 2021, Patient A texted Respondent's cell phone and informed  
10 her that her right side was more shaped and dipped than her left side, and her lower part of her  
11 stomach had lumps.

12           31. On or about June 10, 2021, Patient A presented to Respondent for a post-operative  
13 visit. At this visit, Patient A complained that she saw an irregularity between her left and right  
14 sides. Respondent noted areas of laxity and fullness, but did not take any postoperative  
15 photographs at that visit.

16           32. Between in or around June 2020, and in or around July 2021, Patient A's certified  
17 medical chart contains multiple documents with the name of the clinic entitled "Celebrating  
18 Women Center for Health, Beauty & Wellness," "Celebrating Women Center," and "Adrienne E.  
19 Lara M.D., F.A.C.O.G., Celebrating Women OB/GYN."

20 **PATIENT B**

21           33. On or about February 28, 2017, Patient B, a then 40 year-old female, presented to  
22 Respondent for a telehealth consultation for liposuction on her abdomen. Patient B had  
23 purchased a Groupon online for liposuction at Respondent's clinic. At that time, Patient B  
24 weighed 167 pounds, and had a medical history that included type 1 diabetes. At the conclusion  
25 of this visit, Patient B was scheduled for liposuction of her lower abdomen. Respondent did not

26 \_\_\_\_\_  
27 <sup>7</sup> Medrol Dosepak (brand name for methylprednisolone) is a steroid that prevents the  
28 release of substances in the body that cause inflammation. It is a dangerous drug pursuant to  
section 4022, of the Code.

1 recommend to Patient B at that time, or any time thereafter, any treatment options other than  
2 liposuction.

3 34. On or about March 3, 2017, Patient B presented to Respondent for a preoperative  
4 physical exam. At the conclusion of this visit, Patient B was scheduled for liposuction of her  
5 upper and lower abdomen, and Respondent prescribed the patient 20 tabs of Keflex<sup>8</sup> 500 mg, an  
6 unknown amount of Ibuprofen 800 ml, and 30 tabs of Norco 10/325 mg. Respondent did not  
7 obtain a medical clearance from Patient B's treating physician, and did not order or obtain a  
8 preoperative laboratory analysis of the patient's glucose level or hemoglobin A1c level.

9 35. On or about May 12, 2017, Patient B presented to Respondent for her upper and  
10 lower abdominal liposuction. Preoperative photos were taken. Prior to the surgery, Respondent  
11 provided Patient B preoperative medications including Ativan 4 mg, Zofran 4 mg, Toradol 10 mg  
12 / Motrin 600 mg, and two tabs of Norco 10/325 mg.

13 36. Between approximately 9:30 a.m., and approximately 11:00 a.m., Respondent  
14 performed abdominal liposuction on Patient B that included injecting Patient B with 2000 ml of  
15 tumescent solution, comprised of 2 mg of epinephrine per liter, and removing approximately 1800  
16 ml of fat solute. During the surgery, Respondent obtained Patient B's blood pressure and pulse,  
17 but did not obtain Patient B's oxygen saturation or other vital signs. Respondent discharged  
18 Patient B at approximately 11:50 a.m.

19 37. On or about May 18, 2017, Patient B presented for her first postoperative visit with  
20 complaints of soreness and leaking of her lower incision. Respondent completed a physical exam  
21 and noted no evidence of infection and no abnormalities. Respondent did not take any  
22 photographs at this visit, or order any testing of the patient's blood glucose. At the conclusion of  
23 this visit, Respondent prescribed Patient B a Medrol Dospak.

24 38. On or about July 10, 2017, Patient B presented to Respondent requesting filler for her  
25 nasolabial folds. At this visit, Respondent injected Patient B with Radiesse in her nasolabial  
26 folds. No pretreatment photographs were taken.

27 ///

28 <sup>8</sup> Keflex (brand name for cephalexin) is an antibiotic used to treat bacterial infections.

1           39. On or about July 14, 2017, Patient B emailed Respondent's office with complaints of  
2 pain and pus in the area of her injections. Patient B provided a photograph of her face, which  
3 revealed an area of approximately 2x3 cm of erythema with central ulceration, likely representing  
4 an intravascular injection of the filler material. Patient B was seen by Respondent that same day.  
5 Respondent did not take any photographs at this visit. Respondent obtained a culture of the  
6 patient's wound, diagnosed her with cellulitis, and prescribed antibiotics.

7           40. Between in or around February 2017, and in or around July 2017, Patient B's certified  
8 medical chart contains multiple documents with the name of the clinic entitled "Celebrating  
9 Women Center for Health, Beauty & Wellness," and "Adrienne E. Lara M.D., F.A.C.O.G.,  
10 Celebrating Women OB/GYN."

11 **PATIENT C**

12           41. On or about January 24, 2020, Patient C, a then 55 year-old female, presented to  
13 Respondent for a telehealth consultation for liposuction on her abdomen. Patient C had  
14 purchased a Groupon online for liposuction at Respondent's clinic. At that time, Patient C  
15 weighed 160 pounds, and had a medical history that included prior liposuction and breast  
16 augmentation. At the conclusion of this visit, Patient C was scheduled for liposuction of her  
17 upper and lower abdomen, and mons. Respondent did not recommend to Patient C at that time,  
18 or any time thereafter, any treatment options other than liposuction, including but not limited to,  
19 abdominoplasty to remove her lax abdominal skin.

20           42. On or about January 29, 2020, Patient C presented to Respondent for a preoperative  
21 physical exam. At the conclusion of this visit, Respondent prescribed Patient C Keflex 500 mg,  
22 an unknown amount of Ibuprofen 800 ml, and 24 tabs of Norco 10/325 mg.

23           43. On or about February 26, 2020, Patient C presented to Respondent for liposuction of  
24 her upper and lower abdomen and mons. Preoperative photos were taken. Prior to the surgery,  
25 Respondent provided Patient C preoperative medications including Ativan 4 mg, Zofran 4 mg,  
26 Toradol 10 mg / Motrin 600 mg, and two tabs of Norco 10/325 mg. Respondent noted the patient  
27 supplied the Norco.

28 ///

1           44. Between approximately 9:58 a.m., and approximately 11:18 a.m., Respondent  
2 performed abdominal liposuction on Patient C that included injecting the patient with 800 ml of  
3 tumescent solution, comprised of 2 mg of epinephrine per liter, and removing approximately 800  
4 ml of fat solute. During the surgery, Respondent obtained Patient C's blood pressure and pulse  
5 on multiple occasions, but only obtained one oxygen saturation reading at the very beginning of  
6 the surgery. Respondent discharged Patient C at approximately 11:38 a.m.

7           45. On or about March 9, 2020, Patient C contacted Respondent's office with complaints  
8 of pain and swelling. No postoperative photographs were taken. Respondent completed a  
9 physical exam and noted no abnormalities, but prescribed Patient C a Medrol Dosepak.

10           46. On or about March 25, 2020, Patient C presented to Respondent for a postoperative  
11 visit with complaints of hardness, redness, and sensitivity. Respondent advised the patient to  
12 come in to the clinic to be evaluated and prescribed Keflex.

13           47. Between in or around January 2020, and in or around March 2020, Patient C's  
14 certified medical chart contains multiple documents with the name of the clinic entitled  
15 "Celebrating Women Center for Health, Beauty & Wellness," and "Adrienne E. Lara M.D.,  
16 F.A.C.O.G., Celebrating Women OB/GYN."

17 **PATIENT D**

18           48. On or about June 17, 2020, Patient D, a then 42 year-old female, presented to  
19 Respondent for a telehealth consultation for liposuction on her abdomen and arms. Patient D had  
20 purchased a Groupon online for liposuction of a large area at "Celebrating Women Center." At  
21 that time, Patient D weighed 205 pounds, and had a medical history that included allergies to  
22 aspirin and penicillin. At the conclusion of this visit, Patient D was scheduled for liposuction of  
23 her upper and lower abdomen, and mons. Respondent did not recommend to Patient D at that  
24 time, or any time thereafter, any treatment options other than liposuction. Respondent also did  
25 not advise or recommend to Patient D at that time, or any time thereafter, to first lose weight  
26 and/or improve her diet and exercise prior to elective surgery.

27 ///

28 ///

1           49. On or about July 1, 2020, Patient D presented to Respondent for a preoperative  
2 physical exam. At the conclusion of this visit, Respondent prescribed Patient D 20 tabs of Keflex  
3 500 mg, 40 tabs of Ibuprofen 800 mg, and 25 tabs of Norco 10/325 mg.

4           50. On or about July 15, 2020, Patient D presented to Respondent for liposuction of her  
5 full abdomen and arms. Preoperative photos were taken. Prior to the surgery, Respondent  
6 provided Patient D preoperative medications including Ativan 4 mg, Zofran 4 mg, Toradol 10 mg  
7 / Motrin 600 mg, and two tabs of Norco 10/325 mg. Respondent noted the patient supplied the  
8 Norco.

9           51. Between approximately 2:02 p.m., and approximately 5:45 p.m., Respondent  
10 performed abdominal liposuction on Patient D that included injecting Patient D with 4000 ml of  
11 tumescent solution, comprised of 2 mg of epinephrine per liter, and removing approximately 4200  
12 ml of fat solute. A licensed person in advanced cardiac life support, other than Respondent, was  
13 not present or monitoring Patient D during the surgery, and intravenous access was not utilized.  
14 During the surgery, Respondent obtained Patient D's blood pressure, pulse, and oxygen saturation  
15 one time during surgery, and there was no record of any electrocardiogram being utilized.  
16 Respondent discharged Patient D at approximately 5:48 p.m.

17           52. On or about July 16, 2020, Patient D presented to Respondent for a postoperative visit  
18 with complaints of soreness and draining from her mons port. No postoperative photographs  
19 were taken at this visit or any visit thereafter.

20           53. On or about July 24, 2020, Patient D presented to Respondent for a postoperative visit  
21 with complaints of feeling bloated. Respondent performed a physical exam and determined there  
22 was no erythema and scant discharge. At the conclusion of this visit, Respondent prescribed  
23 Patient D a Medrol Dosepak and 30 tabs of Tylenol #3.

24           54. On or about July 28, 2020, Patient D contacted Respondent's office with complaints  
25 of pain and requested a refill of pain medication. Respondent spoke with the patient, confirmed  
26 she was experiencing no purulent drainage or redness, and prescribed 40 tabs of Tylenol #3.

27 ///

28 ///

1           55. On or about August 13, 2020, Patient D presented to Respondent for a postoperative  
2 visit with complaints of delayed healing of her left lower port. At the conclusion of this visit,  
3 Respondent prescribed Patient D Keflex.

4           56. On or about October 29, 2020, December 10, 2020, and January 21, 2021, Patient D  
5 presented to Respondent for postoperative visits with continued complaints of delayed healing of  
6 her left lower port. Respondent treated the patient's non-healed wounds on those dates with non-  
7 ablative laser treatment and Kenalog injections.

8           57. On or about May 15, 2021, Patient D presented to Respondent for a gynecological  
9 visit with complaints of menopausal symptoms. At this visit, Respondent noted Patient D's left  
10 lower abdominal scar demonstrated a small 3 cm non-tender mass consistent with granuloma. At  
11 the conclusion of this visit, Respondent ordered labs and a pelvic ultrasound.

12           58. Between in or around June 2021, and in or around July 2021, Patient D and  
13 Respondent corresponded multiple times about Patient D's medical care by text message.

14           59. On or about June 26, 2021, Respondent texted Patient D to inform her that she had  
15 reviewed the ultrasound results and stated, "It's completely normal. I love you [heart emoji]."

16           60. Between in or around June 2020, and in or around July 2021, Respondent left  
17 multiple voice mails or video messages for Patient D. In one message, Respondent wished  
18 Patient D a happy mother's day and told her she loved her. In another message, Respondent  
19 referred to Patient D as "Boo Boo," and proceeded to give her an expletive-filled pep talk.

20           61. Between in or around June 2020, and in or around July 2021, Patient D's certified  
21 medical chart contains multiple documents with the name of the clinic entitled "Celebrating  
22 Women Center for Health, Beauty & Wellness," and "Adrienne E. Lara M.D., F.A.C.O.G.,  
23 Celebrating Women OB/GYN."

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 62. Respondent has subjected her Physician's and Surgeon's Certificate No. C 51906 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
5 the Code, in that she committed gross negligence in her care and treatment of Patients A, B, and  
6 D, as more particularly alleged hereafter:

- 7 (a) Paragraphs 22 through 40, and 48 through 61, above, are hereby incorporated by  
8 reference and realleged as if fully set forth herein;
- 9 (b) Failing to appropriately monitor Patient A's oxygen saturation and other vital  
10 signs during a procedure on sedated patient;
- 11 (c) Performing liposuction on Patient A in violation of Liposuction Extraction and  
12 Postoperative Care Standards as outlined in Cal. Code Regs., tit. 16, § 1356;
- 13 (d) Failing to appropriately monitor Patient B's oxygen saturation and other vital  
14 signs during a procedure on sedated patient;
- 15 (e) Failing to appropriately monitor Patient D's oxygen saturation and other vital  
16 signs during a procedure on sedated patient;
- 17 (f) Performing liposuction on Patient D in violation of Liposuction Extraction and  
18 Postoperative Care Standards as outlined in Cal. Code Regs., tit. 16, § 1356; and
- 19 (g) Using non-HIPPA compliant means of communication with Patients A and D.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Repeated Negligent Acts)**

22 63. Respondent has further subjected her Physician's and Surgeon's Certificate  
23 No. C 51906 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
24 subdivision (c), of the Code, in that she committed repeated negligent acts in her care and  
25 treatment of Patients A, B, C, and D, as more particularly alleged hereafter:

- 26 (a) Paragraphs 13 through 62(g), above, are hereby incorporated by reference and  
27 realleged as if fully set forth herein;
- 28 (b) Failing to advise Patient A of alternatives to liposuction;



- 1 (c) Providing Patient A with high doses of Ativan and Norco in combination for oral
- 2 sedation;
- 3 (d) Utilizing 2 mg epinephrine per liter of tumescent fluid during Patient A's surgery;
- 4 (e) Prescribing Patient A postoperative Medrol Dosepak without sufficient
- 5 justification;
- 6 (f) Failing to obtain appropriate postoperative photographs of Patient A;
- 7 (g) Failing to advise Patient B of alternatives to liposuction;
- 8 (h) Failing to obtain medical clearance from Patient B's treating physician before
- 9 performing an elective cosmetic surgery;
- 10 (i) Failing to obtain a preoperative blood glucose and/or hemoglobin A1c level on
- 11 Patient B before performing an elective cosmetic surgery;
- 12 (j) Failing to obtain appropriate postoperative photographs of Patient B;
- 13 (k) Providing Patient B high doses of Ativan and Norco in combination for oral
- 14 sedation;
- 15 (l) Utilizing 2 mg epinephrine per liter of tumescent fluid during Patient B's surgery;
- 16 (m) Prescribing Patient B postoperative Medrol Dosepak without sufficient
- 17 justification;
- 18 (n) Failing to advise Patient C of alternatives to liposuction;
- 19 (o) Providing Patient C high doses of Ativan and Norco in combination for oral
- 20 sedation;
- 21 (p) Utilizing 2 mg epinephrine per liter of tumescent fluid during Patient C's surgery;
- 22 (q) Prescribing Patient C postoperative Medrol Dosepak without sufficient
- 23 justification;
- 24 (r) Failing to advise Patient D of alternatives to liposuction;
- 25 (s) Failing to obtain appropriate postoperative photographs of Patient D;
- 26 (t) Providing Patient D high doses of Ativan and Norco in combination for oral
- 27 sedation;

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- 1 (u) Utilizing 2 mg epinephrine per liter of tumescent fluid during Patient D's surgery;  
2 and  
3 (v) Prescribing Patient D postoperative Medrol Dosepak without sufficient  
4 justification.

5 **THIRD CAUSE FOR DISCIPLINE**

6 **(Incompetence)**

7 64. Respondent has further subjected her Physician's and Surgeon's Certificate No.  
8 C 51906 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
9 subdivision (d), of the Code, in that she was incompetent in her care and treatment of Patients A,  
10 B, C, and D, as more particularly alleged hereafter:

- 11 (a) Providing Patient A an inaccurate formula regarding the amount of fat removed  
12 during her liposuction surgery;  
13 (b) Prescribing a Medrol Dosepak to Patient B, a diabetic patient, without proper  
14 monitoring of blood glucose;  
15 (c) Providing improper evaluation and treatment of Patient B's facial injury following  
16 filler injections; and  
17 (d) Routinely providing liposuction patients high doses of Ativan and Norco in  
18 combination for oral sedation.

19 **FOURTH CAUSE FOR DISCIPLINE**

20 **(Dishonesty or Corruption)**

21 65. Respondent has further subjected her Physician's and Surgeon's Certificate No.  
22 C 51906 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
23 subdivision (e), of the Code, in that she has committed an act or acts of dishonesty or corruption,  
24 as more particularly alleged in paragraphs 13 through 61, above, which are hereby incorporated  
25 by reference and realleged as if fully set forth herein.

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**FIFTH CAUSE FOR DISCIPLINE**

**(Violation of Liposuction Extraction and Postoperative Care Standards)**

66. Respondent has further subjected her Physician’s and Surgeon’s Certificate No. C 51906 to disciplinary action under sections 2227 and 2234, as defined by section 2259.7 of the Code, and California Code of Regulations, Title 16, Section 1356.6, in that she violated liposuction extraction and postoperative care standards in her care and treatment of Patients A and D, as more particularly alleged in paragraphs 22 through 32, and 48 through 61, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

**SIXTH CAUSE FOR DISCIPLINE**

**(Failure to Obtain a Fictitious-Name Permit)**

67. Respondent has further subjected her Physician’s and Surgeon’s Certificate No. C 51906 to disciplinary action under sections 2227 and 2234, as defined by section 2285, of the Code, in that she committed unprofessional conduct by operating her clinic without a properly registered fictitious name permit from approximately March 1, 2014, to April 14, 2022, as more particularly alleged in paragraphs 13 through 61, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

**SEVENTH CAUSE FOR DISCIPLINE**

**(General Unprofessional Conduct)**

68. Respondent has further subjected her Physician’s and Surgeon’s Certificate No. C 51906 to disciplinary action under sections 2227 and 2234 of the Code, in that she has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 13 through 61, above, which are hereby incorporated by reference as if fully set forth herein.

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1 DISCIPLINARY CONSIDERATIONS

2 69. To determine the degree of discipline, if any, to be imposed on Respondent,  
3 Complainant alleges that on or about October 25, 2012, the Board issued a Decision and Order in  
4 an action entitled, *In the Matter of the Accusation Against Adrienne Elizabeth Lara, M.D.*,  
5 Medical Board Case No. 05-2010-207998. In that matter, and as a result of Respondent's  
6 negligent care and treatment of two patients, Respondent's Physician's and Surgeon's Certificate  
7 No C 51906 was placed on probation for 35 months, subject to various terms and conditions of  
8 probation. That decision is now final and is incorporated by reference as if fully set forth herein.  
9 Respondent successfully completed probation on or about September 25, 2015.

10 70. Complainant further alleges that on or about December 15, 2017, the Board issued a  
11 Decision and Order in an action entitled, *In the Matter of the Accusation Against Adrienne*  
12 *Elizabeth Lara, M.D.*, Medical Board Case No. 800-2013-001050. In that matter, and as a result  
13 of Respondent's negligent care and treatment of three patients, Respondent's Physician's and  
14 Surgeon's Certificate No C 51906 was placed on probation for 5 years, subject to various terms  
15 and conditions of probation. That decision is now final and is incorporated by reference as if  
16 fully set forth herein. Respondent successfully completed probation on or about December 15,  
17 2022.

18 PRAYER

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

21 1. Revoking or suspending Physician's and Surgeon's Certificate No. C 51906, issued to  
22 Respondent, Adrienne Elizabeth Lara, M.D.;

23 2. Revoking, suspending or denying approval of Respondent, Adrienne Elizabeth Lara,  
24 M.D.'s authority to supervise physician assistants and advanced practice nurses;

25 3. Ordering Respondent, Adrienne Elizabeth Lara, M.D., to pay the Board the costs of  
26 the investigation and enforcement of this case, and if placed on probation, the costs of probation  
27 monitoring; and

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

DATED: APR 21 2023

JENNA JONES FOR  
REJI VARGHESE  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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