

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

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

Ahmad Ahmad Hajj, M.D.

**Physician's and Surgeon's
Certificate No. C 40971**

Case No.: 800-2021-084339

Respondent.

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 18, 2025.

IT IS SO ORDERED: March 19, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

**Michelle A. Bholat, Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **AHMAD AHMAD HAJJ, M.D.**
15 **1220 HEMLOCK WAY, SUITE 203**
SANTA ANA, CA 92707-3655

16 **Physician's and Surgeon's Certificate**
17 **No. C 40971,**

18 Respondent.

Case No. 800-2021-084339

OAH No. 2024070964

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

22 **PARTIES**

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

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2. Respondent Ahmad Ahmad Hajj, M.D. (Respondent) is represented in this proceeding by attorney David J. Rubaum, Esq., whose address is: 10960 Wilshire Boulevard 18th Floor, Los Angeles, CA 90024-3804.

3. On or about June 13, 1983, the Board issued Physician's and Surgeon's Certificate No. C 40971 to Respondent. The Physician's and Surgeon's Certificate No. C 40971 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-084339, and will expire on July 31, 2026, unless renewed.

JURISDICTION

4. On June 19, 2024, Accusation No. 800-2021-084339 was filed before the Board, and is currently pending against Respondent. On June 19, 2024, a true and correct copy of Accusation No. 800-2021-084339 and all other statutorily required documents were properly served on Respondent. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2021-084339 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2021-084339. Respondent has also carefully read, fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

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

7. 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

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2021-084339 and that he has thereby subjected his license to disciplinary action.

9. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2021-084339 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. C 40971 is subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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

12. 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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the

1 Board, all of the charges and allegations contained in Accusation No. 800-2021-084339 shall be
2 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
3 other licensing proceeding involving Respondent in the State of California.

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

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

10 **DISCIPLINARY ORDER**

11 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 40971 issued
12 to Respondent Ahmad Ahmad Hajj, M.D., is hereby revoked. However, the revocation is stayed
13 and Respondent is placed on probation for five (5) years on the following terms and conditions:

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

24 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
26 advance by the Board or its designee. Respondent shall provide the approved course provider
27 with any information and documents that the approved course provider may deem pertinent.
28 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.

3. 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 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.

4. 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(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

1 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
2 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
3 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
4 signed statement for approval by the Board or its designee.

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

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

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

21 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar
22 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,
23 the name and qualifications of a replacement monitor who will be assuming that responsibility
24 within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor
25 within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall
26 receive a notification from the Board or its designee to cease the practice of medicine within three
27 (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a
28 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.

If it is determined Respondent has no need for a practice monitor after Respondent completes the Clinical Competence Assessment Program as identified in Probation Condition No. 3, above, and upon written notice from the Board or its designee, Respondent shall be relieved of this requirement to maintain a practice monitor for the remainder 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), as applicable, in the amount of

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1 \$32,900.00 (thirty-two thousand and nine hundred dollars). Costs shall be payable to the Medical
2 Board of California. Failure to pay such costs shall be considered a violation of probation.

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

7 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
8 to repay investigation and enforcement costs, including expert review costs.

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

12 Respondent shall submit quarterly declarations not later than ten (10) calendar days after
13 the end of the preceding quarter.

14 10. GENERAL PROBATION REQUIREMENTS.

15 Compliance with Probation Unit

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

17 Address Changes

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

23 Place of Practice

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

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1 License Renewal

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

4 Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

25 15. LICENSE SURRENDER. Following the effective date of this Decision, if
26 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
27 the terms and conditions of probation, Respondent may request to surrender his or her license.
28 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.

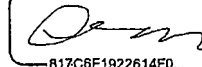
17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-084339 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, David J. Rubaum. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. C 40971. 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: 1/22/2025

DocuSigned by:



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AHMAD AHMAD HAJJ, M.D.
Respondent

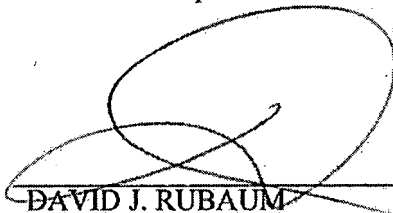
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I have read and fully discussed with Respondent Ahmad Ahmad Hajj, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

1/22/25


DAVID J. RUBAUM
Attorney for Respondent


ENDORSEMENT

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

DATED: Jan. 23, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General


LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

SD2024800738
84912689

Exhibit A

Accusation No. 800-2021-084339

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8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
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13 In the Matter of the Accusation Against:

Case No. 800-2021-084339

14 **AHMAD AHMAD HAJJ, M.D.**
1220 Hemlock Way, Ste. 203
15 Santa Ana, CA 92707-3655

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
No. C 40971,

17 Respondent.
18

19
20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about June 13, 1983, the Medical Board issued Physician's and Surgeon's
26 Certificate No. C 40971 to Ahmad Ahmad Hajj, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on July 31, 2024, unless renewed.

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 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

5. 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:

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

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

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

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

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

3 ...

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

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

7 ...

8 (b) Gross negligence.

9 (c) Repeated negligent acts. To be repeated, there must be two or more
10 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
11 repeated negligent acts.

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

14 (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
15 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
16 constitutes a separate and distinct breach of the standard of care.

17 (d) Incompetence.

18 ...

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

22 COST RECOVERY

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

FACTUAL ALLEGATIONS

9. On or about December 6, 2018, Patient A¹, a then 21-year-old male, was brought to OC Global emergency department as a trauma activation after sustaining multiple complex injuries from being pinned beneath a vehicle as a result of a motor vehicle versus pedestrian accident. According to records, Patient A sustained severe injuries including, but not limited to, multiple fractures in his bilateral lower extremities with extensive soft tissue damage.

10. According to records, Patient A sustained several fractures of his right lower extremity including, but not limited to, a closed comminuted supracondylar fracture of his femur and an open segmental fracture of his tibia with 100% displacement.

11. According to records, Patient A sustained several fractures of his left lower extremity including, but not limited to, an open mid shaft tibial fracture with 100% displacement, a vertical fracture through his medial malleolus, and a transverse fibular fracture at the joint level.

12. From on or about December 6, 2018, through on or about January 28, 2019, Respondent performed numerous surgeries on Patient A's lower extremities.

13. On or about December 6, 2018, according to records, Respondent's physical exam of Patient A documented "extensive open wounds, both legs" without any documentation of a vascular exam.

14. On or about December 6, 2018, according to records, Respondent performed several procedures on Patient A including, but not limited to, a thorough debridement of the left tibia and right tibia, application of an external fixator to Patient A's right tibia, external fixation of Patient A's left tibia, and application of a wound VAC.² According to records, there is no documentation of Patient A's post-operative neurovascular status. According to records and imaging studies, the

¹ For patient privacy purposes, the patient's true name is not used in this instant Accusation to maintain patient confidentiality. The patient's identity is known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with Government Code section 11507.6.

² A wound VAC (Vacuum-Assisted Closure) is a type of therapy used to promote the wound healing process by decreasing air pressure around a wound to reduce swelling, stimulate new tissue growth, and prevent infections.

1 external fixation pins placed in Patient A's left tibia extended approximately 1 cm beyond the
2 confines of the bone cortex into the soft tissue. According to records, Respondent did not
3 perform any procedures to stabilize Patient A's right femur fracture at this time.

4 15. On or about December 8, 2018, according to records, Respondent performed several
5 procedures on Patient A, including, but not limited to, open reduction and internal fixation
6 (ORIF)³ of the right distal femur, debridement of bilateral lower extremities, and change of
7 bilateral lower extremities wound VACs. According to records, a lateral distal femoral plate was
8 used to stabilize the supracondylar femur fracture. According to records and imaging studies, the
9 screws used in this procedure were excessively long, extending into the right femur intercondylar
10 notch. According to records, there is no documentation of Patient A's post-operative
11 neurovascular status.

12 16. On or about December 11, 2018, according to records, Respondent performed several
13 procedures on Patient A, including, but not limited to, removal of the external fixator from Patient
14 A's left tibia, intramedullary rodding of Patient A's left tibia, and debridement and application of
15 wound VAC. According to records, the intramedullary rod was secured in Patient A's proximal
16 left tibia with two interlocking screws, compression at the fracture site was performed, then the
17 rod was locked to the distal aspect of the tibia⁴ with another interlocking screw. According to
18 records and imaging studies, the distal tibia interlocking screw was excessive in length protruding
19 approximately 1.5 cm into nearby soft tissues. According to records, there is no documentation
20 of Patient A's post-operative neurovascular status.

21 17. On or about December 15, 2018, Respondent prepared a progress note for his
22 encounter with Patient A but did not document any physical examination performed.

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25 ³ Open reduction and internal fixation (ORIF) is a type of surgery used to repair and reset
26 complex and serious fractures using hardware such as metal plates, screws and pins, to reposition
bones to their normal alignment.

27 ⁴ According to Respondent's operative report, this interlocking screw was placed in
28 Patient A's femur, however, imaging studies confirm the interlocking screw was placed in Patient
A's distal tibia.

1 18. On or about December 18, 2018, Respondent prepared a progress note for his
2 encounter with Patient A but did not document any vascular examination performed.

3 19. On or about December 21, 2018, according to records, Respondent performed
4 additional procedures on Patient A including, but not limited to, ORIF of the left bimalleolar
5 ankle fracture. According to records, there is no documentation of Patient A's post-operative
6 neurovascular status.

7 20. On or about December 23, 2018, at approximately 8:00 p.m., according to records,
8 Patient A's bilateral pedal pulses were documented by nursing as strong.

9 21. On or about December 24, 2018, at approximately 2:29 p.m., according to records,
10 Respondent performed additional procedures on Patient A including, but not limited to, removal
11 of the right tibial external fixator, ORIF of the right tibial shaft, and ORIF of the right tibial
12 plateau medial and lateral. According to records, the tibial shaft was first nailed, then the tibial
13 plateau was reduced and secured with interlocking screws followed by plating of the tibial
14 plateau. According to records, an anterior fragment remained separated near the patellar tendon
15 which was then fixed by another screw inserted from anterior to posterior through the proximal
16 aspect of the plate. According to records and imaging studies, this proximal screw with the
17 washer had an anterior to posterior trajectory with a slight lateral to medial trajectory toward
18 Patient A's right popliteal artery. According to records, the lateral proximal tibial plateau plate
19 was then locked into the midshaft of the tibia⁵ by multiple locking screws. According to records
20 and imaging studies, the most distal screw in the femoral locking plate appears to traverse the
21 intercondylar notch. According to records, there is no documentation of Patient A's post-
22 operative neurovascular status.

23 22. On or about December 24, 2018, at approximately 3:00 p.m., according to records,
24 Patient A's bilateral pedal pulses were documented by nursing as weak and Patient A reported a
25 pain score of 10 out of 10.

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27 ⁵ According to Respondent's operative report, these locking screws were placed in Patient
28 A's femur, however, imaging studies confirm the screws were placed in Patient A's tibia.

1 23. On or about December 24, 2018, at approximately 3:25 p.m., according to records,
2 Patient A continued to report a pain score of 10 out of 10 in his right lower extremity. According
3 to records, Patient A's right lower extremity was cold to touch.

4 24. On or about December 24, 2018, at approximately 5:45 p.m., according to records,
5 Patient A's right foot was cold and pale, and despite 10 to 15 minutes of using an ultrasound
6 probe, Patient A still had no detectable arterial blood flow in his right lower extremity.

7 25. On or about December 24, 2018, at approximately 6:00 p.m., according to records,
8 Patient A's trauma surgeon was notified and a CAT scan arteriogram (CTA)⁶ of Patient A's right
9 lower extremity was ordered.

10 26. On or about December 24, 2018, at approximately 6:44 p.m., according to records,
11 the CTA procedure noted a filling defect in the right popliteal artery and ultrasound confirmed
12 what appeared to be a focal segmental occlusion of Patient A's popliteal artery.

13 27. On or about December 24, 2018, at approximately 6:50 p.m., according to records,
14 Patient A had no sensation in his right toes, his skin was cold to touch, and still no pedal pulses
15 were appreciated with the Doppler in Patient A's right lower extremity.

16 28. On or about December 24, 2018, at approximately 7:00 p.m., according to records,
17 Respondent was notified by nursing staff of Patient A's condition. According to records,
18 Respondent claimed "his rod has nothing to do with circulation problems at this
19 time." According to records, Respondent did not follow up with Patient A regarding the lack of
20 pedal pulses in his right lower extremity.

21 29. On or about December 24, 2018, at approximately 8:00 p.m., according to records,
22 Patient A's right lower extremity was numb without any sensation and still without any
23 appreciable pulses.

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27 ⁶ CTA (computed tomography angiogram) is a procedure in which contrast material is
28 injected into the blood vessels and CT scanning is used to help diagnose and evaluate blood
vessel conditions.

1 30. On or about December 25, 2018, at approximately 12:29 a.m., according to records,
2 Patient A underwent an interventional radiology procedure ordered by Patient A's trauma
3 surgeon, which determined Patient A's right popliteal artery was totally occluded at the joint line.

4 31. On or about December 25, 2018, at approximately 2:41 a.m., according to records,
5 Patient A's right lower extremity was evaluated by ultrasound, which determined no flow in the
6 foot consistent with the CTA performed earlier.

7 32. On or about December 25, 2018, according to records, Patient A's trauma surgeon
8 attempted additional procedures to restore circulation to Patient A's right lower extremity. After
9 several unsuccessful attempts to revascularize Patient A's right lower extremity, on or about
10 December 26, 2018, Patient A's trauma surgeon performed a through-knee amputation of Patient
11 A's right lower extremity.

12 33. On or about December 28, 2018, Respondent prepared a progress note for his
13 encounter with Patient A but did not document any vascular exam performed.

14 34. On or about January 11, 2019, Respondent prepared a progress note for his encounter
15 with Patient A with minimal documentation noting only drainage from Patient A's right distal
16 femur. Imaging records on this date show no signs of osseous healing.

17 35. On or about January 13, 2019, according to records, Respondent performed several
18 procedures on Patient A, including, but not limited to, removal of the hardware from Patient A's
19 right distal femur, debridement of the right femur, and application of a wound VAC. According
20 to records, Respondent documented a "firmly healed fracture of the distal femur." According to
21 records, Respondent did nothing further to stabilize Patient A's right femur. According to
22 records, there is no documentation of Patient A's post-operative neurovascular status.

23 36. On or about January 23, 2019, according to records, it appeared that Patient A's right
24 femur bone remained exposed at the site of the previous hardware removal and Patient A's left
25 tibia bone was still being treated with a wound VAC with no durable soft tissue coverage over the
26 tibia bone.

27 37. On or about January 28, 2019, according to records, Patient A was discharged to an
28 acute rehabilitation facility with his left tibia bone and right femur bone still exposed.

38. On or about December 6, 2023, Respondent was interviewed by an investigator with the Health Quality Investigation Unit, Department of Consumer Affairs. During the interview, Respondent indicated he did not believe his procedure on December 24, 2018, caused the damage to Patient A's right popliteal artery. Respondent stated, "So, if I had punctured the artery, I would have seen it. I would [have] seen massive bleeding or something. But there was none of this in my operative report. And I did not need or request any vascular response at that time because his leg was fine." Respondent continued on stating, "If I had any injury to the artery, I would have seen it immediately."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

39. Respondent has subjected his Physician's and Surgeon's Certificate No. C 40971 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 his care and treatment of Patient A as more particularly alleged hereinafter.

40. Paragraphs 9 through 38, above, are hereby incorporated by reference and realleged as if fully set forth herein.

41. On or about December 24, 2018, Respondent failed to avoid drilling and/or implanting a screw in Patient A's right proximal tibia with a trajectory toward critical neurovascular structures (i.e., Patient A's right popliteal artery), failed to perform detailed vascular examinations during surgery and post-operatively, and failed to respond to treat the injured popliteal artery.

42. From on or about December 6, 2018, through January 28, 2019, Respondent failed to adequately and/or accurately document progress notes regarding his care and treatment of Patient A, including, but not limited to, minimal documentation of his physical examinations and encounters with Patient A and/or not documenting any vascular examination of Patient A.

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SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

43. Respondent has further subjected his Physician's and Surgeon's Certificate No. C 40971 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 his care and treatment of Patient A as more particularly alleged hereinafter.

44. Paragraphs 9 through 42, above, are hereby incorporated by reference and realleged as if fully set forth herein.

45. Respondent failed to use the appropriate length hardware of implanted orthopedic devices in Patient A, to ensure no, or minimal, extension, into adjacent soft tissues to prevent injury or dysfunction to surrounding structures, when Respondent implanted and/or used excessively long orthopedic hardware, including, but not limited to:

A. On or about December 6, 2018, the placement of two half pins in Patient A's left tibia;

B. On or about December 8, 2018, the placement of hardware in Patient A's right femur intercondylar notch;

C. On or about December 11, 2018, the placement of a distal interlocking screw in Patient A's left distal tibia; and

D. On or about December 24, 2018, the placement of a screw in Patient A's right proximal tibia.

46. On or about December 6, 2018, Respondent failed to timely stabilize Patient A's right femur fracture to prevent further injury to the soft tissues and neurovascular structures, waiting until December 8, 2018, to stabilize Patient A's right femur.

47. Respondent performed internal fixation of Patient A's left tibia without a plan for definitive soft tissue coverage, and discharged Patient A on January 28, 2019, with his left tibia bone exposed and only fragile granulation tissue, leaving Patient A at high risk of osteomyelitis and hardware infection.

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1 48. Respondent failed to allow sufficient time for Patient A's right distal femur fracture
2 to heal in that Respondent removed the internal fixation hardware from Patient A's right distal
3 femur on January 13, 2019, just twenty-six days after initial placement, failed to perform any
4 further stabilization of Patient A's right femur, and discharged Patient A on January 28, 2019,
5 with exposed right femoral bone.

6 **THIRD CAUSE FOR DISCIPLINE**

7 **(Incompetence)**

8 49. Respondent has further subjected his Physician's and Surgeon's Certificate No. C
9 40971 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
10 subdivision (d), of the Code, in that Respondent demonstrated incompetence in his care and
11 treatment of Patient A as more particularly alleged hereinafter.

12 50. Paragraphs 9 through 48, above, are hereby incorporated by reference and realleged
13 as if fully set forth herein.

14 51. Respondent demonstrated a lack of adequate knowledge regarding the various signs
15 of vascular injury, stating in his subject interview that he believed his procedure on December 24,
16 2018, did not cause the damage to Patient A's right popliteal artery due to the absence of bleeding
17 in the surgical field during the procedure, thus, failing to recognize other signs of vascular injury.

18 **FOURTH CAUSE FOR DISCIPLINE**

19 **(Failure to Maintain Adequate and/or Accurate Records)**

20 52. Respondent has further subjected his Physician's and Surgeon's Certificate No. C
21 40971 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
22 Code, in that Respondent failed to maintain adequate and/or accurate records in his care and
23 treatment of Patient A as more particularly alleged in paragraphs 9 through 51, above, which are
24 hereby incorporated by reference and realleged as if fully set forth herein.

25 **DISCIPLINARY CONSIDERATIONS**

26 53. To determine the degree of discipline, if any, to be imposed on Respondent Ahmad
27 Ahmad Hajj, M.D., Complainant alleges that on or about October 6, 2003, in a prior disciplinary
28 action before the Medical Board of California, Case No. 09-2001-121600, Respondent's

Physician's and Surgeon's Certificate No. C 40971 was issued a public letter of reprimand for inadequate records and repeated negligent acts in his care and treatment of three patients. That decision is now final and is incorporated herein by reference as if fully set forth herein.

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. C 40971, issued to Respondent Ahmad Ahmad Hajj, M.D.;
2. Revoking, suspending or denying approval of Respondent Ahmad Ahmad Hajj, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Ahmad Ahmad Hajj, 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 19 2024


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

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