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

In the Matter of the Accusation Against: Iglal El-Henawi, M.D. Physician's and Surgeon's Certificate No. A 62143 Respondent.	Case No.: 800-2022-085433

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 March 7, 2025.

IT IS SO ORDERED: February 7, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

Michelle Anne Bholat, M.D. Chair
Panel A

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

In the Matter of the Accusation Against: **IGLAL EL-HENAWI, M.D.** **717 Suncup Circle** **Hemet, CA 92543** **Physician's and Surgeon's Certificate No. A 62143,** Respondent.	Case No. 800-2022-085433 OAH No. 2024040123 **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 Brian D. Bill, Deputy Attorney General.

2. Respondent Iglal El-Henawi, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, CA 92620.

3. On or about April 25, 1997, the Board issued Physician's and Surgeon's Certificate No. A 62143 to Iglal El-Henawi, M.D. (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-

2022-085433, and will expire on February 28, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-085433 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 February 1, 2024. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-085433 is attached as Exhibit A and 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. 800-2022-085433. 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. 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. 800-2022-085433, if proven at a hearing, constitute cause for imposing discipline upon her 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 her 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. 800-2022-085433, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected her Physician's and Surgeon's Certificate, No. A 62143 to disciplinary action.

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

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

RESERVATION

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

CONTINGENCY

15. 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.

16. 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.

17. 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. 800-2022-085433 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.

18. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 62143 issued to Respondent IGLAL EL-HENAWI, M.D., is revoked. However, the revocation is stayed, and Respondent is placed on probation for thirty-five (35) months 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.

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.

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

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice monitor 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. 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.

5. 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.

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

7. 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.

8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, legal reviews, and investigation(s), in the amount of $30,000.00 (thirty thousand dollars). 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, including expert review costs.

9. 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.

10. 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.

11. 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.

12. 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; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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. 800-2022-085433 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.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, 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: October 23, 2024

IGLAL EL-HENAWI, M.D.
Respondent

I have read and fully discussed with Respondent Iglal El-Henawi, 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: October 23, 2024

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, 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: _____

IGLAL EL-HENAWI, M.D.
Respondent

I have read and fully discussed with Respondent Iglal El-Henawi, 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: _____

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: October 25, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

Brian D. Bill

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-085433

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

In the Matter of the Accusation Against: **IGLAL EL-HENAWI, M.D.** **717 Suncup Circle** **Hemet, CA 92543** **Physician's and Surgeon's Certificate No. A 62143,** Respondent.	Case No. 800-2022-085433 **ACCUSATION**

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 25, 1997, the Medical Board issued Physician's and Surgeon's Certificate Number A 62143 to Iglal El-Henawi, 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 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.

(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.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters 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.

STATUTORY PROVISIONS

6. Section 2234 of the Code, states:

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.

(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.

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend 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.

7. 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.

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may 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.

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

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

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

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

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

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

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

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

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

(j) This section does not apply to any board if a specific statutory provision in

that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FACTUAL ALLEGATIONS

9. Respondent is board-certified in Pathology and Hematology. He has a general practice in Hemet, California, where he mainly serves as a primary care physician.

Patient 1[1]

10. Respondent has been Patient 1's primary care physician since 2010. Patient 1 is a sixty-five-year-old woman with a history of metastatic papillary thyroid cancer, hypertension and diabetes, neck pain, and osteoarthritis, among other conditions/illnesses.

11. Patient 1 presented to Respondent on or about November 12, 2019, December 14, 2020, March 10, 2021, June 10, 2021, October 8, 2021, March 10, 2022, and June 29, 2022.[2]

12. Respondent indicated that Patient 1 was always in severe pain and had trouble sleeping, due to her cancer metastasis. Patient 1's maladies also caused her to suffer from anxiety and depression.

13. Throughout the treatment period, and beginning in or about January 2019 through December 2019, Respondent prescribed Patient 1 alprazolam, a Schedule IV benzodiazepine used to treat anxiety disorders and depression.

14. Throughout the treatment period, and beginning January 2019 through October 2022, Respondent prescribed Patient 1 temazepam, a Schedule IV benzodiazepine used to treat insomnia.

15. Throughout the treatment period, and beginning in or about March 2019 through October 2022, Respondent prescribed Patient 1 hydrocodone-acetaminophen,[3] a Schedule II opioid used to treat pain.

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[1] The patients are identified by number in this Accusation to address privacy concerns.

[2] Respondent has treated Patient 1 on dates outside of those listed in this Accusation, but this Accusation is based on the treatment period between 2019 through 2022.

[3] Hydrocodone and acetaminophen is a combination medicine used to relieve moderate to severe pain. Hydrocodone is an opioid pain reliever and cough suppressant, also known as a narcotic analgesic, that works on the central nervous system. Acetaminophen is a non-opioid analgesic used for pain relief and to reduce fever, and increases the effects of hydrocodone. It is a dangerous drug pursuant to section 4022 of the Code.

16. On or about March 10, 2022, Patient 1 signed a Narcotics Consent Form[4] provided by Respondent.

Patient 2

17. Respondent has been Patient 2's primary care physician since 2011. Patient 2 is a seventy-seven-year-old woman with a history of osteoarthritis, diabetes and hypertension, neuropathy, anxiety, bilateral knee pain, and chronic pain syndrome, among other illnesses/conditions.

18. Patient 2 presented to Respondent on or about February 13, 2019, June 18, 2019, October 22, 2019, January 27, 2020, April 27, 2020, July 28, 2020, August 24, 2020, November 3, 2020, March 15, 2021, June 15, 2021, September 14, 2021, December 14, 2021, and April 20, 2022.[5]

19. Respondent indicated that she prescribed Patient 2 pain medications during a period in which Patient 2 expressed difficulty obtaining her medications from her pain management physician.

20. Throughout the treatment period, and beginning in or about January 2019 through November 2022, Respondent prescribed Patient 2 hydrocodone-acetaminophen to address her chronic knee pain.

21. In or about January 2020 and September 2020, Respondent prescribed Patient 2 clonazepam, a Schedule IV benzodiazepine used to treat certain seizure and panic disorders.

22. In or about August 2021, Respondent prescribed Patient 2 zolpidem tartrate, a Schedule IV sedative used to treat insomnia.

23. In or about November 28, 2022, Respondent prescribed Patient 2 Belsomra, a Schedule IV sedative used to treat insomnia.

24. On or about June 18, 2019, Patient 2 signed a Narcotics Consent Form provided by Respondent.

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[4] The Narcotics Consent Form is similar in nature to a patient consent and pain management agreement.

[5] Respondent has treated Patient 2 on dates outside of those listed in this Accusation, but this Accusation is based on the treatment period between 2019 through 2022.

Patient 3

25. Respondent has been Patient 3's primary care physician since early 2012. Patient 3 is a sixty-six-year-old man with a history of atrial fibrillation, hypertension, congestive heart failure, chronic renal impairment, anxiety, insomnia, and knee and back pain, among other illnesses/conditions.

26. Patient 3 presented to Respondent on or about February 13, 2019, June 18, 2019, October 22, 2019, January 27, 2020, April 27, 2020, July 28, 2020, November 3, 2020, March 15, 2021, June 15, 2021, September 14, 2021, December 14, 2021, and April 20, 2022.[6]

27. Throughout the treatment period, and beginning on or about January 10, 2019 through May 15, 2019, Respondent prescribed Patient 3 zaleplon, a Schedule IV sedative used to treat insomnia.

28. Throughout the treatment period, and beginning on or about January 28, 2019 through October 25, 2022, Respondent prescribed Patient 3 hydrocodone-acetaminophen to address his back pain.

29. Throughout the treatment period, and beginning on or about July 19, 2019 through February 16, 2021, Respondent prescribed Patient 3 zolpidem tartrate to address his insomnia.

30. On or about June 18, 2019, Patient 3 signed a Narcotics Consent Form provided by Respondent.

Patient 4

31. Respondent has been Patient 4's primary care physician since 2012. Patient 4 is a seventy-seven-year-old woman with a history of generalized pain, arthritis, anxiety, insomnia, and nodular basal cell carcinoma, among other illnesses/conditions.

32. Patient 4 presented to Respondent on or about June 19, 2019, July 16, 2020, and August 22, 2022.[7]

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[6] Respondent has treated Patient 3 on dates outside of those listed in this Accusation, but this Accusation is based on the treatment period between 2019 through 2022.

[7] Respondent has treated Patient 4 on dates outside of those listed in this Accusation, but this Accusation is based on the treatment period between 2019 through 2022.

33. Throughout the treatment period, and beginning on or about January 19, 2019 through November 14, 2022, Respondent prescribed Patient 4 hydrocodone-acetaminophen. According to Respondent, this was prescribed to address the ankle, knee and hip pain Patient 4 experienced, some of which resulted from falls.

34. Throughout the treatment period, and beginning on or about January 19, 2019 through August 7, 2022, Respondent prescribed Patient 4 diazepam. According to Respondent, Patient 4's anxiety increased after her cancer diagnosis, resulting in Respondent prescribing diazepam.

35. In or about 2016 and 2018, Patient 4 signed a Narcotics Consent Form provided by Respondent.

STANDARD OF CARE WHEN PRESCRIBING CONTROLLED SUBSTANCES

36. **Patient Evaluation and Risk Stratification.** When prescribing long-term use of opioids, a thorough patient assessment is critical, as well as a risk stratification. Clinical assessment should include obtaining a patient's complete medical history, a physical examination, psychological evaluation, and establishing a diagnosis and medical necessity. The physician should complete an evaluation of both potential benefits and risks, as well as urine drug testing and a review of the Controlled Substance Utilization Review & Evaluation System (CURES) report. Patients who are taking benzodiazepines and opioids are at an increased risk of complications and, therefore, physicians should consider a trial of benzodiazepine tapering or document why not.

37. **Treatment Plan and Objectives.** A physician and a patient should develop a treatment plan together. The goal is to include reasonable improvement in pain and function, as well as pain-associated symptoms. The primary indicator of success is the improvement in the function. The treatment plan should be established early and revisited regularly, and any further diagnostic evaluations should be documented.

38. **Patient Consent and Pain Management Agreement.** A physician should discuss the risks and benefits of the treatment plan with the patient and counsel the patient on safe ways to store and dispose of medications. The patient consent and pain management agreement can be combined into one document and should address the following: potential side effects; risks of

drug interactions; risks of addiction and overdose; the physician's prescribing policies and expectations; the patient's responsibility for safe use; and the patient's agreement to submit to periodic drug testing.

39. **Counseling Patients on Overdose Risk.** A physician should educate patients about the danger signs of respiratory depression and how to safely administer naloxone, an opiate antagonist used to quickly reverse an opioid overdose.

40. **Ongoing Patient Assessment.** A physician should engage in regular review and monitoring for the duration of treatment to assess pain level, improvement in the level of function, side effects, compliance with the pain management agreement, and to confirm that there are no signs of medication abuse.

41. **Compliance Monitoring.** Any physician who prescribes opioids, or other controlled substances, for pain, should ensure the provisions of a pain management agreement are being heeded. Strategies for confirming compliance include checking the patient's CURES report and periodic drug testing.

42. **Medical Records.** Every physician must maintain adequate and accurate medical records. The contents of a patient's medical record should include medical history and physical examination results. Medical records should also include patient consent forms and pain management agreements, a description of the treatment provided, discussions of risks, benefits, and results of ongoing patient progress, and results of CURES data searches.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

43. Respondent Iglal El-Henawi, M.D. is subject to disciplinary action under Code section 2234, subdivision (b), in that she was grossly negligent in her care and treatment of Patients 1, 2, 3 and 4. The circumstances are as follows:

44. Complainant hereby re-alleges the facts set forth in paragraphs 9 through 42, above, as though fully set forth.

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Patient 1

45. Respondent prescribed opioids and benzodiazepines to Patient 1, but the medical records did not include a patient evaluation or risk stratification. Respondent's records did not include a sufficient medical history for the anxiety or insomnia, to justify the use of the controlled substances. In a summary of care document, Respondent indicated that she discussed weaning Patient 1 off temazepam, but there was no documentation that a trial of benzodiazepine tapering was attempted. Respondent's actions and inactions constitute an extreme departure from the standard of care of patient evaluation and risk stratification when prescribing controlled substances.

46. Respondent failed to document a treatment plan for Patient 1. There was also no documentation of further diagnostic evaluations. Respondent's failures constitute an extreme departure from the standard of care of treatment plan and objectives when prescribing controlled substances.

47. Patient 1 presented to Respondent on at least seven occasions. Throughout the treatment period, Respondent consistently prescribed controlled substances. However, Respondent failed to document additional assessments or note any indicated side effects in the records. Respondent also failed to document whether Patient 1 complied with the pain agreement and if she screened for signs of abuse. Respondent's failures constitute an extreme departure from the standard of care.

48. Throughout the treatment period, there was no documentation indicating that Respondent checked Patient 1's CURES report, or that she provided periodic drug testing. This constitutes an extreme departure from the standard of care of compliance monitoring, while prescribing controlled substances.

Patient 2

49. Despite prescribing Patient 2 opioids and benzodiazepines, there was no record of a patient evaluation or risk stratification completed by Respondent. Respondent's records did not include a sufficient medical history for the anxiety or insomnia, to justify the use of the controlled

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substances. Additionally, there was no evidence that a trial of benzodiazepine tapering was attempted. This constitutes an extreme departure from the standard of care.

50. Respondent failed to document a treatment plan for Patient 2. There was also no documentation of further diagnostic evaluations. Respondent's failures constitute an extreme departure from the standard of care of treatment plan and objectives when prescribing controlled substances.

51. Patient 2 presented to Respondent on at least 13 occasions between 2019 and 2022. Throughout the treatment period, Respondent consistently prescribed controlled substances. However, Respondent failed to document any side effects of the medications. Respondent also failed to document whether Patient 2 complied with the pain management agreement and failed to document whether she screened for signs of abuse. During an interview with the Board, Respondent confirmed that test results were missing from Patient 2's medical records and indicated that her employees may have forgotten to enter the saliva screening test results into Patient 2's medical chart. Additionally, throughout the treatment period, there was no documentation indicating that Respondent checked Patient 2's CURES report. Respondent's failures constitute an extreme departure from the standard of care.

Patient 3

52. Respondent failed to document a treatment plan for Patient 3 throughout the enumerated treatment period. This failure constitutes an extreme departure from the standard of care.

53. Patient 3 presented to Respondent on at least 12 occasions between 2019 and 2022. Throughout the treatment period, Respondent consistently prescribed controlled substances. However, Respondent failed to document any side effects of the medications in Patient 3's medical records. Respondent also failed to document whether Patient 3 complied with the pain management agreement and, although there is record of Patient 3 submitting to periodic drug testing between 2015 through 2018, there is no documentation regarding drug testing during the 2019 to 2022 treatment period. Respondent indicated that saliva tests were provided but were

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only documented if there were concerns. Respondent's consistent failure to document constitutes an extreme departure from the standard of care.

54. Throughout the treatment period, there was no documentation indicating that Respondent checked Patient 3's CURES report. Respondent indicated that CURES reports were only documented if there was a concern. This failure to document constitutes an extreme departure from the standard of care of compliance monitoring, while prescribing controlled substances.

Patient 4

55. Despite prescribing Patient 4 opioids and benzodiazepines, there was no record of a patient evaluation or risk stratification completed by Respondent. Additionally, there was no evidence that a trial of benzodiazepine tapering was attempted. This constitutes an extreme departure from the standard of care.

56. Patient 4 presented to Respondent on at least 3 occasions between 2019 and 2022. During this time, there was no documentation regarding whether Patient 4 complied with the pain management agreement. Additionally, there was no documentation of drug testing throughout the treatment period, or evidence that CURES was reviewed during this time. This constitutes an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

57. Respondent Iglal El-Henawi, M.D. is subject to disciplinary action under Code section 2234, subdivision (c), in that she was repeatedly negligent in her care and treatment of Patients 1, 2, 3, and 4. The circumstances are as follows:

58. The facts and allegations set forth in the First Cause for Discipline are incorporated herein by reference as if fully set forth.

59. Each act of gross negligence set forth in the First Cause for Discipline is also a negligent act.

60. Respondent also committed the following acts of negligence in her care and treatment of Patients 1, 2, 3, and 4:

Patient 1

61. There was no documentation that Respondent discussed the risks and benefits of the established treatment plan. Further, between 2019 through 2022, there was only one documented pain management contract, signed in March 2022. Respondent's failure and lack of continuing pain management contracts, constitutes a simple departure from the standard of care of patient consent and pain management agreement when prescribing controlled substances.

62. There was no documentation indicating that Respondent educated Patient 1 about the danger signs of respiratory depression and the risk of overdose. Respondent also failed to prescribe Patient 1 naloxone. These failures constitute a simple departure from the standard of care.

Patient 2

63. There was no documentation that Respondent discussed the risks and benefits of the established treatment. Further, between 2019 through 2022, there was only one documented pain management contract, signed in June 2019. Respondent's failure and lack of continuing pain management contracts, constitutes a simple departure from the standard of care of patient consent and pain management agreement when prescribing controlled substances.

64. There was no documentation indicating that Respondent educated Patient 2 about the danger signs of respiratory depression and the risk of overdose. Respondent also failed to prescribe Patient 2 naloxone. These failures constitute a simple departure from the standard of care.

Patient 3

65. During an interview with the Board, Respondent indicated that she discussed risks and benefits of the treatment plan with Patient 3, but it was never documented. Additionally, there was no documentation indicating that Respondent educated Patient 3 about the danger signs of respiratory depression and the risk of overdose. Respondent also failed to prescribe Patient 3 naloxone. Respondent's failures to document constitute simple departures from the standard of care.

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Patient 4

66. There was no documentation that Respondent discussed the risks and benefits of the established treatment plan through 2019 to 2022. Further, there was no documented pain management contract during the treatment period; the only signed contracts were in 2016 and 2018. Respondent's failure and lack of continuing pain management contracts constitute a simple departure from the standard of care.

67. There was no documentation indicating that Respondent educated Patient 4 about the danger signs of respiratory depression and the risk of overdose. Respondent also failed to prescribe Patient 4 naloxone. These failures constitute simple departures from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Medical Records)

68. By reasons of the facts and allegations set forth in the First and Second Causes for Discipline, Respondent Iglal El-Henawi, M.D. is subject to disciplinary action under Code section 2266 in that she failed to maintain adequate and accurate records of her care and treatment of Patients 1, 2, 3, and 4.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

69. Respondent Iglal El-Henawi, M.D. is subject to disciplinary action under Code section 2234 in that she engaged in unprofessional conduct. The circumstances are as follows:

70. Complainant hereby re-alleges the facts and allegations in the First, Second, and Third Causes for Discipline, which are incorporated herein by reference as if fully set forth.

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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 Number A 62143, issued to Respondent Iglal El-Henawi, M.D.;

2. Revoking, suspending or denying approval of Respondent Iglal El-Henawi, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Iglal El-Henawi, 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: FEB 01 2024

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

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