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

In the Matter of the Accusation Against: Lisa Claire Capaldini, M.D. Physician's and Surgeon's Certificate No. G 54552 Respondent.	Case No.: 800-2022-086191

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 January 23, 2025.

IT IS SO ORDERED: December 24, 2024.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

Michelle Anne Bholat, M.D. Chair
Panel A

ROB BONTA
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **LISA CLAIRE CAPALDINI, M.D.** **45 Castro Street, Suite 227** **San Francisco, CA 94114** **Physician's and Surgeon's Certificate No. G 54552,** Respondent.	Case No. 800-2022-086191 OAH No. 2024070810 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent Lisa Claire Capaldini, M.D. (Respondent) is represented in this proceeding by attorney J. Julia Hansen-Arenas, Esq., whose address is: Hassard Bonnington, LLP, 111 Pine Street, Suite 1530 San Francisco, CA 94111.

3. On or about April 8, 1985, the Board issued Physician's and Surgeon's Certificate No. G 54552 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-086191, and will expire on December 31, 2026, unless renewed.

JURISDICTION

4. On June 12, 2024, Accusation No. 800-2022-086191 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 June 12, 2024. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2022-086191 is attached hereto 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. 800-2022-086191. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent admits that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2022-086191, and agrees that she has thereby subjected her Physician's and Surgeon's Certificate No. G 54552 to disciplinary action.

10. Respondent further agrees that if an accusation is filed against her in the future before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2022-086191, shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

11. Respondent agrees that her Physician's and Surgeon's Certificate No. G 54552 is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

12. 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

13. 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.

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14. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2022-086191 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 54552 issued to Respondent Lisa Claire Capaldini, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years from the effective date of the Decision on the following terms and conditions:

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

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2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

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

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

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation as determined by the program for the assessment and clinical education and evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

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

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

If Respondent fails to enroll, participate in, or successfully complete and pass the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment

program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

Within 60 days after Respondent has successfully completed the clinical competence assessment program, Respondent shall participate in a professional enhancement program approved in advance by the Board or its designee, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation, or until the Board or its designee determines that further participation is no longer necessary.

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

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

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

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

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

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

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

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

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

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

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $35,299.80 (thirty-five thousand two hundred ninety-nine dollars and eighty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

14. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. This term does not include cost recovery, which is due within 30

calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

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

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in

Accusation No. 800-2022-086191 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, J. Julia Hansen-Arenas, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/15/24

LISA CLAIRE CAPALDINI, M.D.
Respondent

I have read and fully discussed with Respondent Lisa Claire Capaldini, 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: 11/15/24

J. JULIA HANSEN-ARENAS, ESQ.
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: 11/15/24

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 No. 800-2022-086191

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **LISA CLAIRE CAPALDINI, M.D.** **45 Castro Street, Suite 227** **San Francisco, CA 94114** **Physician's and Surgeon's Certificate No. G 54552,** Respondent.	Case No. 800-2022-086191 **A C C U S A T I O N**

PARTIES

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

2. On or about April 8, 1985, the Medical Board issued Physician's and Surgeon's Certificate No. G 54552 to Lisa Claire Capaldini, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2024, 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 2227 of the Code states, in pertinent part:

> (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:
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> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
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> ...

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

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (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.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
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> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but

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

...

6. Section 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.

7. Health and Safety Code § 11165.4[1] states, in pertinent part:

(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained by the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the patient activity report from the CURES database the first time the health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient, the health care practitioner shall consult the patient activity report from 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 six months thereafter if the substance remains part of the treatment of the patient.

(iii) A health care practitioner who did not directly access the CURES database to perform the required review of the controlled substance use report shall document in the patient's medical record that they reviewed the CURES database generated report within 24 hours of the controlled substance prescription that was provided to them by another authorized user of the CURES database.

...

COST RECOVERY

8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being

[1] This section became effective October 2, 2018.

renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected her Physician's and Surgeon's Certificate No. G 54552 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in her care and treatment of Patients A, B, C, D, and E,[2] as more particularly alleged hereinafter:

PATIENT A

10. Sometime prior to 2016,[3] Respondent began providing care and treatment to Patient A, a male with chronic medical problems that included, but were not limited to, gastroesophageal reflux disease, diverticulitis, sleep apnea, and restless leg syndrome (RLS). In 2016, Patient A was approximately seventy (70) years old.

11. Between on or about May 2, 2016, and on or about February 28, 2022, Patient A presented to Respondent for approximately eleven (11) clinical visits. Throughout that time, Respondent maintained Patient A on monthly prescriptions of temazepam[4] and hydrocodone-acetaminophen[5] for the treatment of sleep apnea and RLS.

12. Between on or about May 2, 2016, and on or about February 28, 2022, Respondent maintained short handwritten notes that are difficult to read, and which did not always include vital signs, a detailed history, a physical exam, a review of systems, or a current medication list.

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[2] To protect the privacy of the patients involved, the patients' names have not been included in this pleading. Respondent is aware of the identity of the patients referred to herein.

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

[4] Temazepam (brand name Restoril) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a benzodiazepine medication used to treat insomnia.

[5] Hydrocodone-acetaminophen (brand name Norco) 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.

13. Between on or about May 2, 2016, and on or about February 28, 2022, Respondent did not regularly evaluate and/or document her evaluation of Patient A's appropriate indication for on-going use of controlled substances, including but not limited to, Patient A's response to the medications, the presence or absence of adverse effects, and the presence or absence of aberrant behavior. Throughout that time, Respondent did not order any urine drug screens, did not check Patient A's CURES,[6] and did not obtain a controlled substance agreement (CSA) and/or document a discussion with Patient A regarding elements typically found in a CSA, including but not limited to, appropriate indications, safe use, need for periodic specific monitoring, addressing potential side effects, and safe keeping of controlled substances.

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

A. Prescribing controlled substances for several years without obtaining a CSA and/or documenting a discussion with Patient A regarding elements typically found in a CSA, including but not limited to, appropriate indications, safe use, need for periodic specific monitoring, addressing potential side effects, and safe keeping of controlled substances;

B. Prescribing controlled substances for several years without appropriately evaluating and/or documenting Patient A's indication for on-going use of controlled substances, including but not limited to, the patient's response to controlled substances, the presence or absence of side effects, and the presence or absence of aberrant behavior; and

C. Prescribing controlled substances for several years without checking CURES at any time.

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[6] CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database maintained by the Department of Justice of Schedule II, III, IV, and V controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement.

PATIENT B

15. On or about May 4, 2021, Respondent began providing care and treatment to Patient B, a then fifty-two (52) year old female. Patient B had chronic medical problems that included, but were not limited to, low back pain/sciatica, migraine, intermittent hypothyroidism, and sleep apnea.

16. Between on or about May 4, 2021, and on or about August 5, 2022, Patient B presented to Respondent for approximately eleven (11) clinical visits. Throughout that time, Respondent maintained short handwritten notes that are difficult to read, and which did not always include vital signs, a detailed history, a physical exam, a review of systems, or a current medication list.

17. On or about September 3, 2021, Respondent prescribed Patient B temazepam. Patient B did not have a clinical visit with Patient B on that date and her medical chart does not indicate the reason this medication was initiated.

18. Between on or about September 3, 2021, and on or about August 2, 2022, Respondent maintained Patient B on monthly prescriptions of temazepam. Throughout that time, Respondent did not check CURES.

19. On or about October 29, 2021, Patient B presented to Respondent for treatment. At this visit, Patient B reported that she believed she was addicted to Percocet.[7] Between on or about October 29, 2021, and on or about December 22, 2021, Respondent prescribed Patient B Percocet three times and instituted a tapering schedule.

20. Respondent committed gross negligence in her care and treatment of Patient B by initiating and repeatedly prescribing controlled substances without checking CURES at any time.

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[7] Percocet (brand name for oxycodone and acetaminophen) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

PATIENT C

21. Sometime prior to 2018, Respondent began providing care and treatment to Patient C, a female with chronic medical problems that included, but were not limited to, fibromyalgia, migraine, right shoulder impingement, and chronic pain. In 2018, Patient C was approximately sixty-one (61) years old.

22. Between on or about August 13, 2018, and on or about August 5, 2022, Patient C presented to Respondent for approximately twenty-four (24) clinical visits. Throughout that time, Respondent maintained short handwritten notes that are difficult to read, and which did not always include vital signs, a detailed history, a physical exam, a review of systems, or a current medication list.

23. Between on or about August 13, 2018, and on or about August 5, 2022, Respondent maintained Patient C on regular prescriptions of zolpidem,[8] lorazepam,[9] and Klonopin.[10]

24. Between on or about August 13, 2018, and on or about July 16, 2019, Respondent maintained Patient C on regular prescriptions of phenobarbital[11] for the treatment of migraines.

25. Between in or around August 2018, and in or around December 2021, Respondent maintained Patient C on intermittent prescriptions of tramadol[12] for the treatment of pain.

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[8] Zolpidem (brand name Ambien) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a sedative-hypnotic medication used for the short-term treatment of insomnia.

[9] Lorazepam (brand name Ativan) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a benzodiazepine medication used to treat anxiety.

[10] Klonopin (brand name for clonazepam) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a benzodiazepine medication used to treat anxiety.

[11] Phenobarbital is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a barbiturate medication used to treat seizures and anxiety.

[12] Tramadol (brand names Ultram and Ultracet) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

26. On or about June 19, 2020, Patient C presented to Respondent for treatment. Patient C had recently been seen at the Stanford Neurology Headache Clinic and was recommended to decrease her rescue medications, taper from phenobarbital, and switch to a muscle relaxant. At the conclusion of the visit, Respondent prescribed Patient C oxycodone.[13] Patient C's chart does not indicate that this medication was initiated on that date or why.

27. Between in or around November 2021, and in or around August 2022, Respondent maintained Patient C on intermittent prescriptions of oxycodone for the treatment of pain.

28. Between on or about August 13, 2018, and on or about August 5, 2022, Respondent did not order any urine drug screens, did not check Patient C's CURES, and did not obtain a CSA and/or document a discussion with Patient C regarding elements typically found in a CSA, including but not limited to, appropriate indications, safe use, need for periodic specific monitoring, addressing potential side effects, and safe keeping of controlled substances.

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

A. Prescribing controlled substances for several years without obtaining a CSA and/or documenting a discussion with Patient C regarding elements typically found in a CSA, including but not limited to, appropriate indications, safe use, need for periodic specific monitoring, addressing potential side effects, and safe keeping of controlled substances; and

B. Prescribing controlled substances for several years without checking CURES at any time.

PATIENT D

30. On or about January 6, 2017, Respondent began providing care and treatment to Patient D, a then thirty-nine (39) year old male emergency room physician. Patient D complained

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[13] Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

of insomnia due to shift work, and reported having previously tried trazodone,[14] Lunesta,[15] melatonin, and Restoril,[16] without success. Respondent did not inquire about other potential causes for insomnia, did not screen the patient for sleep apnea, and did not recommend cognitive behavioral therapy at this visit or any visit thereafter. Respondent did not discuss and/or document a discussion regarding Patient D's family history or personal history of substance abuse or psychiatric conditions at this visit or any visit thereafter. At the conclusion of the visit, Respondent prescribed Patient D Ambien.

31. Between on or about January 6, 2017, and on or about December 21, 2020, Patient D presented to Respondent for approximately nine (9) clinical visits. Throughout that time, Respondent maintained short handwritten notes that are difficult to read, and which did not always include vital signs, a detailed history, a physical exam, a review of systems, or a current medication list.

32. In or around February 2017, Respondent prescribed Patient D temazepam and eszopiclone. Patient D did not have a clinical visit with Respondent that month, and his medical chart does not indicate the reason these medications were initiated.

33. On or about May 2, 2017, Patient D presented to Respondent with complaints of insomnia due to shift work. At the conclusion of the visit, Respondent prescribed Patient D monthly prescriptions of Ambien, Lunesta, and Restoril, with instructions to rotate the medications to avoid tachyphylaxis (drug desensitization). Respondent also prescribed a trial of Nuvigil[17] for daytime sleepiness, and lorazepam. Patient D's medical chart does not include the lorazepam prescription or the reason it was initiated.

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[14] Trazadone is an antidepressant and sedative medication, and a dangerous drug pursuant to section 4022 of the Code.

[15] Lunesta, (brand name for eszopiclone) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a sedative-hypnotic medication used to treat insomnia.

[16] Restoril (brand name for temazepam) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a benzodiazepine medication used to treat insomnia.

[17] Nuvigil (brand name for armodafinil) is a Schedule IV controlled substance pursuant to

34. Between on or about May 2, 2017, and on or about December 21, 2020, Respondent maintained Patient D on monthly prescriptions of Ambien, Lunesta, Restoril, and lorazepam. Throughout that time, Respondent did not discuss and/or document any discussions with Patient D regarding how he was rotating the medications and did not perform any pill counts. Despite her instructions for him to rotate these medications, Respondent prescribed and Patient D filled 30-day prescriptions of each medication every month.

35. On or about October 29, 2018, in addition to his other monthly medications, Respondent prescribed Patient D a trial of Belsomra[18] for insomnia.

36. Between on or about January 6, 2017, and on or about December 21, 2020, Respondent did not regularly evaluate and/or document her evaluation of Patient D's appropriate indication for on-going use of controlled substances, including but not limited to, Patient D's response to the medications, the presence or absence of adverse effects, and the presence or absence of aberrant behavior. Throughout that time, Respondent did not order any urine drug screens, did not check Patient D's CURES, did not refer Patient D to any specialists and/or obtain treatment records from any specialists, and did not obtain a CSA and/or document a discussion with Patient D regarding elements typically found in a CSA, including but not limited to, appropriate indications, safe use, need for periodic specific monitoring, addressing potential side effects, and safe keeping of controlled substances.

37. On or about December 21, 2020, Patient D presented to Respondent for treatment. At this visit, Patient D informed Respondent that he was no longer working because he had requested Restoril from an associate, and was attending a chemical dependency program.

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

Health and Safety Code section 11057, subdivision (f)(3), and a dangerous drug pursuant to section 4022 of the Code. It is a stimulant medication used to treat excessive sleepiness associated with obstructive sleep apnea, narcolepsy, or shift work disorder.

[18] Belsomra (brand name for suvorexant) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a sedative-hypnotic medication used for the short-term treatment of insomnia.

A. Prescribing controlled substances for several years without obtaining a CSA and/or documenting a discussion with Patient D regarding elements typically found in a CSA, including but not limited to, appropriate indications, safe use, need for periodic specific monitoring, addressing potential side effects, and safe keeping of controlled substances;

B. Prescribing excessive controlled substances for several years without carefully tracking the patient's rotation or actual use of the medications; and

C. Prescribing controlled substances for several years without checking CURES at any time.

PATIENT E

39. On or about June 25, 2010, Respondent began providing care and treatment to Patient E, a then sixty-six (66) year old male. Patient E had chronic medical problems that included, but were not limited to, chronic pain from a rotator cuff injury and low back pain, seborrhea, actinic keratosis, asthma, depression, osteoporosis, attention deficit disorder, post-traumatic stress disorder, macular degeneration, and alcoholism. During this visit, Respondent noted that Patient E had been prescribed medications for chronic pain and depression from other treaters.

40. Between in or around 2016 and in or around 2017, Respondent continued to provide medical care to Patient E. By August 2017, Respondent was prescribing various controlled substances to Patient E, including oxycodone, methylphenidate,[19] zolpidem, diazepam, and lorazepam.

41. Between on or about August 14, 2017, and on or about September 11, 2019, Patient E presented to Respondent for approximately thirteen (13) clinical visits. Throughout that time, Respondent maintained short handwritten notes that are difficult to read, and which did not always include vital signs, a detailed history, a physical exam, a review of systems, or a current medication list.

[19] Methylphenidate (brand name Ritalin) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a stimulant medication used to treat ADHD.

42. On or about August 14, 2017, Respondent was informed by phone that Patient E had been inebriated on two occasions at physical therapy, and was at risk of falls due to his use of narcotics and alcohol. On that same date, Patient E presented to Respondent for a clinical visit with complaints of persistent equilibrium problems and falling backwards. At this visit, and others, Patient E admitted to heavy levels of alcohol consumption.

43. On or about June 14, 2018, Patient E was admitted to the hospital after he fell and fractured his hip. Patient E underwent right hip open reduction internal fixation surgery and was discharged from the hospital to a skilled nursing facility on or about June 18, 2018.

44. On or about November 19, 2018, Patient E was admitted to the hospital after he fell and sustained sacral insufficiency fractures. Patient E was discharged from the hospital to a skilled nursing facility on or about November 24, 2018.

45. Between on or about August 14, 2017, and on or about September 11, 2019, Respondent maintained Patient E on regular prescriptions of methylphenidate and oxycodone, and varying prescriptions of lorazepam, zolpidem, and diazepam. In or around January 2019, Respondent began prescribing fentanyl[20] to Patient E, and maintained him on monthly prescriptions of that medication until in or around September 2019.

46. Between on or about August 14, 2017, and on or about September 11, 2019, Respondent did not order any urine drug screens, did not check Patient E's CURES, and did not obtain a CSA and/or document a discussion with Patient E regarding elements typically found in a CSA, including but not limited to, appropriate indications, safe use, need for periodic specific monitoring, addressing potential side effects, and safe keeping of controlled substances.

47. On or about September 28, 2019, Patient E was found deceased in his home as a result of acute mixed drug (fentanyl and oxycodone) intoxication.

48. Respondent committed gross negligence in her care and treatment of Patient E, which included, but was not limited to, the following:

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[20] Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

A. Prescribing controlled substances for several years without obtaining a CSA and/or documenting a discussion with Patient E regarding elements typically found in a CSA, including but not limited to, appropriate indications, safe use, need for periodic specific monitoring, addressing potential side effects, and safe keeping of controlled substances;

B. Failing to order a urine drug screen at any time; and

C. Prescribing controlled substances for several years without checking CURES at any time.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

49. Respondent has further subjected her Physician's and Surgeon's Certificate No. G 54552 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in her care and treatment of Patients A, B, C, D, and E, as more particularly alleged hereinafter:

A. Paragraphs 9 through 48(C), above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Prescribing multiple benzodiazepines to Patient D for insomnia without an appropriate evaluation for insomnia; and

C. Failing to order a urine drug screen on Patient D at any time.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

50. Respondent has further subjected her Physician's and Surgeon's Certificate No. G 54552 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding her care and treatment of Patients A, B, C, D, and E, as more particularly alleged in paragraphs 9 through 49(C), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 54552, issued to Respondent Lisa Claire Capaldini, M.D.;

2. Revoking, suspending or denying approval of Respondent Lisa Claire Capaldini, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Lisa Claire Capaldini, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: JUN 12 2024

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

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