

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

**In the Matter of the Accusation:**

**Cranford Lavern Scott, M.D.**

**Physician's and Surgeon's  
Certificate No. C 32142**

**Case No.: 800-2021-076528**

**Respondent.**

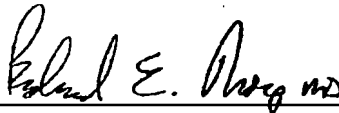
**DECISION**

**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 November 15, 2024.**

**IT IS SO ORDERED: October 17, 2024.**

**MEDICAL BOARD OF CALIFORNIA**



**Richard E. Thorp, Chair  
Panel B**

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

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

11 In the Matter of the Accusation Against:

12 CRANFORD LAVERN SCOTT, M.D.

13 Post Office Box 1010  
14 Inglewood, California 90308-1010

15 Physician's and Surgeon's Certificate No. C  
32142

16 Respondent.  
17

Case No. 800-2021-076528

OAH No. 2024010123

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

20 **PARTIES**

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

25 2. Respondent Cranford Lavern Scott, M.D. (Respondent) is represented in this  
26 proceeding by attorney Nathan Mubasher, 2621 Green River Road Suite 105 PMB 403, Corona,  
27 California 92882-7454.

28 //

3. On April 9, 1970, the Board issued Physician's and Surgeon's Certificate No. C 32142 to Cranford Lavern Scott, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-076528, and will expire on February 28, 2025, unless renewed.

## JURISDICTION

4. Accusation No. 800-2021-076528 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 12, 2023. Respondent filed a timely Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-076528 is attached as Exhibit A and is incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-076528. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2021-076528, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2021-076528, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. C 32142 to disciplinary action.

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

## CONTINGENCY

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

14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above entitled matter.

15. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-076528 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any

1 other licensing proceeding involving Respondent in the State of California.

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

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

8 **DISCIPLINARY ORDER**

9 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. C 32142 issued  
10 to Respondent Cranford Laverne Scott, M.D. is revoked. However, the revocation is stayed and  
11 Respondent is placed on probation for five (5) years on the following terms and conditions: This  
12 Order is to run concurrent to the probationary order in Case No. 800-2018-047019.

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

23 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
24 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
25 advance by the Board or its designee. Respondent shall provide the approved course provider  
26 with any information and documents that the approved course provider may deem pertinent.  
27 Respondent shall participate in and successfully complete the classroom component of the course  
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The prescribing  
2 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
3 Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

26 Respondent shall submit a certification of successful completion to the Board or its  
27 designee not later than 15 calendar days after successfully completing the course, or not later than  
28 15 calendar days after the effective date of the Decision, whichever is later.

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

24           The program shall consist of a comprehensive assessment of Respondent's physical and  
25 mental health and the six general domains of clinical competence as defined by the Accreditation  
26 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
27 Respondent's current or intended area of practice. The program shall take into account data  
28 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),

1 Accusation(s), and any other information that the Board or its designee deems relevant. The  
2 program shall require Respondent's on-site participation as determined by the program for the  
3 assessment and clinical education and evaluation. Respondent shall pay all expenses associated  
4 with the clinical competence assessment program.

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

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

14 If Respondent fails to enroll, participate in, or successfully complete the clinical  
15 competence assessment program within the designated time period, Respondent shall receive a  
16 notification from the Board or its designee to cease the practice of medicine within three (3)  
17 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
18 until enrollment or participation in the outstanding portions of the clinical competence assessment  
19 program have been completed. If the Respondent did not successfully complete the clinical  
20 competence assessment program, the Respondent shall not resume the practice of medicine until a  
21 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
22 cessation of practice shall not apply to the reduction of the probationary time period.

23 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
24 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
25 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
26 licenses are valid and in good standing, and who are preferably American Board of Medical  
27 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
28 relationship with Respondent, or other relationship that could reasonably be expected to



1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

26 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
27 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
28 name and qualifications of a replacement monitor who will be assuming that responsibility within

1 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
2 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
3 notification from the Board or its designee to cease the practice of medicine within three (3)  
4 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
5 replacement monitor is approved and assumes monitoring responsibility.

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

11 7. PROHIBITED PRACTICE. During probation, Respondent is prohibited from  
12 prescribing Schedule II, III, and IV controlled substances to patients as chronic treatment.  
13 Respondent shall only prescribe Schedule II, III and IV controlled substances to patients only as  
14 an acute treatment. For purposes of this stipulated settlement, "chronic treatment" shall be  
15 defined as treatment requiring the prescribing of Schedule II, III or IV controlled substances for a  
16 period longer than 60 days in a calendar year. For purposes of this stipulated settlement, "acute  
17 treatment" shall be defined as treatment requiring the prescribing of Schedule II, III or IV  
18 controlled substances for a period 60 days or less in a calendar year. After the effective date of  
19 this Decision, all patients being treated by the Respondent shall be notified that the Respondent is  
20 prohibited from prescribing of Schedule II, III or IV controlled substances as set forth above.  
21 Any new patients must be provided this notification at the time of their initial appointment.

22 Respondent shall maintain a log of all patients to whom the required oral notification was  
23 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's  
24 medical record number, if available; 3) the full name of the person making the notification; 4) the  
25 date the notification was made; and 5) a description of the notification given. Respondent shall  
26 keep this log in a separate file or ledger, in chronological order, shall make the log available for  
27 immediate inspection and copying on the premises at all times during business hours by the Board  
28 or its designee, and shall retain the log for the entire term of probation.

1           8.    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          9.    SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
12 advanced practice nurses.

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

16          11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
17 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
18 limited to, expert review, legal reviews, investigation(s), and enforcement, as applicable, in the  
19 amount of \$43,076.75 (forty-three thousand seventy-six dollars and seventy-five cents). Costs  
20 shall be payable to the Medical Board of California. Failure to pay such costs shall be considered  
21 a violation of probation.

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

26          The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
27 repay investigation and enforcement costs, including expert review costs (if applicable).

28          12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations

1 under penalty of perjury on forms provided by the Board, stating whether there has been  
2 compliance with all the conditions of probation.

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

5 13. GENERAL PROBATION REQUIREMENTS.

6 Compliance with Probation Unit

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

8 Address Changes

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

14 Place of Practice

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

18 License Renewal

19 Respondent shall maintain a current and renewed California physician's and surgeon's  
20 license.

21 Travel or Residence Outside California

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

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

28 14. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be

1 available in person upon request for interviews either at Respondent's place of business or at the  
2 probation unit office, with or without prior notice throughout the term of probation.

3 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
4 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
5 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
6 defined as any period of time Respondent is not practicing medicine as defined in Business and  
7 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
8 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
9 Respondent resides in California and is considered to be in non-practice, Respondent shall  
10 comply with all terms and conditions of probation. All time spent in an intensive training  
11 program which has been approved by the Board or its designee shall not be considered non-  
12 practice and does not relieve Respondent from complying with all the terms and conditions of  
13 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
14 on probation with the medical licensing authority of that state or jurisdiction shall not be  
15 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
16 period of non-practice.

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

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

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

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

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

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

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

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

20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-076528 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

## ACCEPTANCE

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

DATED: 06/24/2024

Crawford Scott

CRANFORD LAVERN SCOTT, M.D.  
*Respondent*

I have read and fully discussed with Respondent Cranford Lavern Scott, 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: 06/24/2024

Nat,han Mubasher

NATHAN MUBASHER  
*Attorney for Respondent*

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**ENDORSEMENT**

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

DATED: June 26, 2024

Respectfully submitted,

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



BRIAN D. BILL  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2021-076528**

1 ~~ROB BONTA~~  
2 Attorney General of California  
3 ROBERT MCKIM BELL  
4 Supervising Deputy Attorney General  
5 BRIAN D. BILL  
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14 **CRANFORD LAVERN SCOTT, M.D.**  
15 **P.O. Box 1010**  
16 **Inglewood, CA 90308-1010**  
17  
18 **Physician's and Surgeon's Certificate**  
19 **No. C 32142,**

Case No. 800-2021-076528

**ACCUSATION**

Respondent.

18  
19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about April 9, 1970, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number C 32142 to Cranford Lavern Scott, 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 February 28, 2025, unless renewed.

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**JURISDICTION**

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

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

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

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

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

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

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

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

2 (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
3 medical review or advisory conferences, professional competency examinations,  
4 continuing education activities, and cost reimbursement associated therewith that are  
5 agreed to with the board and successfully completed by the licensee, or other matters  
6 made confidential or privileged by existing law, is deemed public, and shall be made  
available to the public by the board pursuant to Section 803.1.

## 6 STATUTORY PROVISIONS

7 6. Section 2234 of the Code, states:

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

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

12 (b) Gross negligence.

13 (c) Repeated negligent acts. To be repeated, there must be two or more  
14 negligent acts or omissions. An initial negligent act or omission followed by a  
separate and distinct departure from the applicable standard of care shall constitute  
repeated negligent acts.

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

17 (2) When the standard of care requires a change in the diagnosis, act, or  
18 omission that constitutes the negligent act described in paragraph (1), including, but  
19 not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
licensee's conduct departs from the applicable standard of care, each departure  
constitutes a separate and distinct breach of the standard of care.

20 (d) Incompetence.

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

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

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

26 7. Section 2238 of the Code states:

27 A violation of any federal statute or federal regulation or any of the statutes  
28 or regulations of this state regulating dangerous drugs or controlled substances  
constitutes unprofessional conduct.

1 8. Section 2242 of the Code states:

2 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section  
3 4022 without an appropriate prior examination and a medical indication, constitutes  
4 unprofessional conduct. An appropriate prior examination does not require a  
5 synchronous interaction between the patient and the licensee and can be achieved  
6 through the use of telehealth, including, but not limited to, a self-screening tool or a  
7 questionnaire, provided that the licensee complies with the appropriate standard of  
8 care.

9 (b) No licensee shall be found to have committed unprofessional conduct within  
10 the meaning of this section if, at the time the drugs were prescribed, dispensed, or  
11 furnished, any of the following applies:

12 (1) The licensee was a designated physician and surgeon or podiatrist serving in  
13 the absence of the patient's physician and surgeon or podiatrist, as the case may be,  
14 and if the drugs were prescribed, dispensed, or furnished only as necessary to  
15 maintain the patient until the return of the patient's practitioner, but in any case no  
16 longer than 72 hours.

17 (2) The licensee transmitted the order for the drugs to a registered nurse or to a  
18 licensed vocational nurse in an inpatient facility, and if both of the following  
19 conditions exist:

20 (A) The practitioner had consulted with the registered nurse or licensed  
21 vocational nurse who had reviewed the patient's records.

22 (B) The practitioner was designated as the practitioner to serve in the absence  
23 of the patient's physician and surgeon or podiatrist, as the case may be.

24 (3) The licensee was a designated practitioner serving in the absence of the  
25 patient's physician and surgeon or podiatrist, as the case may be, and was in  
26 possession of or had utilized the patient's records and ordered the renewal of a  
27 medically indicated prescription for an amount not exceeding the original prescription  
28 in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health  
and Safety Code.

9. Section 2266 of the Code states:

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

10. Section 725 of the Code states:

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

1 (b) Any person who engages in repeated acts of clearly excessive prescribing or  
2 administering of drugs or treatment is guilty of a misdemeanor and shall be punished  
3 by a fine of not less than one hundred dollars (\$100) nor more than six hundred  
4 dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than  
5 180 days, or by both that fine and imprisonment.

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

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

11 11. Section 741 of the Code states:

12 (a) Notwithstanding any other law, when prescribing an opioid or  
13 benzodiazepine medication to a patient, a prescriber shall do the following:

14 (1) Offer the patient a prescription for naloxone hydrochloride or  
15 another drug approved by the United States Food and Drug Administration for the  
16 complete or partial reversal of opioid-induced respiratory depression when one or  
17 more of the following conditions are present:

18 (A) The prescription dosage for the patient is 90 or more morphine  
19 milligram equivalents of an opioid medication per day.

20 (B) An opioid medication is prescribed within a year from the date a  
21 prescription for benzodiazepine has been dispensed to the patient.

22 (C) The patient presents with an increased risk for opioid overdose,  
23 including a patient with a history of opioid overdose, a patient with a history of  
24 opioid use disorder, or a patient at risk for returning to a high dose of opioid  
25 medication to which the patient is no longer tolerant.

26 (2) Consistent with the existing standard of care, provide education to  
27 the patient on opioid overdose prevention and the use of naloxone hydrochloride or  
28 another drug approved by the United States Food and Drug Administration for the  
complete or partial reversal of opioid-induced respiratory depression.

(3) Consistent with the existing standard of care, provide education on  
opioid overdose prevention and the use of naloxone hydrochloride or another drug  
approved by the United States Food and Drug Administration for the complete or  
partial reversal of opioid-induced respiratory depression to one or more persons  
designated by the patient, or, for a patient who is a minor, to the minor's parent or  
guardian.

(b) A prescriber is not required to provide the education specified in  
paragraphs (2) or (3) of subdivision (a) if the patient receiving the prescription  
declines the education or has received the education within the past 24 months.

(c) This section does not apply to a prescriber under any of the following  
circumstances:

(1) When prescribing to an inmate or a youth under the jurisdiction of  
the Department of Corrections and Rehabilitation or the Division of Juvenile Justice  
within the Department of Corrections and Rehabilitation.

1 (2) When ordering medications to be administered to a patient while the  
patient is in either an inpatient or outpatient setting.

2 (3) When prescribing medications to a patient who is terminally ill, as  
3 defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

4 12. Health and Safety Code § 11165.4 states:

5 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order,  
6 administer, or furnish a controlled substance shall consult the CURES database to  
7 review a patient's controlled substance history before prescribing a Schedule II,  
8 Schedule III, or Schedule IV controlled substance to the patient for the first time and  
at least once every four months thereafter if the substance remains part of the  
treatment of the patient.

9 (ii) If a health care practitioner authorized to prescribe, order,  
10 administer, or furnish a controlled substance is not required, pursuant to an  
11 exemption described in subdivision (c), to consult the CURES database the first  
12 time he or she prescribes, orders, administers, or furnishes a controlled substance to  
13 a patient, he or she shall consult the CURES database to review the patient's  
controlled substance history before subsequently prescribing a Schedule II,  
Schedule III, or Schedule IV controlled substance to the patient and at least once  
every four months thereafter if the substance remains part of the treatment of the  
patient.

14 (B) For purposes of this paragraph, first time means the initial  
15 occurrence in which a health care practitioner, in his or her role as a health care  
16 practitioner, intends to prescribe, order, administer, or furnish a Schedule II,  
Schedule III, or Schedule IV controlled substance to a patient and has not previously  
prescribed a controlled substance to the patient.

17 (2) A health care practitioner shall obtain a patient's controlled  
18 substance history from the CURES database no earlier than 24 hours, or the  
previous business day, before he or she prescribes, orders, administers, or furnishes  
a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

19 (b) The duty to consult the CURES database, as described in subdivision  
20 (a), does not apply to veterinarians or pharmacists.

21 (c) The duty to consult the CURES database, as described in subdivision  
22 (a), does not apply to a health care practitioner in any of the following circumstances:

23 (1) If a health care practitioner prescribes, orders, or furnishes a  
24 controlled substance to be administered to a patient while the patient is admitted to  
any of the following facilities or during an emergency transfer between any of the  
following facilities for use while on facility premises:

25 (A) A licensed clinic, as described in Chapter 1 (commencing with  
Section 1200) of Division 2.

26 (B) An outpatient setting, as described in Chapter 1.3 (commencing  
27 with Section 1248) of Division 2.

28 (C) A health facility, as described in Chapter 2 (commencing with  
Section 1250) of Division 2.

1 (D) A county medical facility, as described in Chapter 2.5 (commencing  
with Section 1440) of Division 2.

2 (2) If a health care practitioner prescribes, orders, administers, or  
3 furnishes a controlled substance in the emergency department of a general acute  
4 care hospital and the quantity of the controlled substance does not exceed a  
nonrefillable seven-day supply of the controlled substance to be used in accordance  
with the directions for use.

5 (3) If a health care practitioner prescribes, orders, administers, or  
6 furnishes a controlled substance to a patient as part of the patient's treatment for a  
7 surgical procedure and the quantity of the controlled substance does not exceed a  
nonrefillable five-day supply of the controlled substance to be used in accordance  
with the directions for use, in any of the following facilities:

8 (A) A licensed clinic, as described in Chapter 1 (commencing with  
9 Section 1200) of Division 2.

10 (B) An outpatient setting, as described in Chapter 1.3 (commencing  
with Section 1248) of Division 2.

11 (C) A health facility, as described in Chapter 2 (commencing with  
12 Section 1250) of Division 2.

13 (D) A county medical facility, as described in Chapter 2.5 (commencing  
with Section 1440) of Division 2.

14 (E) A place of practice, as defined in Section 1658 of the Business and  
15 Professions Code.

16 (4) If a health care practitioner prescribes, orders, administers, or  
17 furnishes a controlled substance to a patient currently receiving hospice care, as  
defined in Section 1339.40.

18 (5) (A) If all of the following circumstances are satisfied:

19 (i) It is not reasonably possible for a health care practitioner to access  
the information in the CURES database in a timely manner.

20 (ii) Another health care practitioner or designee authorized to access the  
21 CURES database is not reasonably available.

22 (iii) The quantity of controlled substance prescribed, ordered,  
administered, or furnished does not exceed a nonrefillable five-day supply of the  
23 controlled substance to be used in accordance with the directions for use and no  
refill of the controlled substance is allowed.

24 (B) A health care practitioner who does not consult the CURES  
25 database under subparagraph (A) shall document the reason he or she did not  
consult the database in the patient's medical record.

26 (6) If the CURES database is not operational, as determined by the  
27 department, or when it cannot be accessed by a health care practitioner because of a  
temporary technological or electrical failure. A health care practitioner shall,  
28 without undue delay, seek to correct any cause of the temporary technological or  
electrical failure that is reasonably within his or her control.



1 (7) If the CURES database cannot be accessed because of technological  
limitations that are not reasonably within the control of a health care practitioner.

2 (8) If consultation of the CURES database would, as determined by the  
3 health care practitioner, result in a patient's inability to obtain a prescription in a  
timely manner and thereby adversely impact the patient's medical condition,  
4 provided that the quantity of the controlled substance does not exceed a  
nonrefillable five-day supply if the controlled substance were used in accordance  
5 with the directions for use.

6 (d) (1) A health care practitioner who fails to consult the CURES  
database, as described in subdivision (a), shall be referred to the appropriate state  
7 professional licensing board solely for administrative sanctions, as deemed  
appropriate by that board.

8 (2) This section does not create a private cause of action against a health  
9 care practitioner. This section does not limit a health care practitioner's liability for  
the negligent failure to diagnose or treat a patient.

10 (e) This section is not operative until six months after the Department of  
Justice certifies that the CURES database is ready for statewide use and that the  
11 department has adequate staff, which, at a minimum, shall be consistent with the  
appropriation authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of  
12 2016 (Chapter 23 of the Statutes of 2016), user support, and education. The  
department shall notify the Secretary of State and the office of the Legislative  
13 Counsel of the date of that certification.

14 (f) All applicable state and federal privacy laws govern the duties  
15 required by this section.

16 (g) The provisions of this section are severable. If any provision of this  
section or its application is held invalid, that invalidity shall not affect other  
17 provisions or applications that can be given effect without the invalid provision or  
application.

18 (h) This section shall become inoperative on July 1, 2021, or upon the  
19 date the department promulgates regulations to implement this section and posts those  
regulations on its internet website, whichever date is earlier, and, as of January 1,  
20 2022, is repealed.

### 21 COST RECOVERY

22 13. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
23 administrative law judge to direct a licensee found to have committed a violation or violations of  
24 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
25 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
26 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
27 included in a stipulated settlement.

28 ///

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

14. Respondent, Cranford Lavern Scott, M.D., is subject to disciplinary action under section 2234, subdivision (b) of the Code for the commission of acts or omissions involving gross negligence in his care and treatment of Patient 1.<sup>1</sup> The circumstances are as follows:

**Patient 1**

15. Patient 1, a 55-year-old female, was seen in the Emergency Room (ER) at a local hospital on April 10, 2020 for a suspected drug overdose, after taking a combination of opioids and benzodiazepines. A review of CURES (Controlled Substance Utilization Review and Evaluation System, a drug monitoring database for Schedule II through V controlled substances dispensed in California), shows that on April 9, 2020, the day before Patient 1's overdose, Respondent prescribed tramadol (a Class IV opioid analgesic) and alprazolam (a.k.a. Xanax, a benzodiazepine) to Patient 1.<sup>2</sup>

16. This visit between Respondent and Patient 1 on April 9, 2020 occurred via telephone, and was not an office visit.<sup>3</sup> At the time Respondent prescribed these medications to Patient 1, Respondent was also aware that Patient 1 was "really depressed" and had problems with alcoholism. Despite this knowledge and despite not having seen this patient for over two years prior to prescribing these dangerous medications to a patient with a known history of depression, Respondent admitted in a Board interview that he did not check Patient 1's CURES before his telephone visit with her. Moreover, Respondent failed to adequately assess Patient 1's risk of addiction and risk of self-harm with the medications prior to prescribing same, especially in a

<sup>1</sup> The patients are identified by numbers in the Accusation to protect their privacy.

<sup>2</sup> These medications are controlled substances, with most having serious side effects and risk for addiction. They are also dangerous drugs pursuant to section 4022 of the Code. Specifically, tramadol is an opiate painkiller and Xanax is a benzodiazepine used to treat anxiety. It should also be noted that California law requires that, after January 1, 2019, when prescribing opioids concurrently with a benzodiazepine, the provider must offer a prescription for naloxone (Narcan), and educate the patient regarding overdose prevention and the use of naloxone. Respondent failed to take these steps to prevent overdose.

<sup>3</sup> In fact, on April 9, 2020, it appeared as though Patient 1 was living in northern California, while Respondent was practicing in southern California.

1 ~~patient who had a prior history of a suicide attempt, severe depression, and alcoholism.~~<sup>4</sup>

2 17. CURES also showed that on April 7, 2020 (just two days prior to Respondent's  
3 prescription to the patient), Patient 1 was prescribed hydrocodone (a Schedule II opiate  
4 painkiller), and eszopiclone (Lunesta, a sedative to treat insomnia), by a different doctor. In fact,  
5 CURES shows that Patient 1 had also been receiving and filling prescriptions for dangerous  
6 amounts of multiple opioids, benzodiazepines, and stimulants from multiple other providers on a  
7 regular basis since at least June 2019.

8 18. Despite the danger of overdose in a high-risk patient who was involved in  
9 polypharmacy, Respondent admitted that he "very infrequently" reviews patients' CURES  
10 reports. Respondent also endorsed not being aware of the standard of care to utilize controlled  
11 substance contracts with patients, nor to utilize drug screening tools, such as urine drug screens,  
12 to assess for interactions or diversions.

13 19. Respondent committed the following acts and/or omissions in his care and treatment  
14 of Patient 1 which represent extreme departures from the standard of care:

15 A. Respondent's failure to adequately assess the appropriateness for prescribing  
16 benzodiazepines and opiates in a patient with a known history of depression, and in  
17 the lack of an up-to-date physical examination and history to support the  
18 appropriateness of the prescriptions.

19 20. The above acts or omissions constitute gross negligence under Code section 2234,  
20 subdivision (b) and therefore subject Respondent's medical license to discipline.

## 21 **SECOND CAUSE FOR DISCIPLINE**

### 22 **(Repeated Negligent Acts)**

23 21. Respondent, Cranford Lavern Scott, M.D., is subject to disciplinary action under  
24 section 2234, subdivision (c) of the Code for the commission of acts or omissions involving  
25 negligence in his care and treatment of Patient 1.

26  
27 <sup>4</sup> Despite these "red flags," Respondent prescribed to the patient dangerous drugs on April  
28 9, 2020, and review of CURES shows that Patient 1 was continuing to receive prescriptions from  
Respondent to at least July and August of 2020, despite Respondent denying that he treated the  
patient after April 2020.

1       ~~22. The facts and allegations set forth in the First Cause for Discipline are incorporated~~  
2 by reference as if fully set forth.

3       23. Respondent committed the following acts and/or omissions in his care and treatment  
4 of Patient 1 which represent departures from the standard of care:

- 5           A. Respondent's failure to adequately assess the appropriateness for prescribing  
6           benzodiazepines and opiates in a patient with a known history of depression, and in  
7           the lack of an up-to-date physical exam and history to support the appropriateness of  
8           the prescriptions.
- 9           B. Respondent's failure to consult the CURES database to review Patient 1's controlled  
10           substance history before prescribing a Schedule II, Schedule III, or Schedule IV  
11           controlled substance to Patient 1 for the first time and at least once every four  
12           months thereafter while the substances remained part of the treatment of the patient.
- 13           C. Respondent's failure to assess the risks of the medications he prescribed for Patient  
14           1 by performing periodic toxicology screens to confirm that Patient 1 was not  
15           involved in polypharmacy or diverting medications.
- 16           D. Respondent's failure to perform periodic review and medical record maintenance.

17       24. Respondent is also subject to disciplinary action under section 2234, subdivision (c),  
18 of the Code for the commission of acts or omissions involving negligence in his care and  
19 treatment of Patient 2. The circumstances are as follows:

20       **Patient 2**

21       25. Patient 2, a then 66-year-old-male, was treated by Respondent beginning in 2005.  
22 From 2018 through 2022, Respondent treated Patient 2 for various conditions including  
23 degenerative joint disease of the knees, vascular disease, erectile dysfunction, insomnia, and  
24 panic attacks. Progress notes only show visits in 2019 and did not include any physician notes  
25 from 2018, 2021, or 2022. However, the CURES report shows that Patient 2 had been receiving  
26 and filling regular prescriptions for high doses of clonazepam (a benzodiazepine used to treat  
27 anxiety) and alprazolam (Xanax, also a benzodiazepine used to treat anxiety), as well as zolpidem  
28 (Ambien, a sedative-hypnotic and sleep aid) in different doses from 2019 to at least May 2022.

1       26. ~~There was lack of documentation which identified the need/indication for the~~  
2 prescriptions of the benzodiazepines, clonazepam and alprazolam. Respondent's concomitant  
3 prescriptions for the three drugs, Ambien, clonazepam, and alprazolam, placed Patient 2 at high  
4 risk for addiction and potentially life-threatening overdose or withdrawal, since Patient 2 had  
5 been on multiple, concurrent prescriptions of benzodiazepines for years. There was no  
6 documentation that Respondent ever performed a CURES evaluation of Patient 2, nor was there  
7 any documentation that Respondent assessed the risks of the medications with periodic  
8 toxicology screens to confirm that Patient 2 was not involved in polypharmacy or diverting  
9 medications.

10       27. Respondent's documentation in his progress notes for Patient 2 indicate that Patient 2  
11 had hyperlipidemia (high cholesterol) and peripheral vascular disease. However, the notes  
12 available for review fail to mention any assessment of Patient 2's hyperlipidemia with regular lab  
13 work-up. There was also no documentation to show any intervention for secondary prevention,  
14 such as starting cholesterol medications to lower cholesterol or aspirin to reduce complications of  
15 peripheral vascular disease.

16       28. Respondent committed the following acts and/or omissions in his care and treatment  
17 of Patient 2 which represent simple departures from the standard of care:

- 18           A. Respondent's failure to conduct an evaluation and risk stratification for appropriate  
19           use of long-term benzodiazepines.
- 20           B. Respondent's failure to conduct a periodic review and medical record maintenance.
- 21           C. Respondent's failure to properly evaluate and manage Patient 2's hyperlipidemia.
- 22           D. Respondent's failure to consult the CURES database to review a patient's controlled  
23           substance history before prescribing a Schedule II, Schedule III, or Schedule IV  
24           controlled substance to Patient 2 for the first time and at least once every four  
25           months thereafter while the substances remained part of the treatment of Patient 2.

26       29. The above acts or omissions constitute repeated negligent acts under section 2234,  
27 subdivision (c), of the Code, and therefore subject Respondent's medical license to discipline.

28       ///

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Excessive Prescribing)**

3 30. Respondent, Cranford Lavern Scott, M.D., is subject to disciplinary action under  
4 section 725 of the Code in that Respondent excessively prescribed dangerous drugs to Patient 1.  
5 The circumstances are as follows:

6 31. Paragraphs 15 through 23, inclusive, are incorporated herein by reference as if fully  
7 set forth.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 **(Offer of Opioid Reversal Drug)**

10 32. Respondent is subject to disciplinary action under section 741 of the Code in that  
11 Respondent failed to timely offer Patient 1 a prescription for naloxone hydrochloride or another  
12 drug approved by the United States Food and Drug Administration for the complete or partial  
13 reversal of opioid-induced respiratory depression. The circumstances are as follows:

14 33. Paragraphs 15 through 23, inclusive, are incorporated herein by reference as if fully  
15 set forth.

16 **FIFTH CAUSE FOR DISCIPLINE**

17 **(Prescribing Without a Proper Prior Exam and Without Medical Indication)**

18 34. Respondent, Cranford Lavern Scott, M.D., is subject to disciplinary action under  
19 section 2242 of the Code in that Respondent prescribed dangerous drugs to Patient 1 and Patient 2  
20 without an appropriate prior examination and without medical indication. The circumstances are  
21 as follows:

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

24 **SIXTH CAUSE FOR DISCIPLINE**

25 **(Violation of Drug Statute; CURES)**

26 36. Respondent, Cranford Lavern Scott, M.D., is subject to disciplinary action under  
27 section 2238 of the Code and section 11165.4 of the Health and Safety Code in that he failed to  
28 consult the CURES database to review Patient 1 and Patient 2's controlled substance history

1 ~~before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to each~~  
2 patient for the first time and at least once every four months thereafter while the controlled  
3 substances remained part of the treatment plan for each of the patients. The circumstances are as  
4 follows:

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

7 **SEVENTH CAUSE FOR DISCIPLINE**

8 **(Failure to Maintain Adequate and Accurate Medical Records)**

9 38. By reason of the facts and allegations set forth in the First and Second Causes for  
10 Discipline above, Respondent, Cranford Lavern Scott, M.D., is subject to disciplinary action  
11 under section 2266 of the Code, in that Respondent failed to maintain adequate and accurate  
12 records of his care and treatment of Patient 1 and Patient 2.

13 **DISCIPLINE CONSIDERATIONS**

14 39. To determine the degree of discipline, if any, to be imposed on Respondent,  
15 Complainant alleges that in a prior disciplinary action entitled *In the Matter of the Accusation*  
16 *Against Cranford Lavern Scott, M.D.*, Case No. 800-2018-047019, the Medical Board of  
17 California issued a decision, effective March 18, 2022, in which Respondent's Physician's and  
18 Surgeon's Certificate was revoked. However, the revocation was stayed and Respondent was  
19 placed on probation for a period of five (5) years with certain terms and conditions. A copy of  
20 the 2022 Decision is attached as Exhibit A and is incorporated herein by reference.

21 **PRAAYER**

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

24 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 32142,  
25 issued to Respondent Cranford Lavern Scott, M.D.;

26 2. Revoking, suspending or denying approval of Respondent Cranford Lavern Scott,  
27 M.D.'s authority to supervise physician assistants and advanced practice nurses;

28 ///

1 3. ~~Ordering Respondent Cranford Lavern Scott, M.D., to pay the Board the costs of the~~  
2 investigation and enforcement of this case, and if placed on probation, the costs of probation  
3 monitoring; and

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

5  
6 DATED: OCT 12 2023

  
\_\_\_\_\_  
REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*