

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

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

Thomas Scott Taylor, M.D.

**Physician's and Surgeon's
Certificate No. G 66279**

Case No.: 800-2022-086685

Respondent.

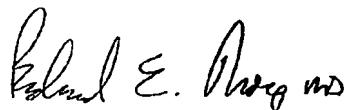
DECISION

**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 May 15, 2025.

IT IS SO ORDERED: April 15, 2025.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
2 Attorney General of California
3 JUDITH T. ALVARADO
4 Supervising Deputy Attorney General
5 REBECCA L. SMITH
6 Deputy Attorney General
7 State Bar No. 179733
8 300 South Spring Street, Suite 1702
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13 *Attorneys for Complainant*

Attorneys for Complainant

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

In the Matter of the First Amended Accusation
Against:

Case No. 800-2022-086685

OAH No. 2024090601

THOMAS SCOTT TAYLOR, M.D.
960 East Green Street, Suite 214
Pasadena, CA 91106

STIPULATED SETTLEMENT AND DISCIPLINARY ORDER

**Physician's and Surgeon's Certificate
No. G 66279.**

Respondent.

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

PARTIES

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

25 2. Respondent Thomas Scott Taylor, M.D. (Respondent) is represented in this .
26 proceeding by attorney Derek F. O'Reilly-Jones, whose address is 355 South Grand Avenue,
27 Suite 1750, Los Angeles, California 90071-1562.

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1 3. On or about July 6, 1989, the Board issued Physician's and Surgeon's Certificate No.
2 G 66279 to Respondent. That license was in full force and effect at all times relevant to the
3 charges brought in First Amended Accusation No. 800-2022-086685, and will expire on July 31,
4 2025, unless renewed.

JURISDICTION

6 4. First Amended Accusation No. 800-2022-086685 was filed before the Board, and is
7 currently pending against Respondent. The Accusation and all other statutorily required
8 documents were properly served on Respondent on August 7, 2024. Respondent timely filed his
9 Notice of Defense contesting the Accusation.

10 5. A copy of First Amended Accusation No. 800-2022-086685 is attached as Exhibit A
11 and incorporated herein by reference.

ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in First Amended Accusation No. 800-2022-086685. Respondent has
15 also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated
16 Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2022-086685, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

8 11. Respondent does not contest that, at an administrative hearing, Complainant could
9 establish a prima facie case with respect to the charges and allegations in First Amended
10 Accusation No. 800-2022-086685, a true and correct copy of which is attached hereto as Exhibit
11 A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 66279 to
12 disciplinary action.

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

RESERVATION

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

CONTINGENCY

22 14. This stipulation shall be subject to approval by the Medical Board of California.
23 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
24 Board of California may communicate directly with the Board regarding this stipulation and
25 settlement, without notice to or participation by Respondent or his counsel. By signing the
26 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
27 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
28 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary

1 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
2 action between the parties, and the Board shall not be disqualified from further action by having
3 considered this matter.

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

7 16. Respondent agrees that if he ever petitions for early termination or modification of
8 probation, or if an accusation and/or petition to revoke probation is filed against him before the
9 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2022-
10 086685 shall be deemed true, correct and fully admitted by Respondent for purposes of any such
11 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

18 **DISCIPLINARY ORDER**

19 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 66279 issued
20 to Respondent Thomas Scott Taylor, M.D. is revoked. However, the revocation is stayed and
21 Respondent is placed on probation for three (3) years on the following terms and conditions:

22 1. **EDUCATION COURSE.** Within sixty (60) calendar days of the effective date of this
23 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
24 for its prior approval educational program(s) or course(s) which shall not be less than forty (40)
25 hours per year, for each year of probation. The educational program(s) or course(s) shall be
26 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified.
27 The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition
28 to the Continuing Medical Education (CME) requirements for renewal of licensure. Following

1 the completion of each course, the Board or its designee may administer an examination to test
2 Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-
3 five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

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

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

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

22 3. CLINICIAN-PATIENT COMMUNICATION COURSE. Within sixty (60) calendar
23 days of the effective date of this Decision, Respondent shall enroll in a course in a clinician-
24 patient communication course approved in advance by the Board or its designee. Respondent
25 shall provide the approved course provider with any information and documents that the approved
26 course provider may deem pertinent. Respondent shall participate in and successfully complete
27 the classroom component of the course not later than six (6) months after Respondent's initial
28 enrollment. Respondent shall successfully complete any other component of the course within

1 one (1) year of enrollment. The clinician-patient communication course shall be at Respondent's
2 expense and shall be in addition to the Continuing Medical Education (CME) requirements for
3 renewal of licensure.

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

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

12 4. **PROFESSIONAL BOUNDARIES PROGRAM.** Within sixty (60) calendar days
13 from the effective date of this Decision, Respondent shall enroll in a professional boundaries
14 program approved in advance by the Board or its designee. Respondent, at the program's
15 discretion, shall undergo and complete the program's assessment of Respondent's competency,
16 mental health and/or neuropsychological performance, and at minimum, a twenty-four (24) hour
17 program of interactive education and training in the area of boundaries, which takes into account
18 data obtained from the assessment and from the Decision(s), Accusation(s) and any other
19 information that the Board or its designee deems relevant. The program shall evaluate
20 Respondent at the end of the training and the program shall provide any data from the assessment
21 and training as well as the results of the evaluation to the Board or its designee.

22 Failure to complete the entire program not later than six (6) months after Respondent's
23 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees
24 in writing to a later time for completion. Based on Respondent's performance in and evaluations
25 from the assessment, education, and training, the program shall advise the Board or its designee
26 of its recommendation(s) for additional education, training, psychotherapy and other measures
27 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with
28 program recommendations. At the completion of the program, Respondent shall submit to a final

1 evaluation. The program shall provide the results of the evaluation to the Board or its designee.
2 The professional boundaries program shall be at Respondent's expense and shall be in addition to
3 the Continuing Medical Education (CME) requirements for renewal of licensure.

4 The program has the authority to determine whether or not Respondent successfully
5 completed the program.

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

11 If Respondent fails to complete the program within the designated time period, Respondent
12 shall cease the practice of medicine within three (3) calendar days after being notified by the
13 Board or its designee that Respondent failed to complete the program.

14 5. PSYCHIATRIC EVALUATION. Within thirty (30) calendar days of the effective
15 date of this Decision, and on whatever periodic basis thereafter may be required by the Board or
16 its designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological
17 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall
18 consider any information provided by the Board or designee and any other information the
19 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its
20 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not
21 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all
22 psychiatric evaluations and psychological testing.

23 Respondent shall comply with all restrictions or conditions recommended by the evaluating
24 psychiatrist, including but not limited to psychotherapy, within fifteen (15) calendar days after
25 being notified by the Board or its designee.

26 6. MONITORING - PRACTICE. Within thirty (30) calendar days of the effective date
27 of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
28 practice monitor, the name and qualifications of one or more licensed physicians and surgeons

1 whose licenses are valid and in good standing, and who are preferably American Board of
2 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
3 personal relationship with Respondent, or other relationship that could reasonably be expected to
4 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
5 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
6 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

1 the preceding quarter.

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

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

15 7. **THIRD PARTY CHAPERONE.** During probation, Respondent shall have a third
16 party chaperone present while consulting, examining or treating female patients. Respondent
17 shall, within thirty (30) calendar days of the effective date of the Decision, submit to the Board or
18 its designee for prior approval name(s) of persons who will act as the third party chaperone.

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

24 Each third party chaperone shall sign (in ink or electronically) and date each patient
25 medical record at the time the chaperone's services are provided. Each third party chaperone
26 shall read the Decision(s) and the Accusation(s), and fully understand the role of the third party
27 chaperone.

28 Respondent shall maintain a log of all patients seen for whom a third party chaperone is

1 required. The log shall contain the: 1) patient initials, address and telephone number; 2) medical
2 record number; and 3) date of service. Respondent shall keep this log in a separate file or ledger,
3 in chronological order, shall make the log available for immediate inspection and copying on the
4 premises at all times during business hours by the Board or its designee, and shall retain the log
5 for the entire term of probation.

6 Respondent is prohibited from terminating employment of a Board-approved third party
7 chaperone solely because that person provided information as required to the Board or its
8 designee.

9 If the third party chaperone resigns or is no longer available, Respondent shall, within five
10 (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for
11 prior approval, the name of the person(s) who will act as the third party chaperone. If Respondent
12 fails to obtain approval of a replacement chaperone within thirty (30) calendar days of the
13 resignation or unavailability of the chaperone, Respondent shall receive a notification from the
14 Board or its designee to cease the practice of medicine within three (3) calendar days after being
15 so notified. Respondent shall cease the practice of medicine until a replacement chaperone is
16 approved and assumes monitoring responsibility.

17 Respondent shall provide written notification to Respondent's patients that a third party
18 chaperone shall be present during all consultations, examination, or treatment with female
19 patients. Respondent shall maintain in the patient's file a copy of the written notification, shall
20 make the notification available for immediate inspection and copying on the premises at all times
21 during business hours by the Board or its designee, and shall retain the notification for the entire
22 term of probation.

23 8. NOTIFICATION. Within seven (7) days of the effective date of this Decision,
24 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
25 Chief Executive Officer at every hospital where privileges or membership are extended to
26 Respondent, at any other facility where Respondent engages in the practice of medicine,
27 including all physician and locum tenens registries or other similar agencies, and to the Chief
28 Executive Officer at every insurance carrier which extends malpractice insurance coverage to

1 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
2 calendar days.

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

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

7 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
8 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
9 \$30,263.75 (thirty thousand two hundred sixty-three dollars and seventy five cents). Costs shall
10 be payable to the Medical Board of California. Failure to pay such costs shall be considered a
11 violation of probation.

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

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

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

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

23 12. GENERAL PROBATION REQUIREMENTS.

24 Compliance with Probation Unit

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

26 Address Changes

27 Respondent shall, at all times, keep the Board informed of Respondent's business and
28 residence addresses, email address (if available), and telephone number. Changes of such

1 addresses shall be immediately communicated in writing to the Board or its designee. Under no
2 circumstances shall a post office box serve as an address of record, except as allowed by Business
3 and Professions Code section 2021, subdivision (b).

4 Place of Practice

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

8 License Renewal

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

11 Travel or Residence Outside California

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

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

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

21 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
22 its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting
23 more than 30 calendar days and within fifteen (15) calendar days of Respondent's return to
24 practice. Non-practice is defined as any period of time Respondent is not practicing medicine as
25 defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a
26 calendar month in direct patient care, clinical activity or teaching, or other activity as approved by
27 the Board. If Respondent resides in California and is considered to be in non-practice,
28 Respondent shall comply with all terms and conditions of probation. All time spent in an

1 intensive training program which has been approved by the Board or its designee shall not be
2 considered non-practice and does not relieve Respondent from complying with all the terms and
3 conditions of probation. Practicing medicine in another state of the United States or Federal
4 jurisdiction while on probation with the medical licensing authority of that state or jurisdiction
5 shall not be considered non-practice. A Board-ordered suspension of practice shall not be
6 considered as a period of non-practice.

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

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

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

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

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

26 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
27 of probation is a violation of probation. If Respondent violates probation in any respect, the
28 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
2 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
3 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
4 be extended until the matter is final.

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

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

20 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
21 a new license or certification, or petition for reinstatement of a license, by any other health care
22 licensing action agency in the State of California, all of the charges and allegations contained in
23 First Amended Accusation No. 800-2022-086685 shall be deemed to be true, correct, and
24 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
25 seeking to deny or restrict license.

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27 ///

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ACCEPTANCE

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

8 DATED: 7/1/83

THOMAS SCOTT TAYLOR, M.D.
Respondent.

10 I have read and fully discussed with Respondent Thomas Scott Taylor, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

14 DATED: 03/05/2025

Derek O'Reilly-Jones
DEREK F. O'REILLY-JONES
Attorney for Respondent

ENDORSEMENT

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

20 DATED 3/5/2025
21

Respectfully submitted,

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

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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12 *Attorneys for Complainant*

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MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
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In the Matter of the First Amended Accusation | Case No. 800-2022-086685
Against: | **FIRST AMENDED ACCUSATION**
Thomas Scott Taylor, M.D.
960 East Green Street, Suite 214
Pasadena, CA 91106
Physician's and Surgeon's Certificate
No. G 66279,
Respondent.

PARTIES

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

2. On or about July 6, 1989, the Medical Board issued Physician's and Surgeon's
3 Certificate Number G 66279 to Thomas Scott Taylor, M.D. (Respondent). The Physician's and
4 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
5 herein and will expire on July 31, 2025, unless renewed.

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JURISDICTION

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

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

(f) Approving undergraduate and graduate medical education programs.

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

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

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

5. Section 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

1 physician and surgeon or his or her professional liability insurer to pay an amount in
2 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
3 respect to any claim that injury or damage was proximately caused by the physician's
4 and surgeon's error, negligence, or omission.

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

8 6. Section 2227 of the Code states:

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

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

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

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

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

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

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

STATUTORY PROVISIONS

21 7. Section 2234 of the Code states:

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

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

27 (b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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

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

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board

1 may reduce or eliminate the cost award, or remand to the administrative law judge if
2 the proposed decision fails to make a finding on costs requested pursuant to
3 subdivision (a).

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

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

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

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

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

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

23 (j) This section does not apply to any board if a specific statutory provision in
24 that board's licensing act provides for recovery of costs in an administrative
25 disciplinary proceeding.

26 **FIRST CAUSE FOR DISCIPLINE**

27 **(Gross Negligence)**

28 9. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),
in that he engaged in gross negligence in the care and treatment of Patient 1.¹ The circumstances
are as follows:

10. On or about June 24, 2015, Patient 1, a then 20-year-old female, underwent bilateral
breast augmentation performed by Respondent.

11. Post-operatively, Respondent documented that Patient 1 was unhappy with the size
and position of the implants. Patient 1 complained that the implants were too small and too high.

12. On or about October 17, 2016, Respondent performed a revision surgery of bilateral
breasts with implant exchange of larger implants, and bilateral upper blepharoplasty on Patient 1.

1 For privacy purposes, the patient in this First Amended Accusation is referred to as Patient 1.

1 13. Post-operatively, Patient 1 continued to complain about the appearance of her breasts.
2 The complaints were voiced at each of Patient 1's visits with Respondent.

3 14. At one of the post-operative visits, Respondent became "frustrated" with Patient 1's
4 unhappiness with her breasts. Neither Patient 1 nor Respondent can recall at which post-
5 operative visit the incident occurred. However, according to Patient 1, Respondent touched
6 Patient 1's breasts to examine them and then Respondent's lips were on her breast. Patient 1
7 could not recall if Respondent kissed her breasts but recalls that his lips touched her breasts
8 several times. At some point during this incident, Respondent told Patient 1 that her "breast
9 looked good."

10 15. According to Respondent, he asked Patient 1 if she was happy with the implants at
11 that particular post-operative visit, and Patient 1 responded that she was not happy with the
12 implants. While Respondent was performing an examination of her breasts, Patient 1 asked
13 Respondent "what guy is going to f--- me with breasts like this?" Respondent lost his
14 composure and responded that any guy would want to take his head and stick it between her
15 breasts and play with them. As Respondent stated this to Patient 1, he simulated the conduct,
16 moving his head close to Patient 1's breasts as he roughly grabbed and squeezed her breasts.
17 Respondent did not touch Patient 1's breasts with his face, only his hands. Respondent did not
18 document this interaction in Patient 1's chart.

19 16. In 2021, Patient 1 found a lump on her breast. Her primary care physician ordered an
20 ultrasound, stated that the breast implant could be causing the lump, and recommended that
21 Patient 1 follow up with the surgeon who performed the breast augmentation procedure.

22 17. On August 10, 2021, Patient 1 presented to Respondent to follow up regarding the
23 lump on her breast. Following the examination, Patient 1 told Respondent that he caused her
24 trauma when he had put his lips on her breasts and that she no longer trusts male doctors.
25 Respondent stated that he and Patient 1 had differing views as to what occurred at that prior visit.
26 Respondent documented in Patient 1's chart that Patient 1 "brought up an incident from several
27 years ago in my office during a follow up visit. She wanted me to apologize for inappropriate
28 contact with her breasts. She described what she believes happened and I told [her that] our

1 impression and recollection of what happened were vastly different (sic). I did apologize for
2 putting her in a position where she felt uncomfortable...”

3 18. On or about August 12, 2021, Respondent sent Patient 1 an email offering to perform
4 a revision breast augmentation at no charge to her. Patient 1 declined the offer but requested to
5 speak with Respondent on the phone.

6 19. On or about September 6, 2022, in a telephone conversation with Respondent, Patient
7 told him that she had been seeing a therapist for closure and needed to know why he kissed her
8 breast. Respondent stated that in performing breast surgeries on Patient 1, he spent a lot of time
9 touching her nipples, but that he did not kiss them. Respondent stated that he recalled the
10 incident and acknowledged making a mistake and losing his professionalism in response to
11 Patient 1 asking him “what guy is going to f--- me with breasts like this?” Respondent stated
12 that her question “triggered” him while he was performing a breast examination and he responded
13 to the question by stating that any guy that was interested in her would grab her breasts and put
14 their face right between them and play with them all day. Respondent stated that he simulated
15 this by pushing her breasts together and putting his face up against her breasts but that he did not
16 touch his face to her breasts. During the telephone conversation, Respondent stated that he
17 regretted that five second interaction and had guilt for allowing himself “to sort of fall out of [his]
18 professional role and just into this frustrated male role where [he] just grabbed [her] breasts and
19 pushed them together...” Respondent apologized for eroding Patient 1’s trust. Patient 1 denied
20 ever asking Respondent how a guy would react to her breasts.

21 20. Respondent had an established doctor-patient relationship with Patient 1. Respondent
22 committed an extreme departure from the standard of care during Patient 1’s post-operative visit
23 when he grabbed and squeezed Patient 1’s breasts in an unprofessional manner while stating that
24 any guy would want to take his head and stick it in between her breasts and play with them.

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PRAAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 66279, issued to Respondent Thomas Scott Taylor, M.D.;

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

3. Ordering Respondent Thomas Scott Taylor, 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.

MAR 05 2025

DATED: _____

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

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