

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*

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Michelle A. Bholat, Chair  
Panel A

1 ROB BONTA  
2 Attorney General of California  
3 MATTHEW M. DAVIS  
4 Supervising Deputy Attorney General  
5 LEANNA E. SHIELDS  
6 Deputy Attorney General  
7 State Bar No. 239872  
8 600 West Broadway, Suite 1800  
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*Attorneys for Complainant*

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

13 | In the Matter of the Accusation Against: | Case No. 800-2021-084339

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

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

| Case No. 800-2021-084339

OAH No. 2024070964

## **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

**Respondent.**

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

## 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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1       2.    Respondent Ahmad Ahmad Hajj, M.D. (Respondent) is represented in this  
2 proceeding by attorney David J. Rubaum, Esq., whose address is: 10960 Wilshire Boulevard  
3 18th Floor, Los Angeles, CA 90024-3804.

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

## JURISDICTION

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

## **ADVISEMENT AND WAIVERS**

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

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

26       7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently  
27 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        10. Respondent agrees that his Physician's and Surgeon's Certificate No. C 40971 is  
11        subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the  
12        Disciplinary Order below.

## CONTINGENCY

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

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

27       13. Respondent agrees that if he ever petitions for early termination or modification of  
28 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

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
2 complete any other component of the course within one (1) year of enrollment. The medical  
3 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
4 Medical Education (CME) requirements for renewal of licensure.

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

10 Respondent shall submit a certification of successful completion to the Board or its  
11 designee not later than 15 calendar days after successfully completing the course, or not later than  
12 15 calendar days after the effective date of the Decision, whichever is later.

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

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

27 At the end of the evaluation, the program will submit a report to the Board or its designee  
28 which unequivocally states whether the Respondent has demonstrated the ability to practice

1       safely and independently. Based on Respondent's performance on the clinical competence  
2       assessment, the program will advise the Board or its designee of its recommendation(s) for the  
3       scope and length of any additional educational or clinical training, evaluation or treatment for any  
4       medical condition or psychological condition, or anything else affecting Respondent's practice of  
5       medicine. Respondent shall comply with the program's recommendations.

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

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

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

26      The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
27      and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
28      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.

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

6        If it is determined Respondent has no need for a practice monitor after Respondent  
7        completes the Clinical Competence Assessment Program as identified in Probation Condition No.  
8        3, above, and upon written notice from the Board or its designee, Respondent shall be relieved of  
9        this requirement to maintain a practice monitor for the remainder of probation.

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

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

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

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

25       8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
26       ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
27       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

1 determining whether or not to grant the request, or to take any other action deemed appropriate  
2 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
3 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
4 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
5 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
6 application shall be treated as a petition for reinstatement of a revoked certificate.

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

12       17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
13 a new license or certification, or petition for reinstatement of a license, by any other health care  
14 licensing action agency in the State of California, all of the charges and allegations contained in  
15 Accusation No. 800-2021-084339 shall be deemed to be true, correct, and admitted by  
16 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
17 restrict license.

## ACCEPTANCE

19 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
20 discussed it with my attorney, David J. Rubaum. I fully understand the stipulation and the effect  
21 it will have on my Physician's and Surgeon's Certificate No. C 40971. I enter into this Stipulated  
22 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
23 bound by the Decision and Order of the Medical Board of California.

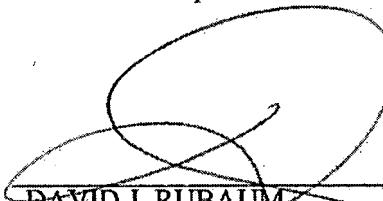
24 | DATED: 1/22/2025  
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DocuSigned by:  
  
817C6F1922614FD...  
AHMAD AHMAD HAJJ, M.D.  
Respondent

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

4  
5 DATED: 1/22/25

  
DAVID J. RUBAUM  
*Attorney for Respondent*

6  
7  
8 **ENDORSEMENT**  
9 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
10 submitted for consideration by the Medical Board of California.

11 DATED: Jan. 23, 2025

Respectfully submitted,

12  
13 ROB BONTA  
14 Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General

15   
16 LEANNA E. SHIELDS  
17 Deputy Attorney General  
18 *Attorneys for Complainant*

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20 SD2024800738  
21 84912689  
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**Exhibit A**

**Accusation No. 800-2021-084339**

1 ROB BONTA  
2 Attorney General of California  
3 MATTHEW M. DAVIS  
4 Supervising Deputy Attorney General  
5 LEANNA E. SHIELDS  
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8 | *Attorneys for Complainant*

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MEDICAL BOARD OF CALIFORNIA  
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13 || In the Matter of the Accusation Against:

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

## ACCUSATION

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

**Respondent.**

20 Complainant alleges:

## 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.

(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.

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

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

(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.

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

## FACTUAL ALLEGATIONS

2       9. On or about December 6, 2018, Patient A<sup>1</sup>, a then 21-year-old male, was brought to  
3 OC Global emergency department as a trauma activation after sustaining multiple complex  
4 injuries from being pinned beneath a vehicle as a result of a motor vehicle versus pedestrian  
5 accident. According to records, Patient A sustained severe injuries including, but not limited to,  
6 multiple fractures in his bilateral lower extremities with extensive soft tissue damage.

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

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

13 12. From on or about December 6, 2018, through on or about January 28, 2019,  
14 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.

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

<sup>27</sup> 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)<sup>3</sup> 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 tibia<sup>4</sup> 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.

23 ///

24

25 <sup>3</sup> 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 <sup>4</sup> 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 tibia<sup>5</sup> 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.

26  
27       

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<sup>5</sup> 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)<sup>6</sup> 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.

24      ///

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27      28      <sup>6</sup> CTA (computed tomography angiogram) is a procedure in which contrast material is  
      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.

1       38. On or about December 6, 2023, Respondent was interviewed by an investigator with  
2 the Health Quality Investigation Unit, Department of Consumer Affairs. During the interview,  
3 Respondent indicated he did not believe his procedure on December 24, 2018, caused the damage  
4 to Patient A's right popliteal artery. Respondent stated, "So, if I had punctured the artery, I would  
5 have seen it. I would [have] seen massive bleeding or something. But there was none of this in  
6 my operative report. And I did not need or request any vascular response at that time because his  
7 leg was fine." Respondent continued on stating, "If I had any injury to the artery, I would have  
8 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.

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

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

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

## **SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

3       43. Respondent has further subjected his Physician's and Surgeon's Certificate No. C  
4 40971 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
5 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and  
6 treatment of Patient A as more particularly alleged hereinafter.

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

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

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

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

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

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

21       46. On or about December 6, 2018, Respondent failed to timely stabilize Patient A's right  
22 femur fracture to prevent further injury to the soft tissues and neurovascular structures, waiting  
23 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.

28 //

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.

### **THIRD CAUSE FOR DISCIPLINE**

### **(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.

#### **FOURTH CAUSE FOR DISCIPLINE**

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

52. 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 2266, of the  
Code, in that Respondent failed to maintain adequate and/or accurate records in his care and  
treatment of Patient A as more particularly alleged in paragraphs 9 through 51, above, which are  
hereby incorporated by reference and realleged as if fully set forth herein.

## **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

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

4 **PRAYER**

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

- 7 1. Revoking or suspending Physician's and Surgeon's Certificate No. C 40971, issued to  
8 Respondent Ahmad Ahmad Hajj, M.D.;
- 9 2. Revoking, suspending or denying approval of Respondent Ahmad Ahmad Hajj,  
10 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 11 3. Ordering Respondent Ahmad Ahmad Hajj, M.D., to pay the Board the costs of the  
12 investigation and enforcement of this case, and if placed on probation, the costs of  
13 probation monitoring; and
- 14 4. Taking such other and further action as deemed necessary and proper.

15  
16 DATED: JUN 19 2024



17  
18 REJI VARGHESE  
19 Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
20 Complainant

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